

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

MONDAY 5TH OCTOBER, 2020

AT 6.00 PM

VENUE

VIRTUAL MEETING – LIVE BROADCAST AT THIS LINK: <https://bit.ly/3kmz76R>

TO: MEMBERS OF HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Quorum 3)

Chairman: Councillor Alison Cornelius
Vice Chairman: Councillor Linda Freedman

Golnar Bokaei	Anne Hutton	Lisa Rutter
Geof Cooke	Barry Rawlings	
Saira Don	Alison Moore	

Substitute Members

Arjun Mitra	Felix Byers	Lachhya Gurung
David Longstaff	Ammar Naqvi	Paul Edwards

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is **Wednesday 30th September at 10AM**. Requests must be submitted to tracy.scollin@barnet.gov.uk Tel 020 8359 2315

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

Andrew Charlwood – Head of Governance

Governance Service contact: tracy.scollin@barnet.gov.uk Tel 020 8359 2315

Media Relations Contact: Tristan Garrick 020 8359 2454

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 18
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Report of the Monitoring Officer	
5.	Public Question Time (If Any)	
6.	Members' Items (If Any)	
7.	Minutes of the North Central Sector London Joint Health Overview and Scrutiny Committee <ul style="list-style-type: none"> • 13 March 2020 • 25 June 2020 (Sub Group) • 31 July 2020 	19 - 42
8.	Healthy Child Programme Update Breastfeeding Support Service	43 - 56
9.	Coronavirus Update Verbal update	
10.	North Central London Clinical Commissioning Group <ul style="list-style-type: none"> • Winter 2020 Plans – to follow • Flu Vaccination • Services currently available in GP Practices, Hubs and Walk in Centres • Services at Finchley Memorial Hospital and Edgware Hospital 	57 - 76
11.	Mental health provision in Barnet during the pandemic Referred Member's Item in the name of Cllr Moore, 9 July 2020 HOSC	
12.	Suicide Prevention Plan Update	77 - 90
13.	Barnet Care Homes Impact of Covid-19 on Care Settings and support provided during the pandemic – to follow	

14.	Finchley Memorial Hospital - Key Worker Housing Planning Application	91 - 104
15.	Adult Elective Orthopaedic Surgery Review To follow	
16.	Health Overview and Scrutiny Forward Work Programme	105 - 106
17.	Any Other Items that the Chairman Decides are Urgent	

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Decisions of the Health Overview and Scrutiny Committee

9 July 2020

Members Present:-

AGENDA ITEM 1

Cllr Alison Cornelius (Chairman)
Cllr Linda Freedman (Vice Chairman)
Cllr Golnar Bokaei
Cllr Geof Cooke
Cllr Saira Don
Cllr Anne Hutton
Cllr Alison Moore
Cllr Barry Rawlings
Cllr Lisa Rutter

1. MINUTES (Agenda Item 1):

Matters arising from the Minutes of the meeting held on 11 May 2020:

- Agenda Item 8 Pages 3 & 4 – The Chairman confirmed that the Executive Director, Adults and Health, had assured her that she had responded to the Members' queries.
- Agenda Item 11 Page 9 Bullet Point 5 – The Chairman reported that the Royal Free London NHS Foundation Trust Quality Account 2019-20 would include the total number of cases of C.Diff for the year, including Quarter 4 which was 30. This brought the final number to 87 cases, an increase of 33 cases on the previous year.
- Agenda Item 13 Page 13 - The Health and Wellbeing Board meeting referred to by Cllr Stock would take place on 23 July 2020 at 09:00 hrs.

Corrections to the Minutes of the meeting held on 11 May 2020:

- Agenda Item 3 Page 2 – 'Cllr Don is the Registered Manager of Dillon Care' rather than 'Dillon Care Home'

RESOLVED that the Committee approve the Minutes of the meeting held on 11 July 2020 as an accurate record subject to the above amendment.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies were received from Cllr Golnar Bokaei who would be late joining the meeting.

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

Cllr Hutton declared a non-pecuniary interest by virtue of the fact that she is a Trustee of Barnet Carers Centre.

4. REPORT OF THE MONITORING OFFICER (Agenda Item 4):

None.

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

None.

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

Member's in the name of Cllr Moore – Mental Health provision in Barnet during the pandemic.

The Chairman invited the following to the meeting:

- Dawn Wakeling, Executive Director, Adults and Health, London Borough of Barnet
- Dr Tamara Djuretic, Director of Public Health, London Borough of Barnet

Cllr Moore thanked the Executive Director, Adults and Health, for the details of mental health services that she had circulated to Members. Cllr Moore added that specifically housing issues, and dealing with housing providers, are her concern where underlying mental health issues create problems for residents and their neighbours. This had been exacerbated by the period in lockdown and she was seeking a report with suggestions for how Barnet Council and mental health services can work with Barnet Homes and Members to resolve these complex issues.

The Chairman reported that she had discussed this with the Executive Director, Adults and Health, who had offered to run a Seminar about housing issues for Members in the autumn. In addition, the Chairman noted that the Director of Public Health had agreed to attend the October HOSC to provide an update on the Suicide Prevention Plan.

Cllr Moore responded that she is concerned about the interface between housing and mental health but the session would be welcome.

The Executive Director, Adults and Health added that she would be happy to discuss Cllr Moore's requirements further outside the meeting and to explore how to make improvements. She suggested a report at a future meeting from the CCG, Barnet Enfield and Haringey Mental Health Trust (BEHMHT) and Primary Care, with council leads on housing to try to pick up on the issues.

RESOLVED that the Committee noted the Member's Item.

7. MINUTES OF THE NORTH CENTRAL SECTOR LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Agenda Item 7):

None.

8. CORONAVIRUS UPDATE (Agenda Item 8):

The Chairman invited the following to the meeting:

- Dr Chris Streater, Group Chief Medical Director, Royal Free London NHS Foundation Trust
- Dr Tamara Djuretic, Director of Public Health, London Borough of Barnet
- Cllr Caroline Stock, Chairman, Health and Wellbeing Board, London Borough of Barnet

Dr Djuretic spoke to her presentation which provided an update on the Local Outbreak Control Plan which Local Authorities have been asked to produce in order to prevent local outbreaks and manage any that arise. Barnet has been selected as one of the Best Practice Groups which also included Camden, Hackney and Newham. The Group is bound by guiding principles agreed at a national level and underpinned by legislation.

Cllr Stock reported that the Health and Wellbeing Boards (HWBBs) have been asked by the government to work with the public to prevent and help resolve outbreaks. Two informal webinars had been held so far with community groups that are considered at higher risk of infection. The first webinar had been with Head Teachers and which 60 people had attended. The second webinar had been with the Faith Forum. Cllr Stock added that the HWBB would like to be kept informed about any areas that they should address.

Dr Djuretic added that Local Authorities have powers to impose local lockdowns and more details are awaited on this. She stated that London is fortunate in having the Public Health England London Corona Response Cell (PHE LCRC) which is providing help with contact tracing in Barnet. The PHE LCRC has also published a series of action cards for prevention and management of outbreaks in various settings.

Dr Djuretic added that the work to support vulnerable people continues, including supporting them to self-isolate and providing information on testing. Barnet has been part of the national Best Practice Group Network and contributed to a guide for Care Settings, people with dementia, learning disabilities and mental ill health as well as places of worship. Barnet has implemented a Communications strategy to support its Outbreak Control Plan. This includes raising awareness on NHS Test and Trace, and focuses on houses of multiple occupancy (HMO) and landlords, as HMOs have been shown to be a risk in some areas.

Dr Djuretic reported that Local Authorities, GPs and others are expected to assist with data sharing during an outbreak and adopting a proactive approach in line with the requirements set out by the Secretary of State for Health.

A Member enquired what the data from NHS Test and Trace showed so far for Barnet. Dr Djuretic responded that Barnet has received notice of around 70 people testing positive for Coronavirus since Test and Trace began. In Barnet over 80% of cases and contacts had been traced, including those in Care Settings. Dr Djuretic added that she would share more data with the HOSC, when available.

A Member asked whether recent reports that the Test and Trace technology did not work were true. Dr Djuretic noted that the NHS application that had been piloted on the Isle of Wight had been found to be not as effective as telephone contact tracing, so it had not been launched nationally. The Government would be investigating a new Test and Trace App further from September.

A Member asked why Barnet has been chosen as part of the Best Practice Group. Dr Djuretic responded that this was probably because Barnet has managed the pandemic response well so far and the fact that it has a large number of Care Settings and is an outer London Borough. Barnet is leading on a Best Practice Group Network toolkit for Care Settings and places of worship, Camden is leading on transport and Newham and Hackney have been asked to provide guides on engaging with Black, Asian and Minority Ethnic (BAME) communities.

A Member commented that small clusters of infections had been reported to Members and wondered whether any causes had been identified. Dr Djuretic noted that this is an area that the Council would be focusing on much more. Some outbreaks were associated with Care Settings whereas outbreaks in Golders Green and Childs Hill appear to have spread in the community. Anecdotal evidence has suggested some community and religious festivals had caused infection rates to rise. Barnet has tried to improve social distancing in such areas, with some success, and now has only very few cases scattered around the borough. Currently there are almost no cases in Care Settings, despite testing being in place.

A Member asked what, as a School Governor, she should be vigilant about from September. Dr Djuretic responded that the team has ensured that schools are informed and well equipped, with risk assessment tools in place. Seminars were ongoing to support overall health and wellbeing as schools reopen. The schools have strong links with the Public Health team and support is available.

The Chairman noted that she had put the following questions to Dr Chris Streather. Dr Streather responded:

1. How many people with Covid-19 had been admitted to the Trust's hospitals in May and June?
 - There had been 73 hospital admissions of patients with Covid-19 (tested positive on swab test within two days of admission) during May and June in Barnet Hospital and the Royal Free Hospital.
2. How many people had been discharged having been successfully treated in May and June?
 - 8621 patients during May and June across all specialties. 250 patients had a primary diagnosis of Covid-19 and 214 of these had been discharged home. Of the remaining 36 patients, some remain in hospital and some had passed away.
3. How many people have died of Covid-19 in the Trust's hospitals in May and June?
 - Below 36; the total mortality across the specialties in May and June was 210 patients. In a normal year the mortality rate would be around 170 per month. This does not mean that mortality decreased. There were fewer elderly patients attending A&E during this period.
4. How does the mortality rate for May and June this year compare with the same months in 2019?
 - There was a 2.7% mortality rate in May and June 2020 and a 2.2% rate in 2019. There are currently only 2 patients in Barnet Hospital with Covid-19.

The Chairman and Committee commended and thanked the Trust and its staff for their hard work. They commented that it was heartening to see the reduction currently in the rate of Coronavirus infections and the excellent care that patients had received as presented on the excellent recent BBC programme about the Royal Free Hospital during the pandemic.

The Chairman asked about delays to general patient care because of Covid-19. Dr Streather responded that this had been difficult and the priority is to deal with patients

who need urgent treatment, then to deal with the backlog, ensuring that this is done safely. Most urgent cancer operations and heart surgery had been carried out during the outbreak in other London hospitals. Some patients remain on the waiting list and work is ongoing; the Trust can only work at around 60% capacity but life-threatening conditions have been prioritised. There have been delays in endoscopy procedures so there will be delays in some cancer diagnoses and the Trust is working hard to resolve this.

RESOLVED that the Committee noted all three verbal reports.

9. **ROYAL FREE LONDON NHS FOUNDATION TRUST UPDATE (Agenda Item 9):**

The Chairman invited to the meeting:

- Dr Chris Streater, Group Chief Medical Director, Royal Free London NHS Foundation Trust

Care Quality Commission (CQC) Recommendations Update

Dr Streater reported that 8 out of 11 'Must Do Actions' as stated in the CQC report had been completed. The remaining three (two in Maternity and one in Critical Care) had possibly now been completed but data is not yet available due to the audit being stood down during the Covid-19 outbreak. Dr Streater noted that the data should be ready by the end of August and he hoped more of the 'Must Do's' would be completed by the next HOSC meeting in October.

Dr Streater noted that out of 82 'Should Do's', 36 had not been confirmed as completed but full data would follow.

RESOLVED that the Committee noted the verbal update. **Cerner Review**

The Chairman invited to join the discussion:

- Paul Sinden, Director of Performance, Planning and Primary Care, North Central London Clinical Commissioning Group (NCL CCG)

Dr Streater reported that previously out of 50% of the 11,000 letters, the only harm to patients had been the delay. No 'moderate' or 'severe' harm had been found. Around 97.5% of the letters had since been reviewed, with no 'moderate' or 'severe' harm caused. Dr Streater added that all the letters are being released to patients and the Trust is ensuring that it picks up on any actions.

Dr Streater commented that as a result of the review it became clear that some of the outpatient activity may not add value, given that no harm resulted in the letters not being sent. The Trust has received positive feedback on telephone and video consultations and has learnt through Covid-19 to modernise its appointments.

Mr Sinden reported that the Trust has been open about this failing and its Clinical Working Group had devised a shared approach for reviewing the letters.

The Chairman asked whether preventative measures were in place so that this error did not reoccur. Mr Sinden confirmed that early on the Trust and Cerner had carried out a root cause analysis for this reason, in order that this would not happen again.

RESOLVED that the Committee noted the written report and verbal update.

10. ALTERNATIVE PROVIDER MEDICAL SERVICES (APMS) AND CRICKLEWOOD WALK IN CENTRE UPDATE (Agenda Item 10):

The Chairman invited the following to the meeting:

- Paul Sinden, Director of Performance, Planning and Primary Care, NCL CCG
- Daniel Morgan, Interim Director of Commissioning, NCL CCG
- Kay Matthews, Executive Managing Director, NCL CCG
- Dr Charlotte Benjamin Vice Chairman, Barnet Health and Wellbeing Board and Vice Chairman, NCL CCG

Alternative Provider Medical Services (APMS)

Mr Sinden reported that the GP Contract had been due to end on 30 June 2020 but had been extended to March 2021 due to the disruption with Covid-19. The procurement for the new service would begin in September so that it will be in place from April 2021. Mr Sinden added that he will notify the Chairman when the contract is awarded so that he can report back to the Committee.

Cricklewood Walk in Service (WIC)

Mr Morgan reported that the WIC Contract had been due to end in June 2020. Barnet and Brent CCGs had carried out a 3-month engagement exercise with stakeholders, the outcome of which determined that it would be best to close the WIC. The CCG has transferred some financial resources from the WIC into the existing GP Practice to increase appointment capacity. Mr Morgan noted that the CCG has written to all patients to encourage them to register with a local GP Practice and to make them aware of locally available services.

Mr Morgan reported that the CCG had been asked whether without the WIC there would be alternatives to A&E. Mr Morgan confirmed that the CCG had set up an Integrated Care Partnership Board and one of the key work-streams was a focus on Same-Day Access for Barnet residents. A Member asked whether there would be a gap in Same-Day Access and why Same-Day Access not been made more of a priority. Ms Matthews noted that the case had been well made to close the Cricklewood WIC and the model in its current form was outmoded. Covid-19 had resulted in transforming how Primary Care Services were delivered including remote triage and online consultations. This innovation in service delivery would be built into the model for Same Day Access. Ms Matthews agreed to bring this back to a future HOSC for discussion.

A Member enquired whether Same-Day Access will become easier for patients who wish to see a specific GP. Ms Matthews responded that GPs had rapidly implemented remote triage and digital systems such as e-consult which would take patients straight to the best practitioner for their needs.

Dr Benjamin reported that since the pandemic GPs' work had gone from around 15% to around 90% of consultations being undertaken remotely using a digital platform. This has enabled a huge increase in Same Day Access for patients and for those patients without digital access the phone lines are much freer.

A Member asked how vulnerable patients such as those who are hard of hearing, or with English as a second language, are being supported. Dr Benjamin noted that the CCG is aware of this group of patients. Language Line provides 3-way telephone calls and is very effective. It is recognised that remote consultations do not suit all patients particularly elderly and vulnerable patients so the model will be adapted to ensure that it supports the needs of these groups of patients.

RESOLVED that the Committee noted the written and verbal reports.

**11. NORTH CENTRAL LONDON CLINICAL COMMISSIONING GROUP (NCL CCG)
(Agenda Item 11):**

The Chairman invited the following to the meeting:

- Kay Matthews, Executive Managing Director, NCL CCG
- Dawn Wakeling, Executive Director Adults and Health, LBB
- Dr Charlotte Benjamin, Vice Chairman, Barnet Health and Wellbeing Board and Vice Chairman, NCL CCG
- Colette Wood, Director of Primary Care, NCL CCG
- Ian Porter, Executive Director of Corporate Services, NCL CCG

Merger of CCGs

Mr Porter presented his slides on the merger of the five CCGs which is part of the NHS Long Term Plan. The merger went live on 1st April 2020.

Mr Porter reported that the purpose of merging the CCGs is to optimise the balance between NCL-level and Borough-level services. NCL CCG has a single Governing Body with two elected representatives from each Borough. Barnet's representatives are Dr Charlotte Benjamin and Dr Clare Stephens. Cllr Caroline Stock attends regular meetings with CCG representatives – with a lead health and social care member from the five NCL local authorities attending meetings of the CCG Governing Body.

Mr Porter noted that the Covid-19 pandemic had meant integrated care working between key partners had accelerated. Many partners had fed back that although this had been a challenging time, they did not want to lose some of the positive changes that had resulted. Engagement with the public remains key – with ten community representatives currently being recruited to support the CCG's committee working.

The CCG would be tackling health inequalities and also its budget deficit which stood at £59million prior to the pandemic. The budgets for 2020/21 had been set by the legacy CCGs. Prior to the merger, budgets had been agreed with funding for services commissioned on a Borough basis. Mr Porter noted that the CCG would not disinvest from that but any new investment will be applied differently across the NCL CCG. Emergency legislation remains in place with NHS England (NHSE) currently taking

control of significant elements of the CCG budget during the Covid-19 response. Further guidance is expected at the end of July.

Mr Porter noted that four voting members sit on the new Governing Body who previously sat on the Barnet CCG Governing Body: Ian Bretman, who was previously a lay member on Barnet CCG, and would be the designated lay member for patient engagement and involvement and Claire Johnstone, Registered Nurse, who was previously on the Governing Body for Barnet and Enfield CCG. The two newly elected GP Members for Barnet also previously sat on the Barnet CCG Governing Body i.e. Dr Charlotte Benjamin and Dr Clare Stephens.

The Chairman asked whether the different governance system in Barnet (Committee System as opposed to Cabinet) could cause any problems for the new CCG. Mr Porter responded that a key aim of the Local Authority representation is to help ensure strong partnership working between health and social care – and the provision of local authority perspectives on key issues. They are non-voting members who provide insight for the decision-making process so the different governance structures would not be an issue.

The Chairman asked about equality of funding across the Boroughs in the new CCG. She mentioned that Barnet has more Care Homes than the other Boroughs in NCL, for example. Mr Porter responded that the merger provides an opportunity to look at providing funding differently. Health inequalities work had been carried out and this has highlighted significant inequalities for the northern Boroughs, so this was currently being reviewed.

A Member pointed out a typo on Slide 5, where Barnet population was noted as the same as Enfield. He also asked whether, given its bigger population than the other Boroughs, two representatives for each Borough provided fair representation. Mr Porter apologised for the typo. He added that the representation had been debated and it had been agreed, through the formal setting of the CCG's Constitution, to continue with two representatives per Borough. These represented not only each Borough, but also the NCL as a whole.

Primary Care Networks (PCNs)

Ms Wood presented on the current work in Barnet around PCNs. She reported that there are seven PCNs in Barnet which are geographically aligned and are well established. The focus for PCNs in the next year in Barnet will be:

- Enhanced healthcare service to Care Homes
- Structured medication reviews. Additional clinical pharmacists have been recruited by each PCN to work in GP Practices
- Early cancer diagnosis

Ms Wood reported that the PCN's individual projects, such as enhanced dementia services, are testing their models with a view to rolling them out Borough-wide and, if successful, via the Integrated Care Partnership Board (ICP). The ICP Task and Finish Groups are led by Primary, Community and Acute Trust Clinicians.

Ms Wood presented details of Extended Access Hubs in Barnet offering different numbers of appointments depending on the population. For 2019-20, the utilisation rate was 79%. Work was currently being undertaken to look at how utilisation could be improved.

Dr Benjamin reported that during the Covid-19 period PCNs had worked together to offer mutual aid and support to each other. She added that her PCN is looking at dementia services and ways to support patients, their families and carers, decrease hospital admissions and make dementia less daunting overall. Some data is awaited but, if successful, the model would be rolled out across Barnet.

A Member asked where the Urgent Care Centres are in Barnet. Ms Wood responded that there is one in Barnet Hospital and one in the Royal Free Hospital.

The Chairman asked the Executive Director, Adults and Health, to report on the PCNs from a Local Authority perspective.

The Executive Director, Adults and Health, reported that Barnet Council has worked closely with partners, beginning with Burnt Oak PCN. The Council had ensured that PCN colleagues knew how to make referrals for council and other key services, such as housing and BOOST.

The Council has also been involved with the PCNs in developing social prescribing. The Council and CCG are working to support the dementia PCN work by developing a Borough-wide strategy for dementia. Barnet Council is also working on the Integrated Discharge Team set up as part of the pandemic response, to facilitate faster discharge from hospital and to make pathways clearer for residents.

The Executive Director, Adults and Health, added that the Council is also working with the CCG, Primary Care and Community Health on a model offering in-reach into Care Homes. The Barnet Public Health Team is offering advice to Care Homes seven days a week and has a dedicated PPE operation for Care Homes. Further details on the integration programme will be presented to a future HOSC.

The Chairman asked for more information about Hubs and how appointments could be better distributed. Ms Matthews responded that due to Covid-19 and the radical transformation it had caused, some time was needed to review this as the prior actions may no longer be relevant.

It was agreed that the CCG and Executive Director, Adults and Health, would report back to the HOSC at the next meeting on winter planning, including Primary Care access: and the Integrated Care Partnership work programme including the Care Homes Project. Ms Matthews noted that it would be too soon for a further update on the NCL CCG.

RESOLVED that the Committee noted the slides and verbal updates.

12. NORTH LONDON HOSPICE DRAFT QUALITY ACCOUNT 2019/20 (Agenda Item 12):

The Chairman invited the following to the meeting:

- Fran Deane, Director of Clinical Services, North London Hospice
- Assistant Director of Quality, North London Hospice

Ms Deane thanked the Committee for their patience in allowing the NLH to bring the Quality Account 2019-20 later in the year to the Committee due to the Covid-19 pandemic.

She added that the Carers Strategy, the new clinical database and the work on non-medical prescribing had been carried forward to next year due to the pandemic. Also, the upgrading of the Inpatient Unit bathroom had had to be placed on hold but instead the NLH is proposing to review the delivery of some of its health and wellbeing services. A 6-month post had been created to review the NLH's virtual response to health and wellbeing and to work on setting up groups to support patients in the community.

Ms Deane reported that Covid-19 had accelerated some of the NLH's learning and development opportunities with nearly 2000 learners having attended online courses.

There was a delay in presenting full data due to the introduction of the new clinical database, Egton Medical Information Systems (EMIS) going live in January. Full data would be available in 2021.

Ms Deane noted that a Director of People has been recruited and this post has been beneficial with the introduction of a People Strategy and clear direction to develop the workforce.

The Committee scrutinised the draft North London Hospice Quality Account 2019-20 and wished to put on record the following comments:

- The Quality Account was well presented and easy to navigate with an interesting mixture of information and including a 'Patient Story' demonstrated the ethos of the Hospice.
- The Committee was delighted to see that three of last year's 'Priorities for Improvements' will continue again this year, as Members felt that they were of great importance: the Carer's Strategy, training on Non-Medical Prescribing and ongoing development of Egton Medical Information Systems (EMIS). EMIS was considered of vital importance providing the Hospice with access to patients' records and information sharing as 96% of GP Practices in Barnet, Enfield and Haringey are on the same system. (P.6-9)
- The Committee praised the progress made on the 'Productive Ward in the Inpatient Unit' to improve and initiate new ways of working thereby enabling nurses to spend more time with patients. (P.10)
- The Committee noted that a Priority for 2021 'IPU Bathroom Spa Experience' aimed to improve the current facility by adding new blinds, a privacy curtain as well as creating a small changing area and expressed disappointment that the facility was currently closed due to Coronavirus social distancing recommendations. (P.13)
- The Committee was glad that the Audit of the Dementia-Friendly Environment had been rated 'Good' and looks forward to hearing how work progresses on the few potential improvements which were identified. (P.16)
- The Committee was pleased that there were positive results in the Audit of Five Priorities of Care following the introduction of electronic documentation in January 2020 as part of the EMIS project. (P.17)

- The Committee noted that the Resuscitation Council had recommended the purchase of two additional pieces of equipment, although the review of the resuscitation trolley equipment met the standards. (P. 17)
- The Committee was pleased that the Hospice had trained another 50 people as 'Compassionate Neighbours' to add to the 96 who underwent training last year and that students continued to be welcomed as well as 40 young adults considering a career in healthcare who had attended two successful Summer Schools. (P.21 and P24)
- The Committee congratulated the 'Catching the Light' Photography Group on holding its first exhibition with over 100 people attending who had had the opportunity not only to view but also to purchase some of the exhibits. (P.21)
- The Committee was impressed that all sections of Key Performance Indicator 1 regarding patients' and relatives' views on how staff treat patients were even higher than last year. (P. 29)
- The Committee was delighted to hear that the number of patient related falls was down from 62 to 45 this year, showing a positive trend since the introduction of patient alarms and the purchase of low beds in IPU last year. (P. 36)
- The Committee congratulated the Hospice on developing an Action Plan to learn from near misses and recognising these as an opportunity to prevent further incidents. (P.36)
- The Hospice was complimented on achieving zero cases of Clostridium Difficile (C.Diff) again this year. (P.37)

However:

- The Committee was most concerned at the low levels of compliance recorded during the Hand Hygiene Audits completed for IPU, the Health and Wellbeing Centre and George Marsh Premises at 84%, 83% and 69% respectively, especially at the time of a Coronavirus pandemic. (P.15)
- The Committee was disappointed that under the heading Audit of Fall Paperwork in IPU, 20% of falls risk assessment reviews occurred late or were overdue. (P16)
- Great concern was expressed that the Audit of Waste Management found several areas of non-compliance: the external clinical /infectious waste stores are not always locked and the sharps bins were not always correctly labelled or closed when full. (P.17)
- The Committee was saddened to learn that the number of volunteers had decreased from 950 last year to 830 this year as they play such a vital role in augmenting the staff. (P.20)
- The Committee noted that there had been a huge increase in 'closed bed days' this year, 160 compared to 12 in 2018/19, which was due to extensive fire and safety work being carried out in the bedrooms. The Hospice confirmed that the work was now complete and the number of 'closed bed days' was back down to the normal level. (P.26)

- In the graph for Key Performance Indicator 2, the Committee was concerned to see a decline in whether patients and relatives feel involved as much as they want to be in decisions about care and treatment and a decline in Key Performance Indicator 3 whether patients and relatives would recommend the service to family or friends. The decline in satisfaction in both Key Performance Indicators 2 and 3 was particularly noticeable in the Health and Wellbeing and Palliative Care Support Services, with the Community Team having slightly mixed results. (P.30 and 32)
- The Committee was disappointed that the number of complaints had increased from 12 last year to 19 this year with 16 being upheld. (P.33)
- The Committee was alarmed at the upward trend in 'Patient Safety' reported incidents from 352 in 2017/18 to 367 in 2018/19 and to 489 in 2019/20. (P.35)
- The number of pressure ulcers reported had increased from 63 in 2018/19 to 124 this year. The Committee was concerned that this upward trend should not continue, despite the frailty of many of the patients, and suggested that it would be helpful if the Hospice divided the total of 124 into the various categories of pressure ulcers so that it could be clearly seen how many of the ulcers were either Category 3 or 4 or if some fell into the lower categories. (P.36)
- The Committee noted that there had been an increase in medication errors but was relieved that the Hospice was taking this matter seriously and had already put several measures in place and had also developed an action plan for future improvement in 2020/21. (P.36)

A Member asked whether there were any communication problems with carers such as language barriers. Ms Deane responded that the NLH uses an interpreter service which is currently by video or telephone.

A Member noted that as a Trustee of Barnet Carers Centre she is keen for organisations in the Borough to liaise with each other to avoid duplication of work. Ms Deane reported that she would bring back details of organisations that the NLH had held a working party with around the Carers Strategy. Also, if there has not been a conversation with the Barnet Carers Centre she would arrange for this to be facilitated.

Action: Ms Deane

The Chairman reported that Pam Clinton, Chief Executive of the NLH, has announced her retirement. She asked Ms Deane to pass on to Pam the Committee's thanks for her hard work during her time at the Hospice. She noted that Declan Carol would be taking over from August 2020.

RESOLVED that the Committee noted the Quality Account 2019/20 and will provide comments on it in writing to the Governance Officer by 22 July.

13. ADULT ELECTIVE ORTHOPAEDIC SURGERY REVIEW (Agenda Item 13):

The Chairman invited to the meeting:

- Will Huxter, Executive Director of Strategy, NCL CCG

Mr Huxter presented his slides. He reported that there would be two partnerships (north and south). The most relevant one for Barnet is that between the Royal Free London NHS Foundation Trust and the North Middlesex Hospital, with the Inpatient Unit at Chase Farm Hospital. The Royal National Orthopaedic Hospital is also in Barnet.

Mr Huxter reported that some changes had been made to the public consultation due to Covid-19, with some of the discussions being held virtually. Several meetings had been held, seeking views of Barnet residents and professionals. The results of the consultation will be published in early August, including a Health Inequalities Impact Assessment. A JHOSC meeting will be held across the five North Central London Boroughs in September (held on 4 September), as well as a meeting of the Governing Body. The service would begin to be implemented following this, subject to the decision of the CCG Governing Body.

Mr Huxter reported that he would probably be able to report back to HOSC in October with further details on the implementation plan from the Trusts.

RESOLVED that the Committee noted the written and verbal update.

14. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 14):

The Chairman reported that the following would be added to the Forward Plan:

October 5 2020:

- Adult Orthopaedic Surgery Review Update
- Services in Finchley Memorial Hospital
- Cllr Moore's Member's Item
- Suicide Prevention Plan Update
- Winter pressures 2020
- Services currently available in GP Practices, Hubs and Walk in Centres
- Flu Vaccinations

Update on APMS – December or February 2021.

RESOLVED that the Committee noted the Forward Plan.

15. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 15):

The meeting finished at 9.03pm

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THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 13TH MARCH, 2020** at 10.00 am in Committee Room 1, Islington Town Hall, Upper Street, London N1 2UD

AGENDA ITEM 7

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Tricia Clarke (Vice-Chair), Pippa Connor (Vice-Chair), Alison Cornelius, Lucia das Neves and Freedman

MEMBERS OF THE COMMITTEE ABSENT

Councillors Boztas, Clare De Silva, Osh Gantly and Samata Khatoon

ALSO PRESENT

Councillors

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. APOLOGIES

Apologies for absence were received from Councillors Sinan Boztas and Clare De Silva.

2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Cornelius declared in relation to item 8 (North Central London Care Homes) that she was the Vice-Chair of Eleanor Palmer Trust which was located in High Barnet.

Councillor Connor declared that she was a member of the Royal College of Nursing (RCN) and that her sister worked as a GP in Tottenham.

3. ANNOUNCEMENTS

The Chair requested item 7 – Implementing NCL’s NHS Estate for Local People should be considered as the first item on the agenda as the presenting officer would have to leave the meeting after an hour due to another appointment.

Resolved: That item 7 be considered as the first substantive item on the agenda by the Committee.

4. DEPUTATIONS

The Chair informed the Committee that a deputation had been received from Phillip Richards on how patients' data was used and made available to partners outside the NHS. This related to item 10 on the agenda and would be considered in conjunction with that item.

5. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

None.

6. MINUTES

RESOLVED –

THAT the minutes of the meeting held on 31st January be approved and signed as a correct record subject to amending the spelling of 'David Slowman' minute 6 to David Sloman.

7. IMPLEMENTING NORTH CENTRAL LONDON'S NHS ESTATE FOR LOCAL PEOPLE

Consideration was given to the estates strategy update report.

Nicola Theron, STP Director of Estates, Richard Dale Programme Director NCL STP and Tim Jaggard from UCLH were present and introduced the paper informing the committee that the paper provided an update on the Estates work stream following the last presentation to JHOSC in June 2019.

Committee members commented that the paper was a difficult paper to understand and queried in relation to the unfunded projects who decided what was needed, who the target in relation to £570m on page 28 of the agenda was for, what the assigned sites referred to in the papers were and a list of the disposal sites.

Responding to questions the STP Director of Estates, Programme Director NCL STP and UCLH Officer gave the following information to the Committee:

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- The Estates Strategy 2018 had been further developed with significant progress in 2019. Considerable discussion had taken place at regional and local levels between the partners at the Trust, STP, CCG's, local authorities, Healthwatch in Haringey on how to better link estates to clinical outcomes.
- A main headline was that NCL was assigned a target share of disposal receipts of £570m which was 21% of the national target
- The intention was for Clinical leadership, working alongside partners to channel and prioritise that spend and to create a much more coherent plan to deliver at the local level for residents.
- The NHS Estates plan had progressed in 2019 and had generated strategic successes with significant investment in the acute estate and progress of projects such as BEH St Ann's redevelopment Phase 1 which was on time to deliver a new inpatient facility in 2020 with 400 homes, 119 beds at RNOH delivered under budget on time and £14m RFL acute decontamination reconfiguration had been completed.
- Page 27 of the agenda detailed the NCL investment programme and the focus going forward which would include looking at the current state of the 53 live investment projects.
- There were a variety of funding sources including the Department of Health public dividend capital, each of the funding sources had reinvestment pressures and there was the need to ensure projects were affordable;
- The smaller projects were heavier on risk and the approval processes for each of the projects were considerable.
- A business case was produced for where the funds would go and project it would be invested in. New investment in NCL did not necessarily directly relate to the disposal opportunity.
- A business case had been gone through with all the provider leads in order to prioritise projects. This included considering NHS values.
- Members requested that the Business case criteria could be included in future Estates Strategy reports to the Committee

ACTION BY - STP Director of Estates

- There were a number of projects in Haringey where the NHS was looking to participate in regeneration schemes related to general determining of health.
- There was now a strategy and delivery plan to shape what that engagement looked like. This was being worked on at the borough partnership level.

Tim Jaggard UCLH informed members that he had been involved in some of the STP meetings specifically from a tax payer perspective. He commented that:

- Part of the strategy was to achieve long term financial sustainability and disposals could fit into that.
- Revenue had been propped up for a number of years by capital receipts and this had been encouraged by the NHS. This had been assisted by more money coming in from capital receipts. The rules had changed now preventing capital receipts being used to offset revenue.

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- At present there was no indication that money made from NCL disposals would go out of NCL, this however could change.
- The Disposal of Euston Dental Site on Gray's Inn Road- as part of Estates Strategy was to move closer to the UCLH main campus to create a new combined facility.
- The strategy involved selling at the right time to the right partner. It was sold to UCLH which was carrying out a big government assignment in relation to research. In terms of timing of disposal it was to maximise opportunities.
- In the last month a set of financial rules had been agreed to ensure NCL systems were in place to maximise opportunities.
- There was now a need to consider the other part of the strategy to ensure patients were cared for closer to home. The combined work had been agreed by the CEO and was coming together.
- The intention was to provide support to organisations and help them learn.
- Estate was a function which supported all the organisations. It encouraged a more collaborative approach to supporting projects. There was a need to find ways to manage those risks- the systems and organisational risks and how these were linked together. Then taking some of that learning and influencing what was on the ground.
- Through insight into stakeholder reference groups this would start to happen
- The information relating to the individual estates was not currently available and had not yet been provided because this had not yet been signed off. This was likely to occur in 3 to 4 months' time.

The chair commented that she was impressed by the work UCLH had done and the journey being made, there was however still a lot of work to be done. There appeared to be some organisations that sold off huge sites which appeared to have no vision, purpose or value for money behind it.

The Independent Chair of the CCG commented that although it appeared contradictory that the NHS worked in the way that it did there was the need to work within those parameters for the benefit of residents. This included supporting the case for change to ensure the optimum capital could be obtained for NCL. There was the need to build the business case for change in order to ensure a strong a case as possible was presented.

Answering further questions, officers commented that:

- In terms of investment – conversations had begun around what else could the land be used for.
- In relation to Community Investment levy (CIL) and S106 look at what has happened locally and make use of best practice with local councils working together, identifying areas of good practice and those areas that work together with CIL. Barnet was cited as a good example of working together with CIL, where significant S106 funds were used to support 4,000 new homes in Colindale. Similar work could be done with other boroughs on that same process.

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- There was also the case of building shaping and influencing the behaviour of the wider team, discussion between local authorities, GLA to try to shape demand and how this would come together.
- In terms of how engagement and consultation with local residents and who to contact regarding questions about the Estates Strategy took place, the Local Estates Forum was an important place where local conversations and accountability took place. It was agreed that the Local Estates Forum membership and who questions could go too about the Estates Strategy would be circulated to Committee members.

ACTION: Nicola Theron (Director Estates, NCL CCGs)

The Chair requested that officers considered and took on board the Good Governance Principles which the Committee had adopted at its meeting in June 2019 and to provide a timeline when a further update would be reported back to the Committee.

ACTION: Nicola Theron (Director Estates, NCL CCGs)

RESOLVED –

THAT the

- (i) Report and comments above be noted;
- (ii) Business case criteria be included in future Estates Strategy reports to the Committee
- (iii) Membership of the Local Estates forum and who questions on Estates could go to be circulated to the Committee, and
- (iv) An update on the estates strategy come to a future Committee meeting.

ACTION: Nicola Theron (Director Estates, NCL CCGs)

8. NORTH CENTRAL LONDON CARE HOMES

Consideration was given to the report of the North Central London Partners

Richard Elphick Adult Social Programme Lead North London Councils, Richard Dale Programme Director NCL STP and Dan Windross Assistant Director Community and Transformation, Islington CCG were present and introduced the paper informing the committee that the paper provided an update on the work done so far by the NCL Partners, and the opportunity for joint working between the NHS and local authorities to improve outcomes for care home residents in NCL. They were looking for a steer from the Committee on how it would like opportunities for future development to be taken forward.

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Responding to questions the Adult Social Programme Lead (North London Councils), Programme Director NCL STP and Assistant Director Community and Transformation Islington gave the following information to the Committee:

- In order to provide a quality social care workforce there was a commitment among partners to put in place progression pathway and provide opportunities for local residents so they could get jobs in the care sector.
- There were currently 122,000 Care Home vacancies, 18% of the work force was made up from EU nationals, from the Care Home perspective it was difficult to bring people over to work for a year.
- The Princes Trust was working with young people to build a local partnership, this was borough driven and a lot of work was going into getting that as part of the Community Care build programme.
- In relation to GPs and provision, historically this had not been easy to enforce as the funding arrangements meant that a person did not necessarily move.
- There was a jointly funded provider reference group to support Care homes in planning, problem solving and designing solutions to issues such as poor level of care in care homes and making use of the available data to influence contractors.
- In relation to the Covid-19 pandemic – this was a live issue and a working group had been set up from the CCG side. National guidance was expected today. All Care Homes would be contacted to share good practice. The issue of supplies of personal protective equipment (PPE) to care homes would also be looked into.
- There was work on going to understand what contingencies were in place if staff members were to fall ill. Care home providers were meeting up to discuss what they had been doing.
- In terms of joining up fragmented data, work was underway with Councils and CCG working in the same room to join up information and intelligence. By collaborating with each other would help bring the information together. The partners would develop a shared set of data approach.
- In relation to the prevention of a bidding war an important part of the joined up working between Councils and the CCG was to work with the Care Homes to prevent a bidding war, to provide best value and a sustainable market.
- The CCG would review all the key roles relating to the termination of the expanded End of Life Care Service.

The Committee requested for a list of the residential Care Homes in NCL by borough.

Action By: Richard Elphick Adult Social Programme Lead North London Councils

Answering further questions officers commented that:

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- The 11% reduction in patients that had died in hospital referred to on page 47 of the agenda related to those patients that had been admitted 3 times or more in the last 90 days of their life.
- The Care Home partnership worked well when there was time to go in and work, the issue was how to use the time in the best possible way as there were lots of people that wanted to be proactively supported

Officers were asked to come back in autumn to provide an update to the Committee.

ACTION BY: Richard Elphick Adult Social Programme Lead North London Councils, Richard Dale Programme Director NCL STP and Dan Windross Assistant Director Community and Transformation, Islington CCG

RESOLVED –

THAT

- (i) The report and comments above be noted;
- (ii) A list of the residential Care Homes in NCL by borough be provided to the Committee, and
- (iii) An update report be brought back to the Committee in the autumn.

ACTION: Richard Elphick Adult Social Programme Lead North London Councils, Richard Dale Programme Director NCL STP and Dan Windross Assistant Director Community and Transformation, Islington CCG

9. NORTH CENTRAL LONDON MENTAL HEALTH - SUPPORTING RESIDENTS AND REDUCING ATTENDANCE AT ACCIDENT & EMERGENCY

Consideration was given to the report of the North Central London Partners

Jaime Cross, Programme Director Mental Health, North London Partners, Sharif Mussa North Middlesex University Hospital NHS Trust and Hywell George, North Middlesex University Hospital NHS Trust were present and introduced the paper informing the Committee that the report was an update on the presentation to the Committee in September 2019 where they were asked to provide tangible actions being taken to support residents and reduce attendance at A&E by people with mental health conditions. The paper set out the NCL priorities on mental health and details of services that provide support to people with mental health conditions.

Responding to questions the Programme Director Mental Health and North Middlesex University Hospital NHS Trust Officers gave the following information to the Committee:

Reducing attendance at A&E by people with mental health conditions was being achieved by:

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- Expansion of community teams to provide more support to assist people to stay at home and to help them on to more specialist services.
- Funding had been provided to enable access to specialist at the point of contact in crisis cafes rather than through hospital admission
- A new nurse led children and young person's crisis service had started in summer 2019 at Barnet Hospital, North Middlesex and Royal Free Hospital for evenings and weekends this offered crisis assessment and brief response to Children and Young People attending A&E out of hours.
- New health based places of safety services had been established such as the Highgate Mental Health Centre in Camden and Chase Farm Hospital in Enfield where service users and their carers are seen and treated with dignity. Patients were transported to these centres where specialist workers were available throughout the night.
- The Lambeth model provided services for people with complex needs and involved long term sustained assistance in getting people back into work. NCL Partners were looking at the Lambeth model and looking to receive feedback NCL Partners were taking on board learning and good practice from elsewhere.
- There had been expansion of provision of adult services at all five acute trusts.
- Transformation funding was being made available to support individuals presenting at A&E departments by having mental health assessment within 1 hour and care plans within 4 hours.

In terms equality of access a Committee member requested to see the figures for members of BAME community that had accessed the facilities.

Action By: Jaime Cross, Programme Director Mental Health, North London Partners,

RESOLVED –

- (i) THAT the report and comments above be noted; and
- (ii) Provide figures for members of BAME community that had accessed the facilities

Action By: Jaime Cross, Programme Director Mental Health, North London Partners,

10. IMPLEMENTING ELECTRONIC PATIENT RECORDS - BENEFITS REALISATION (ROYAL FREE LONDON NHS FOUNDATION TRUST)

Consideration was given to implementing Electronic Patient Records report which had previously been considered by the Committee in January 2019 and the deputation of Mr Richards referred to in item 4.

The deputation raised concerns about the manner in which patients' data was used and made available to organisations outside the NHS, a number of IT related incidents in the past year which had impacted on patients such as management of waiting lists, delays to patient letters being sent out and appointment slot issues. He also queried whether the Committee had been consulted on the implementation in NCL of the Health Information Exchange which collected health data and was being implemented across NCL.

Responding to questions from members Chief Digital Officer (Glen Winteringham) Chief Nursing Officer (Katie Trott) and Hannah Heales (Lead Pharmacist for Clinical Informatics) gave the following responses:

- In implementing Electronic Patient Records (EPR) Royal Free London (RFL) had not worked together with University College Hospital London (UCLH) because RFL historically used Cerner and the new Model Content EPR was deployed as part of the Global Digital Exemplar. Following a competitive tender, UCLH selected EPIC to provide their EPR solution. However, there was work collaboratively across all health and social care providers in NCL to share data using two common platforms, Health Information Exchange (HIE) for real time views of shared care records, and Population Health Management (Healtheintent) to proactively identify and manage patient cohorts/disease registers so they received the right care in the most appropriate setting.
- In terms of the delay in patient follow up letters, investigations were going on into exactly what happened and measures would then be put in place to prevent such occurrences happening again.
- In terms of data going outside the NHS, it was standard practise with the NHS to use private sector services when the service were not available in house.
- The NHS had a long history of partnering with companies that had considerable IT experience.
- Each company was checked, underwent annual audits and had to put together a plan for Information Governance.
- The companies were checked to ensure there was compliance with the law, the Information Commissioner was required to be informed of any changes that were put in place to determine if it complied with the law.
- Having health information available instantly was of great benefit to GP's and the patient.
- All GP's and social care providers in NCL were now moving to access to the health information exchange solution.

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- UCLH had its own digitalised patient records. Individual trusts had a viewer where patient information could be seen.
- There was work ongoing with clinical partners outside of Royal Free London to create patient pathways
- These Pathways reduced unwanted clinical variation, improving outcomes for patients and improving systems.
- The strategy was to standardise treatment and outcomes for service users.
- MASH digital lead, this was the multidisciplinary group that would lead around safeguarding.

The Committee asked for a report back in June on how Royal Free London NHS Foundation Trust worked with UCLH on implementing electronic patient records and to include a response to the concerns raised around the deputation in the presentation.

RESOLVED:

THAT

- (i) The report and the comments be noted; and
- (ii) To report back in June on how Royal Free London NHS Foundation Trust worked with UCLH on implementing electronic patient records and to also include a response to the concerns raised around the deputation in the presentation.

ACTION BY: Chief Nursing Officer (Katie Trott) and Hannah Heales (Lead Pharmacist for Clinical Informatics (Hannah Heales

11. WORK PROGRAMME AND ACTION TRACKER

Consideration was given to the work programme and action tracker.

Members agreed that items they wanted to consider at the June meeting were:

- Orthopaedic Services Review
- Update on Digital programme – response to concerns raised in deputation
- Children and Young People Integrating Care

It was agreed that supporting residents with allergies would be included on the Work Programme once the report on incident in Haringey came out. The informal meeting to be hosted by the Independent Chair NCL CCG merger should also be included on the Work Programme.

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RESOLVED –

THAT the work programme be amended, as detailed above.

12. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

None.

The meeting ended at 12.30 pm.

CHAIR

Contact Officer: Sola Odusina
Telephone No: 020 7974 6884
E-Mail: sola.odusina@camden.gov.uk

MINUTES END

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MINUTES OF THE BARNET, ENFIELD & HARINGEY NCL JHOSC SUB GROUP THURSDAY, 25 JUNE 2020

Councillors: Pippa Connor (Chair) (Haringey), Lucia das Neves (Haringey), Alison Cornelius (Barnet) and Linda Freedman (Barnet)

BEH.1 APPOINTMENT OF SUB-GROUP CHAIR

AGREED:

That Councillor Pippa Connor (Haringey) be appointed as Chair for the meeting.

BEH.2 APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Clare de Silva (Enfield).

BEH.3 DECLARATIONS OF INTEREST

Councillor Connor reported that she was a member of the Royal College of Nursing and that her sister worked as a GP.

BEH.4 QUALITY ACCOUNTS - GUIDANCE

AGREED:

That the guidance for overview and scrutiny committees from the Department of Health on the consideration of Quality Accounts be noted.

BEH.5 BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST - DRAFT QUALITY ACCOUNT

The draft Quality Account for Barnet, Enfield and Haringey Mental Health Trust was presented by the following:

- Amanda Pithouse – Executive Director of Nursing;
- Dr Mehdi Veisi – Executive Medical Director;
- Shila Mumin – Head of Effectiveness; and
- Caroline Sweeney – Deputy Director of Quality Governance.

It was noted that the trust had a new board of directors. In addition, the trust's executive team had been reviewed. The new Trust Strategy had been developed with service users, carers, staff, partners and other stakeholders. As part of its development, focus groups and executive roadshows had been undertaken. Four key themes had been identified within the new strategy:

- Excellence;
- Empowerment;
- Innovation; and
- Partnerships.

The trust had been inspected by the Care Quality Commission (CQC) in September 2019 and rated as "good". However, some areas were identified as needing improvement, including safety. The trust had 7 "must do" and 58 "should do" actions arising from the inspection. Ahead of the inspection, the trust had developed 10 "Brilliant Basics". These were both strategic and clinical.

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Six specific and quantifiable quality priorities had been set for 2019/20. These included improved access to beds. This had been increasingly challenging but a new 15 bed ward had been opened which had assisted the Trust in addressing the issue.

The Sub-Group considered the Quality Account as follows:

- (i) It commented that the patient experience had only been highlighted in the latter parts of the Quality Account. It also felt that the earlier passages of the report could be made more accessible as they currently appeared “corporate” in nature. It was noted that a lot of feedback on services had been received and that this had come from a range of sources. It was felt that this should be disaggregated so that it was possible to determine the level of response from service users. Ms Pithouse acknowledged that there was a need to make the Quality Account more accessible and present data in a more meaningful way. In particular, looking at data over a longer period could provide a clearer picture of trends;
- (ii) Ms Pithouse stated that the trust aspired to improve all of its services and had been disappointed by the rating of inadequate by the CQC for community based mental health services for adults. This required timely access to services and many mental health trusts found this challenging. Work was in progress to address this including developing more effective working relationships with partners, such as the Police;
- (iii) There was some variation in the quality of work by crisis teams across the trust. The good practice in some areas needed to be spread across the trust and action was being taken to reduce variation;
- (iv) It was noted that there were particular challenges in improving environments for patients. Some in-patient accommodation was still not fit for purpose although new accommodation would shortly be opened in Haringey;
- (v) Provision for Child and Adolescent Mental Health Services (CAMHS) was also being addressed, with work starting on new premises at Chase Farm shortly;
- (vi) Dr Veisi commented that a large amount of the content of Quality Accounts was prescribed but the trust would nevertheless try to make the document more accessible. One option might be to provide an easy read version for lay people. In respect of beds, the trust had increased the number of these by 34 in the last six months. The trust was currently addressing the findings of the CQC report. As part of this, it had commissioned an independent review of the Crisis Care pathway and this had made 10 recommendations. Some work had been delayed by the pandemic but this had now been resumed. The Sub-Group requested further information on the 10 recommendations that had been made in respect of the Crisis Care pathway;
- (vii) In answer to a question, Ms Pithouse stated that all of the money that had been obtained from the redevelopment of the St. Ann’s site had now been re-invested and was not sufficient to finance sufficient additional beds to meet demand. The trust wished to address this and was putting a plan in place. A case was being made to NHS England for funding. Dr Veisi commented that the trust had invested

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in improvements to make accommodation safe. Some was beyond repair but would nevertheless not be allowed to become derelict;

- (viii) Dr. Veisi reported that the trust was working to address demand for community based services. Action that had been undertaken recently included the establishment of a place of safety at the Dennis Scott Unit in Edgware, staff being located in Accident and Emergency units and establishment of a 24 hour crisis line. In addition, the trust had been appointed to run the crisis line for north central London. It was likely that there would be increased demand for services as a consequence of the Covid-19 pandemic, including referrals for Post-Traumatic Stress Disorder (PTSD), depression and anxiety. Direct engagement with service users had been reduced as a result of the Covid-19 pandemic but the shortfall was being made up digitally;
- (ix) The Sub-Group noted that the trust was part of a network of mental health service providers where learning could be shared and was continually looking to collaborate with others. In addition, it also looked at practice in other countries;
- (x) The trust was an integral part of Child and Adolescent Mental Health Services (CAMHS), together with local authorities. Access to services was increasingly through digital means. This was not by default but by choice;
- (xi) Sub-Group Members highlighted that the staff survey had indicated that bullying and aggression was an issue. Ms Pithouse stated that it was the focus of specific attention. Engagement would be taking place with staff and external assistance would be procured through the use of a “cultural thermometer”;
- (xii) In respect of recruitment and retention, Ms Pithouse reported that this was particularly challenging in respect of nursing staff. Nursing was often not perceived as an attractive career option. However, the pandemic may have changed this view. Work to address recruitment and retention was taking place across London and the NHS as a whole. One particular challenge that the trust faced was that its staff did not receive inner London weighting;
- (xiii) In response to a question regarding whether staffing issues impacted on the safety of in-patients, Ms Pithouse stated that the majority of deaths of patients took place in the community. In addition, some patients were very frail. Any death was a cause for concern and the data was analysed. However, current figures did not indicate anything that was unusual and were within normal levels of variation. Dr Veisi reported that mortality reviews took place every two weeks and all cases were looked at. It was likely that there would be an increase following the pandemic and this would be a national pattern;
- (xiv) In respect of EU nationals, the status of all of those who worked for the trust had been addressed. The cost of visas required for employees of the trust was likely to be large though and this would be a challenge for the whole of the NHS;
- (xv) In respect of incidents of patient restraint, Ms Pithouse reported that this was looked at on a weekly basis. There were particular hot spots where incidents were more common and these were being addressed. Challenging behaviour nevertheless remained an issue and could impact on recruitment and retention. It

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- was particularly difficult to recruit to posts in the Intensive Care Unit (ITU) as the work was often very stressful;
- (xvi) The Sub-Group noted that collaboration on learning and staff development was taking place with Camden and Islington Mental Health Trust and opportunities had been put in place for nurses to work across the two trusts;
 - (xvii) In respect of patient experience feedback and the lack of QI compliance in collaboration, it was noted that that work to address this was now being stepped up. Engagement with patients had not stopped though and it was now actually simpler due to enhanced use of IT. It was agreed that the wording of this section would be simplified;
 - (xviii) It was noted that there were currently 25 peer support workers in the and the intention was to increase this by 15 and to make peer support available in all in-patient wards. Preventing violence and aggression was a specific priority within this programme;
 - (xix) Sub-Group Members highlighted the low response to the Community Mental Health Survey. Dr Veisi commented that this was a national survey. Permission needed to be obtained for information from patients to be shared and the trust was looking at ways in which participation could be made easier;
 - (xx) In respect of the interface with Haringey Council, Ms Pithouse stated that the reason why this was referred to as a challenge was unclear. It was possible that this referred to delayed transfers of care. Sub-Group Members commented that there was no section on what had gone well and what was challenging in respect of Barnet;
 - (xxi) In respect of why there were more complaints from Haringey service users, Ms Pithouse felt that environmental issues could be a factor which the opening of new accommodation would hopefully address. Staff attitude was the single biggest reason for complaints. It was an area that was currently being reviewed by the Trust and a report was due to be submitted to the Board in July. Complaints reports could be shared with the Sub-Group;
 - (xxii) The Sub-Group suggested that more regular reports on progress by the Trust might help to increase awareness amongst Members of its work and achievements. It was agreed that officers would liaise to see how this could be progressed; and
 - (xxiii) It was noted that the trust also delivered community health services in Enfield and that physical health would be a particular priority in next years Quality Account.

The Sub-Group thanked officers from the Trust for their kind assistance.

AGREED:

1. The further information be shared with the Sub-Group by the Trust on the ten recommendations that had been made in respect of the improvement of the Crisis Care pathway; and

**MINUTES OF THE BARNET, ENFIELD & HARINGEY NCL JHOSC SUB GROUP
THURSDAY, 25 JUNE 2020**

2. That proposals be developed for more frequent communication between the Trust on current developments and progress with Members of the Sub-Group.

BEH.6 NORTH MIDDLESEX UNIVERSITY HOSPITAL - DRAFT QUALITY ACCOUNT

The Sub-Group noted that the Trust had advised that further work was being undertaken on their Quality Account and it would now not be ready until the autumn.

**Cllr Pippa Connor
Chair**

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THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 31ST JULY, 2020** at 10.00 am in Remote Meeting via Microsoft Teams.

MEMBERS OF THE COMMITTEE PRESENT

Councillors Tricia Clarke, Pippa Connor, Alison Cornelius, Linda Freedman, Lorraine Revah (substitute member) and Edward Smith.

MEMBERS OF THE COMMITTEE ABSENT

Councillors Lucia das Neves, Osh Gantly, Alison Kelly and Samata Khatoon

ALSO PRESENT

Councillor Paul Tomlinson

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. ELECTION OF CHAIR

Members agreed to elect a Chair for the duration of the meeting and to defer the election of a Chair for the 2020-21 municipal year to the 25th September meeting.

Councillor Pippa Connor (LB Haringey) was nominated to chair the meeting and this nomination was seconded. There were no other nominations.

RESOLVED –

- (i) THAT Councillor Pippa Connor be elected chair for the duration of this meeting.
- (ii) THAT the election of Chair of North Central London JHOSC for 2020-21 be deferred to the 25th September 2020 meeting.

2. ELECTION OF VICE-CHAIRS

Members agreed that the election of Vice-Chair(s) should be deferred to the 25th September meeting.

RESOLVED –

THAT the election of Vice-Chair(s) be deferred to the 25th September 2020 meeting.

3. GUIDANCE ON REMOTE MEETINGS HELD DURING THE CORONAVIRUS NATIONAL EMERGENCY

The Guidance was noted.

4. TERMS OF REFERENCE

The Terms of Reference were noted.

5. APOLOGIES

Apologies were received from Councillor Alison Kelly (LB Camden), Cllr Lucia das Neves (LB Haringey) and Councillor Samata Khatoon (LB Camden). Councillor Khatoon was substituted for by Councillor Lorraine Revah.

6. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Cornelius declared that she was a Barnet Council appointed member of the Eleanor Palmer Trust, and served as its Vice-Chairman.

7. ANNOUNCEMENTS

Councillor Pippa Connor conveyed her thanks to Councillor Alison Kelly, the outgoing Chair of the Committee, for her hard work in scrutinising and engaging with health services throughout North Central London.

8. DEPUTATIONS

There were no deputations.

9. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no notifications of urgent business.

10. MINUTES

Consideration was given to the minutes of the meeting held on 13th March 2020.

Councillor Linda Freedman noted that her first name had been omitted from the attendance list.

Councillor Alison Cornelius said that her declaration of interest should be amended to clarify that she was a council-appointed trustee of the Eleanor Palmer Trust.

With regard to the care homes item, Councillor Cornelius noted that members had requested a list of care homes in the North-Central London area by borough and had not been provided with one yet. She asked that this be provided forthwith.

RESOLVED –

THAT the minutes of the meeting held on 13th March 2020 be approved, subject to the amendments above.

11. NORTH CENTRAL LONDON SYSTEM RESPONSE TO COVID-19: NCL TEMPORARY SERVICE CHANGES MADE IN RESPONSE TO THE PANDEMIC

Consideration was given to a report from North London Partners in Health and Care.

Mike Cooke (Independent Chair of the North London Health and Care Partnership) and Frances O’Callaghan (Accountable Officer for North-Central London Clinical Commissioning Groups) presented the report to the Committee. Mr Cooke highlighted that, although it had been a very challenging time for the health service, he had been impressed by the joint working between local authorities and the NHS.

Ms O’Callaghan outlined that, given the unprecedented emergency situation that coronavirus had placed the health service in, there had needed to be changes in service delivery which could not go through the normal consultation process. Clinical assurance had been obtained for changes through the NCL Clinical Advisory Group. As conditions changed and various services were going to be returned to normal, this would need to be cleared with the Clinical Advisory Group.

Key points that officers highlighted in their introduction to this item were:

- Urgent cancer treatment was continuing;
- Some services were being delivered digitally – but officers were aware of the ‘digital divide’ and the problems this caused for access;
- Critical care was focused on UCLH and North Middlesex Hospitals.

Members asked what the recommendations for the future based on the experience of the pandemic would be. Ms O’Callaghan said that recognising the interdependence between health and social care was an important one. The importance of mutual aid between different parts of the health service was another important lesson learnt.

North Central London Joint Health Overview and Scrutiny Committee - Friday, 31st July, 2020

In terms of social care, important issues were the need to make available testing slots for social care workers and the need for mutual aid to ensure that enough PPE was available in the right places for the appropriate staff.

Members queried the decision-making process behind releasing patients into care homes, as there was public concern that some of those patients had coronavirus and so contributed to the spread of Covid-19 in care home settings. Mr Cooke said that he did not believe this had happened to a significant degree in North Central London. Releasing patients into the care of care homes was an operational matter but, in order to avoid the spread of coronavirus, patients who were being discharged into care homes were sent to a ward in St Pancras Hospital where they could be monitored for Covid-19 symptoms.

The Acting Chair, Councillor Pippa Connor, asked that more information about the release of patients from hospital into care homes be provided for the Committee when it considered the care homes item at its 25 September meeting.

ACTION: North London Partners

There was a discussion about delays in other treatment which were occurring during the Covid-19 pandemic period. Several members raised particular concerns about screening, about elective surgery and about dialysis. Officers said that the infection needed to be under control and that patients needed to feel safe when they were coming into hospital. When this had been achieved, then the health service could move towards tackling the backlog that was emerging with regard to other treatments and appointments. Mr Cooke said that there was a London Transition Board, which included a representative from London Councils and from the Mayor's Office, which was looking into the recovery from the pandemic period.

With regard to minimising visits to A & E over the last few months, where the matter could be dealt with by other means, members were informed that people were being advised to ring 111 before they visited A & E. Members said that it was important that there was clinical triage for these calls, rather than relying on telephonists without medical qualifications. They also asked whether there had been engagement with the public about the use of 111 to minimise use of A & E. Mr Cooke informed the meeting that there had been engagement with a sample of Londoners who had been selected via a process led by the Mayor's Office.

There was a discussion about digital consultations by GPs. It was noted that some GP practices had been conducting telephone consultations where necessary and appropriate prior to the pandemic striking, and this might be a method that older patients felt more confident with – rather than online digital processes.

There was a discussion about the service variations mentioned in the report. Members noted the importance of separate coronavirus and non-coronavirus pathways in hospitals. Where possible, this was being done; however, many older hospital complexes did not have the building layout that made this possible.

Moorfields and Chase Farm were now better able to deal with non-coronavirus cases separately than before.

Concern was voiced about the long-term effects on the health of some people who had had Covid-19. Officers acknowledged that this was a fast-developing field and said there would be a multi-disciplinary approach taken to rehabilitation. Members said they would welcome further information about this as it developed.

It was noted that Great Ormond Street Hospital had dealt with a disproportionately large number of child patients during lockdown, and there was now a re-opening of some children's services in UCLH and North Middlesex. The paediatric beds in Barnet General remained closed. A decision would be taken on re-opening them in September.

A member asked what was happening with regard to the LUTS clinic, a matter on which the Committee had received a number of deputations from concerned patients over the past few years. Ms O'Callaghan said she would liaise with the relevant officer (Richard Dale) about providing a written update on the topic.

ACTION: Frances O'Callaghan / Richard Dale

With regard to maternity services, officers said that a limited homebirth service had been reinstated in May. Councillor Clarke asked that more information be provided about this and how the restoration of the service was developing.

Members queried the disproportionate impact of coronavirus on BAME communities. Councillor Smith said that, in Enfield, there was particular concern about the number of deaths and serious illnesses that had occurred among the Somali community in that borough. Members also made reference to the impact on the health workforce, particularly as many health workers were from BAME backgrounds.

Ms O'Callaghan said that Dr Fenton's study on the impact of Covid-19 on ethnic minority populations was being reviewed and that NCL health partners were working on implementing the recommendations. She added that health bodies would be encouraging the take-up of the flu vaccination among their staff.

Members expressed concern about the mental health impact of the pandemic. Ms O'Callaghan said some good work was being done on this, and that a triaging system was used to direct patients to a specialist section at St Pancras so that they did not need to go to A & E.

Members asked that a report be provided at a future meeting updating members on the impact of Covid-19 on health services and on developments flowing from this. Councillor Connor would liaise with officers about this paper.

RESOLVED-

North Central London Joint Health Overview and Scrutiny Committee - Friday, 31st July, 2020

- (i) THAT the report and comments above be noted;
- (ii) THAT a report come to a future meeting of this Committee on the impact of Covid-19 on the NCL health system on developments flowing from the pandemic.

12. DATES OF FUTURE MEETINGS

It was noted that the dates of future ordinary meetings would be:

- Friday, 25th September 2020
- Friday, 27th November 2020
- Friday, 29th January 2021
- Friday, 26th March 2021

It was also noted that a special meeting would be arranged for early September to consider the orthopaedic services review.

13. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no other business.

The meeting ended at 12:20pm

CHAIR

Contact Officer: Vinothan Sangarapillai

Telephone No: 020 7974 4071

E-Mail: vinothan.sangarapillai@camden.gov.uk

MINUTES END



Barnet Health Overview and Scrutiny Committee

5 October 2020

Title	Barnet Breastfeeding Peer Support Service
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Key	No
Urgent	No
Enclosures	Appendix A: Update Report from CLCH and LBB Appendix B: Barnet Breastfeeding forum action plan Appendix C: Pathway for care of feeding concerns in Barnet
Officer Contact Details	Clare Slater-Robins clare.slater-robins@barnet.gov.uk

Summary

The Committee had received updates on a Member's Item in the name of Councillor Alison Cornelius on 24 May and 18 October 2018 and requested a further update to be supplied detailing the breastfeeding support services model and breastfeeding rates in Barnet. The document attached in Appendix A provides this report. Appendix B details the action plan the breastfeeding forum has compiled and Appendix C outlines the pathway to be followed after identification of feeding concerns.

Following co-design work in 2019 and the Healthy Child Programme services transformation, significant improvements in the accuracy of data capture for breastfeeding rates have been made at the 6 – 8 week health visitor review and are now above England average. A breastfeeding forum was established including service users and stakeholders and is working to an action plan to increase breastfeeding in the borough. The forum has drafted a care of feeding concerns pathway to ensure a consistent approach for service users.

Recommendations

1. That the Committee note the report and progress made in breastfeeding services.

1. WHY THIS REPORT IS NEEDED

The Committee have requested to receive a further report on Breastfeeding Support Services at October 2020 meeting. Due to retendering the Healthy Child Programme services, a 2019 update was not possible, and the July 2020 HOSC meeting was cancelled.

The benefits of breastfeeding are clear. As well as health benefits to mother and baby, increased breastfeeding rates can contribute to reducing health inequalities through improved outcomes. Financially, high rates of breastfeeding not only result in savings to family budgets, but also to the public purse due to reduced service costs associated with dealing with health problems which occur more frequently when babies are not breast fed.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The report provides the Committee with the opportunity to be briefed on this matter. They are empowered to make further recommendations should they wish.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

- 4.1 The breastfeeding forum will continue to implement and monitor the action plan to improve breastfeeding incidence in Barnet.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the

taxpayer

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 The Breastfeeding peer supporter service is funded within the Healthy Child Programme from Public Health Grant and there are no other financial implications for the Council.

5.3 **Social Value**

5.3.1 Not applicable.

5.4 **Legal and Constitutional References**

5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.4.2 The Council's Constitution (Article 7) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

“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.”

5.5 **Risk Management**

5.6 No risks have been identified.

5.7 **Equalities and Diversity**

5.7.1 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 fulfil its equality duty 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.

5.7.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.7.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. 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.

5.8 **Consultation and Engagement**

Not applicable.

5.9 **Corporate Parenting:**

Not applicable.

6. **BACKGROUND PAPERS**

6.1 18 October 2018 HOSC minutes



Printed minutes
18th-Oct-2018 19.00

Update on Breastfeeding peer support service in Barnet

HOSC 5 October 2020

Background

Officers presented a paper at the May and October 2018 HOSC committee meetings outlining progress in delivering Breastfeeding Support in Barnet. This paper is a progress update and includes the co-design work undertaken to inform service improvements.

The breastfeeding peer support service includes a mix of paid and volunteer supporters. The service is part of the health visiting service and delivers support and advice to residents of Barnet and continues to hold UNICEF breastfeeding accreditation at level 2. The volunteers deliver training to other professionals equipping them with the skills and knowledge to promote and support breastfeeding mothers. They run virtual groups, across the borough, a telephone support line, Facebook page, as well as support in the post -natal wards of Barnet Hospital and one to one advice as required. This service is funded within the current Central London Community Healthcare Trust (CLCH) contract, as part of the Health Child Programme, to 30 September 2021.

Breastfeeding data collection for Barnet has historically, been very poor for a variety of reasons including poor data quality and a lack of review at 6 – 8 weeks by the health visitors. However, introduction of the health visitor mandated review at 6 – 8 weeks and the breastfeeding supporters undertaking a telephone call to breastfeeding mothers has helped to capture this data more accurately. The reported breastfeeding rate (fully and partially) in Barnet has improved from a recorded 5.2% in 2018/9 to Quarter 1 (April to June 2020) 63% which is above the England average of 48.15%.

Co-design of service

In 2018/19 the breastfeeding service and the Commissioner, undertook four co-design meetings. They were attended by the peer supporter, service users, midwifery, the clinical commissioning group and stakeholders from the voluntary and community sector including Home-start, National Childbirth Trust, and Breastfeeding Network. Council services including public health, children centres, and the 0-19 early help service also engaged in the co-design workshops. Service users and stakeholders were invited to voice their views, during the four co-design meetings, to inform and shape the service offer. Below are a few 'you said / we did' examples from before the Coronavirus pandemic;

"It would have been really helpful to have access to breastfeeding services at weighing clinic"	Now we will be at all baby clinics! Part of the Barnet transformation project.
Make it known that everyone is welcome to the drop ins – you don't have to be exclusively breastfeeding to come, may be mixed feeding etc Also, advertise that dads are welcome	Facebook posts actively advertising everyone is welcome + service leaflet new design repeats this.
A continuing group general support being around mums feeding 6+ months, and for emotional support and encouragement	with the transformation of drop ins at baby clinics, we are aiming to have 3 "baby groups" (already have 1 hope) 1 per locality, which again will be there for all ages, mixed

Letting families know of the breastfeeding service antenatally to help with understanding of how breastfeeding works, latch etc	<p>feeders, mums dads whoever.</p> <p>Signposting to our service early on from local and neighbouring hospitals via service leaflet. Will be adding service details to antenatal letter sent out to parents as well as including in electronic new birth pack.</p>
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The outcome of the workshops was a service evaluation report which was considered at the newly convened Barnet breastfeeding forum in January 2019. The evaluation report was used by the breastfeeding forum in February 2020 to develop the service action plan presented in Appendix B. The action plan is designed to help improve breastfeeding incidence in Barnet as well as contribute to a consistent approach across North Central London STP while also taking into consideration the Mayors London breastfeeding strategy which is currently in development. The plan continues to be reviewed and update on a quarterly basis which has continued during the Coronavirus restrictions.

Next steps

The breastfeeding data issues in Barnet have been resolved and the breastfeeding peer support service is stabilised, reaching more mothers who need help with breastfeeding. The next stage is to implement the action plan to streamline breastfeeding messages and to widen the breastfeeding message into the community so everyone who wishes to breastfeed feels confident, has consistent advice and is supported to do so. This is a collective effort and requires the organisations involved in this agenda to work closely together. The forum oversaw the drafting of a 'care of feeding concerns in infants' pathway, Appendix C, which is due for launch in 2021 to help streamline the consistency of advice given in Barnet.

A significant part of the next steps plan is to establish a Barnet Breastfeeding Welcome scheme which aims to:

- make it easy for mums to find welcoming and supportive places to breastfeed;
- recognise businesses and organisations for promoting and supporting breastfeeding.

This scheme provides a charter for businesses to sign up to in order to take part and ensure their businesses meet a certain standard following which they then display a sticker in their window which informs breastfeeding mothers that they are welcome to breastfeed on the premises. Governance is through audits of the businesses to ensure they continue to meet the charters obligations.

The commissioners and CLCH managers will continue to lead the breastfeeding forum with service users, the breastfeeding supporters and stakeholders to ensure the improvements of the last two years continue to be built upon.

Clare Slater-Robins, Senior CYP Commissioner, LBB

Annabel Burkimsher, Interim CBU Lead, Central London Community Healthcare Trust

Collette McCarthy, Assistant Director Commissioning & Strategy, LBB

Appendix B – Action Plan 2020



Action plan - July
2020.xlsx

Appendix C – Care of feeding concerns pathway (Draft)



Pathway of care for
feeding concerns in I

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	A	B	C	D	E	F
2	Jul-20					
3	Marketing					
4	Current Situation	Desired outcome	Actions	By whom	Due date	Notes
5	BF isn't being advertised sufficiently on corporate websites or utilising social media/apps sufficiently	Barnet BF to be fully advertised and for social media and apps to be utilised fully	Advertise groups and drop-ins on Baby Buddy app	Jane Markwick		<p>Baby Buddy - emailed 20/02/20, and phone conversation. Baby Buddy plan on having a match feature available where mothers can see where their local support groups are. Support groups are uploaded from NHS Choices. They are not currently commissioned to keep this information up to date. They are currently updating the system so have no opportunities to target mothers yet. Proposed cost for targeting will be in excess of £2000 for 1 year sign up where push notifications would be sent out to a targeted set of mothers e.g. Day 3 following birth to all Barnet mothers.</p> <p>Mush - emailed 20/02/20 - no opportunity to advertise at present.</p> <p>Net Mums - emailed 20/02/20 - Jane has updated information and contact details during COVID-19. An additional advertising option is available to get a 'gold listing' for £36 a month (+VAT) which pushes the listing to the top of the search results.</p> <p>Mum and Baby app - North West London - TBC</p> <p>Facebook - opportunity to target mothers via Facebook advertising. Only pay per click on the ad. Able to target ads to specific groups. Example: 18-40 year old females in Barnet, with 'interest in infants', who fall into the category of 'new parents - 0-12 months' is only 3,300 people. Which means that ads would be very targeted with very little waste. Estimated advertising spend of £50 max week. Money not used weekly would carry over each week.</p>
6			Royal Free website to be reviewed so links and App work are signposting to breastfeeding	Ruth Akoto-Appiah and Jenny Marshall		Meeting in June to progress
7			Barnet Council website to signpost to breastfeeding services and to have links to breastfeeding advice	Lauren Neill		Ongoing - mothers are being signposted to Facebook and Helpline Links and contact details are up to date
8	Promoting					
9	Current Situation	Desired outcome	Actions	By whom	Due date	Status
10	The recent co-design has concentrated on BFPSS and its offer and its now felt we should be promoting breastfeeding with businesses and widely in Barnet	For Barnet to be a breastfeeding friendly borough and parents to feel welcome to breastfeed where and when necessary	Explore 'Breastfeeding welcome scheme' price and conditions	Lauren Neill		A business plan is currently being written - On hold due to COVID-19
11			If suitable - conversations with DPH re adopting scheme and funding	Lauren Neill, Emma Waters and Clare Slater-Robins		Awaiting response from Islington and Croydon
12			BFPSS to consider promotion of breastfeeding with businesses as part of work	Jane Markwick and Annabel Burkimsher		Currently on hold due to COVID-19 and most businesses being shut. However, promotion through Barnet Hospital Midwives (hospital and community), HCAs, NNU staff and Speech and Language Therapists, Barnet Children's Centres, LIFN, Barnet Health Visitors etc. has increased. New referral form created and sent out widely.
13			Home-Start volunteers to promote with their service users	Guljabeen Rahman		Currently offering telephone support and Zoom support. Volunteers have been promoting service.
14	Pathways / Training					
15	Current Situation	Desired outcome	Actions	By whom	Due date	Status
16			Audit training needs for partner staff e.g. Children's Centres and Home-Start	Jane Markwick, Debra Davies and Guljabeen Rahman		Meeting with Andy Whiting and Debra Davies to discuss service needs and offerings, and training needs of CC staff. All UNICEF training is currently suspended due to COVID-19

	A	B	C	D	E	F
17	Need to collaborate more between services to make the journey smoother and more consistent advice for service users	For service users to receive consistent advice at an appropriate time for their needs. For practitioners to feel confident in their advice	Devise a pathway of care between services capturing from birth to 1 year	Jane Markwick and Breastfeeding Forum	28th May action: Jane to create a proposed pathway for comment and adjustments at the next Forum	<p>Children's Centres: Referral form to refer any mothers they come in contact with which also include our service leaflet so they are able to give information to parents.</p> <p>Maternity Ward: New referral form designed for Volunteers to use when supporting women in the hospital to ensure women are having continuous support from hospital into community. Due to COVID-19, this referral form has been sent out Maternity wide so that referrals can come from any HCP in Maternity as Volunteers are no longer allowed on the ward. Referrals coming directly from the Infant Feeding Team, however due to COVID-19 and retirements within the team, the Infant Feeding Team is working on a skeleton staff basis (1 per site).</p> <p>NNU: Referral forms also available to NNU staff to refer babies who have been discharged. Contact had with the Speech and Language Therapist and Nutritionist on NNU - our contact details are being added to their discharge pack. A conference call with the NNU team is currently being arranged to see how we can better support them. They have 'Little Stars' meet ups of groups of babies who were discharged around the same time from NNU. They come for 6 x weekly group sessions to learn baby massage and have a chat. Potential opportunity for the Barnet Breastfeeding Support Service to be involved in the groups.</p> <p>Leaflet: A new leaflet has been designed which is awaiting print following COVID-19. A PDF version is available which is being sent out to services to print in the meantime and to also email to parents etc.</p> <p>BF Support Workers Contracts: All contracts are finalised and all members of staff are working in their permanent roles.</p>
18			UNICEF training - awareness raising and 2 day for Barnet Staff	Jane Markwick		All UNICEF training is currently suspended due to COVID-19. Attended Merton training to see Iman give staff training.
19						
20	Feedback					
21	Current Situation	Desired outcome	Actions	By whom	Due date	Status
22	We have the co-design work feedback but not from people who don't use the BFPSS or other services	To gain feedback from Barnet parents with an under 1 about their infant feeding experience	To consider how best to gain this feedback. Could be survey, questionnaires and/or volunteers speaking to people	Breastfeeding Forum	Low priority in current circumstances	We continue to receive feedback via Facebook, Email and text messages and are continuing to fill out the comment cards. Once the BFSW are permanent we will be able to start collating more feedback, especially from people who don't use the service - why they didn't use it? Are they experienced feeders? Did they know about us? etc.
26	Collaborate with NCL					
27	Current Situation	Desired outcome	Actions	By whom	Due date	Status
28	We have the Barnet work ongoing but need to avoid duplication with the NCL 'Better Births' workstream and the mayor of London work and to coordinate the work so the best is achieved for Barnet residents	For Barnet to have a Breastfeeding strategy and an action plan that fits with the NCL and Mayor of London's work with 'Better Births'	To be updated on the NCL and Mayor work in April/May 2020	Ayala Ochert	Low priority in current circumstances	On hold till Autumn - awaiting clarity and guidance on how to restart
29			To devise or adopt a breastfeeding strategy that is coproduced with service users for Barnet	Breastfeeding Forum	Low priority in current circumstances	On hold till Autumn - awaiting clarity and guidance on how to restart
30			To finalise the action plan and keep updated	Breastfeeding Forum	Low priority in current circumstances	On hold till Autumn - awaiting clarity and guidance on how to restart
31						
32	Data					
33	Current Situation	Desired outcome	Actions	By whom	Due date	Status

	A	B	C	D	E	F
34	Breastfeeding data at 6-8 weeks is collected by PHE from HV contacts. This data is incomplete for Barnet so we do not know the breastfeeding rates	For a whole picture of the breastfeeding incidence in Barnet to be known so we can plan strategically as a Borough	Midwifery data at birth to be shared with HV service and HV data at 6-8 weeks to be shared with MW service	Clare Slater-Robins & Ruth Akoto-Appiah		Monday 1st June - 19/20 data for quarter 1 and quarter 2. Plan to track when parents stop breastfeeding to understand when will be the right time for intervention. Awaiting info from Terese. Clare has shared with Midwifery service
35			To continue to improve the uptake of 6-8 week reviews so data can be captured	Audrey Adamah and HV team		Commenced: 24 June 2020 Numbers of mothers called to date: 241 All mothers are contacted by the team the day after they are discharged home from hospital. Calls are followed up with a text message to give contact details of the service for when parents need us.
38	COVID-19					
39	Current Situation	Desired outcome	Actions	By whom	Due date	Status
40	Due to the COVID-19 outbreak, we have had to drastically change the way we work. To keep mothers and babies, and our staff safe, we have unfortunately cancelled all clinics and groups as of 19th March 2020 Volunteers are no longer allowed to support on the wards or in groups. The Infant Feeding Team on the Wards is working on a skeleton staff (1 per site). Children's Centres buildings are currently closed and are offering a virtual service. Most Tongue Tie Clinics are cancelled.	Mothers to feel that support is available in a variety of formats once home and know how to access the support if/when they need it.	Increase Social Media presence			Everyday the team updates Facebook with who will be supporting and encouraging parents to call with any feeding concerns they have. We are also asking them to call us if they are lonely and need a chat. Posts are being shared by Children's Centres. Videos, images etc. are being posted as well of breastfeeding, and BF & COVID-19 Instagram account set up 17th June 2020
41			Referral forms sent out Borough and Service wide to encourage referrals of mothers who need support			Referrals are being received and actioned on a daily basis. A record of all referrals received is being documented including care given. Some mothers are being called on a regular basis to offer continued support, especially mothers we understand to be vulnerable.
42			Video conference calling access requested to help mums "face to face"			BlueJeans is now in use for virtual feeding support. Mothers and BFSWs have reported improvement in support using video calling over phone calls.
43			Virtual Antenatal classes			AN classes have been cancelled at Barnet Hospital and the Royal Free. Vicoria Clifford from the Royal Free will be starting virtual antenatal classes shortly. A short AN video has been created by CLCH for mothers-to-be. Iman and Jane were involved in the filming discussing the infant feeding portion of the video. Barnet Breastfeeding Support Service hosting fortnightly virtual AN sessions since Wednesday 29th July. The antenatal session is for expecting parents to discuss feeding a newborn baby (breast and bottle). We will discuss pros and cons, possible challenges, benefits to mum and baby, and what to do when things aren't going to plan. This will be a 1 hour informal session with the chance to ask questions and hopefully help parents feel more confident and empowered with their feeding choice (whatever that may be) when the time comes.
44			Virtual Postnatal groups			We had our first virtual feeding support group on Thursday 14th May. We want to offer regular video conferencing groups for women postnatally, similar to the Thursday Hope Corner group, to help with feelings of loneliness and isolation. We have finalised a weekly timetable of regular feeding support groups to be advertised on the Wards and on Facebook. The feedback from mothers so far has been very positive and encouraging. Regular virtual support groups will start w/c 25th May.
45	Post Lockdown - regulations for breastfeeding in public		Lauren and Chimeme		Lauren and Chimeme will look into if there are new Environmental Health regulations for breastfeeding in public, following lockdown. Vulnerable families need to be out and about. How should parents feed their children in public post lockdown? Has Breastfeeding been included in the risk assessment?	
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Pathway of care for feeding concerns in Barnet (Birth to 1 year)

Birth

Infant Feeding Support given to mothers and babies in hospitals, birth centres, neonatal units and at home births, by Healthcare Professionals and Breastfeeding Volunteers

At discharge from hospital – Do mum and baby have any feeding concerns?

Yes

No

Barnet Breastfeeding Support Service referral form to be completed and sent. Information given to mothers at discharge including community feeding support groups and Children's

Information given to mothers at discharge including community feeding support groups and Children's Centres.

Contact Details:

- **Health Visiting:** The Hub - 020 8200 2500
clcht.childhealthinformation@nhs.net (9am-5pm, 7 days)
- **Midwife Service:** Infant Feeding Team - 0208 216 5141,
rf.bhinfantfeeding@nhs.net (9am-5pm, Mon-Fri)
- **Barnet Breastfeeding Service:** 07815 717 055,
CLCHT.breastfeedingsupport@nhs.net (9am-5pm, Mon-Fri)
- **Children's Centres:** 020 8359 3730 (9am-5pm, Mon-Fri)

Birth – 6 months

Midwifery Service

A Community Midwife visits mothers and babies at home

Children's Centres

CC's send letters & make phone calls to all families to inform on services.

Families attend CCs for groups, support and appointments

Barnet Breastfeeding Support Service

All mothers and babies discharged home are contacted to congratulate and inform parents of the BBSS service

Health Visiting Service

Families seen at New Birth Visit (Day 10-14) and at the 6-8 week appointment by Health Visitors

Is further feeding support required?

Yes

No

BBSS referral form to be completed and sent and contact details of service given to parents

BFSW will contact mother and give one-to-one support. Are there any additional feeding concerns requiring specialist help?

Yes

No

Referral to appropriate clinic sent by BFSW

6 months – 1 year

Families with feeding queries?

Yes

No

Breastfeeding Mothers returning to work

Call BBSS for support on how to return to work and breastfeed

Parents and baby attend baby appointment at Child Health Centre – support given by Health Visitor and/or Nursery Nurse

Introduction to solids

Including fussy eater, unable to swallow lumps, portion sizes, introducing a beaker

Parents to call The Hub (Health Visiting helpline – open 9-5pm, 7 days a week) to speak to on duty Health Visitor/Nursery Nurse

Food intolerances/ Allergies

Referral to GP. Support from Nursery Nurses

Nursery Nurse Workshops and Health Promotions

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**North Central London CCG
 Health Overview and Scrutiny Committee (HOSC)
 Monday, 05th October 2020**

Report Title	NCL Influenza Vaccination Programme 20/21	Date of report	22/09/20	Agenda Item	
Lead Director / Manager	Kay Matthews	Email / Tel		kay.matthews5@nhs.net	
GB Member Sponsor	Dr Peter Christian				
Report Author	Nicholas Ince Daniel Glasgow	Email / Tel		Nicholas.ince@nhs.net	
Report Summary	<p>Ambition: This is an unprecedented year and it is our responsibility under COVID to be ambitious and drive a campaign to vaccinate ALL eligible patients in North Central London for seasonal influenza.</p> <p>The purpose of this report is to set out the proposed approach to support seasonal influenza vaccination this winter. This year, we are asking for a concerted effort to significantly increase flu vaccination coverage and achieve a minimum 75% uptake across all eligible groups. Where possible, we expect uptake will be higher than this and a national supply of stock has been procured to ensure demand does not outstrip supply.</p> <p>The report outlines the ‘whole system’ approach that we are adopting across NCL, including how system partners are contributing towards the achievement of the considerable ‘flu targets this winter.</p> <p>In order to achieve these incredible ambitious targets, we have to introduced a number of measures, including:</p> <ul style="list-style-type: none"> • Introducing an LCS in Barnet, Enfield and Haringey borough directorates, bringing them in line with local incentives offered in both Camden and Islington. This will not impact upon or dilute any other existing LCS arrangements that Camden and Islington directorates have in place • Provide all PCNs universally with infrastructure funding to support them to undertake what will be the largest vaccination programme in history • Address inequalities in our boroughs, specifically targeting those population groups who traditionally do not receive vaccinations, as well as those at greatest risk as a result of ‘flu and COVID • A communications and engagement plan that is designed to support North London residents to ‘Stay Well and Seek Help during winter’ • Further support to community service providers to enable the vaccination of all housebound patients in NCL 				
Appendices	Appendix 1 – Communications and Engagement Plan (aims and objectives) Appendix 2 – HealthIntent				

Influenza Vaccination 20/21 Programme Update

Nicholas Ince – Senior Primary Care
Transformation Manager

22nd September 2020



1. Introduction

The purpose of this paper is to set out the North Central London (NCL) approach to deliver a successful influenza vaccination and achieve the target of vaccinating in excess of 75% of those entitled to an NHS ‘flu vaccination.

This winter is likely to be the UK's "biggest flu vaccination programme in history". We are expecting more people to want a flu jab this year in the wake of the coronavirus pandemic. The COVID-19 pandemic means a greater emphasis on prevention of ‘flu incidences and outbreaks this winter. Provision of ‘flu vaccination clinics and appointments are also likely to be affected by PHE social distancing and infection control guidance.

The flu vaccine is routinely given on the NHS to:

- adults 65 and over
- people with [certain medical conditions](#) (including children in at-risk groups from 6 months of age)
- [pregnant women](#)
- children aged 2 and 3 on 31 August 2019
- frontline health or social care workers
- children in primary school

As part of the wider planning for winter this season flu vaccination will be additionally offered to:

- household contacts of those on the NHS Shielded Patient List. Specifically individuals who expect to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact is unavoidable.
- children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020).
- health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users
- 50-64 year old (not at risk) age group will be offered vaccinations in November and December. This is subject to central vaccine supply

Table 1 - Who can receive and administer an NHS vaccination

Eligible Group	General Practice	Community Pharmacy	Maternity Units	School Aged Vaccination Providers	Community Services (District Nurses)	Acute Trusts (inpatients / outpatient)	Voluntary Sector
Over 65	√	√			√	√	
Clinical at-risk (6 months to 64 years)	√	√			√	√	
Housebound	√				√		
Homeless	√	√					√
2 & 3 year olds	√						
Pregnant Women	√	√	√				
Care Home Residents & Staff	√	√					
Primary School Aged				√			
Year 7				√			
Health Care Workers		√					
50 to 64 year olds (n/a at-risk group)	To be confirmed by NHSE (September 20)						

The table above indicates which population groups are eligible for an NHS ‘flu vaccination and those providers who are able to administer vaccinations to particular groups. We are working with all system partners to establish any risks that they hold with regards to administering ‘flu

vaccinations this winter, including school aged providers and acute trusts. We anticipate that for the majority of the eligible population, they will receive vaccinations in their GP surgery or from a Community Pharmacist.

The NCL Action plan and Governance Structure (see section 3.) seeks to establish a clear mechanism to gather information from each area of the system and put plans in place to support the vaccination of each eligible group. Further work is needed to understand the system response required to support the vaccination of the 50-64 (not at risk) group. This will be undertaken following the release of further guidance from NHSE, which is expected in September.

2. Previous Performance and 20/21 Targets

As per the introduction, there is a target of 75% vaccination rates across all at risk cohorts in 20/21, which is considerably higher than previous years targets and actual percentage vaccinated in NCL. It is estimated that in excess of 425,000 people will be eligible for an NHS flu vaccination across the four main vaccination groups in 2020/21.

Table 2 – 19/20 Performance and 20/21 Targets

Category	NCL 2019/20			Other 2019/20		2020/21		
	Eligible Patients	No. Vaccinated	% Vaccinated	London % Vaccinated	England % Vaccinated	National % Target 20/21	No. to be Vaccinated 20/21	Increase needed to hit target
65 years and over	186,903	123,638	66.20%	66.20%	72.40%	75.00%	140,177	16,539
16-64 years at risk	177,486	71,359	40.30%	41.80%	44.90%	75.00%	133,115	61,756
Children 2-3 years	37,896	11,212	29.80%	32.40%	43.80%	75.00%	28,422	17,210
Pregnant Women	19,655	7,267	37.30%	38.00%	43.70%	75.00%	14,741	7,474
Total	421,940	213,476	50.59%				316,455	102,979

The table above shows that for NCL to meet the NSHE targets, it is estimated that we must vaccinate a further 103k patients across the four main vaccination groups in 20/21. This does not include the following groups:

- frontline health or social care workers
- children in primary school
- household contacts of those on the NHS Shielded Patient List
- children of school Year 7 age
- 50-64 year old (not at risk) age group

3. NCL Approach

3.1 Governance

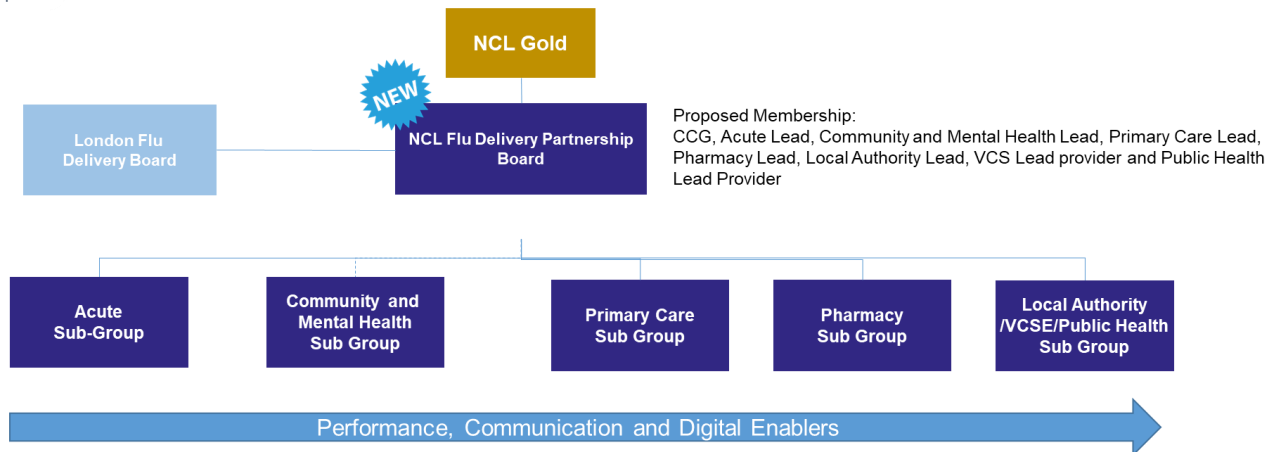
In response to the challenges faced this winter, NCL have devised a whole system approach to the flu vaccination programme by ensuring an ICS co-ordinated, ambitious response by all partners. The proposed governance structure (see table 1) ensures that all applicable areas of the system

(including local authority and voluntary sector) are represented and are able to make contributions to deliver the targets.

The system response will be overseen by NCL Gold, but will also feed into the London ‘Flu Delivery Board, chaired by NHSE&I. Part of the remit of this structure will be to ensure the delivery of the NCL Action Plan, which is underpinned by borough and individual organisation action plans relating to ‘flu.

Table 3 – Proposed Governance Structure

System Response



As part of this structure, we will identify three NCL Coordinating leads – one for Acute, Community & Mental Health Trusts to join the NCL Flu strategy group and drive flu vaccination numbers & unblock the blocks for these providers

In addition to this, each trust has assigned a flu lead to Make Every Contact Count in provider Trusts and vaccinate those eligible for a flu vaccination whilst they are seeking care from their organisations.

3.2 Performance and Tracking

Existing data systems for flu vaccination do not enable GP practices, PCNs and the wider system to have a near real time understanding of who is or is not getting flu vaccination, or who has refused vaccination. This includes by equalities groups and also by different levels of clinical and social need.

Given the scale of this year’s flu vaccination campaign and the ongoing risks of flu within the context of a global Covid-19 pandemic, we will be using HealthIntent to proactively support GP practices, PCNs, pharmacies (if possible), boroughs and the wider system to improve the uptake of flu vaccination, and specifically to those most ‘at risk’ within the eligible cohorts with a focus on equity across different communities.

The focus will be on providing flu vaccination data back to care teams in near real-time so that they can understand who has still not had flu vaccination (and has not already refused) who may benefit from it, so at population and individuals levels, they can take appropriate actions to target their vaccination delivery.

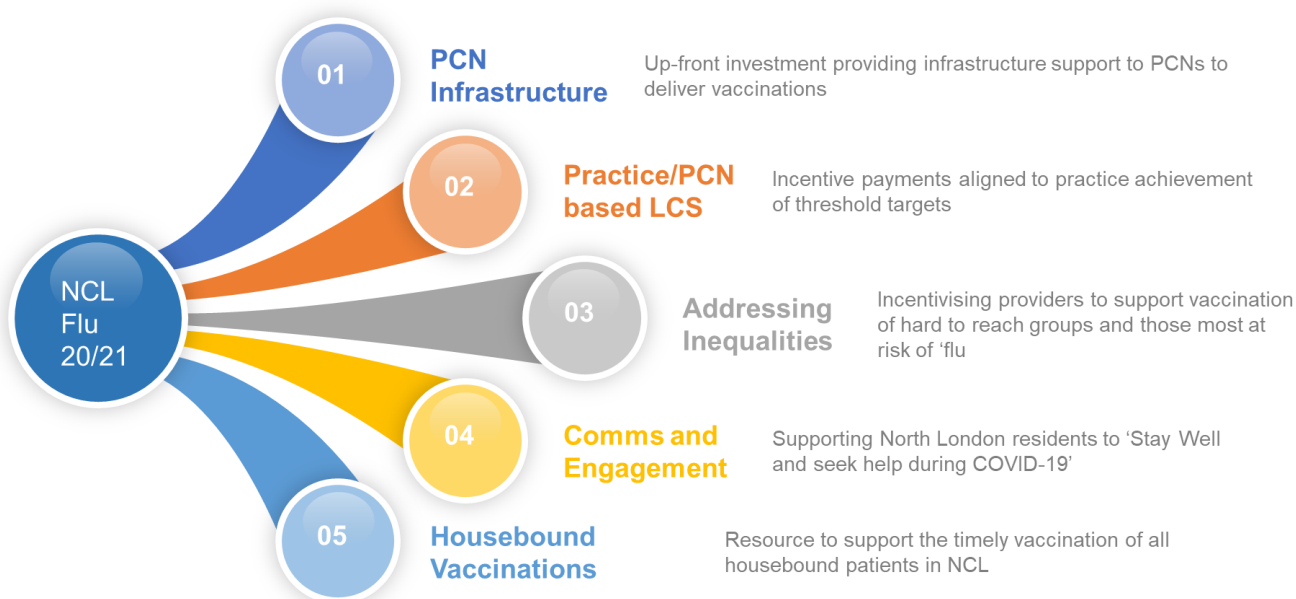
GP data will be used and is available for nearly all NCL GP practices. We will explore what can be done to on-board pharmacy and acute data for flu vaccination to try and get a complete picture of uptake, in near real time for local GPs.

Appendix 2 – HealthIntent provides further detail on the proposed approach

4. Support Outline

The following section gives an outline and description of the initiatives we have put in place to support the vaccination of patients across North London.

Table 4 – NCL Flu 20/21 (to date)



4.1. PCN Infrastructure

PCNs have been asked to complete a 'flu plan, detailing how they intend to provide flu vaccinations for the various at-risk population groups identified in section 1. Feedback that we have received to date indicates that practices will seek to vaccinate utilising existing primary care estate and workforce, but may need to consider alternative arrangements such as utilising sports halls to provide the scale of space required for social distancing. We are also aware that some PCNs will seek to provide vaccinations from 'at-scale' sites over the course of several weekends, as well as needing to train more staff to deliver vaccinations. In order to support this, we have provided PCNs with resource, both in the form of in-kind support (i.e. local authority and NHS sites) but also in the form of a PCN 'flu infrastructure fund.

4.2. Locally Commissioned Service

A Locally Commissioned Service has been introduced in Barnet, Enfield and Haringey borough directorates, bringing them in line with local incentives offered in both Camden and Islington. As Enfield has provision for 2/3 year olds, the newly commissioned LCS would only cover over 65 and under 65 (at risk) for Enfield. Further to this recommendation, there will be no change to the LCS in both Islington and Camden during 20/21.

As agreed at a Governing Body seminar previously, the LCS is based on the threshold outcomes achieved by individual practices (70%) and the overall PCN achievement (30%), as well as the inclusion of a 'stretch target' payment for practices/PCNs who achieve the 85% threshold.

4.3. Addressing Inequalities

NCL CCG recognises that addressing inequalities must be a key focus this winter. It is essential to increase flu vaccination levels for those who are living in the most deprived areas, those who are often 'hard to reach' and those from BAME communities. We need to ensure equitable uptake compared to the population as a whole and help protect those who are more at risk if they are to get COVID-19 and flu. In order to support this, we have introduced a further funding stream (equivalent to £0.25 per patient) in excess of the LCS for every patient from the BAME population vaccinated.

4.4. Communications and Engagement

In order to build upon and complement the national communication, we have launched an NCL communications and engagement campaign. The campaign aims to ensure that people who are most at risk of preventable emergency admission to hospital are aware of and, where possible, are motivated to take actions that may avoid admission this winter. This will be achieved by educating at risk groups about the actions they can take to stay healthy this winter and increasing up take of the flu vaccine. It is also aligned to the aims and key messages contained within our communications and engagement plan that is designed to support North London residents to 'Stay Well and Seek Help during COVID-19'. See appendix 1 for the campaign aims and audiences.

4.5. Housebound Patients and Carers

In order to support the timely and effective vaccination of all housebound patients in NCL, we have introduced an incentivised model to support Community Service Providers (District Nurses) in Barnet, Enfield and Camden, involving a payment per housebound patient vaccinated (in excess of the current district nursing caseload). The proposed service builds on those approved in Islington and Haringey boroughs, but uses a different model. Discussions are currently taking place across all Boroughs with community service providers to facilitate the vaccination of all housebound patients and carers, with the aim to significantly improve on vaccination rates from previous years.

5. Next Steps

5.1 Make Every Contact Count

Making Every Contact Count (MECC) is about encouraging and helping people to make healthier choices to achieve positive long-term behaviour change. To do this organisations need to build a culture and operating environment that supports continuous health improvement through the contacts it has with individuals. Doing this will improve health and wellbeing amongst service users, staff and the general public and reduce health inequalities. The implementation model to help achieve this ambition has three core components:

- Organisational readiness
- Staff readiness
- Enabling and empowering the public

As described in section 3, all appropriate providers across NCL are contributing towards an overarching plan to reach the target for 'flu vaccination set by NHSE. As part of this, we are assessing provider capability to utilise a MECC approach. In order to achieve this, we are gathering more intelligence regarding opportunities/patient contacts, contractual restrictions, vaccine supply and provider readiness.

5.2 Borough Drive/Walk Through Facility

As part of the borough/PCN response to the 'flu, supported by the PCN Infrastructure Fund (as detailed in 4.1) there are some plans to provide 'at-scale' vaccination clinics. This is subject to need in each area, which is determined by practice ability to provide vaccinations using their own estate and workforce.

Recent guidance updates on PPE, infection control and indemnity have meant that more practices in NCL feel able to conduct clinics themselves and/or using practice buddy arrangements to use each other's facilities to vaccinate the at-risk groups in September/October.

As discussed earlier, we are awaiting further guidance from NHSE as to how they expect the households of shielding patients and 50-64 (not at risk) categories to be vaccinated. We are aware that this is expected to occur following the vaccination of the at-risk groups, probably from November. We are therefore undertaking further scoping with NHSE as to the possibility of vaccinating these cohorts, as well as those in at-risk groups who have not yet received a vaccination, through at-scale drive/walk through sites across NCL from November.

Appendix 1 – Communications and Engagement Campaign

Campaign aims

To ensure that people who are most at risk of preventable emergency admission to hospital are aware of and, where possible, are motivated to take actions that may avoid admission this winter. This will be achieved by educating at risk groups about the actions they can take to stay healthy this winter and increasing take up of the flu vaccine. It is also aligned to the aims and key messages contained within our communications and engagement plan that is designed to support North London residents to 'Stay Well and Seek Help during COVID-19'.

Specifically, this flu campaign will:

- Encourage behaviours that will enable residents to stay well during the winter – including seeking early advice from pharmacists, NHS 111 and their own GP
- Drive flu vaccination uptake in target groups, particularly those we haven't reached well in the past and who experience health inequalities
- Share key messages on how to stay safe during COVID-19 and the importance of the flu vaccine (also will adapt to include information in respect of the COVID vaccine should that become available)
- Improve residents' awareness of local health services and how to safely access them
- Improve appropriate use of the right health service, at the right time (including alignment with our other key messages to ensure people with cancer are attending for treatments and people with symptoms are seeking help; pregnant women are attending their regular scans, getting their flu vaccine and seeking help if foetal movement reduces; and parents are getting their children immunised & checked appropriately if they are unwell. This will be done with simple clear messaging, so as not to confuse the public)
- Aim to dispel myths that vaccination is not safe

Audiences

The following are our key audiences across North Central London:

External

- Initially patients, carers and residents in North Central London, specifically:
 - All those aged 65 years and over
 - People aged up to 65 living with long-term health conditions, and their carers, family and friends
 - Pregnant women and parents of young children
- Local authorities and their staff
- Health and social care staff employed by a registered residential care/nursing home, registered domiciliary care provider or a voluntary managed hospice provider
- Healthwatch
- Media, local press
- Local MPs
- Local councillors
- Local NHS trusts in North Central London and their staff
- Voluntary, carer and community groups/organisations, including those who represent vulnerable groups and those disproportionately affected by COVID-19
- Primary schools, Nurseries and Secondary schools

Internal

- Governing Bodies
- Member GP practices and Primary Care Network leads
- CCG staff

Later in the year, the new cohorts the Government has announced are:

- 50 – 64 year olds
- Year 7 children
- The households of people who are shielding

Key messages

Key messages will be confirmed by the national campaign messages due out in September, but will focus on:

- Encouraging at risk groups to have their flu vaccine and reinforcing confidence in the flu vaccine, with a focus this year on those people disproportionately affected by COVID-19
- Encouraging people to seek advice from a pharmacist at the first signs of illness
- Encouraging all those aged 65 years and over, or people with long-term health conditions and their carers, family and friends to take specific actions to stay well over the winter
- Aligning our messages with those contained within the 'Stay Well and Seek Help during COVID-19' communications and engagement plan
- Promoting self-care: encouraging people to prepare for winter by stocking-up ahead of the cold weather and holiday period closures with food and other essential supplies and getting their prescriptions filled
- Promoting NHS 111 as the number to call
- Raising awareness of other local services, e.g. pharmacies and GP services and services for people with mental health concerns.

Appendix 2 – HealthIntent



NCL Flu HealthIntent
Specification_Sep 2021

North Central London CCG
Health Overview and Scrutiny Committee (HOSC)
Monday, 5th October 2020

Report Title	Primary Care Services Currently Available	Date of report	22/09/20	Agenda Item	
Lead Director / Manager	Colette Wood	Email / Tel		Colette.wood1@nhs.net	
GB Member Sponsor					
Report Author	Carol Kumar/Kelly Poole (job share) Assistant Director of Primary Care Transformation	Email / Tel		Carol.kumar@nhs.net / Kelly.poole@nhs.net	
Report Summary	This report provides a summary update on general practice service provision and patient messaging, availability of diagnostic scans and phlebotomy services in Barnet.				
Appendices	N/A				

1. General Practice

Throughout the Covid-19 pandemic, Barnet general practice has remained open and continues to offer care to their patients. As a result of the pressures placed on the system, along with the associated infection control risks unnecessary face-to-face contact brings, NHS England and NHS Improvement instructed all GP practices in England to implement a 'total triage' model using telephone and online consultation tools in April 2020.

Total triage means that every patient contacting the practice is first triaged before making an appointment. In addition to this, the CCG implemented an online consultation service in all NCL CCG practices, of which 50 out of 52 Barnet practices are using. This service, accessible via the patients' registered GP practice website, enables patients to seek medical support online from a clinician of their registered GP practice; this includes requesting repeat prescriptions.

Total triage is important to reduce avoidable footfall in practices and protect patients and staff from the risks of infection. In addition, to minimise avoidable risks of infection, all practices offer video consultations. If it is clinically determined that a patient requires a face to face consultation, all Barnet practices are equipped to safely enable this. This includes child immunisations, cervical screening and other diagnostic tests that are carried out in general practice.

In addition, all GP practices in England recently received a letter from Dr Nikki Kanani, Medical Director for Primary Care at NHS England and NHS Improvement outlining their obligations to patients in the face of the ongoing pandemic and enclosing a best practice toolkit. Full information can be found here: <https://www.england.nhs.uk/gp/investment/gp-contract/#network-contract-des>, but essentially practices are required to ensure key messaging to patients is in line with the below:

- Due to the coronavirus outbreak, how you contact your GP surgery will be different at the moment. This is to limit face-to-face contact where possible and help stop the spread of coronavirus
- Face-to-face appointments are available to all patients, but you may be asked to discuss your conditions over the phone or online first to assess what would be most appropriate for you
- In addition to face-to-face consultations, many GP practices are offering consultations online or over the phone. This can be a convenient and flexible way to receive healthcare but if you would prefer to see a GP or healthcare professional in person then this will be arranged for you.

We continue to engage with Barnet residents via practices and Barnet Healthwatch to inform patients of the total triage model and how they can continue to access primary care medical services during the COVID-19 pandemic.

2. Same Day Access

The Same Day Access and Discharge (SDAD) task and finish group is a sub-group of the Integrated Care Partnership tasked with designing a new model to sustainably cope with the increased same day access demand across the system, most notably within A&E, which builds on all of the success that were achieved during the first wave of Covid-19 pandemic. The model will encapsulate the following:

- Direct booking from NHS 111 to support the “*Help us to Help you*” and “*Talk before you walk*” national campaigns
- Meeting the requirements of the Regional Urgent and Emergency Care restoration plan
- Being prepared to meet the demand of second wave of Covid-19
- Providing a rich clinical skill mix in workforce terms to support new integrated pathways that are in development, working in a one team approach
- Enhanced diagnostic capacity
- Learning from regional and national examples

All partners are currently designing the model which includes clinical visioning and we are aiming to have a fully developed service specification within the coming weeks and this service transformation opportunity will benefit all Barnet residents.

3. Diagnostics

All diagnostic tests and referrals for diagnostics are operating as usual **aside from** direct access ultrasound and direct access referrals at Royal Free London NHS Foundation Trust (RFH), which includes the Barnet Hospital and Royal Free Hospital sites.

The reason for this is owing to a backlog of referrals and requests, which built up in line with the increasing pressures the Covid-19 response was placing on the Trust. It has been agreed with NCL CCG, as commissioner, that routine referrals for direct access ultrasound and direct access referrals are on hold for three months. Patients can instead be referred to one of our long-standing private providers of diagnostics in the borough, InHealth who have a site in Golders Green. In order to ensure that there is sufficient capacity during this time, InHealth have been asked to double their existing ultrasound capacity from October and will also be asked to consider operating from additional sites in the borough.

Royal Free London NHS Foundation Trust are working hard to reduce the backlog. Whittington Health NHS Trust, University College London Hospitals NHS Foundation Trust and North Middlesex University Hospital NHS Trust are supporting RFH by utilising some of their capacity and Barnet GPs have been asked to reprioritise some of their routine referrals in to the service over the past few months to help reduce the backlog and ensure that anyone who needs to be reclassified as urgent can be seen quickly.

It is important to note that Royal Free London NHS Foundation Trust are continuing to accept paediatric, cancer and urgent ultrasound referrals.

4. Phlebotomy

Phlebotomy services are provided by Central London Community Healthcare NHS Trust (CLCH) and Royal Free London NHS Foundation Trust in Barnet

CLCH are offering capacity which is 117% of pre-COVID capacity and equates to over 1200 appointments a week. 1000 appointments are delivered at the Finchley Memorial Hospital site and the remainder is utilised for domiciliary phlebotomy.

North Central London CCG has also been working with Royal Free London NHS Foundation Trust to improve their phlebotomy capacity, which is currently at over 3,000 appointments a week and equivalent to 86% of pre-COVID levels. RFH recently confirmed that they will be opening two new sites in Barnet, offering an additional 1,000 appointments a week, and will bring Barnet to 112% of pre-COVID capacity levels by the end of October.

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North Central London
Clinical Commissioning Group

**North Central London CCG
Health Overview and Scrutiny Committee (HOSC)
Monday, 5th October 2020**

Report Title	Finchley Memorial Hospital and Edgware Community Hospital – Current Services	Date of report	22/09/20	Agenda Item	
Lead Director / Manager	Colette Wood	Email / Tel		Colette.wood1@nhs.net	
GB Member Sponsor					
Report Author	Ian Sabini	Email / Tel		ian.sabini@nhs.net	
Report Summary	This report provides the HOSC with an overview of the current services being provided at both Finchley Memorial Hospital and Edgware Community Hospital.				
Appendices	Appendix A				

Appendix A: Finchley Memorial Hospital and Edgware Community Hospital – Current Services

Background:

Finchley Memorial Hospital (FMH) and Edgware Community Hospital (ECH) are modern purpose-built community facilities that provide a wide range of specialist outpatient, inpatient and community care services. Both facilities are key strategic sites for Barnet and NCL.



Current Services and providers at FMH and ECH:

There are multidisciplinary teams offering a wide range of clinical services. A current list of providers and services can be found below:

FMH:

Provider	Service
Barnet, Enfield and Haringey Mental Health Trust	<ul style="list-style-type: none"> • Barnet IAPT Services • Barnet Matters
Central London Community Healthcare NHS Trust	<ul style="list-style-type: none"> • Respiratory Services • Rehabilitation - inpatient units • MSK • Walk in Centre • Continence Promotion Service • Phlebotomy • Falls Clinic • Home Enteral Tube Feeding • Stoma • Podiatry • Physiotherapy • Diabetes • Dietician • Continence • Orthotics • Tissue Viability • Spirometry
University College London Hospitals Foundation Trust	<ul style="list-style-type: none"> • SUMMIT study - CT Scanner • ENT •
Royal Free London NHS Foundation Trust	<ul style="list-style-type: none"> • Infusion Suite

	<ul style="list-style-type: none"> • Ultrasound • Mammography Screening • Baby Hearing Clinic • Midwifery • Orthopaedics • Rheumatology • Gynaecology • Endocrinology • Cardiology • Dermatology • Urology
NUPAS	<ul style="list-style-type: none"> • Unplanned Pregnancy information and consultation Service
GP Federation	<ul style="list-style-type: none"> • Extended Access Service
Fairview Pharmacy	<ul style="list-style-type: none"> • Pharmacy
Whittington Health NHS Trust	<ul style="list-style-type: none"> • New born hearing
In-Health	<ul style="list-style-type: none"> • AAA Screening Service
Dementia Club UK	<ul style="list-style-type: none"> • Dementia Club
Barndoc Healthcare Ltd	<ul style="list-style-type: none"> • Barndoc out of hours GP's

N.B. this paper was produced during the COVID-19 outbreak, and the services listed could be subject to future change, due to an evolving clinical response to the outbreak and further lockdown measures.

ECH:

Provider	Service
Whittington Health NHS Trust	<ul style="list-style-type: none"> • Paediatric Audiology
Barnet, Enfield and Haringey Mental Health Trust	<ul style="list-style-type: none"> • Acute mental health wards • CAMHS • Barnet Crisis and Home Treatment Team • Improving Access to Psychological Therapies
Royal Free London NHS Foundation Trust	<ul style="list-style-type: none"> • Neuro rehabilitation inpatients and outpatients • Breast screening outpatients and North London Breast Screening booking hub • Day surgery • Cardiology outpatients • Dermatology Outpatients • Diabetes Outpatients • Endocrinology Outpatients • GI and Liver Outpatients • General Surgery Outpatients • Geriatric Outpatients • Gynaecology Outpatients • Neurology Outpatients • Ophthalmology Outpatients • Orthopaedics Outpatients • Oral and Maxillofacial Surgery • Paediatric Outpatients • Respiratory Outpatients • Rheumatology Outpatients • Midwife Led Birthing Unit
GP Federation	<ul style="list-style-type: none"> • Extended Access Service
Change Grow Live	<ul style="list-style-type: none"> • Barnet, Drug & Alcohol Service (BDAS)

London Borough of Barnet	<ul style="list-style-type: none"> • Northgate School
Central London Community Healthcare NHS Trust	<ul style="list-style-type: none"> • Continence outpatients • Education Centre • Health Visiting • Intermediate Care • Podiatry • Walk in Centre • Children's Hub • Unplanned Care Team • Respiratory/Cardiology • Infection Prevention/Medical Devices/Medicines Management
NHS Blood Donation	<ul style="list-style-type: none"> • Blood Donor Centre
Fairview Pharmacy	<ul style="list-style-type: none"> • Pharmacy
GP Federation	<ul style="list-style-type: none"> • Extended Access Service

N.B. this paper was produced during the COVID-19 outbreak, and the services listed could be subject to future change, due to an evolving clinical response to the outbreak and further lockdown measures.

Health Overview and Scrutiny Committee

5th October 2020



Title	Suicide Prevention in Barnet
Report of	Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Suicide Prevention Update
Officer Contact Details	Seher.Kayikci@barnet.gov.uk Julie.George@barnet.gov.uk

Summary

This report follows a review of the most recently available suicide data and key achievements since the last HOSC report in July 2019.

Officers Recommendations

1. That the committee note the key achievements in suicide prevention since the last report and priority areas of work for 20/21.
2. That the committee continue to receive an annual update on suicide prevention.

1. WHY THIS REPORT IS NEEDED

- 1.1 The July 2019 HOSC considered a review of suicide prevention data and delivery of the suicide prevention action plan, ahead of the annual review process in March 2020. An annual update on the new action plan was requested.
- 1.2 The action plan 2019/20 has not been formally followed up and closed, due to challenges posed to all partners by the coronavirus pandemic. However,

significant partnership work during the last year has resulted in delivering on key elements in suicide prevention.

- 1.3 The attached slides provide details on the current policy context around suicide prevention, the latest intelligence relating to people lost to suicide and self-harm and achievements on suicide prevention in the last year.

2. REASONS FOR RECOMMENDATIONS

- 2.1 Significant progress on suicide prevention has been made through
- 2.2 local and STP partnership working despite the significant challenges posed by COVID.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None.

4. POST DECISION IMPLEMENTATION

- 4.1 Public health facilitates a series of engagement workshops to develop a new suicide prevention strategy for Barnet, cementing and enhancing existing work on suicide.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Corporate Plan includes a commitment to ensure that people with mental health issues receive support in the community to help them stay well.
- 5.1.2 The Health and Wellbeing Strategy includes focus on improving mental health and wellbeing for all and makes specific reference to the suicide prevention action plan.
- 5.1.3 The Joint Strategic Needs Assessment identifies the suicide rate in Barnet and compares this with the national rate.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 The suicide prevention action plan is delivered within existing staffing and financial resources in Public Health and its partner agencies.
- 5.2.2 It is not possible to isolate expenditure specifically for suicide prevention because a range of NHS, Local Authority, Police, Voluntary and Community sector organisations contribute to the agenda funded from diverse sources and for a wide range of purposes.

5.3 Social Value

- 5.3.1 N/A

5.4 Legal and Constitutional References

- 5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations

2013/218; Part 4 Health Scrutiny by Local Authorities - provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

- 5.4.2 The Council's Constitution (Article 7) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities: "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."

5.5 Risk Management

- 5.5.1 The scope and delivery of the actions outlined in the suicide prevention action plan are dependent on partners' willingness and capacity as there is no statutory authority for councils to require partners to take action.
- 5.5.2 Regular review meetings of the Barnet Suicide Prevention Steering group will be re-established to ensure opportunities for partners to flag any delivery challenges at an early stage and to allow partners to anticipate any impacts in delivering local prevention strategy.

5.6 Equalities and Diversity

- 5.6.1 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 fulfil its equality duty 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.
- 5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to: Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 5.6.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues.
- 5.6.4 Variations in suicide rates by age and sex were described in the annual suicide report. Attention has been paid locally to other characteristics but low numbers make it impossible to make any statistically robust conclusions. National analysis of suicides suggests higher than average rates amongst the LGBT community, and middle-aged men. Persons on the autistic spectrum has also been identified at increased risk.

5.7 Corporate Parenting

- 5.7.1 The implications for corporate parenting of any developments in suicide prevention activity for children is kept under review.

5.8 Consultation and Engagement

- 5.8.1 A voluntary sector representative sits on the suicide prevention local work group to ensure that their views, those of mental health service users and the broader community are represented. People with lived experience of suicide or attempted suicide are involved in the development of the Barnet Suicide Prevention Strategy.

5.9 Insight

- 5.9.1 The latest information available on suicide is provided in the attached report.

6. BACKGROUND PAPERS

SLIDES ATTACHED.

Suicide Prevention Update

Health Overview Scrutiny Committee

5th October 2020

Dr Julie George

Seher Kayikci

Dr Elliott Roy-Highley

Context – Policy and Partnerships



National Suicide Prevention Strategy 2012 Six Key Areas for Action

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring.

One Year On Report – Local Actions

1. Develop a suicide prevention action plan
2. Monitor data, trends and hot spots
3. Engage with local media
4. Work with transport to map hot spots
5. Work on local priorities to improve mental health

NHS Zero Suicide Ambition

- NHS England and NHS Improvement Suicide Prevention Programme provides funding to STPs for suicide prevention work. NCL has successfully bid for Wave 1 and Wave 3 funding.
- National Suicide Prevention Alliance



- London Mayor / Thrive London Zero Suicide London
- North Central London Suicide Prevention and Self-Harm Reduction Steering Group (Barnet, Enfield, Haringey, Camden, Islington) established to oversee NCL wide suicide prevention work.



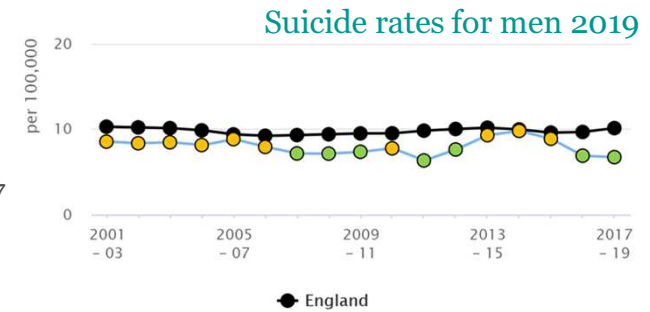
- Multi-Agency Suicide Prevention Group has worked to reduce suicide in the Borough since 2014. The group brings together a range of local partners including representatives from the Barnet Clinical Commissioning Group, Coroner's Office, Police, Ambulance services, NHS, Children's and Adult Social Care, Network Rail, and the Voluntary and Community Sector. The partnership focuses on two key areas; to reduce the number of people who die by suicide in Barnet and provide better support to those bereaved.
- Produced Barnet Suicide Prevention Action Plans since 2014.

Context – Intelligence

BARNET



- 67 suicides registered = 6.9 deaths per 100,000 (2016-18).
 - Represents significant decrease from 2015-17 rate of 8.9*.
 - Rate significantly lower than England and 5th lowest in London.
- Over a 5 year period, average number of suicide deaths per year is around 27 (2014-2018)
- Suicide rate for men has shown a significant decrease from 14.3* to 10.9* whereas the rate for females is not significantly different from previous years at 3.0*.
- Since January 2020, 2 suspected suicide deaths.
- Emergency admissions for intentional self harm 10th highest rate in London (94.4*)



LONDON and NCL

- 8.1 deaths per 100,000
- No significant difference in rates between Barnet, Enfield, Haringey, Islington, Camden and London.
- Enfield has the lowest rates in NCL at 5.9.



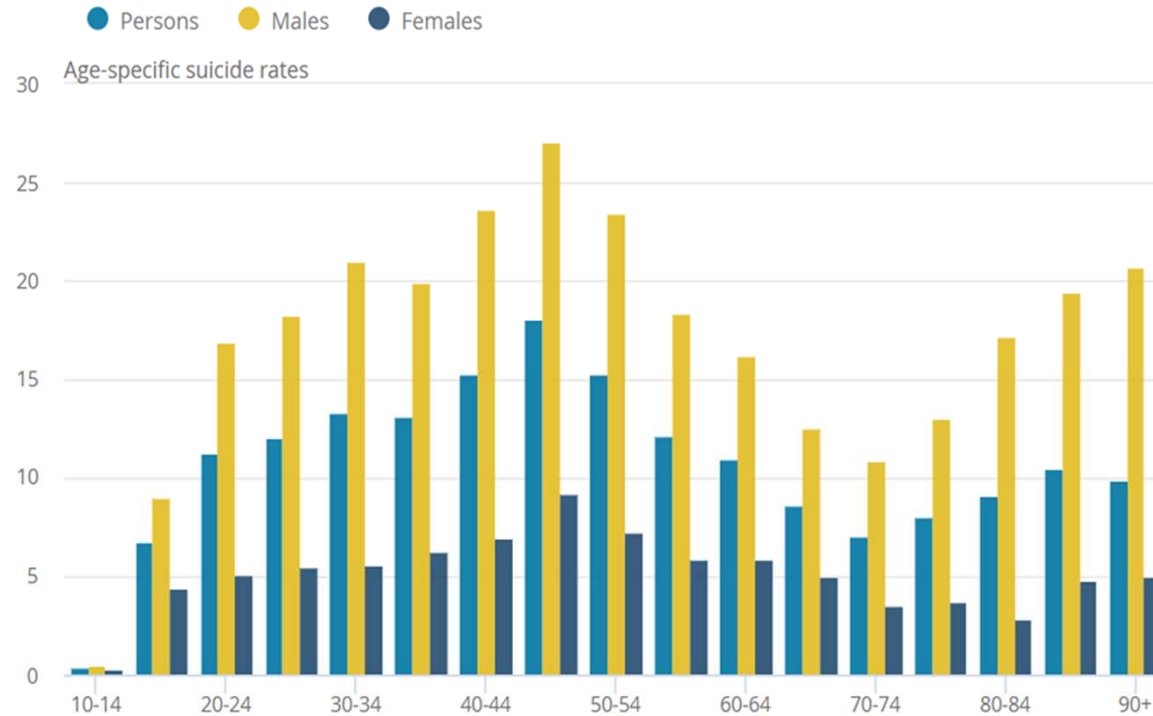
UK

- 9.6 deaths per 100,000
- Biggest killer of men under 49. 45-49 year old males have highest rate at 27.1* (603 deaths).
- Rates increasing in the under 25s. 10-24 year old females show significant increase since 2012.
- Most common method is hanging (59.4% males, 45% females)

The most recent data from the ONS represents deaths registered in 2018 after review by the coroner. From this year we have access to live suspected suicide data from Thrive London, helping to close this time lag.

*all rates shown X per 100,000

Context – Intelligence



UK Age-specific suicide rates registered in 2018

Source: Office for National Statistics, National Records of Scotland, and Northern Ireland Statistics and Research Agency

Achievements through Partnership Working 2020

Prevention							Postvention
Data on suicide and self harm	Comms and campaigns	Access to means	Pathways	Incident review	CYP	Training	Bereavement support

NCL Support After Suicide Service

- Wave 1 NHSE Funding for Bereavement Support awarded to NCL in 2019; £87,000 p.a. for 5 years, supplemented by £66,500 p.a. from NCL borough PH budgets.
- Contract awarded to Rethink and due to commence May 2020.
- Paused March 2020 due to Covid-19. Due to launch mid-October 2020.

Adapting during Covid-19

- Temporary North Central London Suicide Bereavement and Support Helpline with Rethink. Some callers mentioned that if they had not made contact they would have attempted suicide or would have self-harmed to a greater extent.
- Commissioned a Covid-19 Bereavement Support and Counselling service to add capacity to the existing LBB bereavement offer.

Achievements through Partnership Working 2020

Prevention							Postvention
Data on suicide and self harm	Comms and campaigns	Access to means	Pathways	Incident review	CYP	Training	Bereavement support

Thrive London suicide prevention information sharing hub

- London's first multi-agency information sharing hub.
- Live data on attempted suicide in Barnet – shows that since Jan 2020 there were two people lost to suicide in Barnet.
- Quickly facilitate and signpost to NCL Support-After-Suicide service.

Thrive London data review group in NCL

- Improve understanding of local incidences to identify emerging trends and improve planning.

Achievements through Partnership Working 2020

Prevention							Postvention
Data on suicide and self harm	Comms and campaigns	Access to means	Pathways	Incident review	CYP	Training	Bereavement support

Free online training

- Working with Thrive London to promote Zero Suicide Alliance Training – 20 minute online training.

Targeted training

- Papyrus funded to deliver training to faith-based charities, schools, colleges and universities.

Digital mental health support

- Kooth - online counselling and wellbeing service for children and young people.
- Good Thinking - a digital mental wellbeing service for adults in London.
- Able Futures to support people experiencing mental health issues in the workplace.

Future Actions – NHSE Wave 3 Funding across NCL

Prevention							Postvention
Data on suicide and self harm	Comms and campaigns	Access to means	Pathways	Incident review	CYP	Training	Bereavement support

NHS England Suicide Prevention Programme Wave 3 Funding

- Award from 20/21 for 3 years of £315,000 p.a.
- Barnet will appoint and host a Programme Manager to work across the system.
- Defined elements of the proposal include:
 - NCL Suicide Prevention Steering Group – Programme management and system leadership reporting into DsPH.
 - Gap analysis and quality improvement of responses to self-harm – with a focus on pathways from A&E
 - Development of specific service improvements to address identified gaps including support for young adults (18-25), other non-statutory services with a focus on middle-aged men, and a specific trial of psychologically informed peer support following self-harm
 - Expansion of community based training in suicide awareness
- Additional strategic areas for joint partnership working identified and resourced

Future Actions – London Borough of Barnet

- Multi-Agency Suicide Prevention Strategy that builds on LBB Suicide Prevention Action Plan Successes and integrates with NCL Wave 3 programme actions.
- Close working and consultation with people with lived experience.
- Coproduction with organisations and residents to improve our collaborative response.
- Workshop held with VCSE partners during World Suicide Prevention Day online event (September 2020) on “How to improve our collaborative response to suicide prevention in the Covid-19 world?” Begun to identify priority areas including
 - Access: improving accessibility for specific groups e.g. people with autism.
 - Awareness: Improving overall awareness with training for staff and the public, especially targeted at recognising the signs of suicide and communities in which suicide is taboo.
 - Determinants: Tackling the systemic determinants of suicide and building a systems approach to good mental health and wellbeing.

Challenges posed by Covid-19

- Redeployment of health and care resources into COVID pandemic response
- Risks such as recession, redundancies and social isolation may lead to increased incidence.
- Reaching high risk groups may become more difficult with changes to service provision and access.





Barnet Health Overview and Scrutiny Committee

5 October 2020

Title	Homes for NHS Staff Finchley
Report of	Developments Director, Community Health Partnerships
Wards	All
Status	Public
Key	No
Urgent	No
Enclosures	Powerpoint presentation
Officer Contact Details	e.prinsloo@communityhealthpartnerships.co.uk Developments Director, CHP Tracy.scollin@barnet.gov.uk Governance Officer, London Borough of Barnet Tel: 020 8359 2315

Summary

The Health Overview and Scrutiny has requested an update on the proposals for land adjacent to Finchley Memorial Hospital.

Recommendations

1. That the Committee note the report.

1. WHY THIS REPORT IS NEEDED

The Committee has requested a report on the planning application submitted to the London Borough of Barnet on 16 September 2020.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be briefed on this matter. They are empowered to make further recommendations should they wish.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Not applicable.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.2 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

5.3 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.3.1 Not applicable.

5.4 Social Value

5.4.1 Not applicable.

5.5 Legal and Constitutional References

5.5.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.5.2 The Council's Constitution (Article 7) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

“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.”

5.6 Risk Management

5.7 No risks have been identified.

5.8 Equalities and Diversity

5.8.1 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 fulfil its equality duty 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.

5.8.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.8.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. 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.

5.9 Consultation and Engagement

Not applicable.

5.10 Corporate Parenting:

Not applicable.

6. BACKGROUND PAPERS

6.1 Not applicable.

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Homes for NHS Staff Finchley
HOSC Update
September 2020



Outline Planning Submitted 16 September 2020



CLIENT



ARCHITECT

Haworth Tompkins



LANDSCAPE ARCHITECT



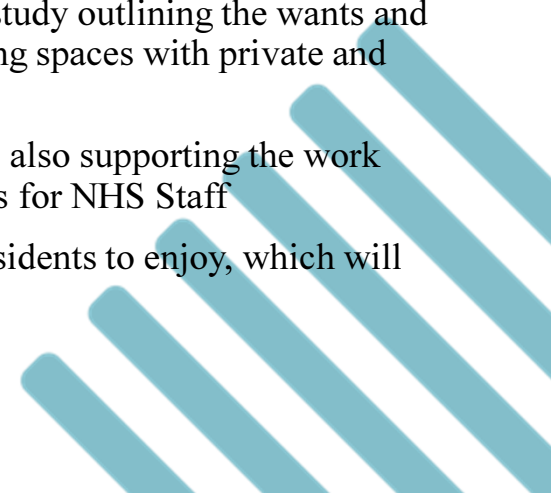
DEVELOPMENT
CONSULTANCY, PLANNING
& PROJECT MANAGEMENT



Summary of Proposal



- 130 new homes of varying types for NHS staff at different salary bands, via four new residential buildings with communal facilities in which NHS staff can socialise
- In Planning Policy terms 50% classified as affordable for NHS staff on lower salary bands. The remaining 50% will be available to staff training or working in the NHS
- A 100% affordable development to be secured by a future Section 106 agreement, that demonstrates long term viability and sustainability, through a mixed of affordable tenure including social rent, affordable rent and shared ownership
- Designed to be attractive to staff. Joint working across NHS bodies including a study outlining the wants and needs of staff in terms of affordable housing needs, aspirations for the actual living spaces with private and communal spaces
- Support retention and recruitment strategies for the NHS Trusts in London, while also supporting the work being led by NHS Improvement implementing the government's policy of Homes for NHS Staff
- Publicly accessible landscaped spaces for existing Finchley residents and new residents to enjoy, which will also increase the biodiversity of the area.



Consultation Design changes

01

Context

- Two pre-application consultation sessions with Barnet Council
- Community engagement campaign via web portal
- CHP Board consultation
- Ultimate objective looking to develop a sensitive scheme that address local community concerns while addressing critical need for affordable homes for NHS Staff.

02

Key Changes

- Reduction in overall height of the accommodation and tallest element by one storey for both buildings along the Hospital Road
- Increased numbers of car parking spaces
- Active frontage and adherence to SPD overlooking distances
- Development of Landscape design to accommodate a variety of different uses throughout the day, and clear boundaries between public and private amenity.

03

Impact

- Redesign of overall accommodation to ensure maximising potential of the overall site without compromising internal space and design considerations
- Redesign of external spaces to retain as much green space as possible while ensure additional parking and bicycle areas did not impose on public accessibility
- Priority to retain walkways and privacy saw some change in the overall landscaping but this was minimal in the overall scope of the scheme.

Proposal linked to NHS Staff Needs



Targeting 90% Dual Aspect



Mixed tenure and unit types



Highly Sustainable



Community and Wellbeing

Massing Articulation
Articulation of form and height reducing length of facade and relating height to context.

PVs & Biodiverse Roofs
Utilising the roof space to increase biodiversity and generate sustainable energy.

Retain and Increase Trees
Retain mature trees and increase with diverse selection of native species.

Solar Penetration
Gaps in mass providing sunlight to the centre of the site.

Community Green Space
Improve the planting and biodiversity on the site that is open for the community to enjoy.

Private Amenity Space
Set backs and balconies provide truly private spaces for residents to relax.

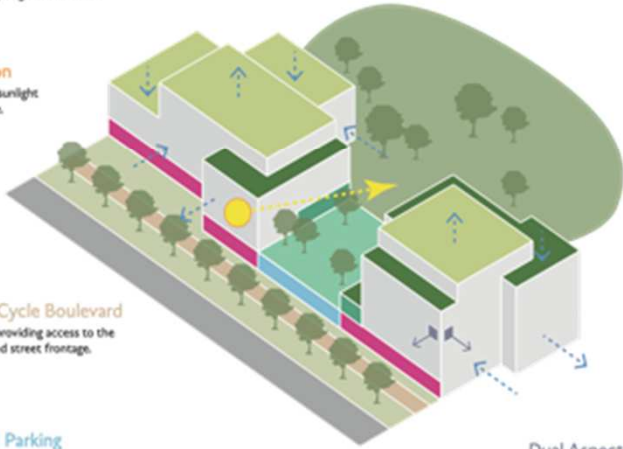
Pedestrian and Cycle Boulevard
A tree lined boulevard providing access to the hospital and an improved street frontage.

Communal Resident Facilities
Create opportunities for residents to socialise and reduce loneliness.

Integrated Parking
Parking integrated within the architecture of the building

Legible and Active Frontages
Clearly defined entrances and ground level activity.

Dual Aspect
Articulated massing provides a high ratio of dual aspect units



Collaboration to Quantify Demand



- Key**
- Hospitals within 1 hour journey and 2 modes of transport
 - Frimley Memorial Hospital, Spangley Hill, London, N13 5LJ
 - Chase Farm Hospital, 117 The Ridgeway, Enfield, EN2 8LJ
 - Barnet Hospital, Moorhouse Ln, Barnet, EN4 5LJ
 - Edgware Community Hospital, 6-10 The Broadway, Edgware, HA6 1LJ
 - North Middlesex University Hospital, Bowditch Way, London, N19 5BU
 - Southfields Free Hospital, Southfields, Harrow HA1 3RN
 - The Whittington Hospital, Whittington Way, London, HA8 7NF
 - St John's Hospital, St John's Rd, London, N10 5TH
 - Harefield Community Health Centre, 11 Harrow St, London, HA6 2RN
 - Wood Wharf Hospital, Park Rd, Harpenden, London, HA2 9JY
 - University College London Hospitals, 4th Floor, Francis and Taylor Ave, Bloomsbury, London, WC1E 6BT
 - Queen Elizabeth's Hospital, Long St, Harefield, London, HA1 3LN
 - Colindale and Langdon Hill, Hendon Way, London, NW9 6TA
 - Moorfields Eye Hospital for the Foundation Trust, 162 City Rd, London, EC1Y 1SP
 - Bus Services
 - Tube Stations
 - London Rail Stations

Homes for NHS staff – Finchley, Design & Access Statement, September 2020

General Arrangement



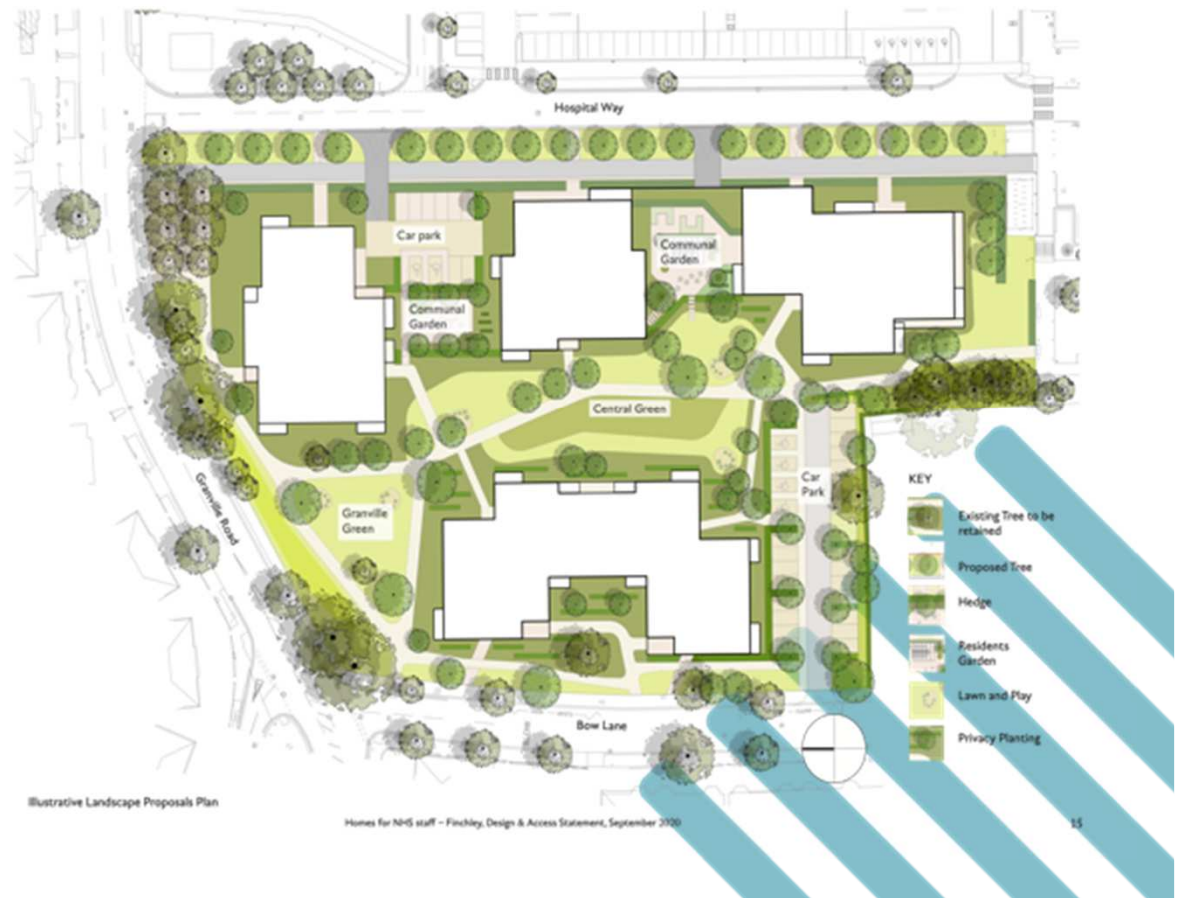
- Footprint set out as four separate buildings
- Target Number of Units – 120 - 130
- Biodiverse landscaping throughout
- Public walkways through the site
- Car Parking accessibly located for each building



Illustrative Landscape proposal plan



- A swathe of greenspace extending from the corner of Bow Lane and Granville Road through the central area of the site to the Memorial Garden outside the Hospital entrance.
- Wide lawns will be crossed by pathways, providing walking routes for dog walkers, strollers and also for residents to access their buildings.
- Four buildings are shown around the edge of the site, separated by greenspace and communal gardens (for resident's use). The main features of the landscape are:
 - Tree-lined perimeter walk
 - Central Green
 - Granville Green
 - Communal gardens
 - Sitting garden
 - Entrance garden
 - Orchard car park



Birdseye view



Birdseye view of site showing proposed massing



Next Steps



Statutory Application Opens

- 13-week consultation post validation
- Planning application determined by Barnet Council

Communication & Consultation

- Action as per Stakeholder communications strategy

Negotiate Nominations Agreement

- Progress discussions with Barnet Council to evaluate & present case for Section 106
- Negotiate mutually acceptable agreement

Progress work on JV approach

- Select JV partners
- Progress discussions
- Briefing to CHP Board
- Final proposals

Demand Analysis

- Work with STP, Trusts & Charities to consolidate demand data

London-wide Public Sector Collaboration

- STP & NLP
- NHSI
- OPE Board
- HOSC
- London Estates Board

**Health Overview and Scrutiny
Committee
Forward Plan Dec 2020-March
2021**

Contact: tracy.scollin@barnet.gov.uk

Title of Report	Overview of decision	Report Of (<i>officer</i>)	Issue Type (Non key/Key/Urgent)
3 December 2020			
Mid-year Quality Accounts	Review of progress following HOSC's comments on Quality Accounts in May and July 2020	<ul style="list-style-type: none"> • Royal Free Hospital • North London Hospice • Central London Community Healthcare 	Non-key
Measles and Childhood Inoculations Update		Consultant in Public Health, LBB	Non-key
Alternative Provider Medical Service (APMS) Update	(Or 22 nd Feb)	North Central London Clinical Commissioning Group	Non-key
To be allocated			
Children and Young People's Oral Health in Barnet		Director of Public Health	Non-key