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MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

TUESDAY 3RD APRIL, 2012

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

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

Chairman: Councillor Alison Cornelius (Chairman),
Vice Chairman: Councillor Maureen Braun (Vice-Chairman)

Councillors

Geof Cooke	Bridget Perry	Brian Schama
Julie Johnson	Barry Rawlings	
Graham Old	Kate Salinger	

Substitute Members

Kath McGuirk	Brian Salinger
Charlie O'Macauley	Stephen Sowerby

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

Aysen Giritli – Head of Governance

Governance Services contact: John Murphy 020 8359 2368

Media Relations contact: Sue Cocker 020 8359 7039

CORPORATE GOVERNANCE DIRECTORATE

ORDER OF BUSINESS

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AGENDA ITEM 6

Meeting	Health Overview & Scrutiny Committee
Date	3 April 2012
Subject	**North Central London Joint Overview and Scrutiny Committee (JHOSC) Minutes**
Report of	Overview and Scrutiny Office
Summary	For the Committee to note the minutes of the JHOSC meeting held on 16 January 2012.

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Minutes of the JHOSC meeting of 16 January 2012
Reason for urgency / exemption from call-in	Not applicable
Key decision	No

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

1. RECOMMENDATION

1.1 That the Committee note the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting held on the 16 January 2012.

2. RELEVANT PREVIOUS DECISIONS

2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

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

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

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

4. RISK MANAGEMENT ISSUES

4.1 None in the context of this report.

5. EQUALITIES AND DIVERSITY ISSUES

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

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

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

6.1 None in the context of the report.

7. LEGAL ISSUES

7.1 None in the context of the report.

8. CONSTITUTIONAL POWERS

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

9. BACKGROUND INFORMATION

9.1 The North Central London Joint Health Overview & Scrutiny Committee met on 16 January 2012. The minutes are attached for the Committee's consideration.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Legal – MB
Finance – JH/MC

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NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **MONDAY JANUARY 16TH 2012** at 10.00 a.m. in the Committee Room 1, Town Hall, Judd Street, London WC1H 9JE

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Cornelius, Barry Rawlings and Graham Old (L.B Barnet), Peter Brayshaw and John Bryant (Vice-Chair) (L.B Camden), Alev Cazimoglu (L.B Enfield), Gideon Bull (Chair) and Dave Winskill (L.B Haringey), and Martin Klute and Alice Perry (L.B Islington)

OFFICERS
Hannah Hutter and Shama Sutar-Smith (L.B Camden), John Murphy (L.B Barnet), Peter Moore (L.B Islington), Rob Mack (L.B Haringey), Sue Cripps (L.B. Enfield)

ALSO PRESENT
Alison Kemp, Independent Consultant
Lee Bojtor, Barnet, Enfield and Haringey Mental Health Trust
Dr Peter Sudbury Barnet, Enfield and Haringey Mental Health Trust
Claire Wright, NHS North Central London
Martin Machray, NHS North Central London
Elizabeth Stimson, NHS North Central London
Sarah Parker, NHS North Central London - Haringey
Andrew Williams, NHS NCL North Central London- Haringey
Donald Peebles, Lead Obstetrician North Middlesex Hospital
Kathryn Collin, NHS North Central London Maternity Services Commissioner
Debbie Gould, UCH, North Central London Maternity Network Lead Midwives
Jenny Gough, Assistant Director of Public Health, NHS Camden
Terence Joe, NHS North Central London
Sue Dart, NHS North Central London Royal Free Hospital
Pat Gould, Royal College of Midwives
Carol King, Royal College of Midwives

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 Joint Health Overview and Scrutiny Committee.

MINUTES

1. WELCOME AND APOLOGIES

Councillor Gideon Bull (Chair) welcomed all those present to the meeting.

An apology for lateness was received from Cllr Martin Klute (L.B Islington).

2. URGENT BUSINESS

There was none.

3. DECLARATIONS OF INTEREST

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

Councillor Peter Brayshaw declared that he was a Governor at University College London Hospital, but did not consider it to be prejudicial in respect of the items on the agenda.

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

In relation to Item 5, Transforming Community and Adolescent Mental Health Services, Councillor Barry Rawlings declared that he was a part time worker for Community Barnet, but did not consider it to be prejudicial and therefore took part in the consideration of the item.

4. MINUTES

The minutes of the meeting held on 5th December 2011 were agreed, subject to the addition of the word 'provide' in the first sentence on page 7 of the minutes.

It was

RESOLVED –

THAT the minutes of the meeting held on 5th December 2011 be agreed.

TO NOTE: All

Matters arising:

In response to a question regarding the financial arrangements once NHS North Central London had been dissolved, Martin Machray of NHS (NCL) stated that a series of discussions s were taking place between the Strategic Health Authority and NHS NCL which had resulted in some positive results. More information would be known by the end of the following week. In the interim, he had agreed with the Chair that the letter that the last meeting agreed would be sent to the Secretary of State on behalf of the Committee concerning this issue should be delayed. Martin Machray would keep the Committee informed of the progress and noted that the London Borough of Camden were keen to receive clarification on the budget as soon as possible.

ACTION BY: Martin Machray, NHS North Central London

5. IMPLEMENTING TRANSFORMING COMMUNITY AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Alison Kemp, Independent Consultant, NHS North Central London made a presentation to the Committee which gave an update on the business case, actions taken since 5th December 2011 and the key issues.

The Committee raised questions in relation to the engagement of young people in the project, whether the Northgate building would be closing, staff redeployment, the future of the on site school and the education model.

In response to questions Alison Kemp made the following points:-

- There is a young people's project board which has begun to meet on a monthly basis. The young people were seeking to involve their peers in the project, and explore, using social media sites such as Twitter and Facebook. The young people were heavily involved with leading the group areas included, policy, estates and crucially feeding directly into the project working group and implementation plan. Most of the young people involved were current service users;

- Assurance was given to the Committee that there was no intention to close the Northgate building. The services which had been provided at the site had stopped. Staff who had previously been working in those services had been redeployed into the community teams and some into New Beginnings. The new in-patient service would run from the Northgate site. The new model would see a shift in the ways in which staff time and skill was used. , the new service model would focus on therapeutic input, thus, it was not anticipated that the staff bill would increase or be reduced, but clearly natural changes in the staff would occur;

- Barnet, Enfield and Haringey all operated different education models, discussion was taking place with each authority regarding how a education package could be built for each child at the on site school. It

was recognised that this was an area which needed monitoring. Feedback was expected in the near future from colleagues in education regarding the contract negotiations between the providers and commissioners. A position statement could be provided for the next meeting of the Committee.

In response to concerns from the Committee regarding the engagement of young people, it was suggested that Councillors Alison Cornelius and Gideon Bull be invited to attend the young people's project board next meeting as observers. It was agreed this request would be taken back to the young people.

It was requested that a paper outlining an education model, including how it worked with health, and signed off by all three education authorities, be provided to the Committee.

ACTION BY: Alison Kemp, NHS North Central London

RESOLVED –

THAT the report be noted.

TO NOTE: All

6. MATERNITY SERVICES IN LONDON

The Committee gave its consideration to an annual report of the Local Supervising Authority of NHS London on how standards set within the Midwives Rules and Standards (2004) had been met.

Kathryn Collin, North Central London, Senior Maternity Manager, Professor Donald Peebles, Lead Obstetrician North Middlesex Hospital and Debbie Gould, UCH, North Central London Maternity Network Lead Midwives gave a presentation to the Committee which informed the Committee of the work of the North Central London Maternity and Newborn Network.

Kathryn Collin described the network structure and the partnership between the commissioners and providers. It was stated that there was commitment to the Network from all five of the authorities which make up the North Central London Cluster. The Network was chaired and led by senior clinicians, who had been in discussions with NHS London sharing the good practice demonstrated by the Network.

Donald Peebles addressed the Committee and spoke about the requirement to have senior experience on the labour ward. All units in the Cluster were now achieving the minimum of 60 hours of consultant presence. He also informed the Committee of how the caesarean section rate had steadily been increasing. He stated that the Network promoted normal births and that a daily review of caesarean sections had

been introduced. However, this contradicted the newly updated NICE guidance which recommended that women without medical indications should be offered a caesarean on request following advice and support on a normal birth. He wished to make it clear that sector policy was not to offer routine Caesareans apart from in exceptional cases.

Debbie Gould spoke about the models of care group and how the reporting figures of midwife to birth ratio were calculated. It was noted that the ratios could not easily be compared as there was no standardisation of how the figures were collected.

Further discussion took place regarding the future challenges and issues surrounding maternity services. The following points were noted:-

- UCLH had introduced care rounds which ensured that midwives could collect real time feedback on the service. The feedback was entered on a daily basis and it was highlighted that the compliments outweighed the negatives. If there was a complaint it would be dealt with immediately and on an individual basis.

- The quality of relationships between the midwife and patient was measured using a net promoters score used by private marketing companies. All women would be asked two questions at the end of their post natal care.

- The cluster was delivering above the 90% national care standards. Only 4% of women, when in labour, were left in the delivery room without a midwife/medical professional when they did not want to be.

- It had been identified that more work needed to be carried out on improving early access to maternity services. The national target for seeing women by the 12th week of pregnancy was 90% the cluster were currently achieving 75%. There were many factors which contributed to not achieving 90%, which included the cultural differences in the population, which impacted upon the amount of women who still did not present to their GP until after week 12. Examples given were the North Middlesex hospital (NMUH) had particular population challenges as 30% of women who booked late were not in the country during the first 12 weeks of pregnancy, and in the Whittington some orthodox Jewish women did not wish to use maternity services.

- Work was being undertaken to reach and educate different parts of the community, such as working with pound shops to provide information when customers were buying pregnancy tests, working with religious leaders, children centres and community centres.

- An action plan had been implemented to carry out work around maternal deaths. It was highlighted that the reporting on maternal deaths were misleading as not all maternal deaths were related directly to pregnancy. It was felt that there needed to be differentiation between those figures.

- If a trust was operating from a single site and the service had to be suspended, it would be recorded as a serious untoward incident (SUI). However, if a trust was operating units on multiple sites and only one site had to be closed, it would not be recorded as a SUI. This meant that a closure of one of the two sites that were part of Barnet and Chase Farm hospitals would not be recorded as long as the other site remained open, even though women in labour might be transported between sites. The Committee were of the view that this might disguise issues at particular sites and that the suspension of a service should be recorded for each hospital unit that was closed rather than merely for each trust.

- There was a set list of classifications for a serious incident on a maternity ward. One example would be if there was not enough staff to operate the service safely, then the service would close which would be classed as serious. A serious incident didn't mean that something serious had to happen before the service would be suspended;

- The shortage of midwives, across the cluster and London was concerning. Retirement eligibility was amongst existing midwives with 18% of midwives eligible for retirement now, and a further 11% will become eligible for retirement by 2017. It was questioned whether midwives were counted as key workers as in the report, housing costs were cited as a barrier to recruitment. A letter should be raised through the LSN to NHS London citing concerns about the retention policy.

- There were additional complexities of providing midwifery services in London including complex populations, high birth rates and busy units.

- Supervisors of midwives played a key role in improving professional practice, and often supervisors were called back to the front line in busy units. Protection of the role was varied, and was best where there was good leadership in the unit, and the role was clearly defined. The Committee welcomed the work undertaken by the Network and requested that the midwife to birth ratio figures for the cluster be circulated to the Committee, and that further details of the number of closures of the maternity unit at Chase Farm and Barnet be provided.

  ACTION BY: Kathryn Collin, North Central London, Senior Maternity Manager

  RESOLVED –

  THAT the report be noted.

TO NOTE: All

7. NHS NORTH CENTRAL LONDON TRANSITION UPDATE REPORT

Consideration was given to a report of NHS North Central London updating the Committee on the progress of the Transition Programme, which would see the transition to the new structure, replacing the roles and responsibilities of PCTs within the cluster.
Martin Machray, NHS North Central London, summarised the main points of the report and stated that the Health and Wellbeing Boards would be key in helping the transition take place.

During discussion members expressed their interest in retaining the Joint Committee after the North Central London Cluster disbanded. Further discussion took place regarding the support services for the Clinical Commissioning Groups (CCG). Four CCG's were going for partial budget delegation, and Camden was going for full delegation of the relevant parts of the PCT budget. It was noted that a commissioning support organisation prospectus had been published. The organisation would be hosted by the NHS Commissioning Board until 2016 when it was expected that the support services organisations would operate independently. A not for profit social enterprise model was expected, but they would have to compete in an open market and aspects such as informatics might also be purchased from different providers. When the CCG's became statutory bodies, they would have three options open to them, they could buy in all commissioning support; provide some or all support in house; or buy services from the open market. The CCG's would have restrictions when considering what option to choose, as the incentive funding allocations to the CCGs to buy support were estimated at £25 per head of population served by the group, which was the same allocation in London as in the North of England. To date, none of the clusters in London were able to provide services for less than £25 per head.

Further discussion took place regarding commissioning services across organisations. It was noted that discussions were taking place between councils and strategic health authorities on an integrated commissioning approach.

Concerns were raised regarding the transparency of the commissioning process, especially when a decision had to be taken on choosing a provider for services. The Committee highlighted the importance scrutiny added to the process and how it would have an enhanced role in bringing transparency to the process in the future.

In response to questions Martin Machray made the following points:-

- Budget figures, when allocations were confirmed, for the five CCGs would be circulated to the Committee. **ACTION BY: Martin Machray**;
- In terms of accountability, there would be a clear channel of responsibility to Caroline Taylor, Chief Executive NHS North Central London, until the CCG's became a statutory body;
- NHS NCL had expressed an interest in providing commissioning support for all the NCL clusters, but it would need to operate over a much larger area

including Outer North East and East London and include up to 19 CCG's to be financially viable at that price. Three commissioning support agencies for London were being proposed, with another one covering North West London, and a third covering South and South west London. ;

- Guidelines have been published from the Department of Health regarding conflicts of interests in relation to GPs on CCGs, this information would be shared with the Committee. **ACTION BY: Martin Machray**.

The Committee were concerned that the indicative funding of £25 per head of population would not be sufficient for London. The Committee felt that for London the funding should also have a London premium attached. It was agreed that a letter should be sent to London Councils asking them to take up this concern.

ACTION BY: Rob Mack (Scrutiny Officer)

Following discussion, it was

RESOLVED –

THAT the report and recommendations be noted.

TO NOTE: All

8. TUBERCULOSIS: DEVELOPING SERVICES FOR THE FUTURE FOR NORTH CENTRAL LONDON

The Committee gave its consideration to a report of NHS North Central London. Jenny Gough, NHS North Central London introduced the report which detailed the current tuberculosis (TB) service provision, and gave an update on the review and development of services for TB across North Central London cluster. TB was spread through prolonged contact with an infected person, but was preventable and treatable. It could be incubated from two to five years. Hospital treatment of TB was offered even to people who were not entitled to free NHS treatment in primary care including illegal immigrants and visa overstayers. Despite targeted outreach, the Somali community has not engaged with TB treatment and more needed to be done to break down stigma and promote that TB was treatable.

Terence Joe, NHS North Central London, gave a presentation to the Committee which outlined the proposed TB services model of care across North Central London, and, the process of service development adopted to date. The Committee noted that the change in service model would see the creation of two key TB hubs. The North hub would be located at North Middlesex Hospital, the South hub location was still to be confirmed, but a recommendation had been made to the project group that the Whittington Hospital would be the best site. The changes based on research would increase opening hours, offer greater flexibility and reduce waiting times.

A concern was made by a Member of the Committee regarding travelling to the Whittington Hospital by residents who were living in the west part of Camden.

The Committee also recommended that translation services would be important in the new model.

The Committee thanked the officers for the report and Terence Joe for a very good presentation

RESOLVED –

THAT the report and presentation be noted, and they supported the recommendations.

TO NOTE: All

9. FUTURE WORK PLAN

The Committee gave its consideration to a report outlining its future work plan.

The Committee requested that it receives copies of the letters sent to North Central London regarding the QIPP. **ACTION BY: Rob Mack, Scrutiny Officer**

The Committee were informed that there was a meeting taking place with NCL London at Stevenson House on 30th January 2012 regarding CAMIDOC.

The future meeting dates were as follows;

27th February - Islington

16th April – Haringey

28 May - Enfield

9th July (moved from 16th July) - Barnet

RESOLVED -

THAT subject to the above amendments, the report be agreed.

TO NOTE: All

The meeting ended at 1.14pm

CHAIR: Councillor Gideon Bull

MINUTES END

AGENDA ITEM 7

Meeting	Health Overview and Scrutiny Committee
Date	3 April 2012
Subject	**Update Report – Barnet and Chase Farm Hospitals NHS Trust**
Report of	Overview and Scrutiny Office
Summary	This item provides the Committee with verbal updates on items previously presented to the Health Overview and Scrutiny Committee in relation to Barnet and Chase Farm Hospitals NHS Trust. Verbal update reports to be received relate to: • Alzheimer and Dementia Services – number of staff trained in dementia and Alzheimer care as well as progress in installing "dementia signage" • the BEH Clinical Strategy • Parking
Officer Contributors	John Murphy – Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	None
Reason for urgency / exemption from call-in	Not applicable
Key decision	No

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

1. RECOMMENDATION

1.1 That the Health Overview and Scrutiny Committee note the updates and make comments and recommendations to Health Partners as appropriate.

2. RELEVANT PREVIOUS DECISIONS

2.1 Health Overview and Scrutiny Committee, 15 September 2010, Agenda Item 8 – Barnet, Enfield and Haringey Clinical Strategy – (1) report noted by the committee

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

2.3 Health Overview and Scrutiny Committee, 15 February 2012, Agenda Item 7 - Update Report - Barnet General Hospital Parking Facilities - An update on the parking situation at Barnet General Hospital be provided to the committee's April meeting.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

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

3.2 The three priority outcomes set out in the 2010/13 Corporate Plan are: –

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

4. RISK MANAGEMENT ISSUES

4.1 None in the context of this report.

5. EQUALITIES AND DIVERSITY ISSUES

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

- The Council's leadership role in relation to diversity and inclusiveness; and

- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety

- Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public

bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

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

6.1 None in the context of this report.

7. LEGAL ISSUES

7.1 None in the context of this report.

8. CONSTITUTIONAL POWERS

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

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

(i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.

(ii) To make reports and recommendations to the Executive and/or other relevant authorities on health issues which affect or may affect the borough and its residents.

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

9. BACKGROUND INFORMATION

9.1 The Chairman of the Health Overview and Scrutiny Committee has requested updates to be brought to the committee in relation to Barnet and Chase Farm Hospitals NHS Trust regarding:

- Alzheimer and Dementia Services – number of staff trained in dementia and Alzheimer care as well as progress in installing "dementia signage"
- BEH Clinical Strategy
- Parking

9.2 At the 15 February committee meeting Mary Joseet, Director of Performance, Planning and Partnership, and Mary Burney, Integrated Service Manager for Planned Care, from Barnet and Chase Farm Hospital Trust presented the committee with a verbal update on parking facilities at Barnet Hospital. This update followed on from a previous submission to the committee on the issue of parking at Barnet General Hospital at the 12 December 2011 meeting.

The committee were advised that a survey was being conducted of staff and patients at the Hospital in relation to current and possible future parking facilities and

that this would be completed in one month. The committee were also advised that a *Green Travel Plan* had been signed off that would provide support for bicycle usage.

9.3 At the 15 February 2012 meeting of the Health Overview and Scrutiny Committee further updates were received from Mary Joseet regarding parking at Barnet Hospital.

9.4 At the Health Overview and Scrutiny Committee meeting of 12 December 2011 the committee received an update from Terina Riches, the Director of Nursing at Barnet and Chase Farm Hospitals NHS Trust in relation to Alzheimer's and dementia care in Barnet. The committee was informed that an Alzheimer's and dementia training programme was being delivered at both Barnet and Chase Farm hospital sites. The Committee were informed that:

- Alzheimer's and dementia experts were in place across the hospital sites to provide support to hospital staff in dealing with Alzheimer's and dementia patients;
- A patient safety training day would be taking place during January 2012; and
- Barnet and Chase Farm Hospital NHS Trust Private Finance Initiative contractor was supporting a bed identification scheme and the use of distraction tables for Alzheimer's and dementia patients.

9.5 Both the Health Overview and Scrutiny Committee and the North Central London Joint Health Overview and Scrutiny Committee have previously received progress reports in relation to the Barnet, Enfield, and Haringey Clinical Strategy. The Barnet and Chase Farm Hospitals NHS Trust submitted a draft outline business case for the strategy to NHS London for review on the 29 February.

10. LIST OF BACKGROUND PAPERS

10.1 Barnet and Chase Farm Hospitals NHS Trust BEH Clinical Strategy Update - available from:

http://www.bcf.nhs.uk/dl/15944_7344380133.pdf/as/Attachment_H_BEH)_clinical_strategy_update_Mar_12.pdf?_ts=29108&_ts=29108

Legal – MB
CFO – JH/MC

AGENDA ITEM 8

Meeting	Health Overview and Scrutiny Committee
Date	3 April 2012
Subject	**Health and Well-being Strategy**
Report of	Overview and Scrutiny Office
Summary	The final draft of the Health and Wellbeing Strategy, Keeping Well, Keeping Independent, sets out the Health and Well-being Board's approach to improving the health and wellbeing of Barnet citizens and patients. The strategy is due to be presented to the Health and Well-being Board prior to circulation through a consultation process.

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	None
For decision by	Health Overview and Scrutiny Committee
Function of	Health Overview and Scrutiny Committee
Reason for urgency / exemption from call-in	Not applicable

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

1. RECOMMENDATION

1.1 That the Committee note the Health and Well-Being Strategy and comment and make recommendations as appropriate.

2. RELEVANT PREVIOUS DECISIONS

2.1 Health Overview and Scrutiny Committee, Forward Work Programme (Agenda Item 17) – The Health and Well-being Strategy to be added to the HOSC Work Programme.

2.2 Health and Wellbeing Board, 19 January 2012 – considered first draft of Health and Well-Being Strategy and requested final draft be presented to the HWBB on the 22 March 2012 prior to public consultation.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

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

3.2 The Health and Well-Being Strategy is the principal strategy which will implement the Sustainable Community Strategy priority of 'healthy and independent living'. Under the Health and Social Care Bill, the proposed commissioning plans of Clinical Commissioning Groups must be signed off by the Health and Well-Being Board to ensure they conform to the overall Health and Wellbeing Strategy.

3.3 The work programme of the HWBB contributes to a number of the Council's priority objectives as expressed in the 2011-2013 Corporate plan, specifically 'integrate health and social care services to promote better outcomes, increase independence and reduce bureaucracy'; continue to safeguard vulnerable adults from avoidable harm and 'improve health and well-being through early detection and management of disease and improvement in lifestyle to reduce the risk of avoidable disease'.

4. RISK MANAGEMENT ISSUES

4.1 There is a risk that the Health and Well-being Strategy will not be adopted fully and in a meaningful fashion across the Council, NHS, wider community partners and with families and communities. To mitigate against this risk a consultation process that includes engagement across the Council; Barnet Clinical Commissioning Group (CCG); Barnet GPs; NHS commissioners and providers; the Local Involvement Network (LINK), third sector networks and other stakeholders is to be undertaken following final endorsement of the draft strategy by the Health and Well-being Board.

5. EQUALITIES AND DIVERSITY ISSUES

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

- The Council's leadership role in relation to diversity and inclusiveness; and
- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

5.2 Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.3 The Barnet Heath and Well-Being Strategy has been developed to set out a clear programme of work to address the headline recommendation areas for Barnet identified in the refreshed Joint Strategic Needs Assessment. These were identified as being to:-

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

5.4 An equalities and impact assessment of the Health and Wellbeing strategy will be undertaken to inform the agreement of the strategy by the Health and Wellbeing Board and subsequent monitoring of the impacts on the local community arising from implementation.

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

6.1 None directly within the context of this report however the development and implementation of the Health and Well-being Strategy will require officer resources drawn from across the council and public health partners.

6.2 The Health and Well-being Board have allocated £5,000 towards the funding of the consultation process for the strategy. This has been drawn from a one off allocation from NHS London of £15,000 for 2011/12 to support the development of the Health and Well-being Board.

7. LEGAL ISSUES

7.1 The Health and Social Care Bill, currently before Parliament, will require each upper tier local authority to establish a Health and Well-Being Board, which will, inter alia, develop a Joint Strategic Needs Assessment and a Health and Well-being Strategy.

7.2 The Health and Well-being Strategy will meet the Health and Well-being Board's duty, as contained in the Health and Social Care Bill 2011, to prepare a Health and Well-Being Strategy. Line by line examination of the Bill in its Report Stage has concluded and the third reading took place on 19th March 2012 when final amendments were made to the Bill.

8. CONSTITUTIONAL POWERS

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

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

(i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.

(ii) To make reports and recommendations to the Executive and/or other relevant authorities on health issues which affect or may affect the borough and its residents.

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

9. BACKGROUND INFORMATION

9.1 Developing the Health and Well-Being Strategy

In July 2011, the Health and Well-being Board considered and signed off the Barnet Joint Strategic Needs Assessment (JSNA). The JSNA is the evidence base of the health and social care needs of the population of Barnet, and was produced following an extensive engagement process. Compared to the previous version of the JSNA in 2009, the Board were able to add value by deciding that, having analysed the findings of the JSNA, they would focus on a limited number of priorities, namely

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

A draft Health and Well-being Strategy 'Keeping Well Keeping Independent' was taken to the Health and Wellbeing Board on 19 January 2012 for comment.

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

It was noted that as the Health and Wellbeing Strategy is a document that both health and Council commissioning plans need to take account of, care needs to be taken to use language in a manner that ensures a common understanding across all partners and stakeholders. A re-drafted Health and Well-being Strategy will be presented to the Health and Wellbeing Board on 22 March 2012 prior to public consultation.

10. LIST OF BACKGROUND PAPERS

10.1 Department of Health, 'Equity and Excellence: Liberating the NHS', White Paper , Cm 7881, 2010

Available from:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

10.2 Health and Social Care Bill 2011
Information available from:
http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/HealthandSocialCareBill2011/index.htm

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CFO – JH/MC

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Keeping Well, Keeping Independent

A Health and Wellbeing Strategy for Barnet

2012-2015

Contents

Barnet's Health and Wellbeing Strategy

1 Executive Summary

Barnet is a great place to live and people in Barnet can expect to live longer and better than in many parts of London and England. This is not by chance but is linked to a range of factors including relative wealth, housing, levels of family support, lifestyle, access to healthcare and the right support when needed.

While the overall picture is positive, the Barnet Joint Strategic Needs Assessment (JSNA) has shown that there are significant differences in health and well-being across Barnet, between places and between different demographic groups. As a growing and changing Borough with less public money available to spend, this Strategy aims to reduce health inequalities by focusing on how more people can 'Keep Well' and 'Keep Independent'.

This can only be achieved through a partnership between residents and public services. Good health is not just the responsibility of the NHS nor is good support for our most vulnerable the sole responsibility of Social Services. So at the heart of this Strategy is the ambition that **all Barnet's residents will be able to live as healthily and as independently for as long as possible** by:

- being free of avoidable ill-health and disability;
- being able to take responsibility for their own and their family's health and wellbeing; and
- each being able to harness the support of their family and friends and the community.

In order to transform the health and wellbeing of Barnet's people, the Barnet Health and Wellbeing Board and the organisations it brings together intend to:

- take account of the wider determinants of health and support actions at an individual, community and service level to seek to address these;
- work in collaboration with partners in the statutory, commercial and third sectors, and with stakeholders in the community, to enhance individual and family self-reliance
- support the delivery of safe, high-quality health and social care services, within available resources directed to providing the greatest benefit for the greatest number of people in need
- ensure that service users' experiences are good across the range of services available.

1.1 What are we going to do differently?

This Strategy has two overarching aims

- Keeping Well – A strong belief in 'prevention is better than cure.' This Strategy aims to give every child in Barnet the best possible start to live a healthy life, to create more opportunities to develop healthy and flourishing neighbourhoods and

communities and to support people to adopt healthy lifestyles to prevent avoidable disease and illness.

- Keeping Independent – This Strategy aims to ensure that when extra support and treatment is needed, this should be delivered in a way which enables people to get back up on their feet as soon as possible supported by health and social care services working together.

The Barnet Health and Well-Being Board is responsible for the development of this Strategy and for overseeing its implementation. Further information about the Barnet Health and Well-Being Board and its membership can be found at Appendix One to this Strategy.

Like all strategies, it will only be a good Strategy if it leads to improvements for residents. This requires the Council, the local NHS, Schools, Police, Third Sector, employers, community groups and individuals to use this Strategy to shape their priorities for their respective organisations and lifestyles at a family and individual level.

What this Strategy means for the different parts of the community we serve is described in the boxes below.

For individuals and families

Enjoying good health, is the result of responsibility being shared between health services and individuals. Taking responsibility to improve your own health for example stopping smoking, regular exercise and eating well is essential for good health.

Parents need to work with schools and within families to address childhood obesity and to increase the levels of physical activity of all our Barnet's young people

For our community partners

Barnet's flourishing Third Sector has a key role to play in the delivery of this Strategy, building resilience and well-being in families, communities and neighbourhoods.

Safe neighbourhoods, the opportunity for paid work and safe workplaces are key elements of Health and Well-Being. We will support Local Business, JobCentre Plus and the Police to play their full part in the delivery of the objectives of this Strategy

For the Council

All Council services have a role to play in promoting health and well-being and must support delivery of this Strategy.

Social care services, joined up with the NHS. should support all individuals and their families to stay as independent as possible, Future social care commissioning priorities should be based on this Strategy.

Early years and schools have an essential role to play in promoting health and well-being in families

For the local NHS

The commissioning priorities of the NHS should be based on this Strategy with a strong emphasis on self-management, early identification of disease and support to manage lifestyles.

All parts of the NHS have a responsibility to promote good health and well-being and to collaborate with patients and other partners to address the broader determinants of health

2 Setting our Priorities for the Health and Well-Being Strategy

The key features of our approach to enabling people to be able to experience greater health and wellbeing and better health and social care services are based on both the Barnet JSNA and the Marmot Review *Fair Society Healthy Lives*.[i]

The Marmot Review (which adds further weight to a number of other national reviews of the evidence connecting health with socioeconomic status and the importance of prevention, such as 'The Black Report',[ii] 'The Acheson Report', [iii] and 'The Wanless Report'[iv]), makes it clear that:

- people in higher socioeconomic groups generally experience better health – there is a **'social gradient' in health**, and work should focus on reducing this gradient;
- action on health inequalities requires **action across all of the social determinants of health**;
- it is necessary to **take actions across all social groups**, albeit with a scale and intensity that is proportionate to the level of disadvantage;
- **action to reduce health inequalities will have economic benefits** in reducing losses from illness associated with health inequalities which currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs – this is in addition to improving people's sense of wellbeing; and
- effective local delivery of this requires **empowerment of individuals and local communities**.

2.1 Barnet at a Glance

The Barnet Joint Strategic Needs Assessment (JSNA), refreshed in July 2011, provides the data and information from which we can determine our priorities, using the evidence base on health inequalities set out in The Marmot Review referred to above. The key headlines from the Barnet JSNA are:

- The health of people in Barnet is mixed compared to the England average. Deprivation is lower than average, but 18,195 children are classified as living in poverty (living in a family receiving means tested benefits).
- Life expectancy for both men and women is higher than the England average. But life expectancy is 7.1 years lower for men and 5 years lower for women in the most deprived areas of Barnet (Burnt Oak) than in the least deprived areas (Garden Suburb)
- Over the last 10 years, the overall mortality rate has fallen. Early death rates from cancer and from heart disease and stroke have fallen and are better

i http://www.instituteofhealthequity.org/ (Accessed 26 January 2012)

ii A copy of Sir Douglas Black's report, *Inequalities in Health: report of a research working group*, can be found at http://www.sochealth.co.uk/Black/black.htm (Accessed 26 January 2012)

iii A copy of Professor Sir Donald Acheson's report, *Independent inquiry into inequalities in health*, can be found at http://www.archive.official-documents.co.uk/document/doh/ih/ih.htm (Accessed 26 January 2012)

iv A copy of Sir Derek Wanless's report, *Securing good health for the whole population: final report – February 2004*, can be found at http://www.archive.official-documents.co.uk/document/doh/ih/ih.htm (Accessed 26 January 2012)

than the England average. However breast screening levels continue to be low.

- About 17.5% of Year 6 children are classified as obese. A lower percentage than average of pupils spend at least three hours each week on school sport.
- 92.6% of mothers initiate breast feeding which is above the London average but 10.0% of expectant mothers smoke during pregnancy which is more than the London average.
- An estimated 16.6% of adults smoke with the prevalence of smoking amongst people living in our most deprived wards who do not normally attend their GP surgery being much higher than the Borough average (32% versus 17% with the difference being most marked in relationship to men).
- 17.9% of adults are obese. Adult obesity rates are significantly worse than the England average.
- There were 5,379 hospital stays for alcohol related harm in 2009/10 and there are 353 deaths from smoking each year.

And Barnet is changing

- There will be a significant increase in 5 to 14 year olds (+6,600 individuals). This includes an incredible 23% more 5-9 year olds projected by 2016.
- A general decline in 30 to 34 years olds is anticipated (-1,000 individuals, 3%) and a slower growth in 25 to 29 year olds (600 individuals, 2%).
- The 40 to 59 year old population will experience sizable growth, especially the 40-45 (+2,200) and 50-54 (2,400 individuals) cohorts.
- There will also be sizeable growth among 65 to 69 year olds (+2,100 individuals, 18%) and significant growth in 90 plus cohort (17%).

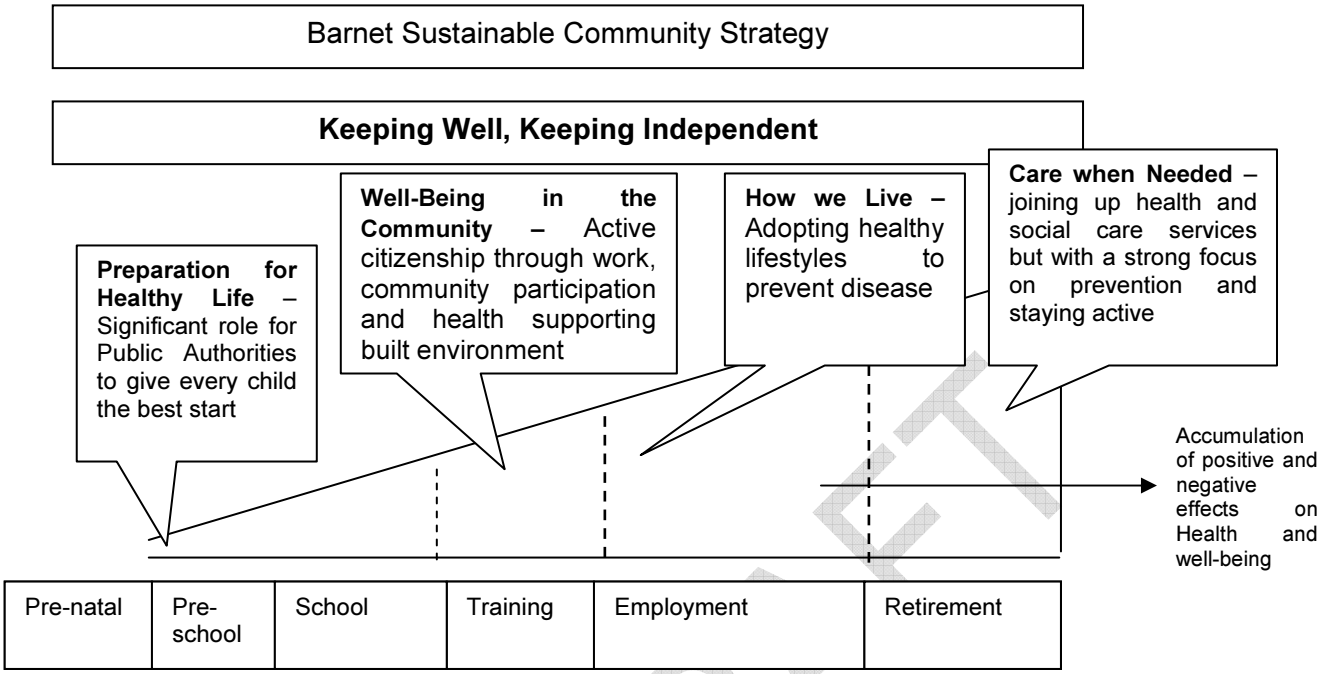
2.2 The four themes of the Barnet Health and Well-Being Strategy

Based on this background of evidence, there are four themes to our approach to improving health and wellbeing and reducing health inequalities by enabling people to take more responsibility for themselves:

1. **preparation for a healthy life** – that is, enabling the delivery of effective pre-natal advice and maternity care and early-years development;
2. **wellbeing in the community** – that is creating circumstances that better enable people to be healthier and have greater life opportunities;
3. **how we live** – that is enabling and encouraging healthier lifestyles; and
4. **care when needed** – that is providing appropriate care and support to facilitate good outcomes.

The main relationships between these four themes and the different components of each person's life course are depicted in the diagram below.

Figure 1: The four themes of the Barnet Health and Wellbeing Strategy across the life course



Adapted from *Fair Society Healthy Lives*

The evidence from the Marmot Review and the concept of the health gradient as show in the diagram above, makes clear that the greatest opportunities to reduce health inequalities, are during childhood where focused preventative activities really can make a lifetime difference. Interestingly the first ONS Survey of the nation's well-being (2011) has found that there appears to be a strong association between self-reported health and adults' subjective well-being scores, so feeling healthy makes you feel happier. Over people's lives, particularly as individuals reach retirement, the opportunity to narrow the gap in terms of health inequalities reduces, especially if people have not led healthy lives during adulthood. Building effective community capacity to provide the right support when needed together with a focus on earlier intervention form the key priorities for this group.

2.3 Our Approach to Implementation

On the basis of policy and experience, we have agreed a number of key principles that will inform the way in which we and our partners tackle together the four themed priority areas.

They are as follows:

1. **Putting the emphasis on prevention**. Energy needs to go towards helping individuals, families, communities and organisations understand what they can do to promote positive health and well being. We need to strengthen the impact of early prevention across the borough and avoid more intense difficulties later, building on the 'Think Family' initiative and the 'Finding the 5000' project to identify those people at greatest risk of cardio-vascular disease.

2. **Making health and well being a personal agenda**. Our starting belief is that change is most effective when initiated and controlled by individual residents and their families. This means that members of the community need to be actively enabled by information on health and well being and services. Messages and

solutions need to be more personal and this can be achieved through more effective use of occasions where members of the public engage with local professionals to assess and plan for improvement; for example personal health assessments, health MOTs and child development visits. The main emphasis needs to be on enabling individuals and families to take action through timely information, advice, education and then reference to supportive services and groups.

3. **Making health and well being a local agenda.** There is a significant opportunity with the regeneration schemes, neighbourhood plans and focus on our town centres for local neighbourhoods to design and implement local solutions to promote greater health and well-being. But they need to be empowered with good local public health and well being information on issues as well as feedback on progress.

4. **Joining up services to ensure timely and effective solutions to individual problems**. Joining up might mean the effective transfer of information from one service provider to another but it could mean joint location and joint management of services. The development of the new health and well-being campus at the old Finchley Memorial Hospital site offers an opportunity for much improved integration of services particularly health and social care interfacing with other partners notably schools, housing, leisure and employment. Wherever practical services should be accessible locally within the community or at home.

5. **Developing greater local community capacity to achieve change**. There is already a track record of working with local voluntary and community groups but it is clear that there is much more that can be done to develop local resources. This has the twin benefits of developing very local and more accessible support on a number of key issues as well as providing the opportunity for local skill development.

6. **Strengthening partnerships for change and improvement**. We need to build on the existing partnership processes to ensure tighter joint performance expectations from investments and championing of change by leaders across the organisations. Joint commissioning of services will play a key role in ensuring the most effective investments of public money. Through pooling our resources – people and funding – we can work together to develop new and creative solutions that more quickly tackle difficult issues

3 Keeping Well – 'Preparing for a Healthy Life'

Lead Agency: The Barnet Children's Trust

3.1 What does the Barnet JSNA tell us?

Overall, and in comparison with the national picture, children in Barnet have above average health, educational attainment and life chances. However this experience is not uniform for children across the borough. With significant growth in young people expected in the Borough, it is essential that clear and concerted effort is given to addressing the health inequalities that children in Barnet face and focusing on improving their health and well-being.

Access to effective and culturally sensitive Maternity Services and post-natal support to families facing the greatest risks is essential. Supporting pregnant mothers to stop smoking is especially important, as smoking during pregnancy is estimated to contribute to 40% of all infant deaths, a 12.5% increased risk of a premature birth and a 26.3% increased risk of intrauterine growth restriction. While infant mortality rates (IMR) are generally low across Barnet, when analysed at a ward level they show that some wards have relatively poor infant mortality rates even within areas with apparently better rates. Colindale has the highest IMR in the borough of Barnet – 9.5 (number of deaths -14),.

Immunisation is second only to a clean drinking water supply as a way of improving and maintaining the health of the population with childhood immunisations forming a core part of the Barnet health protection programme. Take-up of the MMR vaccine has increased in recent years following some ten years of significantly low take-up but is still low at the pre-school vaccination levels.

The number of children classified as living in poverty has increased in Barnet to over 18,000 young people. It is important that early years services through Children's Centres and schools, through the disadvantage premium, ensure that children from all of Barnet's diverse communities enjoy and achieve.

Nationally and within Barnet, there has been a rapid increase in the prevalence of those classified as overweight and obese. In children this is considered a primary predictor of obesity in adulthood. The health outcomes of sustained obesity are numerous and include increased incidence of Type 2 Diabetes, CHD, stroke, depression, some cancers and back pain. Obesity throughout adulthood decreases life expectancy by up to nine years.

Within Barnet there are a rising number of children born with disabilities, though the reasons are not clear. The societal and financial impact of chronic conditions in adolescence is increasing as larger numbers of chronically ill children survive beyond the age of ten. Over 85% of children with congenital or chronic conditions now survive into adolescence, and conditions once seen only in young children are now seen beyond. It is imperative that children and adult social care services work effectively together to support young people with complex disabilities to live as independently as possible through effective transition

3.2 What needs to be done?

Actions need to take place across all of the statutory agencies with parents-to-be, parents and young people to:-

- Enable all women, and particularly those with complex needs such as mental ill health, to plan their pregnancies and to prepare for pregnancy in a way that maximises the health outcomes both for the child and mother.
- Increase the take up of immunisations, particularly the MMR pre-school booster
- Expand the Family Nurse Partnership initiative to support families who are experiencing significant challenges.
- Expand the community budgets programme for children to provide early intervention for children from families with the most complex needs.
- Reduce obesity in children and young people by working with schools, community groups and parents to increase the use of active and sustainable school travel plans and the range of organised physical activities available
- Embed Active Lifestyles programmes in primary and secondary schools to encourage healthy lifestyles for parents and children.
- Design and implement a range of interventions designed to reduce risk taking behaviour in children including Sexual Health and substance misuse that are delivered through statutory and voluntary partners.
- Effectively plan for transition from children's services to adult services.

3.3 Measuring progress

Our performance measures for the priority theme ''Preparing for a Healthy Life' are:-

- All women in Barnet to access NICE compliant maternity care by 12 weeks gestation
- Reduce the smoking in pregnancy rate from 10% to below the London average of 7.5%
- Maintain Immunisation rates at above national and regional target rates with preschool immunisations covering at least 90% of all children of Barnet.
- Reduce the rate of obesity in reception year school children from 11% to be better than the London average. Reduce the rate of obesity in year 6 children from 17.5% baseline towards the England best of 10.7%
- Reduce in the number of children and young people misusing alcohol and drugs
- Increase in the number of identified families with complex needs who are included in the community budget programme where there is a decrease in the number and range of interventions from statutory organisations.
- Increased percentage of the number of young people who have a transition plan agreed by the age of 17 ready for when they are 18

4 Keeping Well – 'Well-Being in the Community'

Lead Agency: London Borough of Barnet

4.1 What does the Barnet JSNA tell us?

Major developments are planned in Barnet over the next 10 to 15 years which will see significant population growth in new and improved neighbourhoods and investment in supporting facilities and infrastructure. The range of projects include the regeneration of the four largest estates (West Hendon, Grahame Park, Dollis Valley and Stonegrove) and the development of the three strategic growth areas - the Cricklewood, Brent Cross and West Hendon regeneration area, Colindale and Mill Hill East.

The Barnet Local Development Framework (LDF) acknowledges the impact of access to good quality housing on public health and wellbeing. In 2009/10 65% of category 1 hazards (as defined by the Housing Act 2004) identified and reduced were due to Excess Cold e.g. problems with insulation or heating or damp and mould. Based on the Chartered Institute of Environmental Health Housing Health and Safety rating system calculator, the estimated cost to the NHS of poor health as a result of private sector properties having hazards relating to Excess Cold is £90,400 annually. Using the same calculator the average cost of remedial work has been calculated at £4,993.

There is an important link between how places are planned and developed and the health of the communities who live in them. Planning for health requires consideration of transport issues as the adverse health effects often fall disproportionately on more disadvantaged communities. These communities often suffer from crowded, traffic-ridden surroundings with fewer green spaces, which in turn therefore discourages active travel and active play, and who experience more accidents. There has been an acceleration in research examining the impact of neighbourhood characteristics on health outcomes. This suggests that both physical and mental wellbeing depend on a broad range of characteristics including facilities for active travel, public transport and green spaces. Simply put 'feeling good about where you live' is a key factor in 'feeling good about yourself.' Feeling good about yourself is key to making lifestyle changes which will bring about improvements in health.

The latest unemployment figures reveal that a greater proportion of Barnet's population are struggling to find work than almost any time in the last half decade. In the year to September 2010, 7.4% of the local population was believed to be unemployed – below the London average (8.9%) but up from the equivalent period in 2005, when local unemployment stood at 6.7%. Just as the benefits of employment to mental health are clear – in providing purpose and structure, developing relationships, and building confidence and self-esteem – so the link between mental health problems and unemployment is also well documented. Only 24% of adults with a long-term mental health problem are in work, and people with mental health problems are at more than double the risk of losing their job. The majority of people who spend more than six months out of work after an episode of mental ill health will never work again. In Barnet less than 7% of those people receiving secondary mental health services are in paid employment.

4.2 What needs to be done?

Actions need to take place across all of the statutory agencies with residents, local communities, housing partners and third sector organisations, to:

- Use the Council's planning and licensing processes to create a built environment that is conducive to healthy living choices such as. walking and the accessibility of safe open spaces.
- Review the opportunity to deliver wider health and well-being objectives through the Borough's regeneration schemes
- Maximise training and employment opportunities, through the Regeneration Strategy for those furthest from the labour market to access new job opportunities.
- Work with private landlords and tenants to bring private rented accommodation up to the Decent Homes Standard
- Target advice and financial support to enable vulnerable and elderly residents to improve their homes in relation to thermal efficiency
- Work in partnership with local employers and other statutory organisations to ensure a range of training and education opportunities and flexible working opportunities are available that will support people into work with a particular focus on young people who are not in education, employment or training and disabled adults. This will be encouraged through local apprenticeships for young people and the Right to Control programme for disabled adults undertaken in partnership between the Council and Job-Centre Plus.
- Work with local community leaders, community groups and service providers to develop mutual support between citizens using people's strengths and experiences to increase inclusion into local communities, overcome language barriers and develop stronger inter-generational support.
- Working across the Public Sector, in partnership with the Voluntary Sector and community groups, to ensure the availability of information and advice on a range of health and wellbeing related choices

4.3 Measuring progress

Our performance measures for the priority theme 'Well-being in the Community' are:-

- Residents identify that they have a greater sense of belonging to, and contributing to, the community in which they live to foster greater trust and mutual support.
- Reduction in the number of people in temporary housing through the implementation of our Regeneration Strategy and an increase in the number of vulnerable people moving from institutional care to independent living
- Increase in the number of people with long term mental health problems and people with a learning disability in regular paid employment.
- Reduction in the number of young people who are not in education, employment or training

5 Keeping Well – 'How we Live'

Lead Agency: Public Health Barnet

5.1 What does the Barnet JSNA tell us?

Every day people make decisions that affect their health and well-being, whether good or bad.

Tobacco use is the most important preventable risk factor for death from cancer and cardiovascular disease. About 2,600 people die in Barnet each year. Of these, about 440 die from a smoking-related disease. This is more than from any other cause and these deaths are all preventable. People with mental illnesses are likely to be heavier, more dependent smokers. In addition, men from the Bangladeshi community have the highest rates of smoking of 40%. As smoking is the cause of so many deaths, and it is more common amongst people living in more deprived areas, an important cause of the differences in death rates between affluent and deprived areas is likely to be smoking. Seeking to increase the proportion and the absolute number of smoking quitters in deprived areas will thus contribute to reducing health inequalities.

More than 9 out of 10 adults in Barnet do not take part in the recommended level of physical activity with Barnet currently ranked 23rd out of 33 London Boroughs for levels of adult physical activity according to the Sport England Active People Survey 5 (Oct 2010.). Regular physical activity helps to reduce the risk of stroke, type 11 diabetes, development of dementia, incidences of heart disease and high blood pressure. The consequences of this are evident – for example in Barnet, the rates of people with a diagnosis of diabetes are higher than the London average.

The abuse of substances such as drugs and alcohol can have a detrimental impact on an individual's health, their families and society, crime and antisocial behaviour and the economy. In Barnet, the rates of alcohol hospital related admissions has steadily increased over a 6 year period from 696 per annum in 2004/05 to 1444 in 2009/10 and alcohol attributed recorded crime levels are also above the London average in Barnet. Studies reveal that young drinkers are more likely to admit to being involved in violent incidents .and in England, each year, around 1.2 million violent incidents are linked to alcohol misuse.

In December 2011, a detailed review of lifestyle and environmental factors and cancer calculated that one third of all cancers in the UK are caused by 4 common lifestyle factors — tobacco, diet, alcohol, and obesity[v], challenging the notion that cancer is down to fate or is in the genes. Changing lifestyles will reduce the risk of cancer with screening programmes supporting continued reductions in cancer related deaths. Early deaths from cancer are now Barnet's second biggest reason for premature death after smoking (297 early deaths each year). Although Barnet has a lower mortality rate from breast cancer compared to England, one-year survival is lower and breast screening uptake levels remain low. In addition, Barnet has a lower one-year survival from colorectal cancer than England

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[v] *The Fraction of Cancer Attributable to Lifestyle and Environmental Factors in the UK in 2010*, Authors: Dr D Max Parkin et a. Journal of Cancer Cancer. 2011;105 (Suppl 2):Si-S81

5.2 What needs to be done?

Actions need to take place by individuals and families in conjunction with statutory agencies to:-

- Discourage uptake of smoking in children by working with partners in education and community groups and to increase the range of people within the public and private sector trained to provide smoking cessation advice.
- Promote healthy eating through working with local food suppliers, restaurants, public houses, places of entertainment and similar commercial enterprises to help to increase the availability of, and choice for healthy foods and drinks
- Increase both the offer and take-up of health and lifestyle checks in primary care to all people aged between 40 and 74 years to help reduce risk factors associated with long term conditions.
- Make better use of the range of green spaces and leisure facilities in the Borough to increase levels of physical activity. This is being supported by the Council undertaking a Strategic Review of Leisure Opportunities to explore the ways in which residents use their leisure time and the role of the Council's services (parks, green spaces, leisure centres, community centres etc) in promoting health and well-being
- Continue Trading Standards under-age alcohol sales test purchasing programme together with enforcement of Licensed premises licence conditions in relation to sales of alcohol to people who are already drunk.

5.3 Measuring progress

Our performance measures for the priority theme 'How we Live' are:-

- 3% increase in the number of adults participating in regular physical activity by 2015.
- Reduction of 20% in the number of people smoking in Barnet by 2016 in line with the London target.
- Year on year increase based on the 2009/10 baseline of people aged between 40 and 74 who have received an NHS Health Check. In five years our coverage should be 80%
- Year on year increase based on the 2009/10 baseline of people with a learning disability and those with an mental illness who have received an annual health check.
- Breast screening uptake target of 70% exceeded by 2015
- Rates of increasing and higher risk drinking are reduced from 17.7% of the population aged 16+ towards the best performance in England of 11.5%

6 Keeping Independent – 'Care when Needed'

Lead Agency: Barnet Council and Barnet Clinical Commissioning Group

6.1 What does the Barnet JSNA tell us?

According to forecasts, this elderly population is set to rise by 21% over the next decade. Within this older population, the comparatively small 90+ age group is set to increase by 1,600 (55%). There are an estimated 44,900 people aged 65 or over living in Barnet. This should be viewed positively as the older population particularly those recently retired are amongst the happiest group in the population and provide significant input into society through for example volunteering or support to families. We therefore want Barnet to be a place in which all people can age well, minimising the need for care and support through actively planning for retirement. This will need to include living in 'lifetime' homes, which promote independence, staying active, maintaining friendships and having a valued role.

However, it is older people who are the main users of health and social care services. Older people are three times more likely to be admitted to hospital following attendance at an A+E department. Once there older people are more likely to stay and suffer life-threatening infections, falls and confusion.

Barnet is projected to have some of the strongest growth in the number of elderly residents out of all London boroughs over the next five to ten years. Older people are more likely to suffer from chronic and long-term conditions, mental health issues, and are also more likely to suffer from falls and fractures. It is important that episodes of medical treatment are used as opportunities for people to improve their ability to look after themselves and therefore return home safely. However currently in Barnet, hip fractures are the event that prompts entry to a care home in up to 10% of cases.

In both the NHS and Adult Social Care, the spending profile is skewed towards acute hospital based care and residential care. Better care and support can be delivered in people's own homes avoiding admissions to hospital, promoting choice in end of life care through integrated working across health and social care, joining up services around the individual and providing good support to family carers to sustain them in their caring role.

With an ageing population, we can expect the numbers of people with dementia to increase. Early diagnosis, treatment and support mean people with dementia can continue to live good lives. A key area affecting the ability of people with dementia being able to remain living in their own home is the availability and quality of informal care, specific support to family carers and the understanding of the attitudes and tolerance of the wider community.

In addition, to needs arising from health issues, one of the main reasons for social care services for older people is social isolation. Tied to this issue is an increased risk of social disconnectedness and isolation. In Barnet there are an estimated 18,300 older adults in living alone, making up 38% of the elderly population in the borough. Over two-thirds of these single pensioner households will be aged 75 or over. As more and more older and frail residents elect to stay at home for longer, the need for local social groups, community health services, and preventative care facilities increases even further.

6.2 What needs to be done?

Actions need to take place across all of the statutory agencies led by health and social care agencies with residents, local communities, housing partners and third sector organisations, to

- Develop neighbourhood and community based support networks for older people providing information, and support on range of leisure, health, housing and support issues in the Borough.
- Develop and implement a comprehensive frail elderly pathway that spans Health and Social Care, moving from prevention through multiple episodes of illness to end of life care
- Extensively roll out tele-health and tele-care solutions to provide a cost effective way of supporting more people in their own homes.
- Implement integrated personalised support arrangements for people with social care and health needs through the provision of personal budgets covering both health and social care.
- Develop the offer for supporting Barnet residents in care homes including continence management, wound care, medicine reviews and assessments to improve quality of care and dignity of residents and reduce admissions to hospitals.
- Continue the implementation of the existing multi-agency Barnet Carers Strategy with a specific focus on increasing the number of carers with an agreed Carers contingency plan and the provision of carers breaks.
- Ensure that local residents are able to plan for their final days and to die at home if they would prefer. Work will need to be undertaken to build the skills and capacity in the community to provide support for those dying and those family members who care for them.

6.3 Measuring progress

Our performance measures for the priority theme 'Care when Needed' are:-

- The balance of spend on older people in both the NHS and Social Care has been realigned to provide a greater focus on prevention.
- The percentage of frail elderly people who are admitted to hospital three or more times in a 12 month period is reduced from 2009/10 baseline.
- The number of emergency admissions related to hip fracture in people aged 65 and over is reduced by 10% from the 2009/10 baseline of 457.3 by 2015.
- Increase the percentage of people aged 65+ who are still at home 91 days after discharge into rehabilitation services to 87% in 2013 with a stretch target to reach 90% by 2015.
- That all people who have continuing healthcare needs are able to have a personal health budget by 1st April 2014
- An increase of 20% by 2015 in the number of carers who self report that they are supported to sustain their caring role. from the 2011/12 baseline
- Increase in the number of people who are receiving end of life care that are supported to die outside of hospital

7 Target setting and monitoring progress

The targets chosen in this Strategy are considered most relevant to the strategic priorities. Most of the data which will be used to monitor achievement against the targets is already being collected and monitored by one or more of the agencies on the Health and Well-Being Board, which avoids duplication.

The targets will be regularly monitored and reported to the Health and Well-Being Board to assess progress. Detailed Implementation Plans will be set out in an annual Prevention Plan entitled 'Keeping Well' and an Integrated Commissioning plan for Barnet Clinical Commissioning Group and Barnet Council entitled 'Keeping Independent'.

While this is a three year Strategy, the targets will be reviewed annually; taking on board the latest intelligence and recommendations reflected in the annual refresh of the Joint Strategic Needs Assessment (JSNA). The results will be published in the Annual Report of the Director of Public Health so the public can hold the Health and Well-Being Board to account on the delivery of this Strategy.

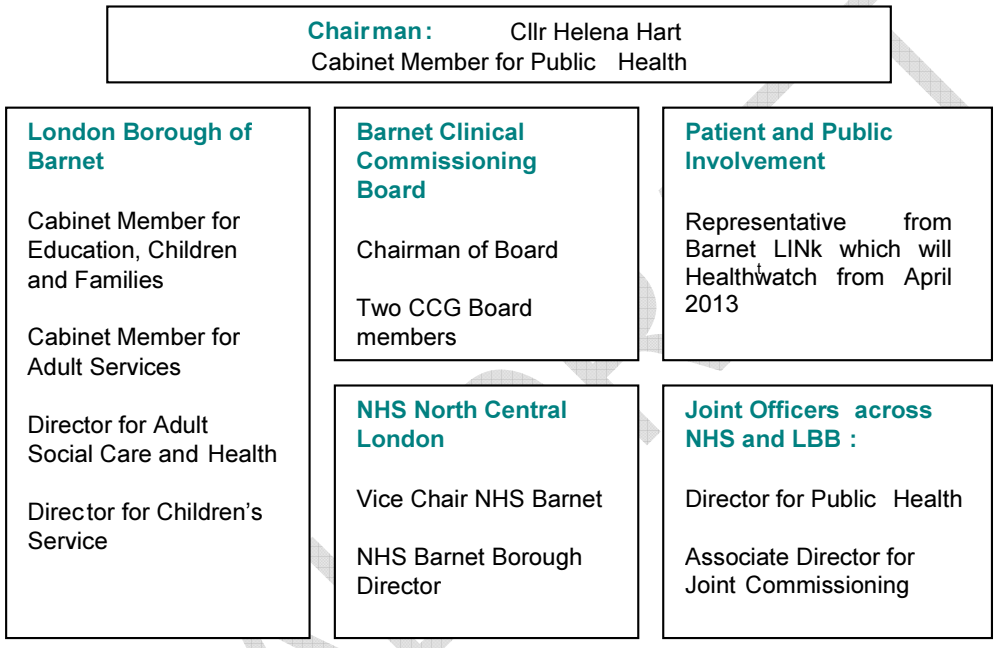
8 Appendix 1: The Barnet Health and Well-Being Board.

The Barnet Health and Wellbeing Board is currently working in 'shadow' form and is expected to become a statutory body in April 2013.

The Barnet Health and Wellbeing Board is chaired by Barnet Council's Cabinet Member for Public Health and has been established to provide local leadership to improve the health and wellbeing of the people of Barnet through the development and future implementation of this Health and Well-being Strategy.

The current membership of the board is shown in Figure 2.

Figure 2: The membership of the Barnet Health and Wellbeing Board



Reporting to the Barnet Health and Wellbeing Board are a number of multi-agency Partnership Boards which aim through joint working to improve services outcomes for variously, older adults, people with physical and sensory impairment, people with learning disability, people with mental health problems, and carers. Each of these Partnership Boards is expected to contribute to the implementation of this Health and Wellbeing Strategy and to report progress annually. In addition, the Health and Wellbeing Board receives annual reports from the Children and Adult Safeguarding Boards to ensure that safeguarding is at the heart of its work.

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AGENDA ITEM 9

Meeting	Health Overview & Scrutiny Committee
Date	3 April 2012
Subject	**Health Overview and Scrutiny Framework**
Report of	Overview and Scrutiny Office
Summary	This report outlines proposals for guidance to members to help assist in the selection and evaluation of topics and issues to be considered for scrutiny. The proposals develop the health scrutiny framework presented to members at the Scrutiny Aging Well Workshop.

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A - Health Overview and Scrutiny Framework Effective Scrutiny for Better Outcomes
Reason for urgency / exemption from call-in	Not applicable
Key decision	No

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

1. RECOMMENDATION

1.1 That the Committee comment upon the scrutiny framework as set out in appendix A and recommend that the framework is considered by members when selecting items to be addressed by the Health Overview and Scrutiny Committee.

2. RELEVANT PREVIOUS DECISIONS

2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

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

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

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

4. RISK MANAGEMENT ISSUES

4.1 None in the context of this report.

5. EQUALITIES AND DIVERSITY ISSUES

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

- The Council's leadership role in relation to diversity and inclusiveness; and
- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

5.2 Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

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

6.1 The resources available to the council to engage in the scrutiny of issues of importance to the health and well-being of the borough's residents is limited both in terms of monetary resource and staffing capacity. As such the work of overview and scrutiny should be focused on delivering effective scrutiny in as an efficient manner as possible.

6.2 Any financial implications will be contained within the Adults and Health budgets.

7. LEGAL ISSUES

7.1 None in the context of the report.

8. CONSTITUTIONAL POWERS

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

9. BACKGROUND INFORMATION

9.1 Accountability remains a critical consideration within the context of the changing health and social care landscape. Within this changing environment Overview and Scrutiny remains a constant in terms of knowledge, experience and local insight; however it could easily be overwhelmed with the demands on its time. Therefore, as resources available to Scrutiny are limited those engaged in the process have to be highly selective in choosing topics and issues to review so that Scrutiny can drive real change in improving services and the life experiences of the borough's residents.

9.2 The framework presented in Appendix A, which was originally presented to and discussed by members at the Aging Well Scrutiny Framework workshop on 30 January 2012 is designed to aid Scrutiny members in deciding and scoping their future work programme. It is based on four principles:

- Issues chosen for Scrutiny should be recognised as being of sufficient importance to the community to warrant expending scarce resources in investigating it.
- There should be a clear understanding by everyone concerned of what is being investigated.
- The investigation should be asking questions that have not been asked before. That is to say the issue has not been replicated elsewhere (even if in a slightly different form). This includes other Overview and Scrutiny committees.
- The outcomes from this investigation will make a real difference to the community

9.3 The framework takes into account Barnet's Ageing Well Strategy, the Centre for Public Scrutiny's work on Health and health scrutiny and good practice guidelines for Overview and Scrutiny.

10. LIST OF BACKGROUND PAPERS

10.1 Barnet Joint Strategic Needs Assessment 2011 - Available from:

www.barnet.gov.uk/joint-strategic-needs-assessment

Finance – JH/MC
Legal - MB

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Appendix A

Health Overview and Scrutiny Framework
Effective Scrutiny for Better Outcomes

This framework was originally presented to and discussed by members at the Aging Well Scrutiny Framework workshop on 30 January 2012 and is designed to aid Scrutiny members in deciding and scoping their future work programme. It is based on four principles:

Issues chosen for Scrutiny should be recognised as being of sufficient importance to the community to warrant expending scarce resources in investigating it.

- There should be a clear understanding by everyone concerned of what is being investigated.
- The investigation should be asking questions that have not been asked before. That is to say the issue has not been replicated elsewhere (even if in a slightly different form). This includes other Overview and Scrutiny committees.
- The outcomes from this investigation will make a real difference to the community.

The framework takes into account Barnet's Ageing Well Strategy, the Centre for Public Scrutiny's work on health and health scrutiny and good practice guidelines for Overview and Scrutiny.

Stage 1: Scoping Your Review

The first point of consideration for considering an item for scrutiny should be whether or not something has already been identified as an issue. Ideally an issue should not be considered unless it is "exceptional".

What constitutes "exceptional"- why are we embarking on this review?

When considering if something is exceptional we should consider the following points:

- Is the issue relevant or important?

- Is it supported by robust evidence and judged against strict principles?

- Exceptionality could be judged on the basis of whether the issue is referenced in past and current strategies, for example, the Joint Strategic Needs Assessment (JSNA) or Health and Well-being Strategy, national and local research and policy data.

- Exceptionality identifies either fault lines in the construction of these strategies and documents which have led to "gaps" in identifying need and risk, or highlights a new issue that has subsequently arisen.

- As members use the Cabinet Forward Plan, the Corporate Plan and the strategies of local health partners' and other sources such as petitions, and Council motions to construct long and short-list for work programmes, the majority of these would not be considered exceptional.

Therefore in identifying exceptionality members should consider:

- Issues that have a high public interest or where there is severe press/public pressure to investigate an issue not identified within the Corporate Strategies and documents (whether this be as a result of an individual's experience or the failure of a whole service). However, the argument for exceptionality still has to be made.

- Is the level of need/risk exceptional compared to datasets elsewhere?

- Are the conditions within the community exceptional compared to a similar community elsewhere?

- When considering a new or existing service would it/does it differ significantly from a comparable service (either within the Council or elsewhere) in terms of outcomes or benefits to the community?

If these questions can be answered positively then you have a case for exceptionality.

Note: Whenever an issue is put forward for consideration, it is expected that members are already aware of the existing evidence which supported the original identification of the issue (for example, ward deprivation indices, morbidity statistics, level of complaints).

Stage 2: Defining your Question

Once the issue has been identified then *the question* needs to be defined. A common failing of previous scrutiny reviews is that the terms of reference are too broad or that the investigation is complex, lengthy and poorly focused. The resulting recommendations frequently lack robustness, are easily misinterpreted and equally easily rejected.

Your proposed question should clearly identify specific *key lines of enquiry* (KLoE).

Example: Complaints about the provision of dementia nursing care at home, in care and in hospital are rising significantly.

Sample question:

How could the patient journey for dementia sufferers be improved?

Are there specific steps that the Council and its health partners need to make to ensure that early stage dementia sufferers and their carers are adequately supported in the borough?

Sample KLoEs

- What support do sufferers and their carers really want?
- Have organisations, agencies, community, voluntary sector considered provision of this in their operations strategy?
- How could the quality of life be improved and what longer-term savings could be made as a result of adequately supporting this target group?

Stage 3: Is the Health Overview and Scrutiny Committee the Best Means of Investigating the Issue?

HOSC is not always the best route when investigating an issue. It may be that other organisations such as LINk (soon to be healthwatch), Citizen's Advice etc are better placed to collate individuals' concerns and bring them to the attention of the relevant organisation.It could be that the issue has already been considered and addressed by the Acute Health Trust for example, or revised guidelines issued to GPs by the BMA.

Your time and resources are limited so focus on questions that have not been asked before either by the Council or its partners. That way you can be sure that you will make a difference.

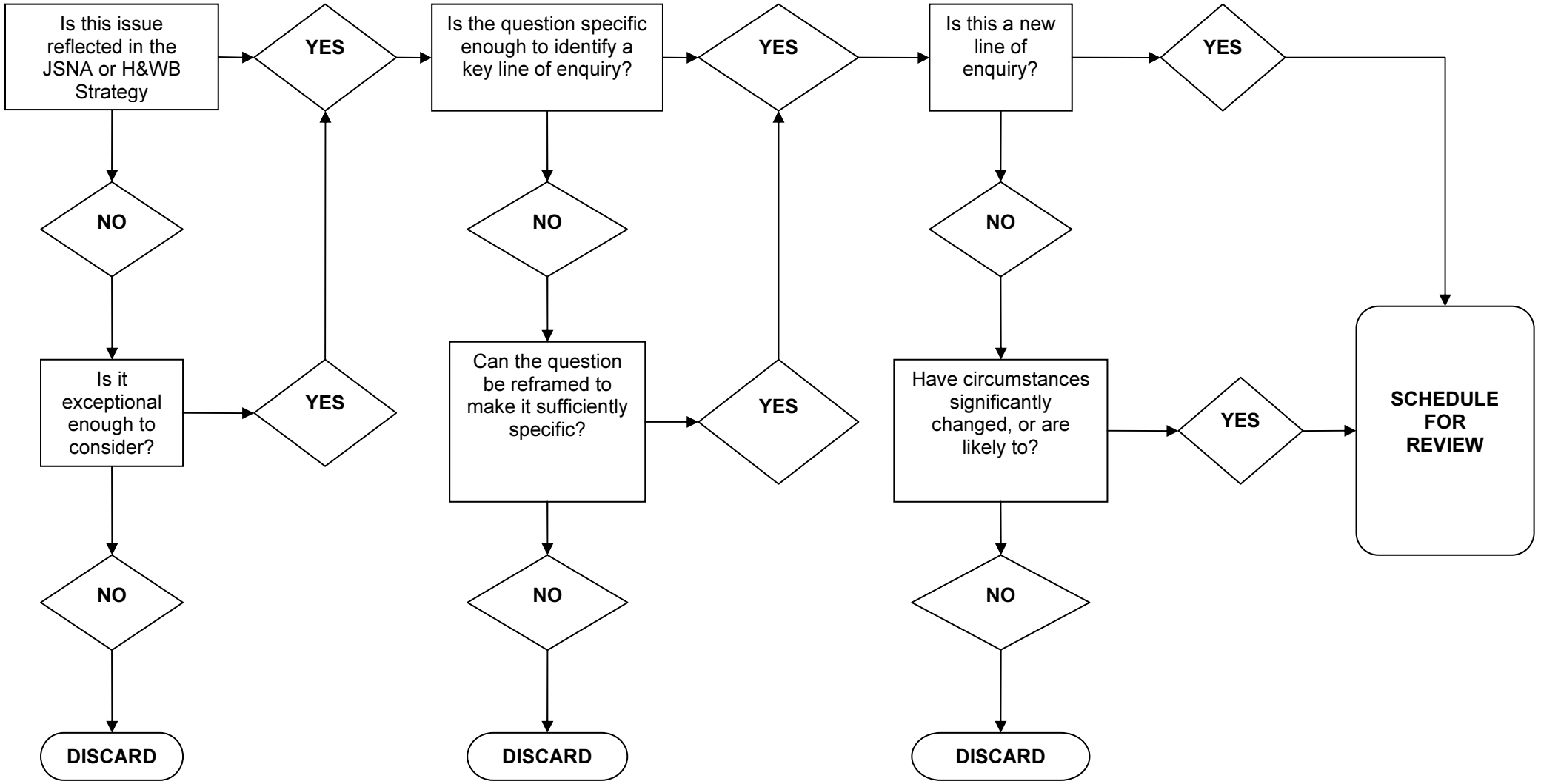
The flow chart below provides a visual guide for helping you evaluate the appropriateness of issues to be taken forward to Scrutiny.

Stage 6: Start Your Review

By following this process you would have already done a significant amount of the groundwork required for good scoping of your investigation. You will be presenting issues and topics for scrutiny that have not been duplicated elsewhere and help ensure that the council delivers one of the key corporate objectives of delivering better services with less money.

Appendix A

Issue Evaluation Flow Chart



AGENDA ITEM 10

Meeting	Health Overview and Scrutiny Committee
Date	3 April 2012
Subject	**Health Overview and Scrutiny Committee Forward Work Programme 2011/12**
Report of	Overview and Scrutiny Office
Summary	This report outlines the Committee's work programme during 2011/12.

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

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

1. RECOMMENDATION

1.1 That the Committee consider and comment on the items included in the 2011/12 work programme of the Health Overview & Scrutiny Committee, as set out in the Appendix.

1.2 That the Committee discuss and identify items to be taken forward for inclusion in the 2012/13 Forward Work Programme.

2. RELEVANT PREVIOUS DECISIONS

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

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

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

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

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

4. RISK MANAGEMENT ISSUES

4.1 None in the context of this report.

5. EQUALITIES AND DIVERSITY ISSUES

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

- The Council's leadership role in relation to diversity and inclusiveness; and
- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

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

6.1 None in the context of this report.

7. LEGAL ISSUES

7.1 None in the context of this report.

8. CONSTITUTIONAL POWERS

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

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

9. BACKGROUND INFORMATION

9.1 The Health Overview & Scrutiny Committee's Work Programme 2011/12 indicates forthcoming items of business for consideration by the Committee.

9.2 The work programme of this Committee is intended to be a responsive tool, which will be updated on a rolling basis following each meeting, for the inclusion of areas which may arise through the course of the year.

9.3 The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

10. LIST OF BACKGROUND PAPERS

10.1 None

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12 December 2011 ITEMS TO BE CONSIDERED	INFORMATION	REPORT ORIGIN
Mental Health and Carers Procurement and Finances	Committee to receive information on mental health and carers procurement and to requesting an update on the implementation of carers priorities as set out in the NHS operating framework.	External – Health Partners NHS Barnet
Barnet Chase Farm Hospital – Maternity Services	Chairman has requested a report on maternity services at Barnet Chase Farm Hospital and impact on Barnet Hospital following closure of BCF Maternity Services as set out in the BEH Clinical Strategy.	External – Health Partners
Alzheimer's / Dementia Update	Update report on progress made by Barnet Hospital in staff training regarding Alzheimer's and Dementia care, following Committee consideration on 31 March 2011.	External – Health Partners
Update on the new ENT Services at Barnet Hospital	The Committee requested an update on the ENT services in Autumn 2011.	External – Health Partners
Update on the Mental Health QIPP	The Committee requested that an update on QIPP be reported in Autumn 2011.	External – Health Partners
Quality Account – Royal Orthopaedic Hospital	The Committee to scrutinise the quality account of the Royal Orthopaedic Hospital	External – Health Partners
Proposed Cancer Care Model Presentation	Committee to receive a presentation of the proposed cancer care model	External – Health Partners
Cancer Care Models	Committee to receive a report on integrated cancer care systems in London	External – Health Partners

Parking Barnet Hospital	The Chairman has requested a report on parking at Barnet's hospitals.	External – Mary Jossett (Alison Blair to confirm her trust/position)
Deep Vein Thrombosis	Update on Members Item submitted in September 2011.	External – Health Partners
Transforming Child and Adolescent Mental Health Services (CAMHS)	Committee to receive update report on transforming Child and Adolescent Mental Health Services	External – Health Partners
Members Item – Waiting Times Barnet Hospital	Councillor Geof Cooke has submitted a Members Item on waiting times at Barnet Hospital Fracture Clinic. Health partners to respond.	External – Health Partners

15 February 2012		
ITEMS TO BE CONSIDERED	**INFORMATION**	**REPORT ORIGIN**
Update on Barnet Clinical Commissioning Group	Committee requested an update on the Barnet Clinical Commissioning Group.	External – Health Partners
Finchley Memorial Hospital Redevelopment	Committee to receive a report outlining progress in relation to Finchley Memorial Hospital Redevelopment	External – Health Partners
Health and Wellbeing Board Update and Strategy	Committee to receive an update on the development of the Health and Wellbeing Board Strategy.	Internal – Adult Social Care and Health
Public Health Transition	New statutory responsibilities and state of readiness of the Council.	Internal – Adult Social Care and Health
Barnet LINK Annual Report	The Committee have requested receive the Barnet LINK Annual Report. Linkages with HealthWatch to be considered.	External – TBC

Full Report on Appointment Management at Barnet and Chase Farm Fracture Clinic	Following on from the 12/12/11 meeting a full report was requested detailing appointment management at Barnet and Chase Farm Fracture Clinic.	External – Health Partners
Mental Health & Carers Procurement And Finances	Report withdrawn from 12/12/2012 meeting to be presented at this meeting.	Internal – Adult Social Care and Health
Transforming Child and Adolescent Mental Health Services (CAMHS)	Committee to receive update report the business case development on transforming Child and Adolescent Mental Health Services	External – Health Partners
Elysian House – Delivery of Environmental Improvements	Committee requested an update from BEH Mental Health Trust	External – Health Partners
Alzheimer's and Dementia Care (Parking Update)	The committee requested a further report on parking at Barnet Hospital	External – Health Partners
Care Quality Commission Review of Maternity Services – Actions taken by Barnet and Chase Farm Hospital	Committee requested report on the actions taken by Barnet and Chase Farm Hospital in response to the CQC review	External – Health Partners

3 APRIL 2012 HEALTH OVERVIEW AND SCRUTINY COMMITTEE		
ITEMS TO BE CONSIDERED	**INFORMATION**	**REPORT ORIGIN**
Verbal update reports to be received from Barnet and Chase Farm Hospitals NHS Trust	Verbal update reports to be received relating to: • Alzheimer and Dementia Services – number of staff trained in dementia and Alzheimer care as well as progress in installing "dementia signage" • BEH Clinical Strategy • Parking	External – Health Partners
Health and Well-being Strategy	The committee to receive the draft Health and Well-being Strategy for comment	Internal – Adult Social Care and Health
Health Overview and Scrutiny Framework	The committee to receive a brief on proposals for a revised "guidance pathway" for the selection of items to be considered for scrutiny	Internal – Scrutiny Office
Health Overview and Scrutiny Forward Work Programme	The committee to consider items for taking forward through the coming new municipal year as part of the committee's work programme	Internal – Scrutiny Office
Members Item – Food ingredients at Barnet and Chase Farm Hospitals NHS Trust Restaurant	Cllr Geof Cooke has requested a written response to his enquiry relating to staff awareness of the ingredients of food served at Barnet and Chase Farm Hospitals NHS Trust Restaurants/cafes. Upon receipt the response will be circulated to committee members.	External – Health Partners

24 May (tbc) ITEMS TO BE CONSIDERED	INFORMATION	REPORT ORIGIN
CLCH – CFT Application Public Consultation	CLCH	External - CLCH - CFT
Update on Stroke and Trauma Services	Following on from the 21/02/11 meeting an update report was requested	External- Health Partners
Quality Accounts	Committee to receive the annual Quality Accounts for comment from NHS partners – Barnet and Chase Farm Hospitals NHS Trust; The Royal Free Hampstead NHS Trust; The North London Hospice; CLCH; BEH-MHT (tbc)	External- Health Partners

FUTURE MEETINGS – ITEMS TO BE ALLOCATED

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

ITEMS TO BE CONSIDERED	INFORMATION	REPORT ORIGIN
North London Hospice	Update on which services will be provided by North London Hospice and at which sites	External – North London Hospice
North Central Sector Commissioning	As requested at Committee on 03/11/10 information on Commissioning from the North Central Sector.	External – NHS Barnet and Healthcare for London
Royal Free Hospital Triage Services	The Chairman has requested a report on Triage Services at the Royal Free Hospital be presented to the Committee.	External – Health Partners

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AGENDA ITEM 11

Meeting	Health Overview & Scrutiny Committee
Date	3 April 2012
Subject	**Cabinet Forward Plan**
Report of	Overview and Scrutiny Office
Summary	This report provides Members with the current published Cabinet Forward Plan. The Committee is asked to comment on and consider the Cabinet Forward Plan when identifying future areas of scrutiny work.

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

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

1. RECOMMENDATION

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

2. RELEVANT PREVIOUS DECISIONS

2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

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

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

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

4. RISK MANAGEMENT ISSUES

4.1 None in the context of this report.

5. EQUALITIES AND DIVERSITY ISSUES

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

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

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

6.1 None in the context of the report.

7. LEGAL ISSUES

7.1 None in the context of the report.

8. CONSTITUTIONAL POWERS

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

9. BACKGROUND INFORMATION

9.1 Under the current overview and scrutiny arrangements, the Health Overview & Scrutiny Committee will ensure that the work of Scrutiny is reflective of Council priorities, as evidenced by the Corporate Plan and the programme being followed by the Executive.

9.2 The Cabinet Forward Plan will be included on the agenda at each meeting of the Health Overview & Scrutiny Committee as a standing item.

9.3 The Committee is encouraged to comment on the Forward Plan.

9.4 The Committee is asked to consider items contained within the Forward Plan to assist in identifying areas of future scrutiny work, particularly focussing on areas where scrutiny can add value in the decision making process (pre-decision scrutiny).

10. LIST OF BACKGROUND PAPERS

10.1 None.

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