MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

TUESDAY 11TH DECEMBER, 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 Graham Old (Vice-Chairman)

Councillors

Maureen Braun	Arjun Mittra	Kate Salinger
Geof Cooke	Bridget Perry	Reuben Thompstone
Julie Johnson	Barry Rawlings	

Substitute Members

John Hart	Kath McGuirk
Sury Khatri	Charlie O'Macauley

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

Aysen Giritli – Head of Governance

Governance Services contact: John Murphy 020 8359 2368 john.murphy@barnet.gov.uk

Media Relations contact: Sue Cocker 020 8359 7039

CORPORATE GOVERNANCE DIRECTORATE

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	1 - 8
2.	Absence of Members	
3.	Declaration of Members' Interests and Prejudicial Interests	
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Decisions of the Health Overview and Scrutiny Committee

12 September 2012

Members Present:-

AGENDA ITEM 1

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

Councillor Geof Cooke
Councillor Julie Johnson
Councillor Arjun Mittra
Councillor Bridget Perry
Councillor Barry Rawlings
Councillor Kate Salinger
Councillor Reuben Thompstone

Also in attendance

Councillor Helena Hart – Cabinet Member for Public Health

Apologies for Absence

Councillor Maureen Braun

1. MINUTES

The minutes of the meeting held on the 16 May 2012 be approved.

2. ABSENCE OF MEMBERS

Apologies for absence were received from Councillor Braun.

3. DECLARATION OF MEMBERS' INTERESTS AND PREJUDICIAL INTERESTS

Member	Subject	Interest declared
Councillor Alison Cornelius	Agenda Item 7A (BEH Clinical Strategy Update)	Personal but non-prejudicial interest by nature of being on the chaplaincy team at Barnet Hospital.
Councillor Arjun Mittra	Agenda Item 7A (BEH Clinical Strategy Update)	Personal but non-prejudicial interest by nature of a relative being an inpatient at Barnet Hospital.
Councillor Kate Salinger	Agenda Item 7E (Maternity Services)	Personal but non-prejudicial interest by nature of having two nieces that are midwives at Barnet Hospital.

4. PUBLIC QUESTION TIME

None.

5. MEMBERS' ITEMS

None.

The Chairman announced a variation in the order of the agenda. Item 6 (Joint Health Overview and Scrutiny Committee Minutes) would be considered after Item 7 (Service Provision and Implementation Updates from Health Partners). In relation to Item 7, Item 7e (Maternity Services) would be considered after Item 7a (BEH Clinical Strategy Update).

6. SERVICE PROVISION AND IMPLEMENTATION UPDATES FROM HEALTH PARTNERS

The Committee considered a report which detailed service updates from NHS partners in relation to the Barnet, Enfield and Haringey (BEH) Clinical Strategy, Primary Care, Clinical Commissioning Group (CCG) Implementation, Urgent Care Pathway in Barnet and Maternity Services.

(a) BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY UPDATE

Siobhan Harrington (BEH Clinical Strategy Programme Director) and Mark Easton (Chief Executive of Barnet and Chase Farm (BCF) Hospitals NHS Trust) delivered a presentation on Better Healthcare in Barnet, Enfield and Haringey.

The Committee were informed that NHS London had approved the BCF Hospitals NHS Trust Outline Business Case for capital investment. Detailed business planning was taking place to achieve Full Business Case approval by the end of November 2012. Members were advised that there were four ongoing workstreams. It was highlighted that the workforce changes workstream would be particularly significant. It was noted that as part of the workforce changes workstream, a Reference Group and Chase Farm Vision Group, chaired by Dr Atish Patel (Chairman of the Enfield Clinical Commissioning Group), had been established to ensure that key stakeholders had an input into the development of proposals.

The Committee noted that an additional workstream relating to transport had also been established and this was being chaired by Mark Easton. In response to questions from the Committee, Mr Easton reported the following:

- that a previous Transport Study was being revisited and refreshed in the context of the BEH Clinical Strategy;
- that an additional 202 car parking spaces would be provided at the

Barnet Hospital site to deal with the current demand and anticipated future demand following the transfer of Accident & Emergency (A&E) and Maternity services from Chase Farm Hospital; and

- that the Transport Group would be working with Transport for London regarding the reconfiguration of bus routes to ensure that Barnet Hospital was properly served by public transport.

Members expressed concern that there very limited direct public transport links to Barnet Hospital which should be taken into account when developing a revised Transport Strategy. Mark Easton undertook to feed this back to the Transport Group.

Responding to a question, Siobhan Harrington advised Members that despite being five years old, the BEH Clinical Strategy was regularly refreshed by both the Trust and commissioners.

The Committee noted that whilst the primary function of the BEH Clinical Strategy was to deal with service changes, this would not preclude reviews of other services including those provided at Finchley Memorial and Edgware hospitals.

In relation to the proportion of current A&E admissions that would be dealt with by the Chase Farm Urgent Care Centre (UCC), Mark Easton advised the Committee that this was estimated to be approximately 40 per cent. Statistics relating to the number of patients presenting at Barnet and Chase Farm hospitals from local NHS trusts were tabled.

Dr Sue Sumners reported that the Clinical Commissioning Group (CCG) would be working closely with BCF Hospitals NHS Trust to educate patients about the most appropriate care pathway. The Committee expressed concern that some patients felt they were not being given GP appointments sufficiently quickly, resulting in a number of patients presenting at A&E unnecessarily. Members were advised that the CCG and Trust were aware of these issues and were taking steps to address this by providing multiple access points and undertaking triage calls.

In relation to Foundation Trust status, the Committee were informed that this would only be achieved by BCF Hospitals NHS Trust combining with the Royal Free NHS Trust as North Middlesex NHS Trust had withdrawn from negotiations.

In relation to the UCC proposals and the proposed merger with the Royal Free NHS Trust, the Cabinet Member for Public Health advised the Committee that an UCC had been promised as part of the BEH Clinical Strategy which had not gone ahead to date. She added that part of the criteria for a possible merger with the Royal Free NHS Trust would be a commitment to implementing the BEH Clinical Strategy.

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RESOLVED that:–

1. **the Committee note the update on service changes across Barnet, Enfield and Haringey.**

2. **the comments set out above relating to public transport be referred to the BEH Clinical Strategy Transport Group.**

3. **the Chief Executive of Barnet and Chase Farm Hospitals NHS Trust be requested to provide the Committee with information on the frequency of the staff bus between the Barnet and Chase Farm hospital sites.**

4. **Barnet LINk be requested to provide their report on GP Waiting Times to the Committee for consideration.**

(b) MATERNITY SERVICES

Mark Easton (Chief Executive of BCF Hospitals NHS Trust) and Cathy Rodgers (Consultant Midwife at BCF Hospitals NHS Trust) provided the Committee with an update on Maternity Services.

In response to a request for information from the Committee, a report detailing the number of maternity diverts had been circulated. It was noted that due to the Trust providing maternity services at three sites, they had been able to deal with peaks in demand by diverting patients between sites. Members were informed that there was a well established triage system to prevent the unnecessary use of beds which assisted in reducing the number of diverts.

In relation to caesarean sections, the Trust were aware that their statistics were comparably high. The Committee were informed that the Trust had been working with commissioners in undertaking a range of activities to address this.

Responding to concerns regarding the number of missed 12-week midwife appointments, Cathy Rodgers reported that this issue had been addressed and performance was currently above 90 per cent in this area.

The Committee noted that whilst the Edgware Community Hospital Birthing Unit had a capacity of 500 per year, the actual number of births had been 300. The Committee were informed that whilst there was an increasing trend towards using birthing centres, mothers often preferred having clinicians on-site as a reassurance.

RESOLVED that:–

1. **the Committee note the Maternity Services Divert Report.**

2. **the Committee requested that BCF Hospitals NHS Trust provide the number of Maternity Services Diverts for the**

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previous three years (2009-2012).

(c) DEVELOPING PRIMARY CARE IN BARNET

Ceri Jacob (Acting Borough Director for NHS Barnet) presented a report on Developing Primary Care in Barnet. She informed the Committee that £11.7million would be invested in primary care over the next three years to reduce dependence on secondary care. It was noted that Barnet CCG were working with the London Borough of Barnet's Social Care Services to develop integrated care networks.

The Committee noted that the CCG had been developing peer review networks to increase skills in specialisms across Barnet and that these had been positively received by practitioners.

RESOLVED that:–

The Committee note the report on Developing Primary Care in Barnet.

(d) CLINICAL COMMISSIONING GROUP IMPLEMENTATION

Dr Sue Sumners (Chairman of Barnet Clinical Commissioning Group) and Ceri Jacob (Acting Borough Director for NHS Barnet) presented a report on the implementation of Barnet CCG.

Whilst welcoming the progress made to date, the Committee noted the challenging timescales for implementation.

RESOLVED that:–

The Committee note the report on Clinical Commissioning Group implementation.

(e) URGENT CARE IN BARNET

Ceri Jacob (Acting Borough Director for NHS Barnet) presented a report on options for redesigning the Urgent Care Pathway in Barnet. She highlighted that despite increasing the number of access points via GP Out of Hours services and Walk In Centres, there had still been a 6% increase in A&E admissions.

The Committee noted that this was a very complex issue which made identifying the optimum flow through the care pathway difficult.

Members questioned what impact the financial deficit would have in the development of services. Ceri Jacob reported that an element of savings from secondary care would be diverted to primary care.

RESOLVED that:–

The Committee note the report on the development of an Urgent Care pathway in Barnet.

7. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

Dolphin Ward, Springwell Centre, Barnet Hospital

The Chairman introduced an urgent late item of business on the Older Adults Admissions Unit, the Dolphin Ward in the Springwell Centre at Barnet Hospital. Ceri Jacob advised the Committee that Barnet, Enfield and Haringey (BEH) Mental Health Trust had closed the Dolphin Ward because of clinical concerns. Staff and patients had been moved to the Chase Farm Hospital site and there was a possibility that the move may be made permanent. The Committee noted that the commissioners had not agreed on the next steps and were working with the Council on the development of patient pathways.

The Chairman reminded the Committee that when the former Napsbury Patients were transferred from Elysian House to the Springwell Centre in September 2011, she had sought assurance from the BEH Mental Health Trust that these residents would not be subject to any further transfers. This assurance had not been forthcoming regarding either the short or long-term future of the residents, raising a concern that the Trust may ultimately dispose of the Springwell Centre.

RESOLVED that:–

The Committee note update on the transfer of patients from the Dolphin Ward as set out above and request that an update be provided to the next meeting on any progress or developments.

Barnet Local Involvement Network (LINk)

At the invitation of the Chairman, Adam Goldstein (Vice-Chairman of Barnet LINk), updated the Committee on the work of Barnet LINk to date. He advised Members that over the last four to six months six enter and view visits to care homes had taken place. Additional activity had taken place in relation to mystery shopping with Central London Community Healthcare NHS Trust.

The Committee noted that neither they nor the Safeguarding Overview and Scrutiny Committee (OSC) had received any enter and view reports yet. Mr Goldstein undertook to raise this with the Barnet LINk Manager and ensure that these were forwarded to the Committee or to the Safeguarding OSC, whichever was more appropriate, as soon as possible.

RESOLVED that:–

The Scrutiny Office be requested to liaise with the Barnet LINk Manager on enter and view reports, and the timescale for production of the Barnet LINk Annual Report for 2011/12.

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Barnet Hospital Parking

The Chairman advised the Committee that BCF Hospital NHS Trust had submitted a planning application to the Council for the redevelopment of the Barnet Hospital site which included the provision of a an additional 202 parking spaces on site. It was noted that the car park would only be developed after the construction work had been completed.

8. NORTH CENTRAL SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MINUTES

The Chairman advised the Committee that she had requested that the minutes of the JHOSC from the 10 July 2012 meeting be amended to more accurately reflect the discussion on the issue of parking at the Barnet Hospital site. A revised version of the minutes, agreed by the JHOSC at their meeting earlier in the day, was tabled for the Committee to consider.

RESOLVED that:–

The Committee note the amended JHOSC minutes.

9. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME

RESOLVED that:–

1. **The Health Overview and Scrutiny forward Work Programme be approved, subject to the inclusion of item 2 below.**

2. **That an update report on the Dolphin Ward at the Springwell Centre (adjacent to Barnet Hospital) be added to the Forward Work Programme for consideration at the 12 December 2012 meeting.**

10. CABINET FORWARD PLAN

RESOLVED that –

The Committee note the Cabinet Forward Plan.

The meeting finished at 10.00 pm

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AGENDA ITEM 5

Meeting	Health Overview and Scrutiny
Date	11 December 2012
Subject	Barnet Ageing Well Programme 'Altogether Better' - Briefing on Progress
Report of	Director for Public Health Barnet and Harrow
Summary	This report provides an update on Phase 2 of the Barnet Ageing Well programme.

Officer Contributors	Caroline Chant Joint Commissioner, Older People and Physical Sensory Impairment, and Stephen Craker Co-production and Ageing Well Manager
Status (public or exempt)	Public
Wards Affected	all
Key Decision	no
Reason for urgency / exemption from call-in	n/a
Function of	Health Overview and Scrutiny Committee
Enclosures	Appendix A - Report on 'Altogether Better the Ageing Well Programme in Barnet'
Contact for Further Information:	Caroline Chant, Joint Commissioner, Older People and Physical Sensory Impairment. Caroline.chant@barnet.gov.uk or caroline.chant@barnet.nhs.uk

1. RECOMMENDATIONS

1.1 That the Health Overview and Scrutiny Committee note the report.

2. RELEVANT PREVIOUS DECISIONS

2.1 Health and Well Being Board, 20th July 2011 (decision item 6 (1) agreed to engage with the 'Ageing Well' Place based programme.

2.2 Health and Well Being Board 22 September 2011 (decision item 12) noted progress and agreed their responsibility for decision-making.

2.3 Cabinet 17th July 2012 (decision item 11), Agreed the Older Adults Day Opportunities Model for Older People. This included an addition of £150,000 to the older adults prevention to support the neighborhood model, and a report to be given to Cabinet no later than the 27th September 2012 on the implementation plan developed with existing older adults day care providers.

2.4 Cabinet Resources Committee 18 October 2012 (decision item 5) agreed: The implementation plan developed with local providers for the neighbourhood model; that the Barnet Provider Group (BPG) be commissioned to operate a neighbourhood service.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

3.1 The programme supports the following corporate objectives; 'Supporting residents to have healthy and independent lives, in particular, reducing demand on health and social care'; and 'Working with community groups and service providers to develop mutual support'. Phase 2 of the Ageing well programme focuses on the development of supportive, sustainable neighbourhoods to enable people to live more independent and satisfying lives.

3.2 The Joint Strategic Needs Assessment (JSNA) for Barnet has identified that the population of older people aged 65 and over is set to increase by 21% over the next 10 years, and for the 90 plus age group to increase by 55% whilst at the same time resources to the council to meet the needs of Barnet's residents are set to decrease in line with the Government's Comprehensive Spending Review

3.3 Barnet's Health and Well Being Strategy has two overarching aims: Keeping Well' a strong belief in 'prevention is better than cure' and 'Keeping Independent'. Together with the Neighbourhood Model, the programme has a key role in building resilience in families, the community and neighbourhoods. The programme will improve access to local information and advice, will assist to develop mutual support between citizens and increase inclusion, and develop neighbourhood and community based support networks for older people.

3.4 The Council's Estates strategy 2011 to 2015 includes a target to complete a public sector community assets plan in the borough and develop the longer term strategy with an action plan to co-locate and manage community assets

more effectively with the councils partners. This reflects the approach required for both Ageing Well and the Neighbourhood Model, where the aim is to have venues open to all, accessible and flexible.

4. RISK MANAGEMENT ISSUES

4.1 There is a risk that the council does not have the resources to respond to changes that may be recommended during the work in the localities. However the JSNA identified this section of the population as a priority and there is evidence from elsewhere that a focus on the well being of this group will ultimately lead to reduced need and therefore costs.

4.2 There is a risk that key partners do not see the programme as a priority. But establishing links with other programmes, and taking forward the programme under the auspices of the Health and Well Being Board will ensure that other stakeholders are engaged.

5. EQUALITY AND DIVERSTIY ISSUES

5.1 A significant projected increase in the population of people aged 65 and over has been identified in the recent Joint Strategic Needs Assessment (JSNA), whilst at the same time, the resources to the Council to meet the needs of Barnet's residents are set to decrease in line with the Government's Comprehensive Spending Review. There is therefore a need for the council to explore different ways of supporting its older population in a manner that maintains independence, health and well being.

5.2 Additionally although Barnet is primarily an affluent borough, there are pockets of deprivation that are associated with greater levels of ill health and social need. The locality approach will focus on identifying existing assets, and bring older people together to identify the areas for change required.

5.3 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.

5.4 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 and value for money, Staffing, IT property, sustainability)

6.1 The Ageing Well programme will include work to support older people more effectively, and will actively support the changes to the provision of prevention services for older people, which includes the development of the Neighbourhood Model.

The programme will also contribute to managing assets more effectively through the work described in section 2.3 of the attached report.

6.2 The Ageing Well programme is a cross cutting theme, and will also support other initiatives; e.g. Ageing Well will cover specific objectives in the Information Advice Advocacy and Brokerage Strategy Refresh.

6.3 Funding has been allocated from the Section 256 budget for 2012/13. It is planned that the borough wide projects will be delivered by local community organisations following a competitive exercise.

7. LEGAL ISSUES

7.1 The Health and Social Care Act 2012, Part 5, Chapter Two makes amendments to the NHS Act 2006. It includes an amendment concerning the power to make regulations on review and scrutiny of health by local authority overview and scrutiny committees. The amendments enable those regulations to authorise the local authority to arrange for an overview and scrutiny committee to discharge its health scrutiny functions. The health scrutiny functions may involve making reports and recommendations to relevant NHS bodies or relevant health service provider, Secretary of State or the regulator.

8. CONSITITUTIONAL 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 Phase 1 of the Barnet Ageing Well Programme comprised a series of workshops and meetings which took place in September and October 2011, with a wide range of stakeholders from within and outside of the council. A number of themes emerged, including the development of sustainable supportive neighbourhoods, as an approach to enable older people to live more independent lives, and to facilitate well being. This forms Phase 2 of the programme. As part of Phase 1 the Leader agreed to an Ageing Well Member Champion.

9.2 The attached report describes Phase 2 of the Ageing Well programme, links it to key strategic developments and outlines the work being undertaken in the 3 localities, and summarises borough wide initiatives.

9.3 Together with the Neighbourhood Model (recently agreed by Cabinet Resources Committee on 18 October), the programme will stimulate increasing use of social capital through effective use of volunteers and encouragement of peer support and also through encouraging and supporting local leadership.

9.4 The council's role in Phase 2 of the programme is to set up structures, processes and a framework for Ageing Well in Barnet. The programme is capable of achieving considerable outcomes but this depends on its success in gaining the enthusiasm and support by members of the respective local communities.

9.5 The attached update report was approved by Adult Social Care and Health Senior Management Team on the 14 November. The next step will be for Health and Well Being Board in January 2013 to agree a budget and programme for 2013/14. An update meeting specifically for Members is planned for March 2013

10. LIST OF BACKGROUND PAPERS

10.1 Altogether Better – the Ageing Well Programme in Barnet Project Plan

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Finance: MC/JH

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Altogether Better - the Ageing Well programme in Barnet
Project Plan
September 2012 - March 2013

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11.3 Support three new locality-based Altogether Better projects 13
In order to build on the momentum of the first three localities, it is envisaged to widen the programme out to cover three new localities, using existing people to 'mentor' the new areas. This will also enable the programme team to assess how much central resources will be required to fully roll-out the Altogether Better - Ageing Well programme across the borough. 13
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Home-cooked food made by neighbours for neighbours. Casserole club helps people share extra portions of home cooked food with others in their area who might not always be able to cook for themselves. Like a local, community-led take-away. 20
Friendship Hour 21

• older and younger people coming together to find ways of reducing fear of crime 21
• young volunteers providing services to older people; shopping, reading etc 21
• older volunteers supporting young parents 21
• toddlers visiting people with dementia in residential setting 21
• older volunteers working with students on a school history project 21
• older volunteers meeting with students and exchanging life experiences over a cup of tea 21
Intergenerational Craft Projects 21
Wiggle Bus 23
The routes are identified through an area review. Care needs to be been taken not to run services in competition with current services. All drivers to be trained to MiDas standard (Minibus Driver Awareness Scheme) 23
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1. Introduction

The current level of service provision for older people is unsustainable because the resources available are diminishing while the number of older people is on a long-term upwards trend. Responding positively to an ageing population, and enhancing health and wellbeing of the older population successfully will require a different model of service provision – fundamentally one that delivers greater wellbeing for less money.

The overall challenge for Barnet Council and local health services could be described as 'adding life to years'. This means changing the shape of the line of the graph so that people are experiencing better health and general wellbeing, and therefore better quality of life, for longer and that their ultimate demise is shorter. This aim has been borne in mind throughout the project.

The Ageing Well programme was launched by the Department of Work and Pensions in July 2010 and is designed to support local authorities to improve their services for older people at a time of reductions in public sector funding and an unprecedented increase in the number of older people. It aims to consolidate best practice and to encourage local authorities to work in partnership with other organisations to address issues in their particular communities.

This project plan builds on the first phase of Ageing Well in Barnet, where a series of meetings/workshops took place in September and October 2011, with a wide range of stakeholders from within and outside the council. Participants supported an Ageing Well approach in the borough, with emerging themes including:

- Engagement and use of premises
- Information and communication
- Housing, development and regeneration
- Volunteering
- Transport
- Integrating and personalising support.

Barnet also took up a second offer from the Ageing Well programme, for Overview and Scrutiny members. A 'scrutiny framework' was used by consultants from the Centre for Public Scrutiny (CPS) to work with Barnet's Overview and Scrutiny Members. Members' sessions have taken place. The Leader also agreed to an Older People's member champion.

An overarching proposed approach to enabling people to live more independent and satisfying lives which gained support was to enable the development of sustainable supportive neighbourhoods. This forms Phase 2 of the work.

2. Local developments, Key Drivers and Strategic Links

Locally, Barnet Council is embarking on a major programme of change to personalise the way in which services are provided to people. Personalisation is about better providing people with support that is tailored to their individual choices and preferences. This approach will involve new types of working, new roles for staff members, new relationships between care providers and people requiring services, and different partnerships between those who supply services.

2.1 Transforming Social Care

Ageing Well underpins and supports all future activity under the Transforming Social Care agenda to deliver self-directed support. It is linked operationally to many departmental strategies and activity plans not only in social care but also to those in health, housing, libraries, recreation and communities. This ensures that the needs of the ageing population are linked to their communities and resources that may prevent the need for a formal services by addressing the well-being of older people enabling them to live in safe, supportive and functioning communities, in which they can participate and contribute as they choose.

Barnet's Ageing Well Programme, led by our Director for Public Health, supports this approach and the ambition to make Barnet 'a good place to age well'.

2.2 Day Opportunities

The development of Ageing Well will be expected to play a part in the implementation of the Day Opportunities programme in Barnet. Views already expressed have identified the following areas for development:

- The extension of volunteering
- A stronger focus on local neighbourhood initiatives that could lead to less reliance on "expensive" building-based services
- Reducing the need for local transport services
- Better signposting and information on services
- Promoting and maintaining independence
- Combating social isolation

2.3 Community Buildings Strategy / Neighbourhood Agenda

Through Barnet's Ageing Well Programme, it will be able to assist in driving the neighbourhood agenda forward by:

- Working with individual providers to undertake an audit of all premises currently in use delivering existing day opportunities provision
- Working with the provider group to actively consider the premises required to deliver the neighbourhood specification.
- Actively sourcing and negotiating terms for the delivery of the neighbourhood specification, seeking out opportunities for sharing where possible
- Delivering a premises plan linking to the delivery of the overall implementation of the neighbourhood model

- Working with providers, to provide signposting and support in relation to premises which may enable related but non-Council funded activity to be delivered.

2.4 Community Partners

We recognise that meeting the needs of older people is not one single organisations' responsibility. Rather, it is the responsibility of all community partners. In producing this project plan we are continuingly working with a wide range of community partners including:

- Voluntary sector organisations: Age UK Barnet, Community Barnet
- Private sector organisations: Tesco's
- Public sector organisations: Barnet Clinical Commissioning Group, Barnet Homes, Metropolitan Police
- Older people groups: Barnet Older People's Assembly, 55+ Forum, Barnet Asian Older Peoples Association and RSVP.

The new government's policy focus on Big Society and Localism also supports the development of a new way of working that is based on better partnership working between statutory, voluntary and private sector service providers with local communities, and this approach is fully supported by this project plan.

This partnership also has to entail individuals taking personal responsibility for their own health and wellbeing, families and local communities supporting people with their needs, and 'universal' services not traditionally associated with the health and wellbeing agenda taking steps to ensure that they are fit for purpose.

As such this will be a programme of projects for health, care and support services delivered equally by the partners; and based on the resources that individuals, local communities and a wide range of partner organisations can offer.

Summary points

- Community partners and older people have a responsibility to ensure older people can enjoy their later years and that this enjoyment can be linked to opportunities for full engagement in society and local community.
- The provision of neighbourhood based activities is essential to improving and maintaining the well-being of older people.
- Nationally there is a drive to help older people plan for their older years. Providing advice and information to help people with this is therefore important.
- Partners will be involved jointly in the projects and initiatives outlined in the action plan
- The work of this action plan will link to other relevant strategies and plans to ensure a joined up and coordinated approach

3. What Older People in Barnet Value

Following the first phase of the Ageing Well Programme Barnet Council has already found that older people in Barnet want.

- dignity, choice and control over their lives
- to feel safe and to feel free of discrimination
- to stay as independent as possible for as long as possible
- to make a positive contribution to the community
- to have good physical and mental health
- social inclusion – not feeling isolated
- suitable housing
- financial security

4. Approach

The principles underpinning the approach to this programme include:

- Engaging the community and older people in **co-producing** the model using a variety of approaches to ensure more vulnerable older people and those who are harder to reach or socially isolated are also engaged in the work.

- Looking at **wellbeing in its widest** sense (not just clinical outcomes) which includes different ways of reducing social isolation and a **whole-system** approach that involves a wide range of partners.

- Understanding and developing **sustainable community development** and building community capacity.

- Finding out about and **using good practice from elsewhere**, as well as building on what is already happening across Barnet to develop best practice.

- The **improved use of resources** in a locality and between localities with recognition that there will be reduced resources of the next few years

- Promoting a forward thinking, **innovative** approach that is not returning to traditional solutions that considers renegotiating the relationship between state and citizens with a more **proactive** approach to identify older people at risk of worsening outcomes.

5. Phase 2 project plan

The phase 2 project plan outlines a four stage process to developing an approach in three localities and drawing out the wider lessons for the whole systems approach across the wider local authority area.

While there will be further work to fine tune the focus and scope of the support, the initial thinking is along the following lines.

Stage 1 - Identifying existing assets and practice
With a focus on each of the three localities already identified (East Finchley, Burnt Oak and Stonegrove), locate key local people, key stakeholders and identify good local practice and map individual and collective assets.

Stage 2 – Exploring the issues and identifying areas of change required
Bringing together older people and the organisations that are important to their lives to assess how things work now and look for different ways of working together.

Stage 3 – Working on local priorities to make change happen
Detailed work with small project groups, comprising local residents and their organisations in each of the three identified localities in order to pilot local action.

Stage 4: Refining and agreeing the whole systems strategic model
This stage will set out how the programme will be taken forward, drawing out any implications for local decision-makers and summarising the lessons from the project in a concluding report.

6. Overarching Project Outcomes

To enable a successful approach to ageing well programme in Barnet, it is suggested developing measurable project outcomes based on the following themes:

- Improving the awareness of the opportunities and services that are available
- Optimising the shared use of venues and other facilities
- Embedding intergenerational and whole family/household approaches
- Extending and deepening engagement
- Providing the “glue” to secure sustainable provision
- Enabling effective local leadership

7. Objectives

It is proposed that a work programme is developed in each of the localities around the following five draft objectives:

1. To ensure that older people can obtain the information they need when they need it to enable them to more effectively access services.

2. To support access to, and increase the range of, social and community activities available for older people, in order to help tackle social isolation and loneliness.

3. To ensure there are the means to develop ways of providing "that bit of help " at the right time, for example a listening ear, help with gardening and home maintenance.

4. To help people plan for a fulfilled older age.

5. To identify opportunities to reach out into communities. This will include engaging hard to reach and help isolated older people.

8. Evaluation

Evaluating the effectiveness and impact of the projects is central to the approach. This will demonstrate outcomes achieved, what worked, what made a difference and how the outcomes were achieved. This information will help to provide an outcome-based evaluation by the end of the programme and will look at key benefits, specifically around increased numbers of volunteers and intergenerational work being undertaken within Barnet.

Base-line measurements being taken for each of the localities include:

- the number of volunteers
- the number of people involved in community groups and clubs
- the number of people attending adult education courses.

Another measure identified is the Friendship Scale Tool which measures social isolation. A base-line measurement will be undertaken in this year's Barnet Annual Residents Survey.

Other evaluation measures that could be utilised to indicate the success of the Ageing Well programme are included in appendix A.

Evaluation of each project will also be undertaken and designed to appeal to participants taking part. The aim is to allow for a variety of different ways in which individuals can give feedback, reflecting the wide range of preferences that are typically present in a community-based setting. See appendix B.

Barnet Ageing Well - Project Plan

Stage 1 (completed)

Set up

Engaging Older People

Aims to:

- Agree project outcomes and activities
- Establish project and governance

Activities include:

- Proposal sign-off
- Scoping meeting
- Scoping interviews

Identifying Outcomes

Engaging Older People

Aims to:

- Look at desired outcomes and other key issues for older people
- Find out how older people currently experience the system
- Understand the outcomes form vision for 'good'

Activities include:

- Collection of needs and users views
- Focus groups to build picture of what good looks like
- Explore what older people value

Stage 2a (underway)

Identifying existing assets and practice

Co-producing with Older People

Ensure focus on each locality area:

- Stonegrove
- East Finchley
- Burnt Oak

- Map Individual / collective assets
- Locate key stakeholders
- Identifying good local practice
- Finding key local citizens

Identifying change required

Co-producing with Older People

- Identify better use of assets
- Follow 'best leads' that have local energy
- Identify roles that agencies could play
- Identify barriers to change / asset dev'ment
- Develop solutions

- Practical discussions about what could be done
- Exploration of how individual, social and community capacity can be developed

Making change happen

Co-producing with Older People

Develop action plans:

- Stonegrove
- East Finchley
- Burnt Oak
- System-wide

Locality level:

- Begin to act
- Secure support from BC or other agencies

System-wide:

- Identify individuals to support action into the future
- Find ways to overcome barriers or solve problems
- Look at learning to be transferred

Stage 2b

Strategic Model

Co-producing with Older People

Develop strategic model that can be applied across Barnet

- Developing ways to roll-out approach - building community capacity
- Identifying effective approaches to engaging older people and co-producing solutions
- Developing strategic responses to key areas
- Recommendations for use of resources and funds.

OUTCOME: Changes in mindsets and approaches to appreciating and building on community assets, supporting community capacity and development, co-designing solutions with older people as well as the development of strategic models for achieving this which involves the whole system

Prepared by Stephen Craker, Kazou Consultancy Ltd

9. Status of the programme

The Programme is now in Phase Two (Delivery). The Programme is actively supporting three localities including East Finchley, Stonegrove and Burnt Oak. Links have been made with the Shadow Health and Wellbeing Board, the Older Adults Partnership Board and Barnet Older People's Assembly.

- Health and Wellbeing Board, 22 September 2011 (item 12). Noted progress on Ageing Well Programme.
- Older Adults Partnership Board, 15 November 2011 (item 2.3). Noted Ageing Well report will be approved by Barnet Council's Corporate Directors Group.
- Older Adults Partnership Board, 1 May 2012 (item 8.2). Noted the report on Place-Based approaches to Ageing Well in Barnet
- Members' Event, 29 May 2012. Review of progress and identification of priorities for delivery.
- Older Adults Partnership Board, 19 July 2012 (item 5). Noted progress on Ageing Well Programme and reviewed Phase 2 Action Plan.
- ASCH Senior Management Team (Health), 12 September 2012. Noted progress on Ageing Well Programme and reviewed Phase 2 Action Plan.
- Meeting with Cllr Old, Ageing Well Champion, 18 September 2012. Discussed progress on Ageing Well and reviewed Phase 2 Action Plan.
- Barnet Older People's Assembly, 1 October 2012. Presentation and 'talking table' on Ageing Well Programme.
- ASCH Strategic Commissioning Board, 31 October 2012. Discussed progress on Ageing Well.
- Meeting with Cllr Old, Ageing Well Champion, 6 November 2012. Discussed progress on Ageing Well and reviewed Phase 2 Action Plan.

9.1 Asset Mapping

The agreed approach was to start by focusing on the assets of older people who live that in the three localities. This approach has enabled older people to identify ways in which they themselves could be better used to create places in which to age well.

The locality projects have reinforced the value of an asset-based approach. Older people are enjoying the experience of identifying their own skills and resources. At a local level, the asset-based approach has started to succeed in:

- Generating new and imaginative ideas
- Bringing key people together and engaging a wider group of people
- Linking public sector agencies with the ideas and efforts of the voluntary and community sectors

This approach is helping to identify and strengthen the social networks in each locality, and creating the basis for a thriving independent sector of social, leisure and

cultural activities as well as opportunities for older people to volunteer and contribute to activities that would enhance their own lives and those of others. The asset mapping techniques is a very useful way of building individual and community confidence, creating a positive atmosphere and offering a shared forward agenda.

9.2 Developing good ideas

Among some of the ideas included in appendix D, the following recurrent issues have been identified across the localities along with some good ideas for tackling them (see appendix C which includes information on borough-wide initiatives to address these issues):

- ***Isolation*** – no longer being able to drive or afford to do so, not being as steady one one's feet as before, being fearful of going out.
  Good ideas include – intergenerational projects bringing together older and younger people in a community.
- ***Being valued and able to contribute*** – not being written off because one is older or retired; wanting to be part of the community and contribute especially to the lives of children and young people.
  Good ideas included – increasing volunteering opportunities and structures, timebanking,
- ***Information*** - Older people need a lot of advice and information - about housing, finance, legal issues, bereavement, hospital discharge, health and healthy living, care and support and available services. It needs to be clear, easy to follow, and offered in ways that make the recipient comfortable and reduces anxiety.
  Good ideas included - Community Agents, where local residents who know their area will be trained up to look out for whoever is vulnerable and be able to offer a range of advice and signposting, from benefits to home adaptations, and to develop an online portal.
- ***Transport*** - Frail older people will need access to transport for any vital journeys, including hospital appointments or GP appointments, shopping etc. It needs to be available when needed, to work and to be affordable.
  Good ideas included - improving the quality of bus services, community transport schemes and affordable private transport such as local taxis.

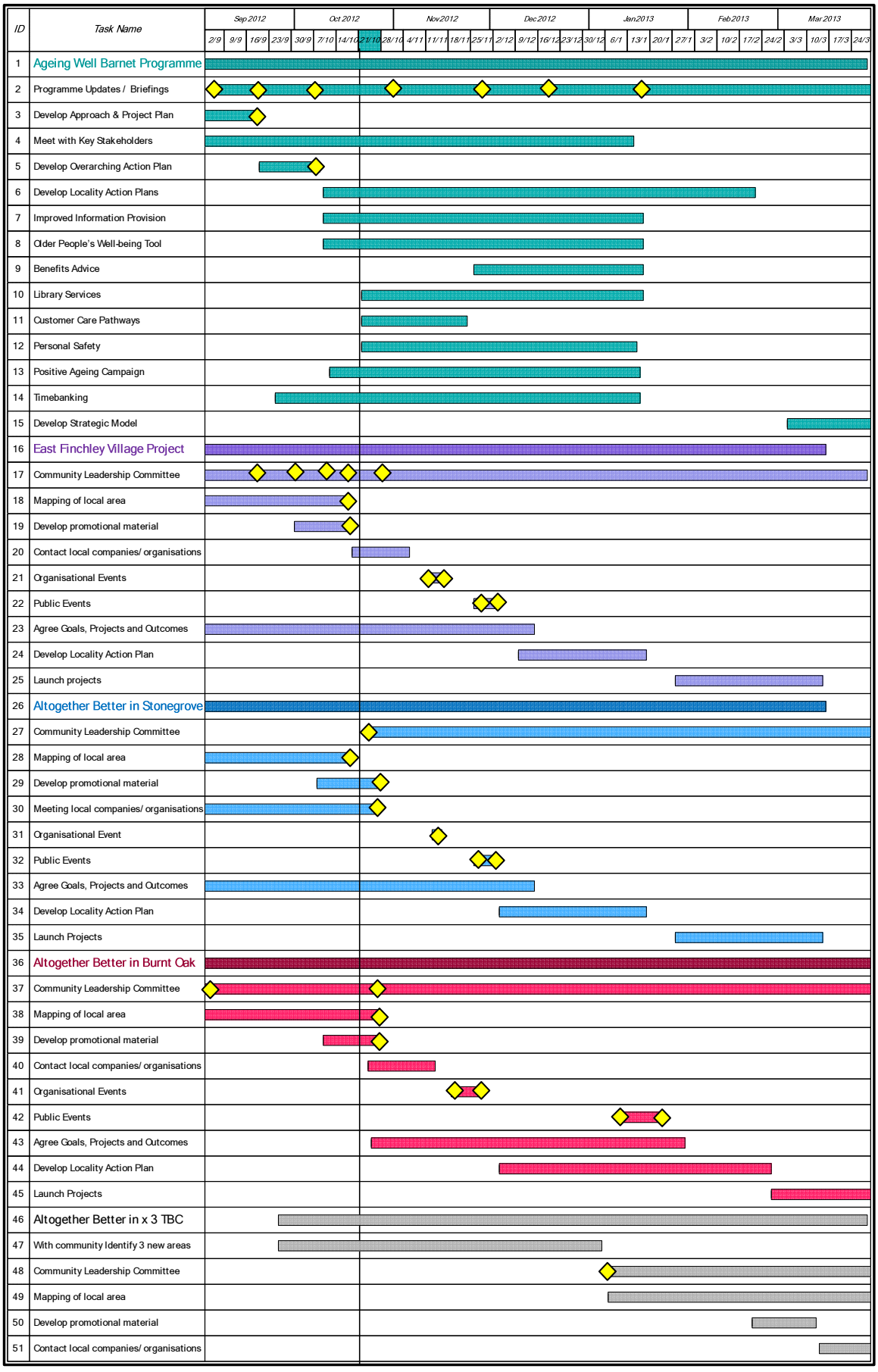
9.3 Organisational Mapping

Each locality has undertaken a mapping exercise of groups, organisations and businesses within their area. To date, this includes approximately 180 names and addresses in East Finchley, 120 in Burnt Oak and 25 in Stonegrove.

9.4 Marketing/Information Materials

Each of the three localities has been planning two sets of workshops to be held in November. The first of these workshops is aimed at local organisations, groups and businesses, while the second workshop is aimed at local residents. Template letters to organisations, together with promotional leaflets and posters have been designed to promote the programme in each locality.

10. Programme Timeline



11. Next Steps

11.1 Locality Workshops

Each of the three localities has been planning two sets of workshops to be held in November. The first of these workshops is aimed at local organisations, groups and businesses, while the second workshop is aimed at local residents. The workshops have been designed to introduce people to the overall Ageing Well programme and the idea of the asset based approach. Working in small groups the participants will be asked to 'asset map' their local area, develop good ideas and undertake a commitment to act:

- ***Identifying individual and community assets*** - Working in groups, to list examples of the personal assets that they would be prepared to share with others to make their local area a place in which to live and work. Also, to explore the wider pool of community assets and work out how these could be further developed and used differently.
- ***Taking Stock*** - In groups, identifying what is needed to do to make the locality a place in which it is good to live and work, in terms of improved collaboration between organisations and sectors and by building capacity in the community?
- ***What is needed to do to put this in place*** (i.e. commitment to act) - logging commitments to act, identifying unresolved issues and agreeing how to maintain the dialogue and momentum.

11.2 Develop locality based implementation plans

From the initial locality meetings, the groups will be encouraged to start to describe the main things that need to be done to get their good idea up and running (see appendices D & E for examples). In each case the aim is to make use of existing assets, hence minimising the costs of innovation and ensure the overall approach is sustainable. A further meeting will be organised early in 2013 where interested groups of people will be asked to imagine that their good idea is up and running and they have been asked to explain how it works to someone visiting their area. In their explanation they will be asked to include:

- Why do it? What issues does it tackle?
- What are the benefits? What is the likely uptake?
- What does it do and how is it organised? How are people and others involved, and who does what to organise and provide it? How does it help people to both give and take?
- How is it run on a day-to-day basis? Who would be doing what, and who manages this?
- What people, accommodation, equipment and funding are needed? How can it be sustained in the long-term?

From this, the groups will decide which ideas to take forward (see appendices F, G and H) and with the support of the Ageing Well Programme Manager will start to identify and define the benefits using the following criteria:

- Description – what is the benefit?
- Observation – what will change?
- Attribution – where will the benefit arise and who can claim its realisation?
- Measurement – How and when will the achievement of the benefit be measured?

11.3 Support three new locality-based Altogether Better projects

In order to build on the momentum of the first three localities, it is envisaged to widen the programme out to cover three new localities, using existing people to 'mentor' the new areas. This will also enable the programme team to assess how much central resources will be required to fully roll-out the Altogether Better - Ageing Well programme across the borough.

11.4 Build a borough-wide strategic model

A bottom-up, borough-wide, asset based strategic model will be drawn from the learning and success of the locality working is a key intended outcome from the Ageing Well programme. From the outset it has been recognised that the model will need to include support and action at both a local and strategic level. In broad terms this will involve:

- Developing a strategic framework of community development activity across the borough focussing on improving the wellbeing of older people
- Adopting and supporting an asset-based strategy across localities
- Agree strategic action between the borough council and partners to identify key roles, governance issues and to join-up activity

11.5 Resource management

It is vital that there is a clear and structured approach to resource management for the programme in the following areas:

- ***Central team resources*** - Resources have been secured from the Council to fund a small central team for the financial year 2012 - 2013. This funding has been made available for Ageing Well as it represents one of the key strategic priorities for all partners in the borough. Funding for the central team beyond April 2013 will be considered in 2013/2014 budget planning.
- **Resources to enable delivery of projects** - All ideas should wherever possible be supported by sustainable resources. Where seed-funding is necessary, plans should be put in place for moving towards mainstream funding. The central team will provide support around developing cost benefit models to justify investment and delivering funding bids to external organisations (i.e. Big Lottery).

12. Stage 2a Corporate Action Plan

Objective 1: To ensure that older people can obtain the information they need when they need it to enable them to more effectively access services.

Project / Action	Key tasks	Partners – lead partner in bold	Further Information
Improved Information Provision Improve range of information and access to information about older people's well-being activities on:- • LBB website • Partners websites	Partners to carry out review of their websites for ease of accessing partners information Independent living and positive ageing to be integrated into LBB website Coordinate and expand information provision at local events, flu clinics etc	**LBB ASCH**, All partners involved	Links with website developments led by ASCH Communications and Transformation Teams.
Older People's Well-being Information Referral Tool Explore options to develop a borough-wide Older People's Well-being Information Referral Tool		**LBB**, Trading Standards, OA Assembly, Pension Service, NHS, Police + voluntary and community organisations (e.g. Carers Centre, AgeUK, Red Cross)	The concept is the information referral tool will contain useful contact details of a range of agencies and organisations that may be able to assist older people and may be used by staff or volunteers who may visit older people in their own homes, for whatever reason.
Benefits Advice Improve the opportunities for accessing accurate benefit advice across the borough	Establish a Barnet Benefits Partnership linked to Barnet's Information and Advice Strategy Promote Directgov and tele-claims services through cascade training with community partners providing community IT groups	**DWP, BCIL,** Citizens Advice Barnet, voluntary and community sector, LBB OA Assembly, Adult Services, Carers Centre, AgeUK Barnet, CAB,	Enhancing Later Life Planners Project

Objective 2: To support access to, and the range of, social and community activities available for older people, in order to help tackle social isolation and loneliness.

Project / Action	Key tasks	Partners – lead partner in bold	Further Information
Library Services Expand the number of home library service volunteers.	Work with voluntary organisations to increase the number of volunteers by 12%	**Library service,** Voluntary organisations,	Supports implementation of Barnet Libraries Review to engage with communities by developing volunteering opportunities, outreach support and community engagement programmes. In addition Libraries aim to create additional study space and community meeting space which will support the Ageing Well Programme.
	Identify new home library service customers by 12%		
	Collect numbers of new home library users involved. And capture outcome stories		
	Establish Volunteer Led Shared Reading Project in 10 localities across Barnet		
	Assess impact and involve users with planning process		

Objective 3: To ensure there are the means to develop ways of providing "a bit of help" at the right time, such as a listening ear, help with gardening and home maintenance.

Project / Action	Key tasks	Partners – lead partner in bold	Further Information
Establish a clear pathway from LBB Contact Centre to the voluntary and community sector	Establish a time limited task group to develop the pathway	**LBB One Barnet,** BOPA, IT, Passenger transport, Police, DWP, CAB and all voluntary sector partners	
	Pilot, evaluate and modify pathway as part of a continuum of care & support		
	Roll out usage with existing partners and projects		
Personal Safety To develop a coordinated approach to the personal safety issues	Produce and distribute the personal safety leaflet designed with older people	**Neighbourhood Watch**, OP Assembly, Police, Trading Standards, ASCH Comms Team **London Fire Brigade (Barnet)**	
	Produce a personal safety tool kit for partners to use in community and individual settings		
	Discuss with Fire and Rescue to see if volunteers could be trained to provide home fire safety visits		

Objective 4: To help people plan for a fulfilled older age.

Project / Action	Key tasks	Partners – lead partner in bold	Further Information
Positive Ageing Campaign Initiate a Positive Ageing campaign for Barnet	To identify models of Positive Ageing Campaign in other areas	**Older Adults Partnership Board**, Vol orgs, private sector orgs (SAGA), Age UK Barnet	
	Consult partners & older people on planning activity – expectations of 50-60 yr olds		
	Work with BOPA to identify 'Aspirations for Ageing'		
Timebanking Scope developing a Timebanking initiative for Barnet	Explore Timebanking models	**Community Barnet** / all partners	Timebank is a system where peoples skills are shared and time can be 'banked' and 'cashed in'.
	Create model for Barnet Timebanking		
	Work with partners to set up Barnet Timebank model		

Objective 5: To identify opportunities to reach out into communities. This will include engaging hard to reach and isolated older people.

Project / Action	Key tasks	Partners – lead partner in bold	Further Information
LGBT Community Scope LGB &T older population needs	Identify what is already available	**BarnetGay,** LBB Equality**,** AgeUK Barnet	
	Develop an LGBT reading group as an intergenerational group		
Older Men Identify opportunities for older men to participate in social activities	Identify interest areas from work with BOPA	**BOPA,** Age UK, all partners	
	Promote volunteer driving opportunities for men		

Appendix A Indicator List

- Percentage of people age 65+ who feel safe/unsafe in their neighbourhood
- Percentage of people age 65+ who report few/multiple problems in the neighbourhood
- Percentage of people age 65+ who are satisfied with the neighbourhood as a place to live
- Percentage of people age 65+ who report cutting the size of or skipping meals due to lack of money
- Percentage of people age 65+ who do not know whom to call if they need information about services in their community
- Percentage of people age 65+ who are aware/unaware of selected services in their community
- Rates of screening and vaccination for various conditions among people 65+
- Percentage of people age 65+ who felt depressed or anxious and have not seen a health care professional (for those symptoms)
- Percentage of people age 65+ whose physical or mental health interfered with their activities in the past month
- Percentage of people age 65+ who participate in regular physical exercise
- Percentage of people age 65+ who have access to public transportation
- Percentage of people age 65+ who provide help to the frail or disabled
- Percentage of people age 65+ who get respite/relief from their caregiving activity
- Percentage of people age 65+ who socialised with friends or neighbours in the past week
- Percentage of people age 65+ who attended church, temple, or other in the past week
- Percentage of people age 65+ who attended movies, sports events, clubs, or group events in the past week
- Percentage of people age 65+ who engaged in at least one social, religious, or cultural activity in the past week
- Percentage of people age 65+ who participate in volunteer work
- Percentage of people age 65+ who live in “helping communities”
- Percentage of people age 65+ who would like to be working for pay

Appendix B Evaluation Methods

The evaluation methods described below can be used to prompt people to set personal goals and to reflect on their progress and achievements throughout their involvement. Research suggests that setting goals and progress to attaining goals are strongly associated with higher levels of wellbeing.

Focus Groups
With some projects such as the Theatre, Film and Poetry projects, focus group discussions are particularly useful in order to find out what people want to achieve from their involvement in the project (through the initial brainstorming sessions), and then to later explore their experiences of being involved.

Volunteer Experience Books
The aim of the Volunteer Experience Book is for the longer-term volunteer to keep a record of, and reflect on, their time on a project. It can include sections beginning with 'Where am I and what do I want to achieve?' to 'My experience of being a volunteer and my changing perceptions.'

Reflective Events
Reflective Events can be held in order to celebrate the achievements of volunteers, to promote all projects within the community, and to use the events as a method of evaluation through engaging the volunteers in a voting software tool. This voting game is often a popular and enjoyable form of evaluation.

Film/Photography
Throughout the project, evidence can be gathered to show the types of skills that older and younger volunteers developed, especially whilst filming, producing and editing.

Case Studies
Some volunteers who particularly benefitted from their involvement in can be interviewed to explore their experiences and the impact upon their own personal development in more detail.

Event Feedback Forms
Due to the ad hoc nature of events the most appropriate method of evaluation here can be through feedback forms. People are invited to state whether they enjoyed the event, what they learnt from it, and whether they were considering going on to volunteer as a result.

Project Leaders' Questionnaires
Throughout the project, it s imperative to provide regular guidance and to obtain regular feedback from project leaders. This can be done through project workers' meetings and through one-to-one sessions with the Programme Manager. At the end of projects, leaders can also be asked to complete a questionnaire in order to find out about their experiences of taking forward a project.

Appendix C Borough-wide Projects to support Ageing Well Programme

Timebanking - encourages individuals, groups and organisations to share resources. This could be energy, expertise, knowledge, space, contacts or something else entirely. Instead of using money to manage transactions, it uses time. So if someone helps someone else on the network, they'll earn a certain amount of time credits, which can then be used to buy things from other people. Maybe some space for a meeting, or a project to start. The idea is that each person gives as much as they take, with everyone's time being equal. Using time as a currency means there's no need for transactions to be direct swaps.

Community Agents - The concept is that local residents who know their area will be trained up to look out for whoever is vulnerable in the area and be able to offer a range of advice and signposting. The commitment for each volunteer will be 4-6 hours per week.

Community Agents would use their local knowledge to pinpoint what is available in their local community. The Community Agent can help individuals to find out about:

- feeling safer at home
- becoming healthier
- pensions and benefits
- support for carers
- transport options
- joining a local group
- local volunteering opportunities
- housing issues

Where people are not keen on going out to join local activities, Community Agents can help to address barriers – such as connecting people to community transport – or they can refer to befriending schemes. They also try to encourage neighbourliness – particularly in cold weather – for example by putting up notices to encourage people to look out for their neighbours, and linking in to existing schemes such as Neighbourhood Watch. Community Agents could also attend team meetings connecting health and social care which may lead to more referrals to the scheme from GPs and medical staff.

Combined Timebanking/Community Agents Budget £35k

Volunteer Led Shared Reading Project - inter-generational groups can be held in a range of settings including care homes, day centres, sheltered accommodation, libraries and community centres. The read aloud model allows people to listen to a story or poem, join in with reading and talking, and also simply to have the space and time to relax, to think and to be. In care homes, residents talk about how poetry has had a positive effect on their mood or state of mind. Evaluation of the volunteer-led inter-generational reading for wellbeing project showed a range of improvements for group members, including; in reading confidence, widening social networks and interactions, and enhanced well-being.

Budget £15k

Use of Community Venues – develop database of all available community venues and activities around the borough to help reduce the need to travel across borough to attend groups.

Budget £10k

Appendix D Possible locally agreed locality-based projects

Adopt a grandparent
A scheme which pairs volunteers with older people in their community with similar interests, allowing them to build up a relationship based on visits and sharing leisure time together.

Artists with Futures Exhibition and creative workshops
An exhibition including creative work by both young and older. Alongside the exhibition, a variety of creative workshops including; mug glazing, planting and photography can be run.

Baking and Banter
Older people have oodles to offer simply from having run a home, brought up children, cooked, cleaned and budgeted. Weekly cookery sessions could be set up that involves people demonstrating how to cook simple, cheap and nutritious meals. During the sessions everyone mucks in with the preparation and then sit down together to eat around a table.

Befriending Scheme
A befriender calls a number of people who in turn phone a list of other people e.g. one person makes five phone calls to those people on a list, those five people do the same and so it escalates through the directory of people who are socially isolated/ housebound/ill/in need etc. They also act as responders if something is found to cause concern – they report to a designated person/s who then reacts according to set protocol. Befriending activities could include dog walking, collecting prescriptions, putting out wheelie bins etc.

Business Mentoring
Older volunteers with business skills and experience mentor and advise younger people on business planning, fundraising and marketing.

Casserole Club
Home-cooked food made by neighbours for neighbours. Casserole club helps people share extra portions of home cooked food with others in their area who might not always be able to cook for themselves. Like a local, community-led take-away.

Design the Environment
Competition between groups of pupils working together with older people from the construction industry to re-design an area

Film Day
A series of days spent at a school working with children to produce short scripts about people's lives, hopes and dreams. The scripts are then performed with simple actions. Older and younger people help in all aspects of the filming and production of the piece of work.

Food Links
Build on an idea developed in Scotland which provides a grocery shopping, befriending and household support service to older people, increasing independence and social inclusion.

Friendship Hour

- older and younger people coming together to find ways of reducing fear of crime
- young volunteers providing services to older people; shopping, reading etc
- older volunteers supporting young parents
- toddlers visiting people with dementia in residential setting
- older volunteers working with students on a school history project
- older volunteers meeting with students and exchanging life experiences over a cup of tea

From Rags to Rugs

Older people teach children how to make rag rugs and then work together to design a rug mural. When finished it will be divided in two and hung at the School and in a Day Centre.

Gardening Initiative

Identify ways for older people to maintain their own gardens. Encourage older people in residential or sheltered housing to continue actively participate in gardening.

Generations United Orchestra, band or musical club

This can involve schools, choirs, classical singers, guitar players, students, older people's groups and poetry readers coming together. An example includes an older people's group working in a junior school a month before a charitable concert, making recycled instruments, creating a story and learning to recite a poem to perform at the Concert.

Golf for All

Older people become volunteer golf coaches; this may include undergoing First Aid training and Junior Leader training with the Golf Foundation. The programme includes a variety of games and activities to promote learning and engagement in a fun and stimulating way. An after school club might be the best way forward, where they could use a playing field in fine weather and have access to a sports hall if not able get outside.

Grandparent mentoring

Older people mentor children and young adults with support, encouragement and advice including teaching general life skills

Henna Hands

Joining a school during its cultural awareness week, children and older people have the opportunity to decorate each other's hands and feet with henna, whilst sharing experiences of other cultures.

Intergenerational Craft Projects

To promote understanding and tolerance between the older people living in sheltered housing and young people living in the area, helping to combat negative stereotyping, for example, tenants of Sheltered Housing Scheme may express an interest in craft sessions and a secondary school takes pupils to take part in a craft project with the older people.

IT Skills Training
Engage younger volunteers to help older volunteers in using computers, digital cameras and any other technological equipment they needed assistance with.

I-Tea and Biscuits
Delivered in partnership with library staff where older members of the public could attend to get advice on computers and the internet.

Learning Links
By developing knowledge and life-skills amongst older people, including the use of new technologies as well as seniors passing on knitting, sewing, and craft skills to younger people. It can also include seniors passing on their expertise about the world of work, by holding mock job interviews, (can be recorded and used for GCSE exams) and help build self-esteem.

Men In Sheds
A club offering a workspace where older people can work on practical projects with others. The space is equipped with tools and materials donated by members, the public and local businesses. Members can put their skills to good use, share their knowledge and learn new skills. Members can come from a wide variety of backgrounds ranging from highly skilled to those with little or no experience, but all work together.

Money Skills Programme
Financial planning for later life with annual health checks by employers to improve financial capability and resilience. Working with the national Money Advice Service to promote take up of self-assessment tool.

Poetry and Writing
Local poet(s) works with a mixed group of volunteers to write and perform poetry or recite/read books aloud.

Points of View
Young and older people explore their local area and its community past, present and future; to record what they discovered using photography, video, audio tape and the written word and present their findings to wider community audience through an exhibition or presentation. Both young and older people can:

- Learn photography, video and audio media including creative, technical and critical skills.
- Learn skills in IT, using computers to create written and visual presentations.
- Develop communication, social skills and confidence.
- Develop self-assessment, reflection and evaluation; team building and group work skills.

Reading buddies in schools
Volunteers work with children in schools to help their reading. Volunteers committed to two to three sessions per week with the same child, going through reading exercises.

Reminiscence Work Involving Drama and Theatre
Young performers gather as much information as possible in order to be able to represent the past effectively. They therefore meet with older people as fill the gaps in their knowledge as they start to improvise and write their plays.

Secret Gardeners
Pupils from a school that has its own organic garden tended by the children, meet with a group of older people who enjoy gardening and can therefore share gardening tips with the young people. This can also involve a two-way sharing of knowledge, with the young gardeners sharing with older people their knowledge of organic principles.

Surf 'n' Turf
Young and older people sharing skills to grow food and use the internet to find recipes to be made using the foods grown

T- Danze
An event held at a local hall, were a DJ who plays a selection of music chosen by both young and older people. Older people can watch and join in with the children perform their routines to music such as Busted and McFly. Vice versa, the children can embrace the dance hall music and dance with older people to waltz's and foxtrots!

Who Owns the Catwalk?
Textile GCSE students and older people look at clothing from different eras. The teenagers are encouraged to try the clothes on and talk with older people about their fashion views.

Wiggle Bus
The routes are identified through an area review. Care needs to be been taken not to run services in competition with current services. All drivers to be trained to MiDas standard (Minibus Driver Awareness Scheme).

Appendix E Possible non-funded Groups

Architecture Group

- Recognition of style and historical period
- Symbolism, significance and objectives
- Themes, patterns and colour

Around the world

A wide range of possible contributions can be accessed from member's expertise, experiences, including; experiences of VSO volunteers, Christmas traditions and customs from around the world and the Role of Women around the World

Art Appreciation Group

The format can be quite diverse, from visiting artists speaking about their work to looking at art stories in the news, to visiting exhibitions.

Carpet Bowls

Meet regularly at a local Scout Hut to enjoy a game of Carpet Bowls. The carpet will need to be 30ft long by 6ft wide with a block of wood in the middle to negotiate.

Climate Change Group

Discuss relevant issues related to climate change, its effects and attempts to decrease them by modern technologies and actions that will benefit the environment.

Cooking for Men

Members take it in turns to host a lunch. The host provides the main course and accompanying drinks. Two other members provide the starter and dessert.

Creative Writing

Reading and discussing poetry that people have brought that they have written.

Discussion Group

- The Zoo in Modern Society?
- Power of the Pensioner-a force to be reckoned with?

DIY Discussion Group

Share DIY hints and tips, like how to repair a dripping tap or a leaking overflow, invisibly repair damaged carpets or remove old sealant and replace with new.

Film Studies

Film is an exciting and creative medium of expression which reflects wider society as well as contributing to social change and debate.

Flower Arranging
Explore the use of shapes and designs in flower arranging and use these to create arrangements around focused themes such as Christmas, weddings, parties etc.

Games Groups:
- Scrabble, Chess, Ten-pin Bowling……

Genealogy
Already researching your family history or just starting. This group could meet to discuss current research in terms of methods of finding, presenting and storing information or visit local centres to facilitate searching for family related information.

Greeting Cards
Look at a different topic each time and produce a variety of handmade cards by the end of the session.

International Lunches Group
Lunches are held in a local restaurant where the restaurateur gives a talk about the national cuisine sampled.

Poetry Group
Edward Thomas, D.H. Lawrence, Christina Rossetti are just some examples…

Science Interest
Whether a professional scientist or a non-scientist keen to learn, discussions and talks can cover the widest interpretation of science, from astronomy to zoology.

Sporting Forum
A variety of speakers, topics, and the occasional quiz can provide the basis for this group, in addition enjoying outings to a variety of sporting events and venues.

Travel Group
Talks arranged with different members giving illustrated accounts of their own travels.

Walking Group(s)
Members share the organisation of walks by taking turns to trial and lead walks. Leaders bear no responsibility for H&S as members walk together as sensible friends.

- Accessible countryside
- Dog walking
- Featured walks
- Guided walks
- Long distance walks
- Maps and leaflets
- Story Trails
- Strolling Group
- Town walks

Appendix F East Finchley Village Project Action Plan

Project / Action	Key tasks	Seed Funding	Evaluation
Objective 1: To ensure that older people can obtain the information they need when they need it to enable them to more effectively access services.			
Objective 2: To support access to, and the range of, social and community activities available for older people, in order to help tackle social isolation and loneliness.			
Objective 3: To ensure there are the means to develop ways of providing "a bit of help" at the right time, such as a listening ear, help with gardening and home maintenance.			
Objective 4: To help people plan for a fulfilled older age.			
Objective 5: To identify opportunities to reach out into communities. This will include engaging hard to reach and isolated older people.			

Appendix G Altogether Better in Stonegrove Action Plan

Project / Action	Key tasks	Seed Funding	Evaluation
Objective 1: To ensure that older people can obtain the information they need when they need it to enable them to more effectively access services.			
Objective 2: To support access to, and the range of, social and community activities available for older people, in order to help tackle social isolation and loneliness.			
Objective 3: To ensure there are the means to develop ways of providing “a bit of help” at the right time, such as a listening ear, help with gardening and home maintenance.			
Objective 4: To help people plan for a fulfilled older age.			
Objective 5: To identify opportunities to reach out into communities. This will include engaging hard to reach and isolated older people.			

Appendix H Altogether Better in Burnt Oak Action Plan

Project / Action	Key tasks	Seed Funding	Evaluation
Objective 1: To ensure that older people can obtain the information they need when they need it to enable them to more effectively access services.			
Objective 2: To support access to, and the range of, social and community activities available for older people, in order to help tackle social isolation and loneliness.			
Objective 3: To ensure there are the means to develop ways of providing “a bit of help” at the right time, such as a listening ear, help with gardening and home maintenance.			
Objective 4: To help people plan for a fulfilled older age.			
Objective 5: To identify opportunities to reach out into communities. This will include engaging hard to reach and isolated older people.			

AGENDA ITEM 6

Meeting	Health Overview and Scrutiny Committee
Date	11 December 2012
Subject	**Service Provision Reports from Barnet and Chase Farm NHS Trust**
Report of	Overview and Scrutiny Office
Summary	The attached reports from Barnet and Chase Farm NHS Trust provides data relating to health service provision at the Trust pertaining to: • Accident & Emergency Services • Maternity Services • Shuttle Bus Timetabling

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	N/A
Function of	Health Overview and Scrutiny Committee
Enclosures	Appendix A – Accident & Emergency Attendance Data 2011/12 Appendix B – Number of Maternal and Baby Deaths at Barnet and Chase Farm Hospital Since 2010 Appendix C – Shuttle Bus Timetable
Contact for Further Information:	John Murphy, Overview and Scrutiny Officer, Tel: 020 8359 2368

1. RECOMMENDATIONS

1.1 That the Committee note the information provided by Barnet and Chase Farm NHS Trust and make comment and recommendations as appropriate.

2. RELEVANT PREVIOUS DECISIONS

2.1 Health Overview and Scrutiny Committee – 12th September 2012 (Decision item 6a & 6b) – service provision and Implementation Updates from Health Partners.

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 2012/13 Corporate Plan are: –

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

3.3 The work of the Health Overview and Scrutiny Committee supports the Corporate Plan 2012/13 objective of supporting residents to live healthy and independent lives through it's role as a "critical Friend" reviewing the provision of health and social care services by the council and health partners as they seek to deliver the Health and Well-being Strategy, promoting prevention and the integrated commissioning of services.

4. RISK MANAGEMENT ISSUES

4.1 None in the context of this report.

5. EQUALITIES AND DIVERSITY ISSUES

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

5.2 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. The appendices to this report are produced by Barnet and Chase Farm NHS Trust and set out service provision in relation to that organisation.

7. LEGAL ISSUES

7.1 The Health and Social Care Act 2012, Part 5, Chapter Two makes amendments to the NHS Act 2006. It includes an amendment concerning the power to make regulations on review and scrutiny of health by local authority overview and scrutiny committees. The amendments enable those regulations to authorise the local authority to arrange for an overview and scrutiny committee to discharge its health scrutiny functions. The health scrutiny functions may involve making reports and recommendations to relevant NHS bodies or relevant health service provider, Secretary of State or the regulator.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

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

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

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

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

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

9. BACKGROUND INFORMATION

9.1 At the Health Overview and Scrutiny Committee meeting of the 12th September 2012 the Committee considered a series of service provision updates from NHS partners. Following this discussion which considered issues relating to transport elements of the Barnet, Enfield and Haringey Clinical Strategy, proposals for the future provision of Urgent Care services, and Maternity Services at Barnet and Chase Farm Hospitals the Committee requested details of the number of maternity services diverts between

2009 and 2012, details of the shuttle bus timetable between Barnet and Chase Farm Hospital sites and details of Accident & Emergency Waiting times at the hospitals including details of the number of patients attending who were registered with GPs.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Cleared by Finance (Officer's initials)	**MC**
Cleared by Legal (Officer's initials)	**HP**

APPENDIX A

Barnet and Chase Farm Hospitals NHS
NHS Trust

REPORT TO: **Barnet HOSC**

REPORT FROM: **Interim Director of Operations – Emergency Care**

DATE: **22nd November 2012**

SUBJECT: **A&E Attendances Data**

FOR: **Information**

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1. Introduction

This Overview and scrutiny committee, London Borough of Barnet have requested information with regards to A&E attendances for the years 2011 and 2012. (Note: 2012 data is YTD October). This is as follows:

2. Of those patients attending A&E how many were registered with a GP?

A&E Attendances and GP Registration Status

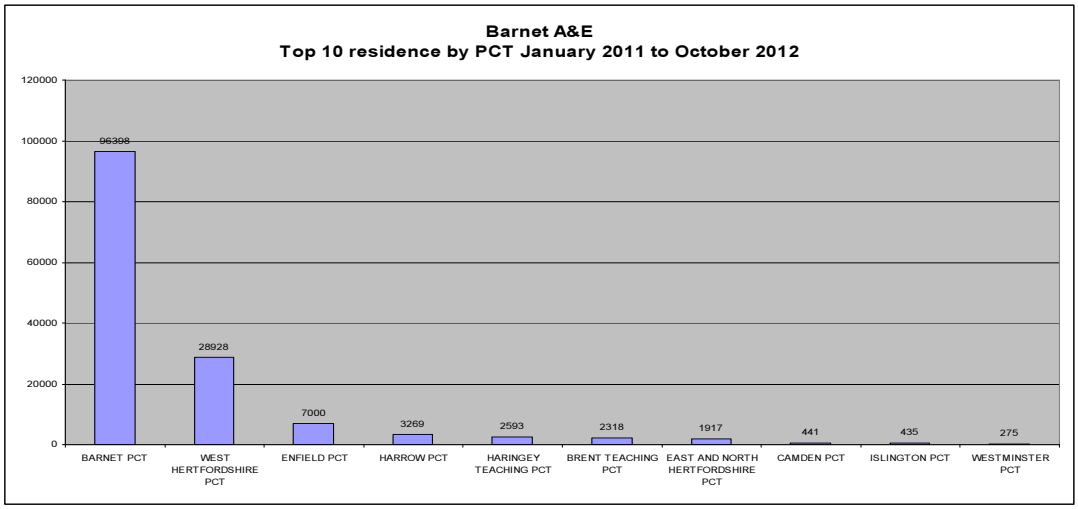
Barnet Hospital	Attendances	No. not Registered with a GP	No. Registered with a GP	% Patients Registered with a GP
2011 (Jan-Dec)	78308	3357	74951	95.71%
2012 (Jan-Oct)	65183	2796	62387	95.71%
2012 (Jan - Oct)	70691	2960	67731	95.81%

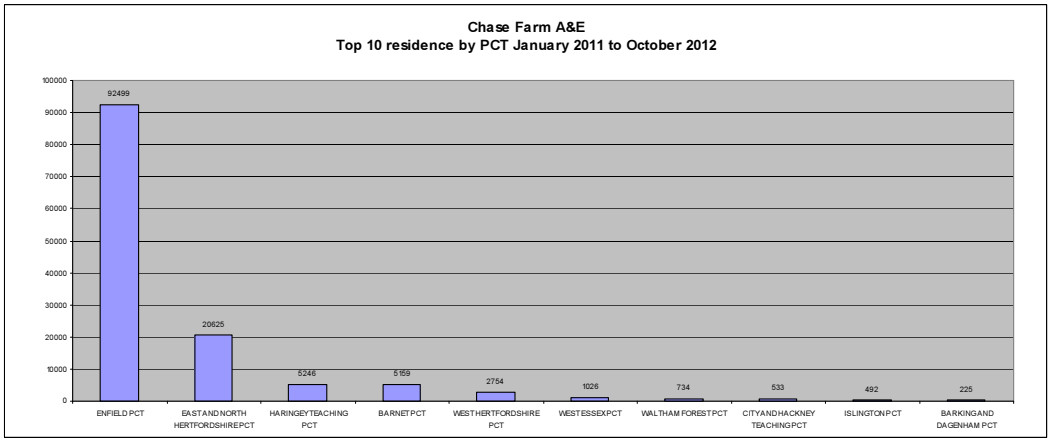
–

Chase Farm Hospital	Attendances	No. not Registered with a GP	No. Registered with a GP	% Patients Registered with a GP
2011 (Jan-Dec)	72301	2996	69305	95.86%
2012 (Jan-Oct)	60477	2473	58004	95.91%
2012 (Jan - Oct)	61339	2713	58626	95.58%

3. Details of Attendances by PCT

PCT	Barnet Hospital			Chase Farm Hospital		
	2011 (Jan - Dec)	2011 (Jan - Oct)	2012 (Jan - Oct)	2011 (Jan - Dec)	2011 (Jan - Oct)	2012 (Jan - Oct)
BARNET PCT	48746	40532	43624	48023	40186	40574
WEST HERTFORDSHIRE PCT	14497	12086	13120	10778	8986	9032
ENFIELD PCT	3522	2938	3202	2767	2338	2243
HARROW PCT	1538	1313	1613	2656	2199	2295
HARINGEY TEACHING PCT	1363	1135	1121	1367	1173	1268
BRENT TEACHING PCT	1126	931	1105	517	439	457
EAST AND NORTH HERTFORDSHIRE PCT	849	693	996	375	319	331
CAMDEN PCT	240	206	180	271	216	236
ISLINGTON PCT	210	189	207	252	216	216
WESTMINSTER PCT	140	110	128	65	54	158





4. A&E 4 Hour Performance and Admissions

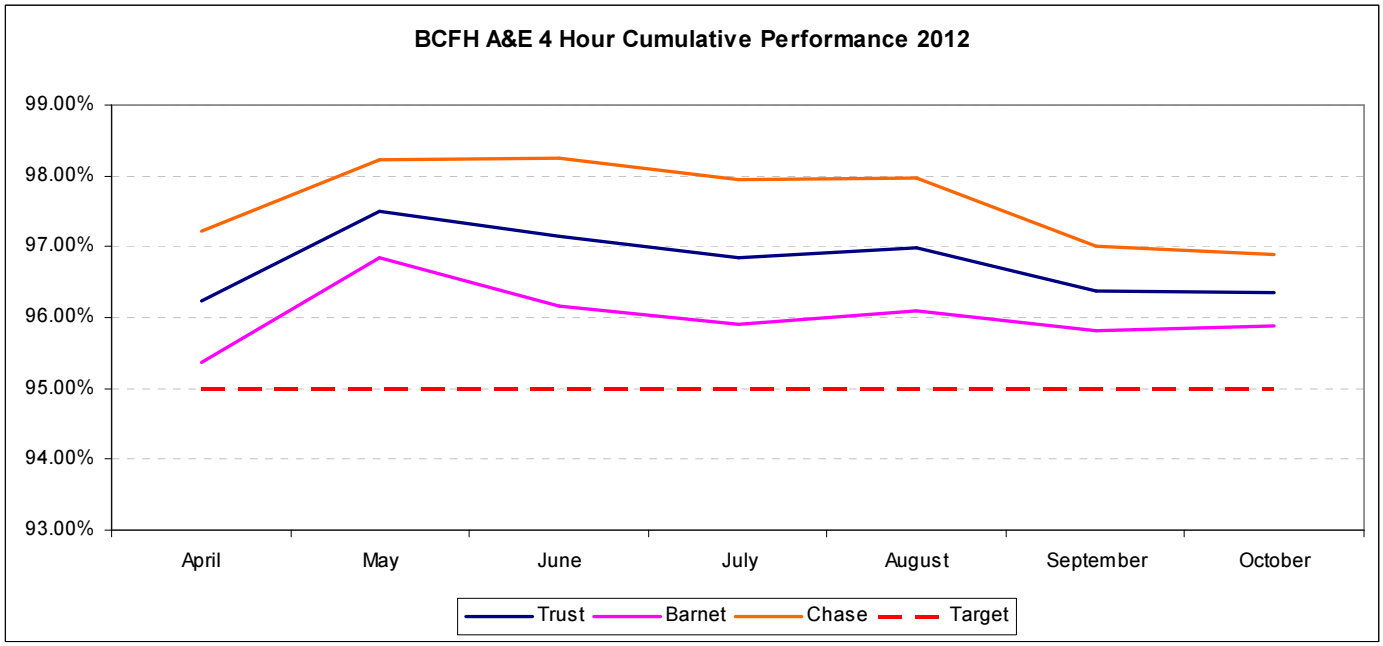
A&E 4 Hour Performance and Admissions by Site:

	Barnet Hospital			Chase Farm Hospital		
MONTH	Barnet admissions	Barnet total attendances	A&E 4 Hour Performance	Chase Farm admissions	Chase Farm total attendances	A&E 4 Hour Performance
JAN-11	1700	6484	95.81%	1129	6253	97.35%
FEB-11	1738	5924	98.40%	1322	5383	97.10%
MAR-11	1559	6835	97.09%	1209	6399	97.50%
APR-11	1678	6781	96.12%	1312	6307	98.14%
MAY-11	1661	6781	96.90%	1316	6457	97.94%
JUN-11	1530	6471	97.40%	1306	5970	98.19%
JUL-11	1667	6506	98.79%	1455	6199	99.27%
AUG-11	1852	6055	98.25%	1373	5516	99.00%
SEP-11	1708	6593	96.74%	1308	5769	97.57%
OCT-11	1699	6753	94.98%	1323	6224	96.77%
NOV-11	1561	6494	94.58%	1158	5893	95.76%
DEC-11	1806	6631	94.00%	1307	5931	90.71%
JAN-12	1598	6820	94.74%	1258	5997	87.53%
FEB-12	1680	6801	95.71%	1328	5925	93.05%
MAR-12	1665	7575	97.32%	1202	6543	99.28%
APR-12	1573	6917	95.37%	1331	6066	97.23%
MAY-12	1690	7202	98.26%	1396	6389	99.15%
JUN-12	1669	7262	94.85%	1289	6200	98.34%
JUL-12	1756	7344	95.13%	1321	6411	97.02%
AUG-12	1636	6626	96.95%	1190	5903	98.12%
SEP-12	1714	6871	94.37%	1221	5869	91.92%
OCT-12	1737	7273	96.32%	1276	6036	96.13%

APPENDIX A

A&E 4 Hour YTD Cumulative Performance: April 12 – October 12:

A&E 4 Hour Cumulative Performance				
Month	**Trust**	**Barnet**	**Chase**	**Target**
April	96.24%	95.37%	97.23%	95%
May	97.49%	96.85%	98.22%	95%
June	97.14%	96.17%	98.26%	95%
July	96.85%	95.91%	97.94%	95%
August	96.98%	96.10%	97.98%	95%
September	96.37%	95.82%	97.01%	95%
October	96.35%	95.89%	96.89%	95%



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APPENDIX B

BARNET AND CHASE FARM HOSPITALS NHS TRUST

REPORT TO:	**Barnet Health Overview and Scrutiny Committee**
REPORT FROM:	**Elizabeth Raidan, General Manager, Women's & Children's Directorate**
REPORT SPONSORED BY:	**Paul Hawkins, Director of Operations, Planned Care**
DATE:	**11 December 2012**
SUBJECT:	**Maternal and baby deaths at BCFH, 2010-12**

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1. EXECUTIVE SUMMARY

This report details the number of maternal and baby deaths at Barnet and Chase Farm hospitals since 2010. This information has been requested by the London Borough of Barnet.

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2. RECOMMENDATION(S)

This report is being presented for information.

3. INTRODUCTION

The London Borough of Barnet has requested the numbers of maternal and baby deaths at the Trust since 2010.

4. FINDINGS

4.1 Maternal deaths 2010-12

The following data has been taken from the Local Supervisory Database for Midwifery and details the number of maternal deaths at the Trust by year and by site since 2010:

Site	2010	2011	2012	Total
Barnet Hospital	0	1	1	2
Chase Farm Hospital	0	0	0	0
Total	0	1	1	2

APPENDIX B

4.2 Baby deaths 2010-12

The data for baby deaths has been taken from the Trust's incident reporting Datix system and covers neonatal deaths up to 28 days of life for babies born at more than 24 weeks' gestation.

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Site	2010	2011	2012	Total
Barnet Hospital	3	1	1	5
Chase Farm Hospital	3	3	1	7
Total	6	4	2	12

5. CONCLUSION

The Women & Children's Directorate will be pleased to provide further details as requested.

APPENDIX C

Extract taken from Barnet and Chase Farm Hospitals NHS Trust intranet - October 2012

for the London Borough of Barnet Health, Overview and Scrutiny Committee meeting to be held on 11 December 2012

Travel between hospital sites

Shuttle bus

There is a free shuttle bus service available between Barnet Hospital and Chase Farm Hospital for patients, staff and visitors. This service is free and runs from Monday to Friday. The journey time is approximately 15 minutes.

Pick up and drop off will only be made at the following locations:

- Chase Farm Hospital, Main Entrance Clock Tower Building
- Barnet Hospital, Public Turnaround Area

Protocol for passengers:

- No eating or drinking on the vehicle. Passengers will be asked to leave immediately if caught.
- No smoking on the vehicle. Passengers will be asked to leave immediately if caught. It is also illegal and against trust policy.
- Seatbelts must be worn when the vehicle is in motion.
- Children are not permitted to travel unless they can be appropriately secured in their seat. This must be done by either using the existing normal seatbelt (if child is big enough) or providing their own baby or booster seat for smaller sized children. Children must also be accompanied by a responsible adult.
- The driver has the right to refuse entry to the shuttle Bus to anyone who is deemed to be under the influence of alcohol or any other substances.
- If a passenger physically or verbally assaults another passenger or driver, the vehicle will be stopped immediately and the passenger will be evicted from the vehicle. Police will be called to any physical abuse.
- If the passenger refuses to exit the vehicle, all passengers and driver must alight and the vehicle will be terminated at this point. The police must be called to remove passenger. Normal service will not resume until the passenger has been removed.
- Do not distract the drivers attention when the vehicle is in motion

Departs from Chase Farm Mon - Fri	Departs from Barnet Mon-Fri
07:35 am	08:05 am
08:40 am	09:15 am
12:40 pm	13:10 pm
13:40 pm	14:10 pm
15:40 pm	16:10 pm
16:40 pm	17:15 pm
18:00 pm	18:30 pm

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AGENDA ITEM 7

Meeting	Health Overview and Scrutiny Committee
Date	11 December 2012
Subject	**Reports of Barnet LINK**
Report of	Scrutiny Office
Summary	The attached appendices set out reports by Barnet LINK relating to reviews of GP services in the Borough and services provided at Elysian House.

Officer Contributors	John Murphy, Overview and Scrutiny Office
Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	N/A
Function of	Health Overview and Scrutiny Committee
Enclosures	Appendix A: Barnet LINK Research Report on Patient Access to Appointments and Use of Telephone Systems in GP Practices Appendix B (i): Barnet LINK Enter & View Report – Elysian House Appendix B (ii): Barnet LINK Enter & View Report – Elysian House – Activities Schedule Appendix B (iii): Elysian House Response
Contact for Further Information:	John Murphy, Scrutiny Office, Tel: 020 8359 2368

1. RECOMMENDATIONS

1.1 That the Committee note the information provided and make comment and recommendations as appropriate.

2. RELEVANT PREVIOUS DECISIONS

2.1 Health Overview and Scrutiny Committee, 12th September 2012 (Decision item 7) – Any Other Items

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 2012/13 Corporate Plan are: –

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

3.3 The work of the Health Overview and Scrutiny Committee supports the Corporate Plan 2012/13 objective of supporting residents to live healthy and independent lives through it's role as a "critical Friend" reviewing the provision of health and social care services by the council and health partners as they seek to deliver the Health and Well-being Strategy, promoting prevention and the integrated commissioning of services.

4. RISK MANAGEMENT ISSUES

4.1 None in the context of this report.

5. EQUALITIES AND DIVERSITY ISSUES

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

5.2 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 Financial implications are contained within the £95,000 LINKS budget within the Chief Executives Service

7. LEGAL ISSUES

7.1 The Health and Social Care Act 2012, Part 5, Chapter Two makes amendments to the NHS Act 2006. It includes an amendment concerning the power to make regulations on review and scrutiny of health by local authority overview and scrutiny committees. The amendments enable those regulations to authorize the local authority to arrange for an overview and scrutiny committee to discharge its health scrutiny functions. The health scrutiny functions may involve making reports and recommendations to relevant NHS bodies or relevant health service provider, Secretary of State or the regulator.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

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 Local Involvement Networks (LINKs) for Health and Social Care were established as a statutory requirement under the Local Government and Public Health Act 2007. They are networks of local people who are able to influence local health and care services, including having limited powers of inspection. LINKs are intended to be means of providing a channel through which local communities' views on health and social care services can be heard by local authorities and health partners.

9.2 From April 2013, LINKs will be replaced by Local Healthwatch, a network of local bodies coordinated at national level by HealthWatch England. The Care Quality Commission (CQC) will have an overarching responsibility for the activities of HealthWatch.

9.3 **GP Access Report**
The report attached at appendix A sets out the findings of research undertaken by Barnet LINK in response to issues raised by members of the local Barnet community in relation to accessing GP services.

9.4 The report focuses on findings in relation to two points of public concern:

1. difficulty with advanced booking of appointments
2. lack of access to appointments

A third point, patient satisfaction with the telephone system, was also included in the research as the LINK report the use of telephones by residents as the most common method of contacting GPs.

9.5 The issue of patient access to GPs forms part of Outcome Standards for GPs being developed by the NHS including the service user satisfaction performance measurement of "getting to see your GP". This measure makes reference to patients being able to make convenient appointments with a doctor of their choice within reasonable timescales so that their health needs are met.

9.6 **Elysian House Enter & View Report**
LINKs can send volunteers to visit certain health and adult social care services to observe how they are run and provide an opportunity for communities to contribute to service improvements. These visits and subsequent reports are referred to as "enter and view" visits/reports.

9.7 Barnet LINk undertook an Enter & View visit to Elysian House in August 2012 following concerns raised by relatives of residents in relation to patient transfers and proposals for site redevelopment. The attached report by Barnet LINK sets out the findings of their visit and the subsequent response from Elysian House.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Cleared by Finance (Officer's initials)	**MC**
Cleared by Legal (Officer's initials)	**HP**

A Research Report on Patient Access to Appointments and Use of Telephone Systems in GP Practices within the London Borough of Barnet

BARNET LINk Local Involvement Network
Community Health and Social Care

By Local Involvement Network (LINk)

Written by Sue Blain with Yessica Alvarez-Manzano

Design and edition by Shereen Williams

2011

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I. Introduction

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

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

II. Background

This report was undertaken in response to issues raised by members of the community about various aspects of health and social care services at a LINk Preparing for Healthwatch event held 12th May 2011. The public raised many areas of concern and prioritised them as you can see from the list below.

Healthcare

GPs – 7	Dentists - 0
Hospitals – 5	Opticians – 0
Mental Health – 6	Learning Disabilities – 0
Community Services – 4	Ambulance Services - 0
Pharmacists – 1	

The major area of concern was GP services and as a result of this finding Barnet LINk set up a Task and Finish group. At a Greeting and Planning Event on 14th July 2011 a leader of the group was appointed and, after consultation, the decision was made to concentrate on two priorities raised by the public. These were: "Difficulty with Advanced Booking of Appointments" and "Lack of Access to Appointments". We included "Patient Satisfaction with the Telephone System" in our investigations, as this is the most common way of accessing surgeries and the appointments.

Over this period, the NHS across London, in consultation with a wide range of primary care health professionals, is developing Outcome Standards for GPs so that patients can know what they can expect from their doctors. Included in these is "Getting to see your GP" which measures how satisfied London patients are with getting appointments, opening hours and getting through on the telephone. The progress of this initiative can be viewed on www.myhealth.london.nhs.uk. London's overall score is 220.81 out of 300, and England's score is 229.36.

It states that patients must be able to be able to make convenient appointments with a doctor of their choice within a reasonable timescale so their health needs are met. This is an NHS priority and GPs must offer this service by operating a system that allows patients to get through on the telephone or online, and enables those with urgent need to be seen the same day.

The NHS Barnet PALS and complaints report (Appendix A, Table 2.2, page 41), which provides details of the concerns, comments and complaints recorded between April and September 2011. It reported 1,127 contacts out of which 189 relate to Barnet services. It can be seen that there are a comparatively higher number of complaints (35) and concerns (25) about Barnet GP services. The Table 2.2 does not include issues raised through the practice complaints procedures.

This report looks at the situation relating to access to appointments in GP surgeries in two areas in the Borough of Barnet and highlights the issues that patients have raised. It is hoped that the recommendations in this report will be implemented, where necessary, by all practices in order to improve the interface with their patients.

The Barnet LINk group undertaking this work consisted of seven members of LINk, which included one member of the Steering Committee, with support from the Host, CommUNITY Barnet. The first meeting of the group was held on 30th August 2011.

III. Methodology: the research

The first task was to create a complete list of the GP practices within the London Borough of Barnet with their addresses, postcodes and telephone numbers, all checked by a member of the team.

From the national GP Survey website, we then accessed each practice in turn from our list and looked at the pages that reported on “Ease of Getting Through on the Phone”, “Satisfaction with Opening Hours”, and “Able to Get an Appointment within 48 hours”. This information was current at the time and related to the year 2010/11. We accept that the base line research is now out of date but, from talking to the public, the issues are still very relevant.

We focused on the six surgeries with the lowest scores for both “Practice Booking and Opening Hours” and “Ease of Getting Through on the Telephone” and, on close scrutiny, two clusters of practices with low patient satisfaction ratings became apparent in East Finchley and Edgware. Both East Finchley and Edgware have a mixed deprivation rating but with Edgware having a larger proportion of low deprivation (Appendix B) on page 42.

In order to gain more information from the public, two Focus Groups were then planned for East Finchley and Edgware, with an extensive publicity drive which included delivering leaflets through letter boxes, advertising on the internet, requesting pharmacies to hand out leaflets with prescriptions, placing leaflets in GP surgeries, dentists, opticians and handing them out in the street. All this intensive activity brought in 18 members of the public at the East Finchley Focus Group, but only 6 in the Edgware one. The samples of the publicity flyer can be found in Appendix C.

In order to increase our public consultation, we then visited the local library and a toddlers’ music group in East Finchley, and in Edgware visits were made to the library and the Hospital outpatient department. We also used CommUNITY Barnets networks and asked local voluntary organisations and schools in those areas to help us involve users, parents and the general public using relevant GP practices.

The final outcome of our public consultation was around 100 people in all, and this report is based on these responses, which were collated by geographical area and analysed as two groups, as in Table B on page 50.

In addition to our research on Accessing Appointments we also asked patients about seeing a doctor of their choice, speaking to a doctor over the telephone, their views about surgery receptionists, patients’ knowledge of appointment times, obtaining repeat prescriptions and test results. This gave us a wider view of GP services and how they are perceived.

Mention is made of other feedback gathered at focus groups in the text. This refers to ideas and concerns put forward by the public at consultation events. Some of these may form the basis of future projects.

IV. Summary of findings

Area of investigation	East Finchley		Edgware	
	positive	***negative***	***positive***	***negative***
Booking face to face	64%	22%	54%	37%
Booking by telephone	56%	28%	53%	41%
Emergency Appointments	50%	31%	40%	40%
Out of hours service[1]	50%	17%	29%	19%
Getting through the practice on the telephone	64%	17%	54%	36%
Using surgeries telephone system	83%	11%	57%	33%
	n = 36		n = 70	

Table A. Summary of responses by geographical area and specific researched area on access to GP appointments in Barnet

Overall

Edgware surgeries on the whole appear to be less well perceived than East Finchley; yes / positive scores are lower; comments a little stronger. This latter may be a particular person with strong views. Percentage differences may in part be due to small numbers of respondents making big shifts in response levels. From the table above we can see that despite East Finchley and Edgware having a similar profile with a mix-socio-economic make up and deprivation profile, there seems to be higher dissatisfaction in Edgware with telephone access and booking systems with 41% dissatisfied in Edgware and 28% in East Finchley. Also we can observe very high dissatisfaction rate (40%) in accessing emergency appointments in Edgware. These figures coincide with patients' comments at focus groups and general comments offered to volunteers in the streets, walk-in clinics, community activities and forms completed through schools.

While most of the yes/ positive response levels are above 50%, many are only just in the majority. Given the normally high regard for doctors, nurses, and for services, this could indicate a more serious problem. Alternatively, having the 'chance for a moan' may have allowed just that with negative experiences coming to the fore. There was no overall satisfaction question so we cannot gauge this potential bias.

Demographics

Despite a great effort to gather age and ethnicity data many respondents did not want to share this information. We do not know the age of respondents, so phone/technology issues may be part of a general age related reluctance to use technology. The Team, however, attempted to gather their research from as wide a cross-section of the local population as possible.

[1] We can observe that responses in Edgware about out of Hours service have low percentages, with only 29% positive, 16% negative. This is because 55% reported they have not used the service, which makes us wonder if there is enough information about the out of hours services for patients or if further research is necessary.

V. Recommendations

I. GP access systems need to be revised to ensure the system is patient-centered, logical, friendly and helpful. From the evidence gathered we have learned that a significant number of the patients taking part in this research felt that the booking system in their surgery was not patient-friendly. See pages 9 and 24.

II. The quality of communication between patients and their surgeries should be improved, through Patient Participation Groups. We recommend practices to talk to their patients about adjusting their systems to make it easier for them to access GP services when needed. See pages 11 and 25.

III. Regarding booking by phone specifically, GP practices are strongly encouraged to look at creative ways to increase patient satisfaction in this area, for example allowing patients to ring in the day before for the next day's appointments. See pages 11 and 25.

IV. Standardisation of telephone numbers across Barnet's GP practices is needed. We are concerned to see that around 10% of GP surgeries are using 0844 numbers, or other premium numbers, which create barriers to the service for those who cannot afford the charges incurred. See pages 12 and 26.

V. Clearer information about appropriate use of NHS services is needed to raise patient awareness about when to go to GPs, Chemists, Walk-In-Clinics and A&E. See page 14.

VI. A cost effective balance between demand and capacity is important and we recommend identification and circulation of "best practice" and current demand/capacity analysis and local bench marking. See page 38

VII. Serious consideration should be given to technology-based systems to ease the pressure on the telephone booking system. Alternatives would be needed for those that are unable to use the internet or other technology. See pages 10, 11, 16 and 17.

VIII. Overall patients disliked divulging their symptoms to a receptionist as it was perceived to be breach of confidentiality. Decisions about whether an appointment is an emergency matter or not should be made by a clinical member of the team (i.e. a nurse or a doctor). See pages 14, 20 and 27.

IX. GP appointment systems should be patient-oriented based on the evidence gathered so that those who are vulnerable, disadvantaged, too ill or in need of special support are more sympathetically looked after. Perhaps an alternative telephone line or protected calling times could be considered. See pages 17 and 31.

X. From the survey responses, there is the possibility that some surgeries may not have an adequate number of telephone lines or staff to serve all the patients on their lists and we recommend that "mystery shoppers" test the surgery telephone systems and report their findings.

Recommendations

XI. Best-practice procedures should be shared across GP practices in Barnet, so that those rated highly by patients can serve as models to encourage change and improved patient satisfaction.

XII. We are concerned to see Edgware having consistently higher negative feedback then East Finchley see Table A on page 6. We recommend future exploration by CQC is focused on this geographical area to improve quality of services.

XIII. We would like to see patients being able to see a named doctor as far as the appointments allow, and similarly for emergency appointments. See pages 18 and 32.

XIV. Dignity and respect of patients should be observed at all times, in particular regarding requests to see a male or female doctor. See pages 18 and 32.

XV. Regarding test results, we strongly recommend that each practice has a clear and consistent policy regarding test results. See pages 23 and 37.

XVI. Out of Hours access was perceived as being fairly unsatisfactory. The comments and anecdotal feedback throughout this exercise clearly indicate that contacting the Out of Hours clinical treatment service (Barndoc) needs improvement and further investigation. See pages 15 and 29.

XVII. Although patients were not asked about their views of the clinical treatment given by the Out of Hours services, the comments given indicated that improvements might be needed. Commissioners of this service are recommended to audit whether it is of a satisfactory standard and why patients feel better access is not available. See pages 15 and 29.

VI. Findings on access to GP appointment in East Finchley practices

This section of the report relates to responses from East Finchley. **The sample for East Finchley[2] amounted to 36 respondents for section VI and 18 for section VII.** The results show that although people are generally positive, there is a lot of room for improvement with regard to patient satisfaction. The results show how patients communicated dissatisfaction with access to appointments in some surgeries, while with others the systems seem to work well.

Booking face to face appointments

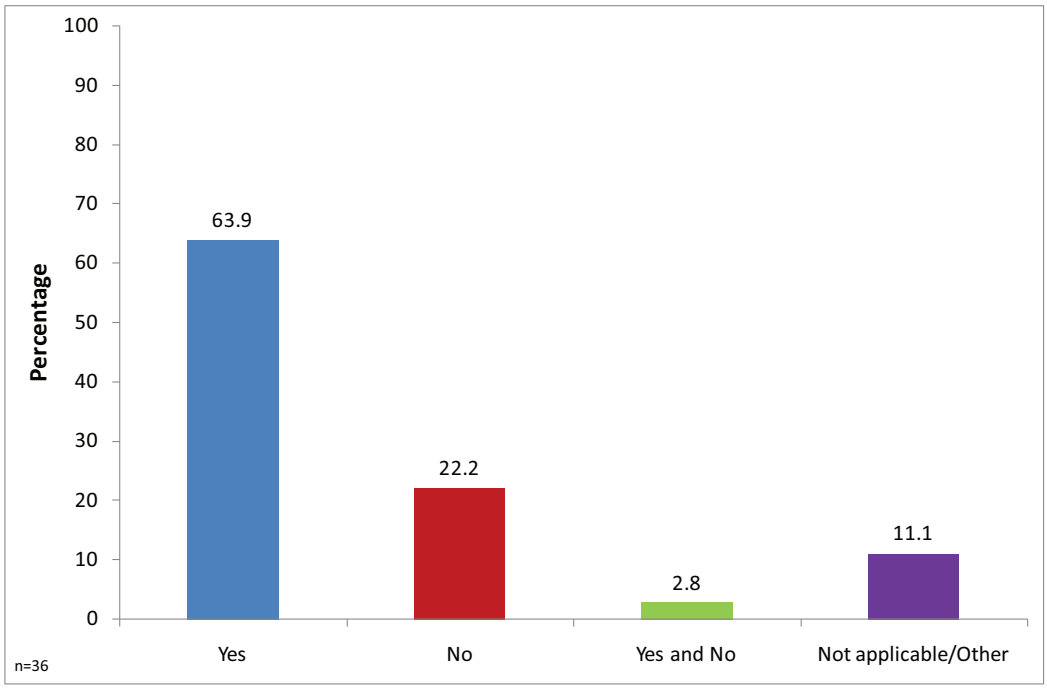


Figure 1: Do you think it is easy to book appointments in the surgery (face to face at reception)?

Nearly two-thirds (63.9%) thought that it was easy to book appointments in the surgery (face to face at reception (see Figure 1). However, in some cases, notably at Woodlands Medical Practice, this only worked only for:

'... advance appointments but not on the same day'

A respondent using Grovemead indicated that the basis for bookings was:

'First come, first served'

Those not giving a response either way reported that it was because they very rarely did face to face bookings.

[2] Sample sizes are shown in each graph, by the lower left hand side corner, detonated by *n=x,* where x is the size of the sample

Sometimes face to face was not possible, as highlighted by the general ideas offered by participants:

> *'Sometimes you go into the surgery and they tell you to phone – people get their phones out, ring when they could speak face to face'*

Recommended actions:

Figure 1 shows that 22% of the users report finding difficult to book appointments face to face to see their doctor. The information given to the LINk's Task and Finish group undertaking this research showed frustration with illogical, unfriendly and unhelpful systems in operation in some practices. The face-to-face and telephone booking processes should be identical across the Borough, and more consideration for 'patient friendly' systems is urgently needed, and should be discussed at Patient Participation Group meetings.

Booking an appointment by telephone

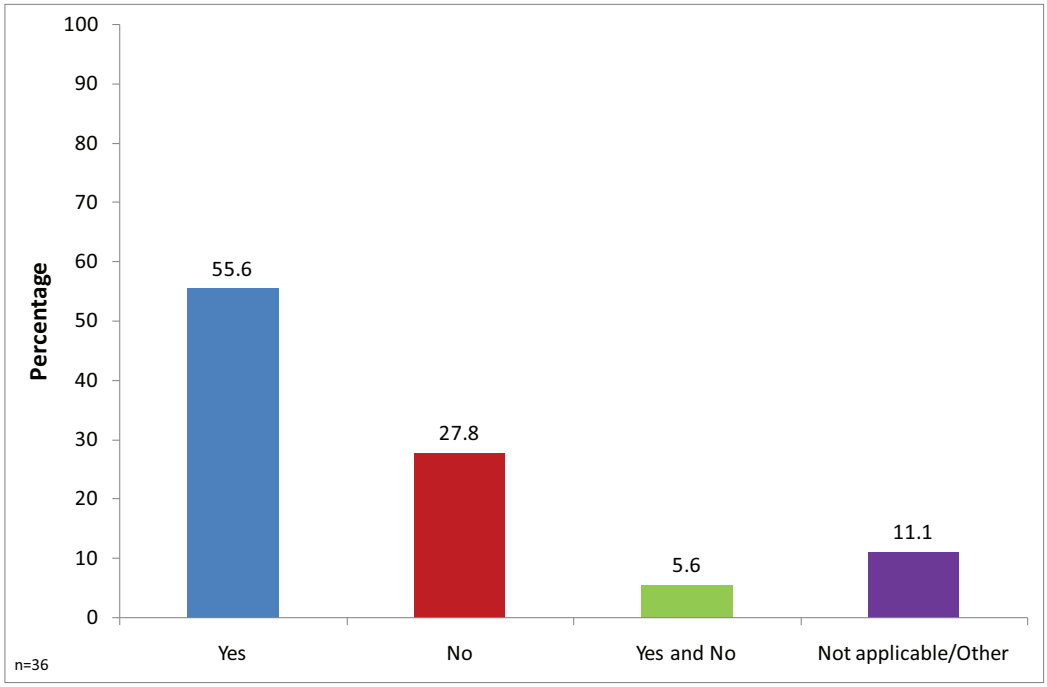


Figure 2: Do you think it is easy to book an appointment by telephone?

Over half (55.6%) thought that it was easy to book appointments by telephone (see Figure 2). Once people got through it was relatively straightforward, and knowing the system and how it worked made it easy for some:

'I know the system - but others may not be able to work it'

'Phone at 8.30am - use ring back. Call 0844 yes and can get the doctor to ring me'

The cost of a 0844 number, however, was a concern for those sharing general concerns:

'0844 numbers too expensive! Should not have this expensive number'

Others found it difficult to get through as the phone was often engaged, and when they did get through getting an appointment was not straightforward:

'Phone engaged from 8.30 only minimum appointments available when do get through'

'Difficult to get through and no appointments available'

'Pure luck, 2 weeks advance'

The phone being engaged was reinforced by general ideas offered by participants

'Telephones always engaged at the crucial time (and then you are told you should ring earlier)'

Recommended actions:

The results in Figure 2 show an unacceptable 28% of patients who need appointments are dissatisfied with telephone access in their surgery. The underlying problem is that most patients need to phone in at the same early time, which obviously results in network congestion. We recommend that practices address this issue, and involve patients in designing processes to overcome this difficulty. For example, allowing patients to book the previous day for the next morning's appointments would help relieve the immediate congestion on the telephone lines when the surgery opens.

We believe that an important figure is the ratio of patient list size to the number of appointments available each day, but it was not possible to obtain unambiguous statistics in this study.

0844 numbers

As part of our checking process of the practice telephone numbers, it was found that of the 72 practices, 8 were using 0844 numbers. This can be very expensive for the patients, who may have to telephone several times to make contact with the surgery. We feel that this issue should be addressed and that patients should not have this extra expense thrust upon them, especially as some practices will not allow patients to visit their premises to book appointments and insist on them phoning.

The cost of an 0844 number and other premium numbers on a mobile telephone can be excessive, and many people do not realise the true cost. This particularly affects residents who have recently moved, the elderly, people with only a mobile number and those on low income.

Getting an emergency appointment

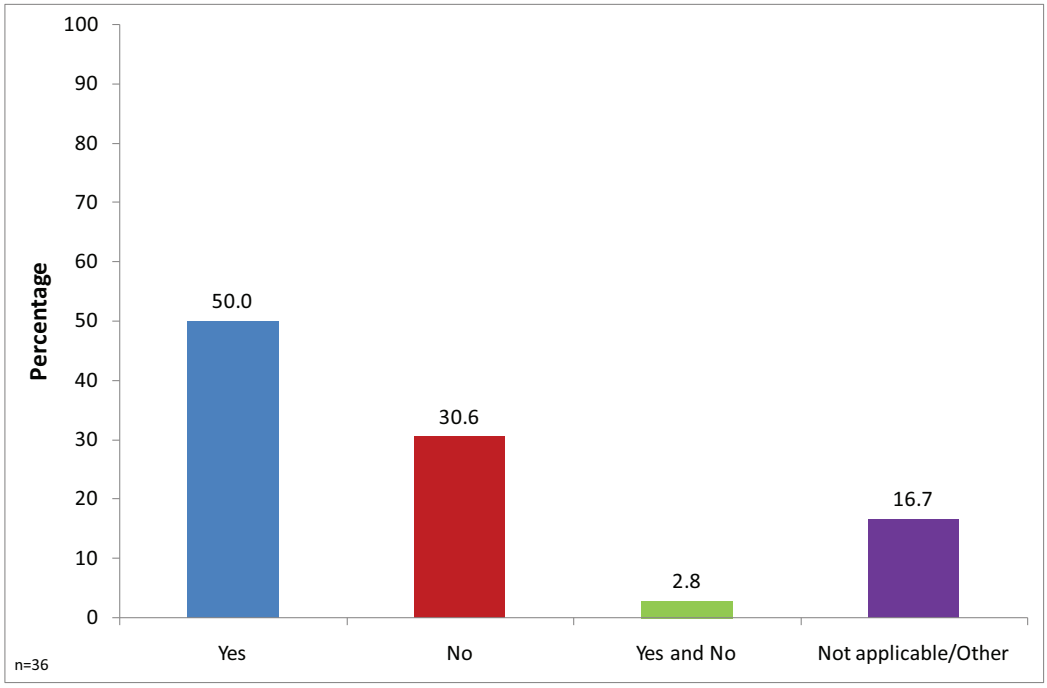


Figure 3: Do you think it is easy to get an emergency appointment?

Half (50.0%) of the respondents thought that it was easy to get an emergency appointment (see Figure 3), although in one case they had to:

'... fight sometimes to convince them it is urgent'

This view was reinforced by the other feedback gathered at focus groups:

'Receptionist are given more power than medical staff by deciding emergency appointments'

Almost one in three (30.6%), however, felt that it was not easy to get an emergency appointment. Reasons included:

'When I have been unexpectedly ill can't get appointment except by telephone - one occasion needed to'
'You can get an emergency appointment but with difficulty'

'Leave message to speak to doctor, depends on doctor's availability'

'Have been rejected on an occasion but persisted and got an appointment at an alternative site'

Some of these concerns are echoed from other feedback gathered at focus groups:

'To get an emergency appointment phone from 8.30 a.m. – just keep re-dialling for 20 minutes! Then when you get through there are no appointments left'

Recommended actions:

In order to lighten the requests for emergency appointments, an option might be to offer Telephone Advice Surgeries run by a doctor who could then give advice about treatment or issue an appointment if the patient needs to been seen. This service could be available at set times, taking the pressure off the 8am rush. There is always the option for this form of triage to be shared between practices.

We recommend the provision of information about appropriate use of services to be made available in the Practice Leaflet and on posters displayed in the waiting rooms. This might encourage patients to seek advice from their local pharmacy for minor ailments.

Patients complained about having to divulge their medical problem to a receptionist before being allocated an emergency appointment, and we recommend that this practice is stopped as it breaches patient confidentiality.

Contacting the Out of Hours service

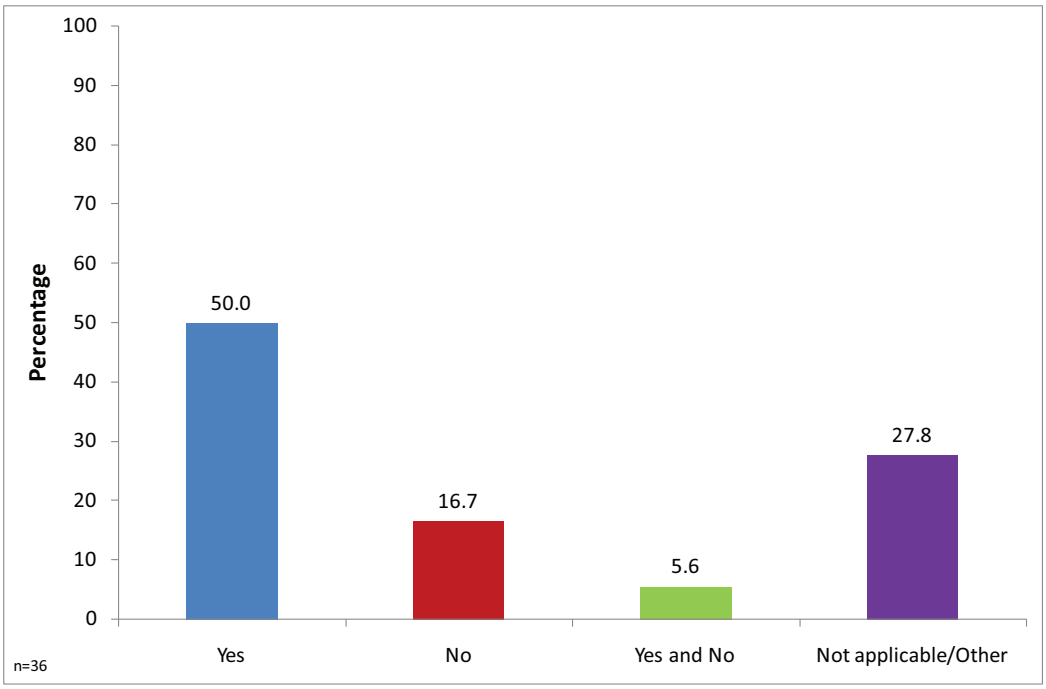


Figure 4: Do you think it is easy to contact the Out of Hours Service?

Half of the survey participants thought that it was easy to contact the out of hours service (see Figure 4), although for one:

'... outcome often not satisfactory'

Those who gave a Yes/ No reply supported this in that:

'... not impressed with response'

'Improvements could be made, not as good as it could be'

Those who were negative were quite strong with their views:

'Have stopped using as they are useless'

'Barndoc is awful system. They are unsympathetic, rude and inefficient'

Over a quarter (27.8%) indicated that the service did not apply to them as they had not used, or used an alternative method:

'Haven't tried to get one - have gone direct to hospital'

Recommended actions:

Of those using the out of hours service 17% said they were not satisfied with the access.

Although patients were not asked about their views of the clinical treatment, the comments given indicated that improvements might be needed. This raises the question of whether the commissioners of this service should audit whether Barndoc is of a satisfactory standard and why better access is not available. Because of this perceived poor service we recommend that an audit is performed, and the service reviewed.

Getting through to the practice on the telephone during surgery hours

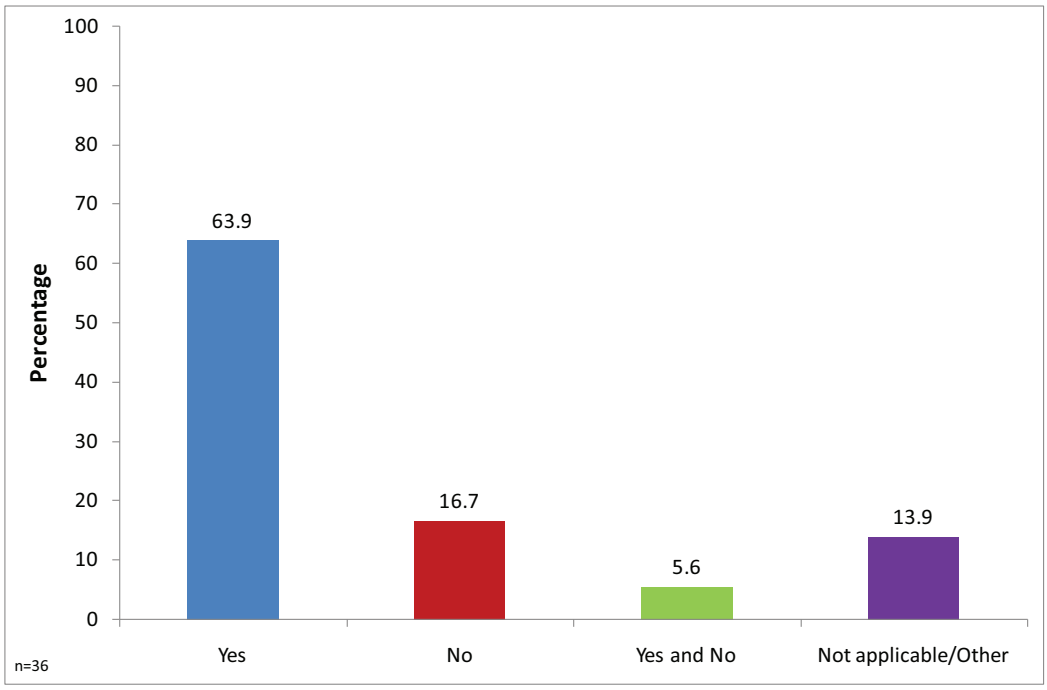


Figure 5: Do you think it is easy to get through on the telephone during surgery hours?

Nearly two-thirds (63.9%) thought that it was easy to get through on the telephone during surgery hours (see Figure 5).

For those giving a Yes/No response it largely depended on the time of day:

'Busy early mornings'

Those who were negative reported that it took time to get through:

'There's usually a wait'

'Difficult to get appointments, call in the morning and never get through'

Recommended actions:

There was a much higher satisfaction rate with telephone access during surgery hours in East Finchley but there were still issues raised about accessing appointments as noted above.

We recommend that internet booking should be introduced by more practices which would help patients with the above problems. Further, patients should be able to check themselves in on a screen in the surgery once they have arrived. Both these procedures would save valuable receptionist time.

This study did not cover the additional problems encountered by deaf people, those with learning disabilities, or with English as a second language, all of whom may encounter greater problems with use of the telephone. These are areas needing further investigation.

Using the surgery telephone system

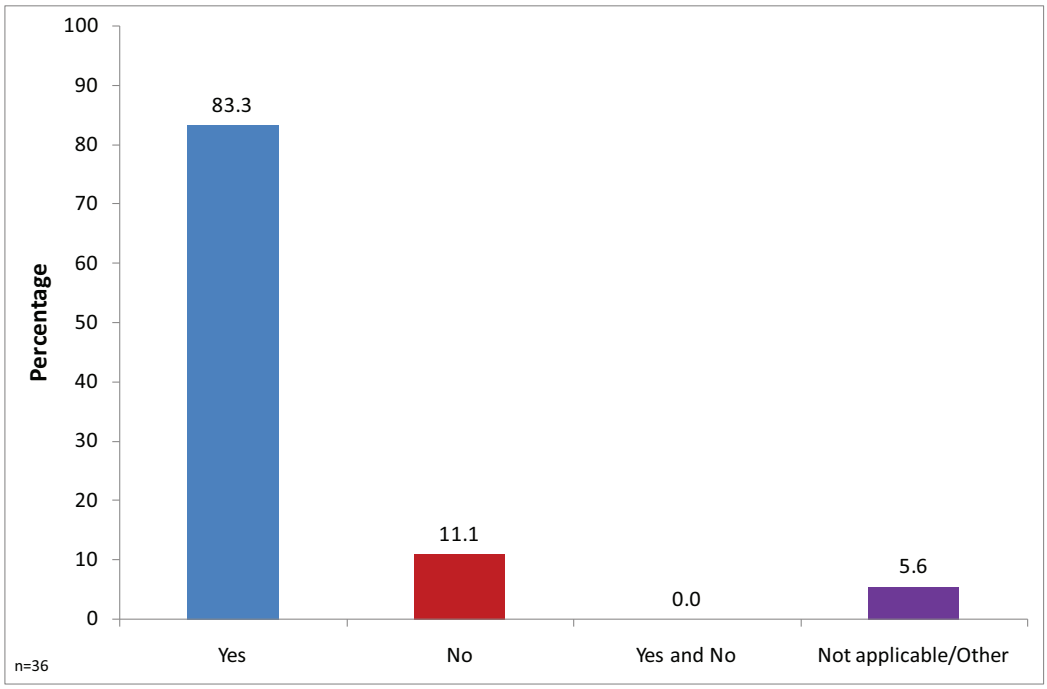


Figure 6: Do you think it is easy to use the surgery telephone system?

A large majority (83.3%) were positive in their opinion about the ease of use of the surgery telephone system (see Figure 6).

Although it was generally felt the system was easy to use, one respondent did express concerns for certain groups of society:

'Yes, but others i.e. elderly might not'

Although those stating No were in the minority, one respondent thought that it was because the system was:

'Very complicated'

Recommended actions:

Only 11% of patients reported dissatisfaction with the telephone system. Despite the high satisfaction level recorded, the recommendations are that the system should be clear and easy for everyone to use, including for those not technically aware. If patients have to be held in a queue, it would be helpful to know how many calls are ahead of them. A direct line to reception would avoid patients being charged for phone calls which ultimately cut off through overload of the system at the busiest times.

Recorded messages about services at the surgery should be clear (and checked regularly), as succinct as possible and relevant to the season (eg with instructions for the flu clinics to be deleted after completion).

Patients with hearing difficulties or learning disabilities should be consulted about the telephone systems and perhaps offered a receptionist with a clear voice.

VII. Other findings about GP practices services in East Finchley

During this research the GP Task and Finish group was keen to pick up other relevant learning in areas of anecdotal concern. They are presented by geographical area.

Seeing a doctor of choice

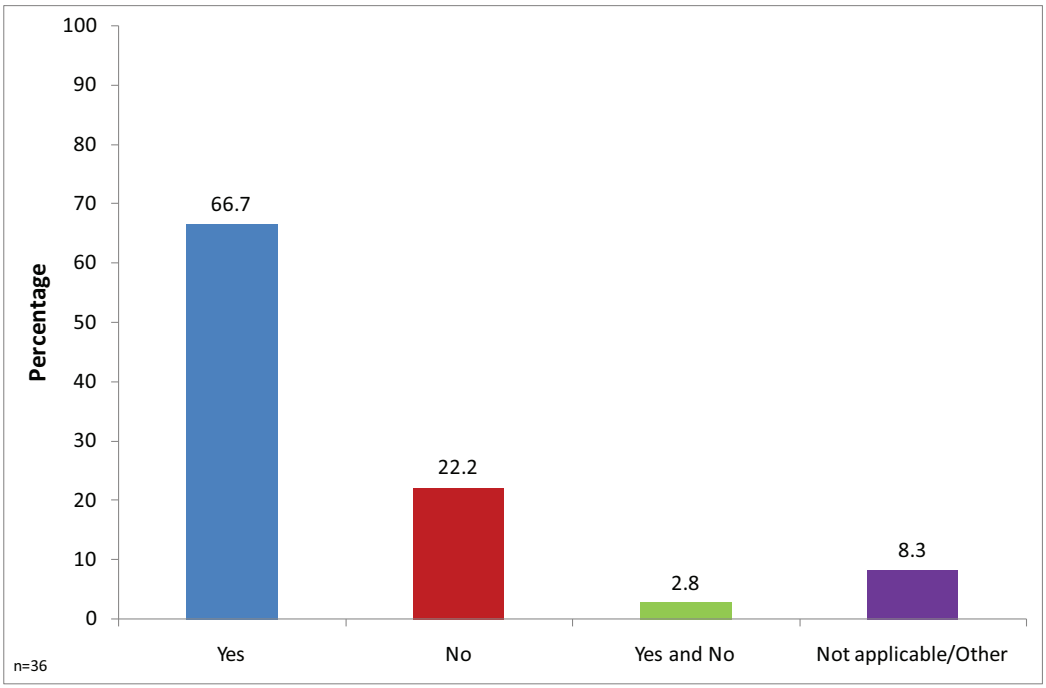


Figure 7: Do you think it is easy to see a doctor of your choice?

In the majority of cases (66.7%) respondents thought it was easy to see a doctor of their choice (see Figure 7).

In other cases a lot depended on availability in non-emergency situations:

'Yes, but with notice'

'Doctor of choice is usually fully booked up'

'Only if you are prepared to accept an appointment in several weeks time'

In emergency situations:

'... if emergency have to see a doctor who is available - not unreasonable'

Recommended actions:

The request to be seen and treated by a male or female doctor should be allowed in order to treat patients with dignity and respect. However, it is not reasonable to always be able to see a named doctor unless the appointment request is made in advance.

The recommendation is for patients to see a named doctor as far as the appointments allow, and similarly for emergency appointments.

Speaking to a doctor over the telephone

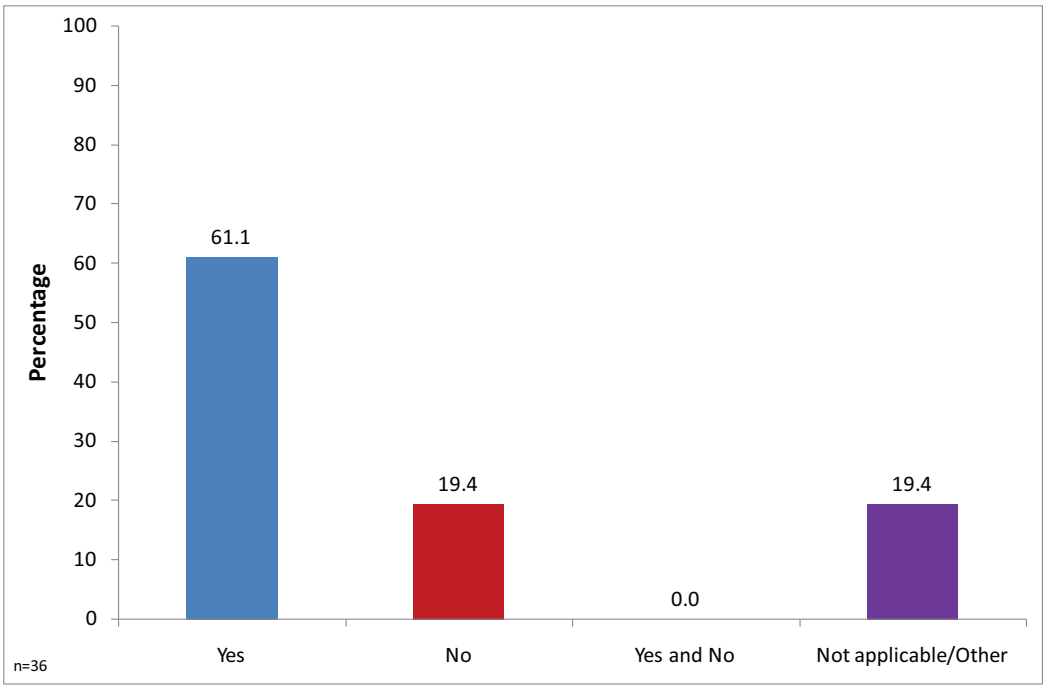


Figure 8: Do you think it is easy to speak to a doctor over the telephone when you need to?

Nearly two-thirds (61.1%) of respondents thought it was easy to speak to a doctor over the telephone when they needed to (see Figure 8). Where this was the case it was seen to be a:

'Good service'

'Sometimes leave message, always calls back'

Those stating No highlighted that their experience was variable in that it was sometimes good and sometimes not so good:

'Sometimes, depending on how friendly reception is'

Those indicating Not applicable gave reasons such as:

'Don't really ask to speak to doctors via telephone'

'Haven't tried'

Recommended actions:

Where possible this practice should be enhanced but on a timed appointment basis. Generally this practice would improve patients' satisfaction with GP access.

Receptionists

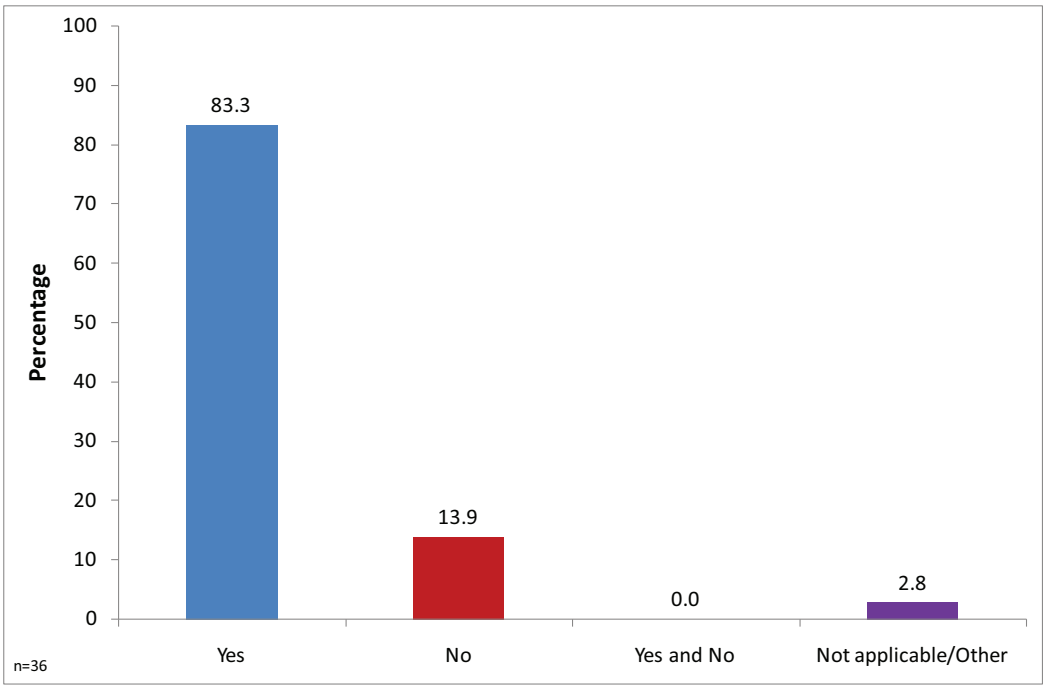


Figure 9: Reception: Do you think the receptionists are helpful?

A large majority (83.3%) thought the receptionists were helpful (see Figure 9):

'To me yes as they know me well'

'Try very hard'

'Receptionists are dedicated, loyal, committed, outstanding and friendly'

'Helpful'

In the minority of cases, there were some negative experiences:

'Try to get rid of you'

'Poor at out of hours - Finchley Memorial – rude'

Thoughts arising from other feedback gathered at focus groups highlighted potential areas for improvement:

'The way the receptionist ask the question could be better phrased – e.g. do you feel able to tell me what is the matter? (Gives person choice to say it is personal)'

'If diagnosis is serious (e.g. skin cancer) patient should be asked to see doctor not given a diagnosis by receptionist'

Recommended actions:

The report highlights the high satisfaction rate with surgery receptionists. The recommendations are that there should always be a sufficient number of reception staff to deal with the patients in a dignified and polite manner, whilst respecting confidentiality at all times. We recommend that receptionists do not make clinical decisions when allocating emergency appointments.

Knowledge of appointment times

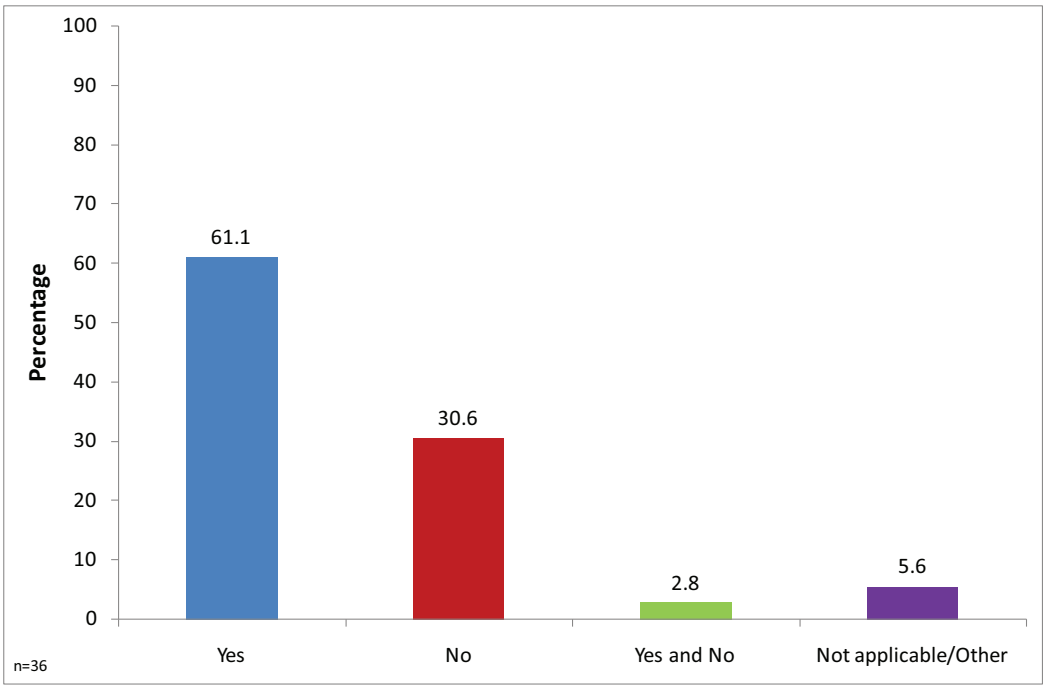


Figure 10: Knowledge of Appointment: Are you aware of the early morning or evening appointments available to patients at your surgery?

About two-thirds (61.1%) indicated that they were aware of the early morning or evening appointments at their surgery made available to patients. However, almost a third (30.6%) were not aware (see Figure 10).

Comments include:

'Evening appointments are available not sure about early mornings'

'Some but not very clear'

'Never enquired'

'Not advertised'

Recommended actions:

A number of patients did not seem to know about all the appointment and surgery times, but those patients who took part in our research did not seem to need very early or late attendances. Adjusting the times of surgeries to meet working patients' needs is a valued improvement in the services that GPs offer.

Repeat prescriptions

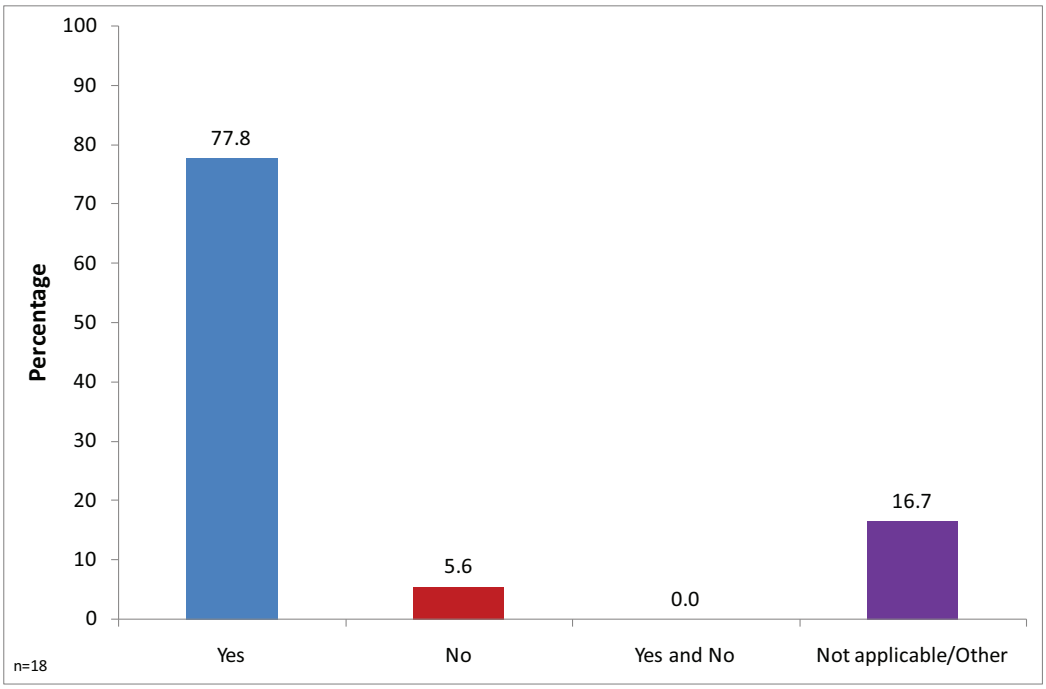


Figure 11: Do you think it is easy to get a repeat prescription?

Over three-quarters (77.8%) reported that they thought it was easy to get a repeat prescription (see Figure 11), although for two respondents:

'But usually takes 2 to 3 days'

'But takes a long time to have it arranged'

Another respondent found it:

'Very easy Pharmacy 4 You'

Recommended actions:

There appear to be good systems in place for this service with few adverse comments. Patients seem satisfied and therefore there are no recommendations.

Ease of obtaining test results

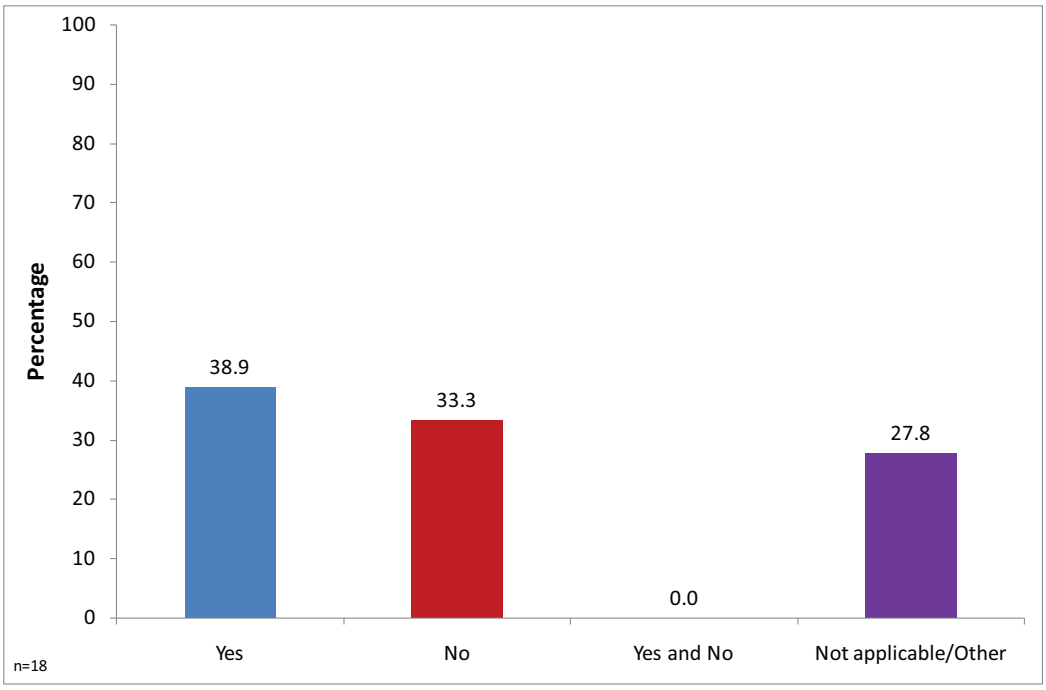


Figure 12: Do you think it is easy to obtain actual test results?

In over a quarter of cases (27.8%) the ease of obtaining actual test results was not relevant. However, where there was a need responses were split (see Figure 12).

Those who gave a No response highlighted that they had to chase up the results rather than been given to them:

'I have to phone them and chase. They would contact me if there was something wrong. Phone 1) for appointments, Phone 2) for test results'

'Have to phone and ask receptionist or try to make a GP appointment'

'Should not have to chase them, but does not happen often'

There was also a further concern from other feedback gathered at focus groups:

'Test results provided confidential information that was given over the phone – not right – everyone could hear'

Recommended actions:

From the responses to this question, it seems that this topic could form the basis of some further research. It seems to be a bit "hit and miss", as well as possibly breaching confidentiality on occasions. The recommendation is that each practice states their policy clearly in their practice leaflet and in the waiting rooms so patients are aware of whether they should telephone in, and at what time, or whether the surgery will contact them if their test results necessitate action.

They should also state how long it takes the practices to receive blood results from the laboratory to avoid unnecessary telephone calls to the surgery.

VIII. Findings on access to GP appointments in Edgware practices

This section of the report focuses on responses from Edgware. The same methodology and themes were investigated here and in East Finchley. **The sample for the analysis in Edgware is of 70 respondents in section VIII and IX, however note only 6 respondents completed the latest questions[3].** The results show that although people are fairly positive, there is a lot of room for improvement with regard to patient focus.

Booking face to face appointments

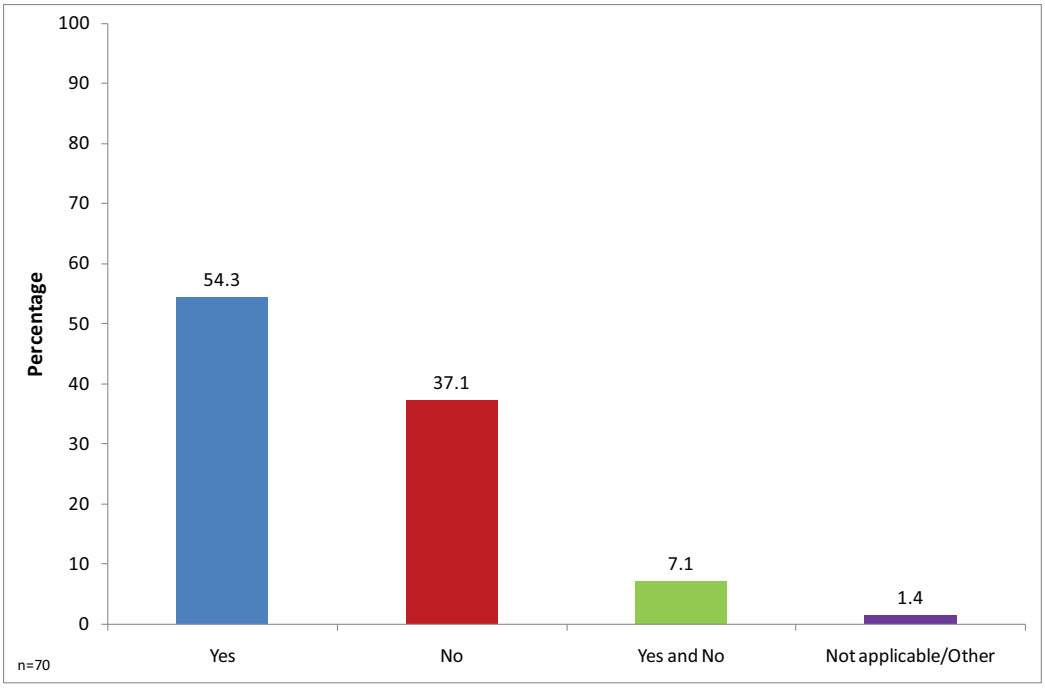


Figure 1a: Do you think it is easy to book appointments in the surgery (face to face at reception)?

Over half (54.3%) thought that it was easy to book appointments in the surgery (face to face at reception (see Figure 1a). Over a third, however, indicated that it was not easy:

'They never have appointments for a suitable time and often tell you to call back later / tomorrow'

At Bacon Lane Surgery:

'They won't accept them'

'Have to leave phone number and doctor phones back'

Recommended actions:

In figure 1a, 37% of the users report they find it difficult to book appointments face to face to see their doctor. As mentioned in the East Finchley area analysis, research showed frustration with systems in operation in some practices. More consideration for 'patient friendly' systems is urgently needed.

[3] Sample sizes are shown in each graph, by the lower left hand side corner, detonated by *n=x,* where x is the size of the sample

Booking an appointment by telephone

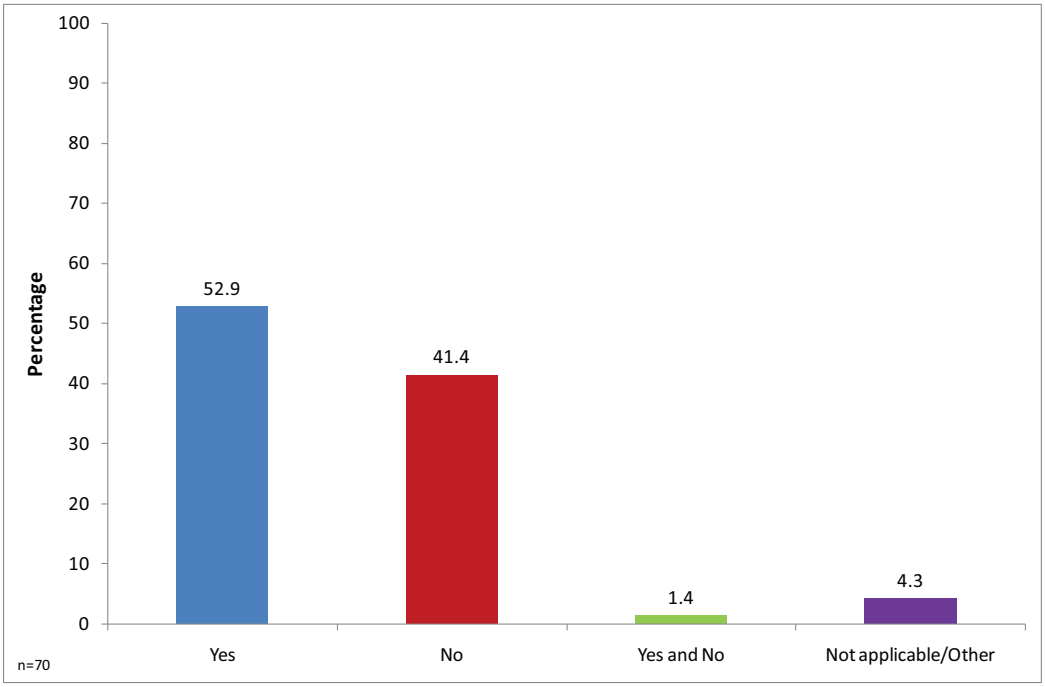


Figure 2a: Do you think it is easy to book an appointment by telephone?

Just over half (52.9%) thought that it was easy to book appointments by telephone (see Figure 2a). However, 41.4% found difficulty getting through:

'Phone always engaged first thing in the morning, when you get through there are no appointments available'

'Impossible to get through'

' When rang 13th in queue, held on for 40 minutes at 8.30 am'

' A dead loss! Everybody tries to phone at 8.00 am'

' It's hard to get an appointment unless it's weeks away'

The length of time on the phone brought cost implications for some:

'0845 number - Disgusting as you stay on hold for ages'

'Asked to ring 0870 number to book or speak to receptionist cost my Mum £1.00 for one phone call. Now have 0844 number on website, but not communicated to patients. 0844 is still expensive - so for people on limited budget (of all ages) this is far too costly'

' 0845!! One call costs £13 from my mobile'

Recommended actions:

The results on figure 2a show a concerning 41.4% of dissatisfaction from patients needing appointments booked by telephone. As stated in the East Finchley section on page 11 improvements are needed.

In at least one surgery patients reported that they telephoned into the surgery and then had to be called back by a doctor before an appointment could be allocated. This leaves patients stranded at home waiting for these calls because, we have been told, no call-back times are given. This procedure disregards people's family and work commitments. The surgery in question may have been over the border in Harrow but was being used by many Edgware residents.

Some surgeries in East Finchley and Edgware use 0844 numbers. As pointed out in the East Finchley section, we feel that this issue should be addressed, in particularly because it affects specific groups such as people with only a mobile number and those on low income.

Getting an emergency appointment

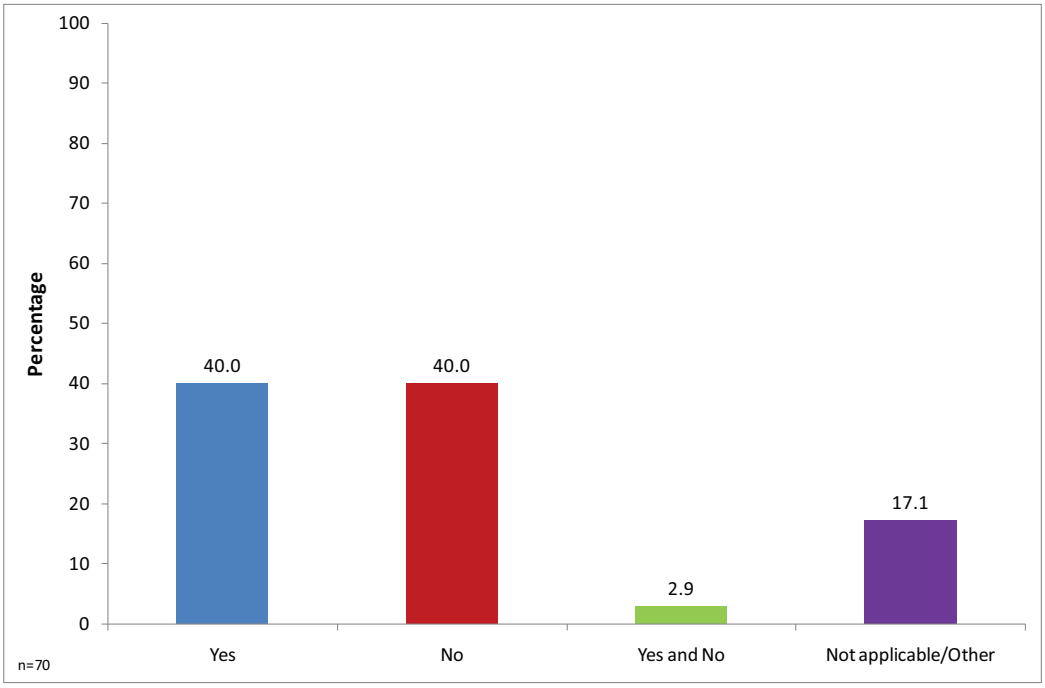


Figure 3a: Do you think it is easy to get an emergency appointment?

Less than half (40.0%) thought that it was easy to get an emergency appointment (see Figure 3a):

'Can always speak to a doctor and will phone back - may be one of many'

'Able to see GP on the day'

A similar proportion (40.0%) reported that it was not easy, and in some cases had to go elsewhere.

'Knowing you are ill - 2 days in advance is hard – especially when emergency appointments are full'

'No emergency appointments - told to go to hospital'

'Only if you know by 8.00 am, or cancellation, otherwise 'walk in' or NHS Direct'

'You have to queue up on the doorstep before 8.00 am to ensure you get an appointment. Very difficult when you are feeling poorly'

'Sometimes I am able to get an appointment on the same day, but after a few hours, but sometimes I have to go to walk in centre'

'No, they always gone by 9.30 am'

'Only if you are dying and even then ...'

Recommended actions:

The graph shows a worrying 40% of patients dissatisfied with access to emergency appointments. GPs have an obligation to see patients with urgent clinical need, so we suggest that if there are not enough appointments available, that additional telephone advice clinics are offered by the doctors. We recommend that practices look into extending their access to emergency appointments in consultation with their patients.

We also suggest that if there is a problem accessing the surgery to obtain emergency appointments, that this could be helped by having an alternative telephone number for this service.

Please also see the recommendations listed under the East Finchley on page 13 and 14 and under the general recommendations.

Contacting the Out of Hours service

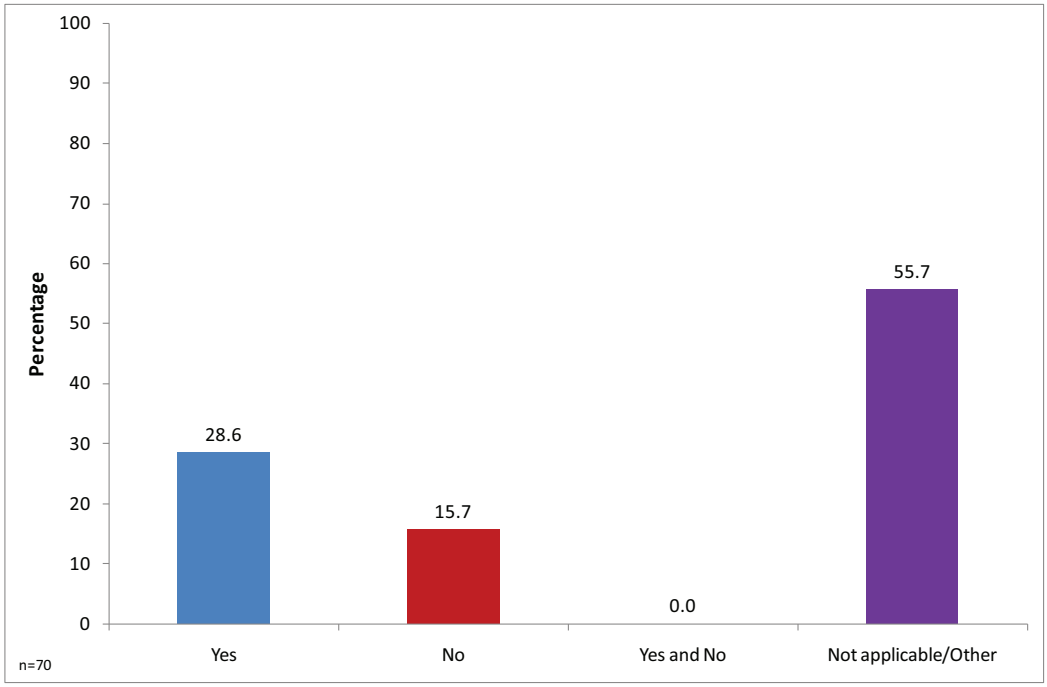


Figure 4a: Do you think it is easy to contact the Out of Hours Service?

Over half (55.7%) indicated that they had not used the out of hours service (see Figure 4a), whilst the experience for others was mixed. On the positive side:

' Was most impressed with Barndoc. Actually phoned back with an appointment to see a doctor at Edgware Hospital'

' I have had little need for it, but my Mum, a diabetic had a good experience'

Those who had a negative experience:

'Used it once, they wanted us to go to Edgware hospital'

'I contact NHS Direct instead'

'It varies unfortunately'

Recommended actions:

As we mentioned in the East Finchley section on page 15, we are concerned by the responses in this area, but it seems that 55% of patients apparently have not accessed the service. Looking at those that have used it, the negative responses indicate a need for commissioners to audit the satisfaction with access and clinical treatment offered by Barndoc.

Getting through to the practice on the telephone during surgery hours

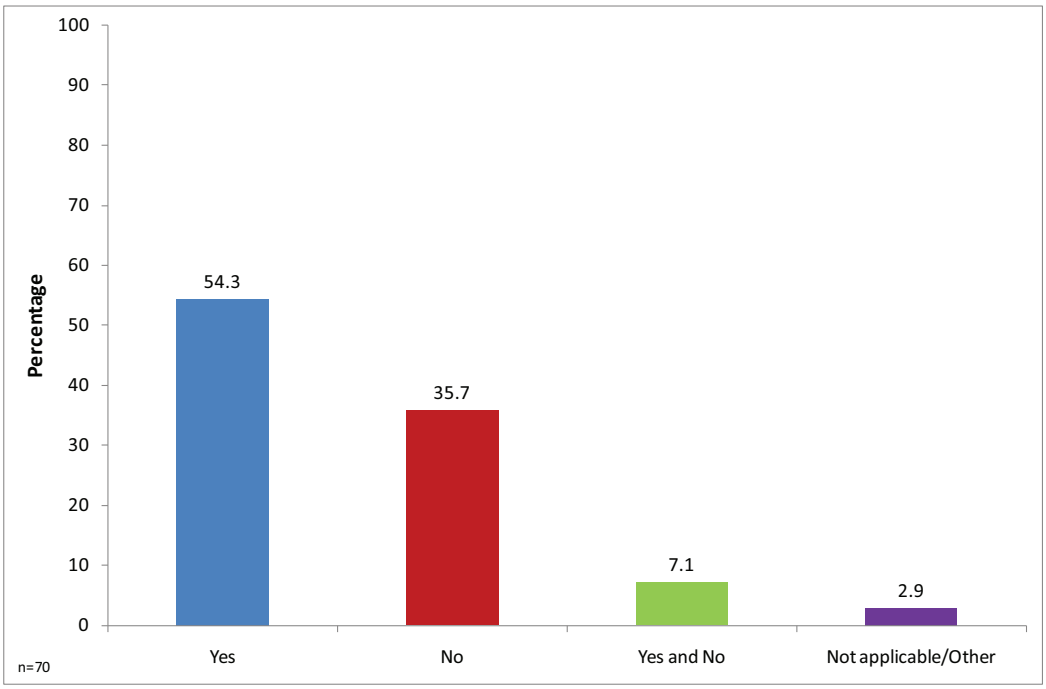


Figure 5a: Do you think it is easy to get through on the telephone during surgery hours?

Over half (54.3%) thought that it was easy to get through on the telephone during surgery hours (see Figure 5a). Over a third (35.7%) however, did not find it easy to get through:

'Kept holding for ages'

'The line is always busy'

'Hard to get appointment - 2 hour wait on phone. Can only get for the day or exactly 2 weeks time'

'No, phone usually engaged. When you get through, they take your phone number and ring back, it can be hours later!'

Recommended actions:

There was a much higher satisfaction rate with telephone access during surgery hours but there were still issues raised about accessing appointments, Edgware having 35.7% dissatisfaction in contrast with only 16% in East Finchley. From the survey responses, there is the possibility that some surgeries may not have an adequate number of telephone lines or staff to serve all the patients on their lists and we recommend that secret shoppers test the surgery telephone systems and report their findings.

As we mentioned in the East Finchley section on page 16, further investigation is needed into access by those with disabilities or with English as a second language. Internet booking and automated surgery check-in should also be considered.

Using the surgery telephone system

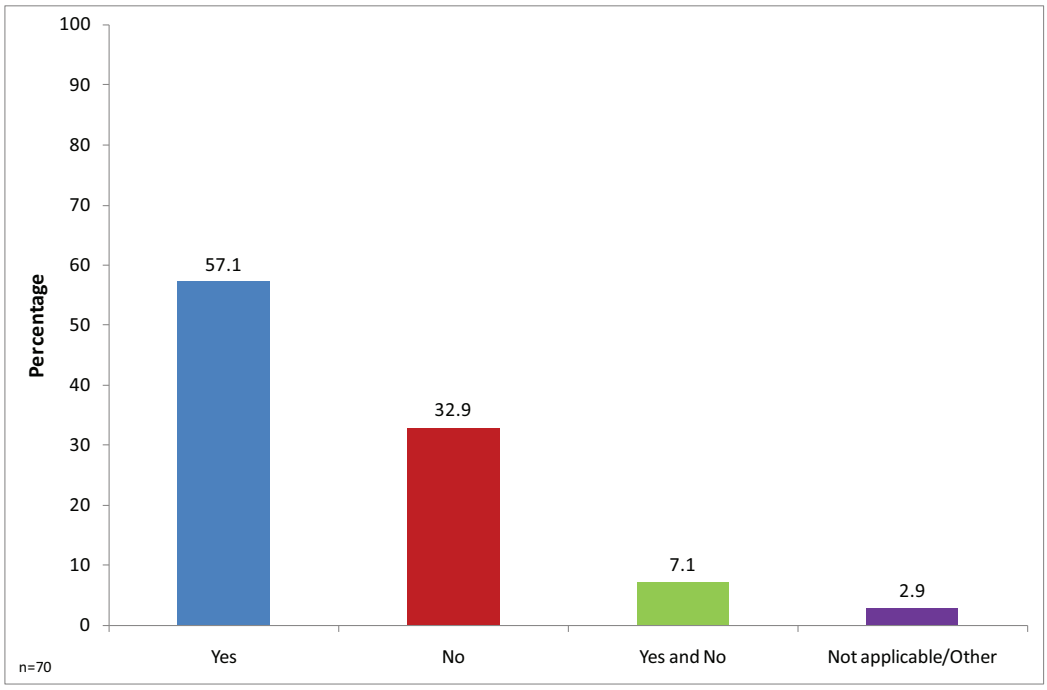


Figure 6a: Do you think it is easy to use the surgery telephone system?

Over half (57.1%) were positive in their opinion about the ease of use of the surgery telephone system (see Figure 6a) in that:

'Once you get through it is easy to use'

About one in three (32.9%), however, did experience problems or issues:

'The automated system isn't great, could not get an appointment with a female doctor in two week period. Difficult to get through on phone. Hard to get an emergency appointment'

'Bacon Lane Surgery, introduced a new appointments system [Triage] at the beginning of 2012, since then appointments can only be made by phone. They take your name and phone number, don't ask what you want the appointment for, eventually a doctor phones back, you may get an appointment or he / she may diagnose over the phone ...'
'Telephone system is easy to use, but can't always get last minute appointment, so have to speak to receptionist'

'Ring at 8.00 am, not suitable for those that work, Triage system over the phone – misdiagnosed over the phone'

There are those who would: *'Prefer to talk to a person rather than auto system'*

Recommended actions:

We are concerned about the 33% dissatisfied with the telephone system in Edgware. In particular about the wide variety of systems used from surgery to surgery, which seem to prevent access to booking face to face. We understand that demand at certain practices may be really high however we call for an open discussion to find acceptable solutions to this issue in preparation for the shift from acute to community base services. See also the recommendations for East Finchley on page 17.

IX. Other findings about GP practices services in Edgware

Seeing a doctor of choice

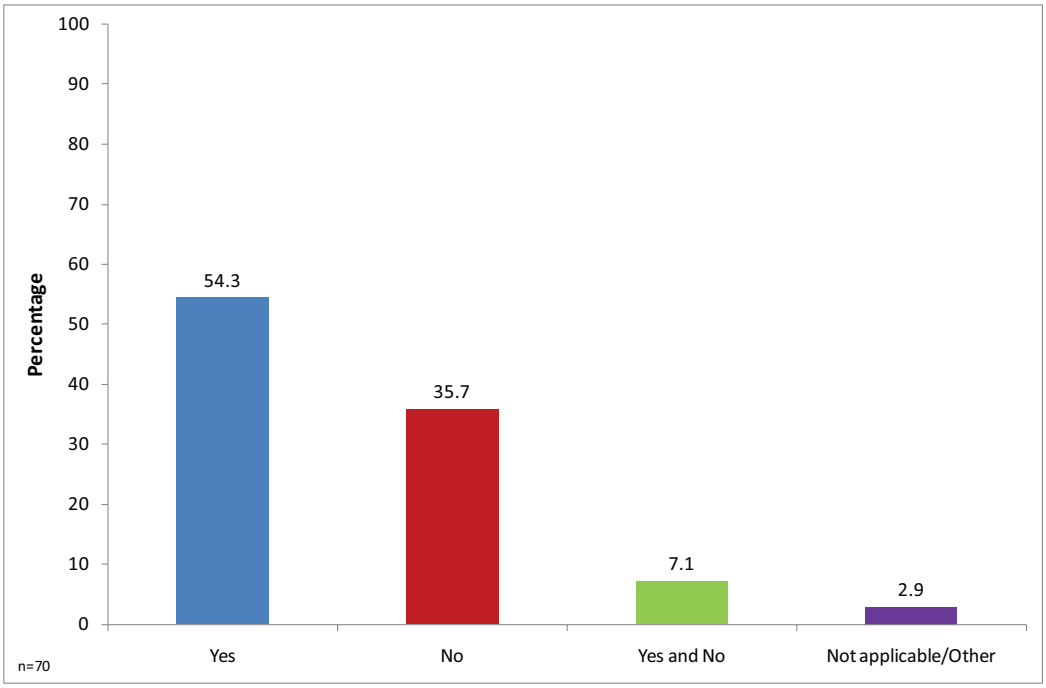


Figure 7a: Do you think it is easy to see a doctor of your choice?

Over half (54.3%) respondents thought it was easy to see a doctor of their choice (see Figure 7a). If that was not possible, then they were okay to:

'... just see the doctor that is available'

' ... see anyone quickly ...'

Over a third (35.7%) expressed that seeing a named doctor of their choice was difficult in that they could have to wait a long time:

'Have to wait 3 weeks for a named doctor'

'Not as easy as it could be 2 to 3 weeks to see a particular doctor'

Recommended actions:

There is a greater level of dissatisfaction in Edgware, 35.7%, compared to East Finchley, which showed only 22.2%. This may directly reflect a higher ethnicity mix with a more extensive need for patients to see either a male or female doctor.

It does appear to be particularly difficult to see a doctor of choice, and the recommendation is for patients to be encouraged to join Patient Participation Groups to discuss resolving this issue with the doctors and staff of their surgeries.

Speaking to a doctor over the telephone

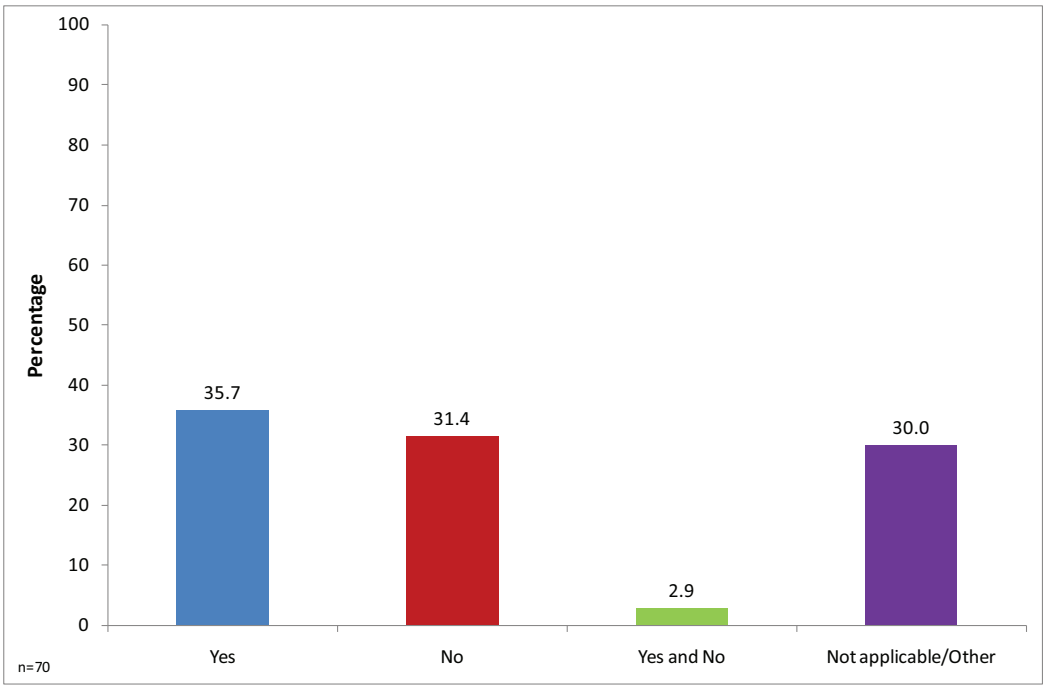


Figure 8a: Do you think it is easy to speak to a doctor over the telephone when you need to?

Just over a third (35.7%) of respondents thought it was easy to speak to a doctor over the telephone when they needed to (see Figure 8a). If one was not immediately available then the doctor would telephone back:

'Doctor called back, discussed issue and was prescribed medication. Found it easy and accessible , haven't been back since'

For 30.0% it was not applicable or unnecessary, and for a further 31.4% it was difficult to get through to speak to a doctor:

' Very hard 'all busy at the moment''

'Not easy, hard to get past reception'

'Have to be persistent'

'Depending on the receptionist'

'They don't update your number and claim to have called when they haven't'

Recommended actions:

There is greater dissatisfaction in Edgware than East Finchley about being able to speak to a doctor over the telephone. We recommend that practices discuss this issue and improve patient telephone access to doctors.

Receptionists

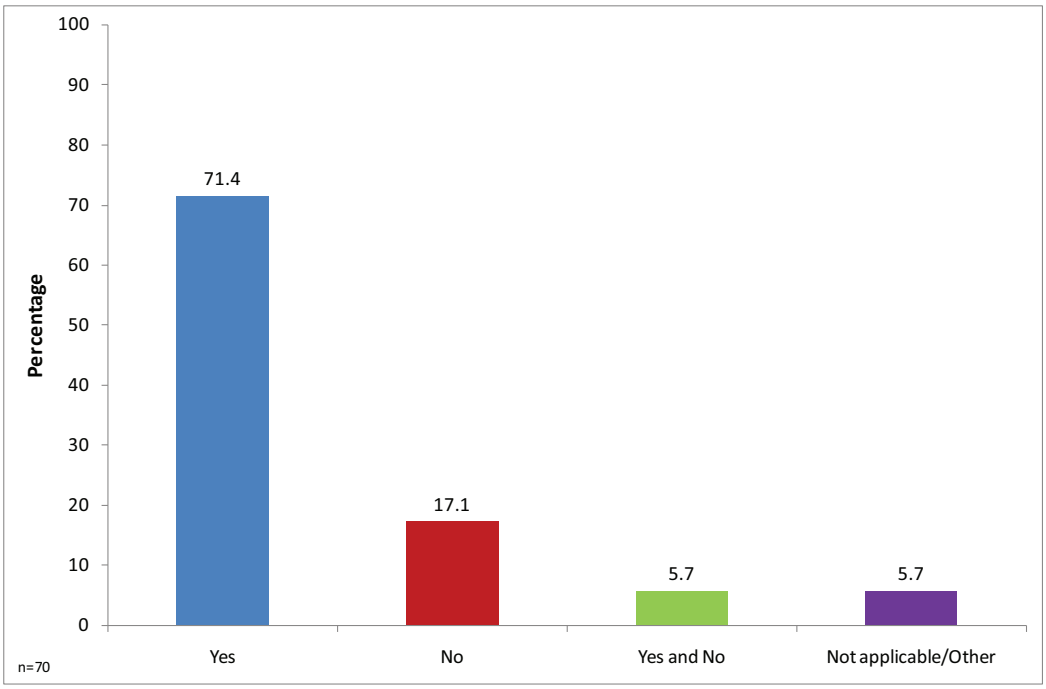


Figure 9a: Reception: Do you think the receptionists are helpful?

Nearly three-quarters (71.4%) thought the receptionists were helpful (see Figure 9a). In many cases they were seen to be:

'Helpful and efficient'

'Very polite'

For some, however, it varied:

'Varies - some are caring and some are really hard'

'Depends who is on! Some very helpful, others not'

'Good - So, so! Must make some allowances for work load'

'Depends which one'

The professionalism was questioned in a couple of cases:

'Can be unhelpful at times and divulge confidential information'

'I have called the surgery to make appointments for my babies (aged 2 and 7 months respectively) and found it hard to get appointments for that day when they are ill. The receptionist once hung up as I was asking for an appointment as she said the surgery was busy that day even though I was asking for an appointment for any day that week'

Recommended actions:

As in East Finchley, we are pleased to see a high level of satisfaction with reception staff.

Again, each practice needs adequate numbers of trained and empathic staff to deal sensitively with the needs of the patients.

Knowledge of appointments

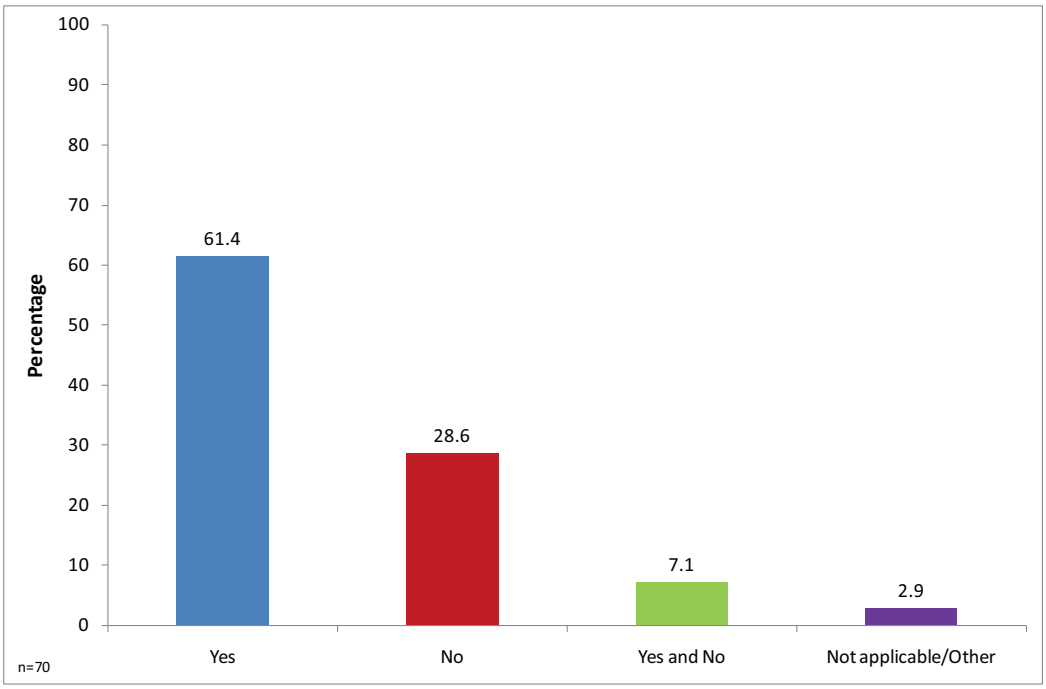


Figure 10a: Knowledge of Appointment: Are you aware of the early morning or evening appointments available to patients at your surgery?

About two-thirds (61.1%) indicated that they were aware of the early morning or evening appointments at their surgery made available to patients. However, over a quarter (28.6%) were not aware (see Figure 10a).

Generally, respondents made reference to seeking availability of appointments in the early morning, but not many respondents made reference to knowledge of evening appointments, although it could be of benefit:

'Difficult in the morning - later on easier'

Knowledge of the appointment was one thing, but according to one respondent:

'But try and book them ...'

Recommended actions:

As with East Finchley on page 21, there was reasonable knowledge of the early and late appointments and we are pleased that this facility is offered.

Repeat prescriptions

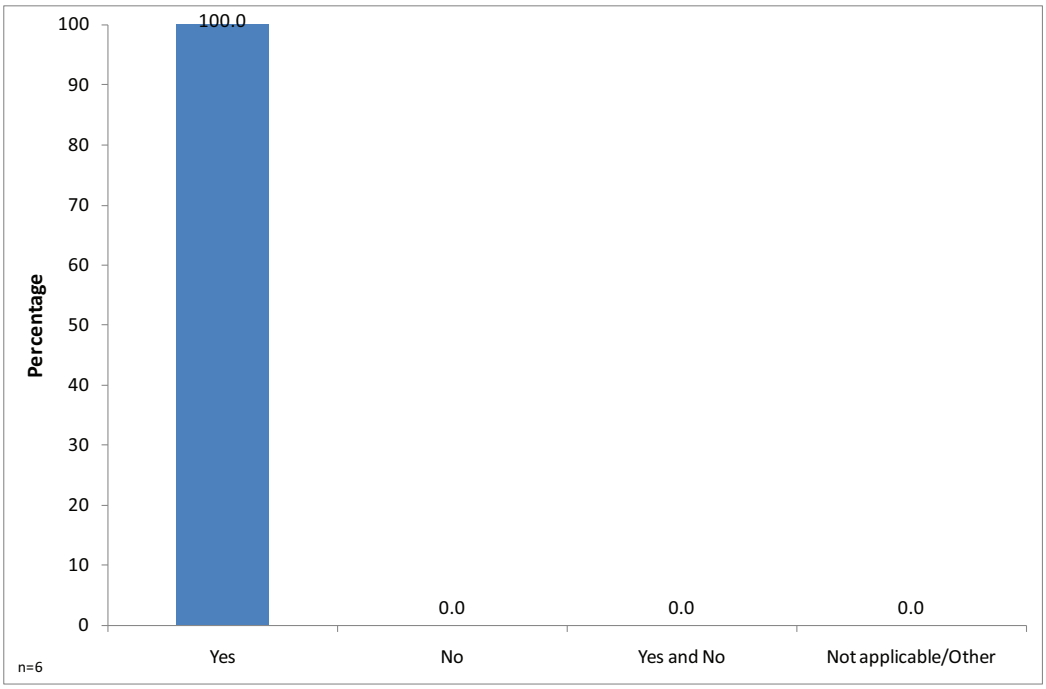


Figure 11a: Do you think it is easy to get a repeat prescription?

Where applicable, all (100.0%) reported that they thought it was easy to get a repeat prescription (see Figure 11a), and for differing reasons:

'You put your prescription in the post box at the clinic'

'Because they do not want to see you'

Recommended actions:

There were very few respondents to this question but with 100% satisfaction, there is little to say!

Ease of obtaining test results

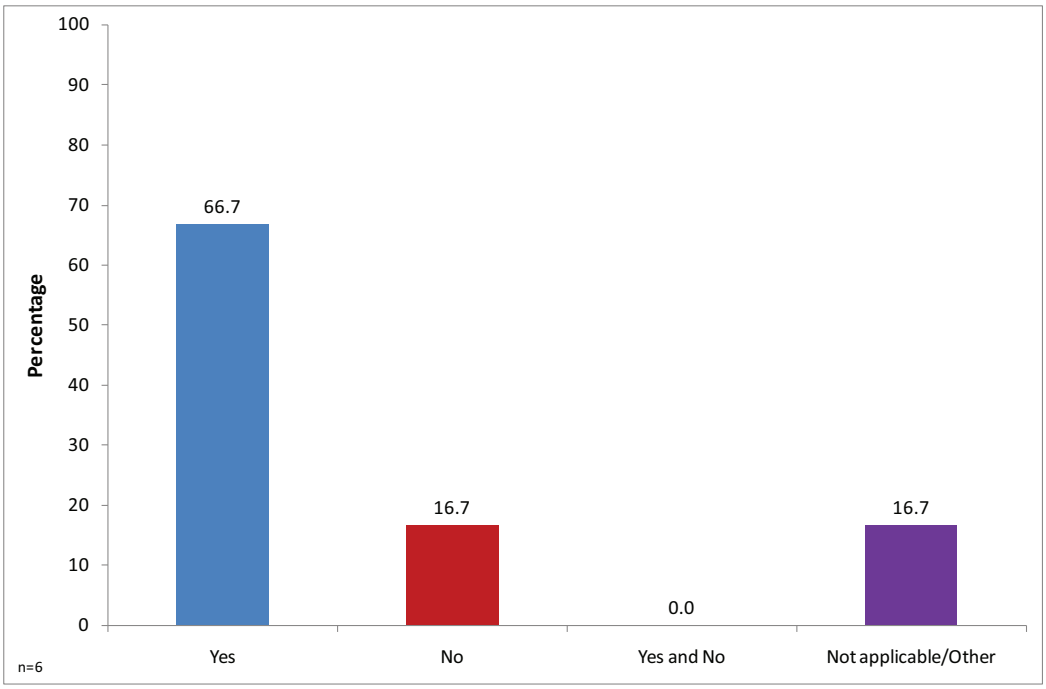


Figure 12a: Do you think it is easy to obtain actual test results?

In two-thirds of cases (66.7%) obtaining actual test results was easy (see Figure 12a). However, some required a faster response or more detail:

'But you do not get a detailed answer'

'Sometimes results take ages to come back, or don't come back. Phoning times are rubbish'

Recommended actions:

As with East Finchley on page 23, this is an area that needs a clear policy to be put in place by each practice. Patients need to be confident that they will get their results and that medical treatment ensues when necessary.

X. Optimising number of appointments

A paper written in 2009 by the Practice Management Network called *Improving Access, Responding to Patients* looks at Demand Versus Capacity and shows how each practice can calculate whether they offer the right number of same-day and pre-bookable appointments across the week and how this compares to the national average. This can be done by counting all routine appointments, same-day appointments and pre-planned telephone consultations for the doctors, or doctors and nurses. There are many variations, which may necessitate changing the number of appointments offered, such as clinical staff on holiday or bank holidays, and a comparison can be made with patient demand on each day. In 2009 the national median consultation rate was 5.3, but this could vary between practices from lower than 4 to higher than 8[1].

1.Trends in Consultation Rates in General Practice 1995 to 2007: Analysis of the Research Database. September 2008: QRESEARCH and the Health and Social Care Information Centre

XI. Thanks and Acknowledgements

Many thanks are due to the hard work of all the volunteers in the Barnet LINk GP Task and Finish Group who so generously gave their time to this project:

1. Wilfred Canagaretna
2. Melvin Gamp
3. Ranil Jayasinghe
4. Pierre Jeanmaire
5. Carole Kaye

Toward the end of this research Stewart Block joined the group and his contribution is valued.

Thanks are also given to Dr John Brett from the Torrington Practice and Jane Betts from the LMC who talked about the background of general practice and the current issues facing General Practicioners.

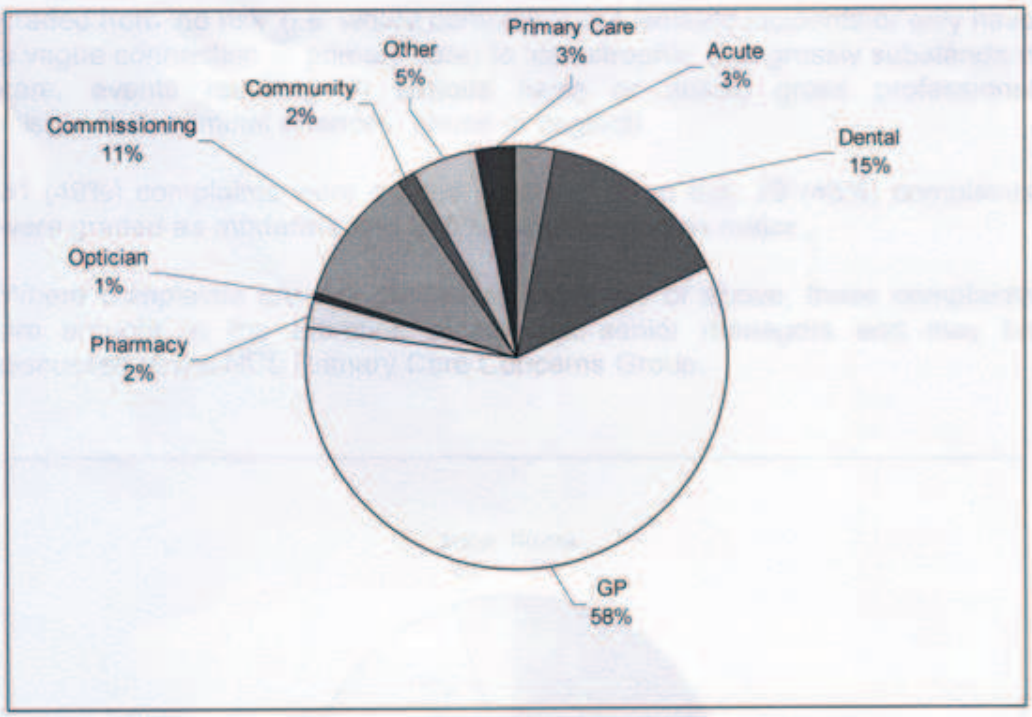
We valued the input of the practices who supplied us with figures for our research and all the patients who completed our forms with such diligence.

Thanks are also given to those voluntary and community groups that helped us reach out to more users of Edgware and East Finchley GP practice, including the rhyme groups in Edgware and East Finchley Library, Woodcroft Primary School, Martin Primary School and Newstead Children's Centre.

A final thank you is due to Yessica Alvarez-Manzano from CommUNITY Barnet (Barnet LINk Host) for all her support and encouragement.

XII. Appendices

A. NHS Barnet PALS and Complaints Report



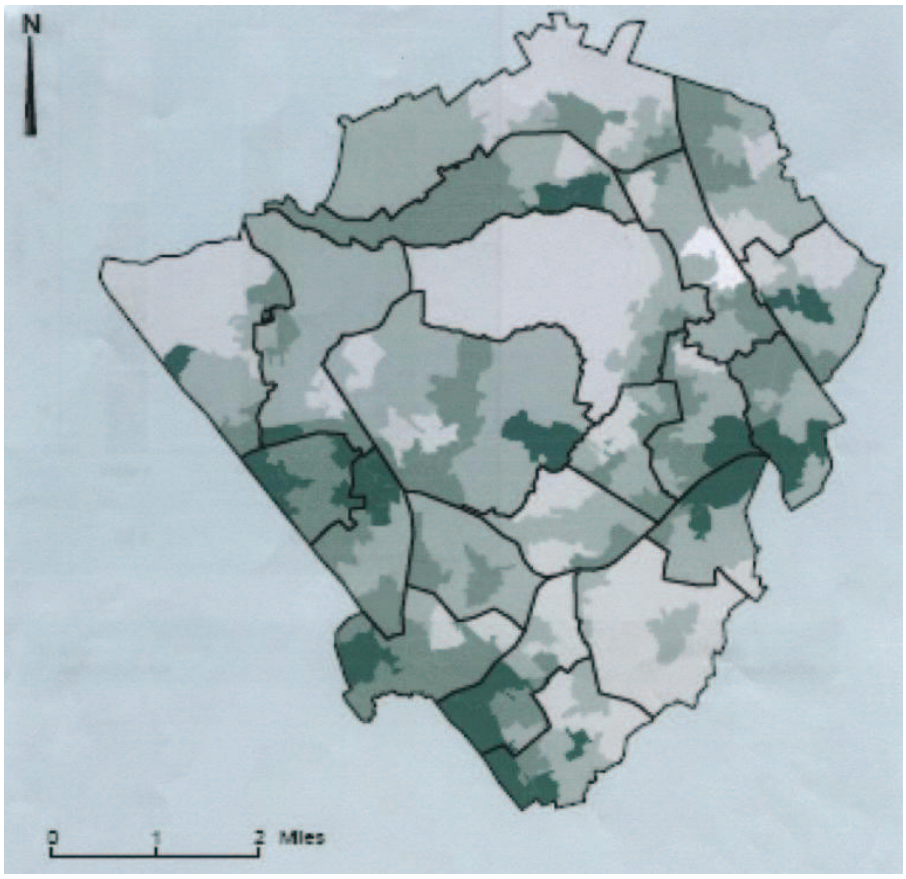
2.2 Type of contacts

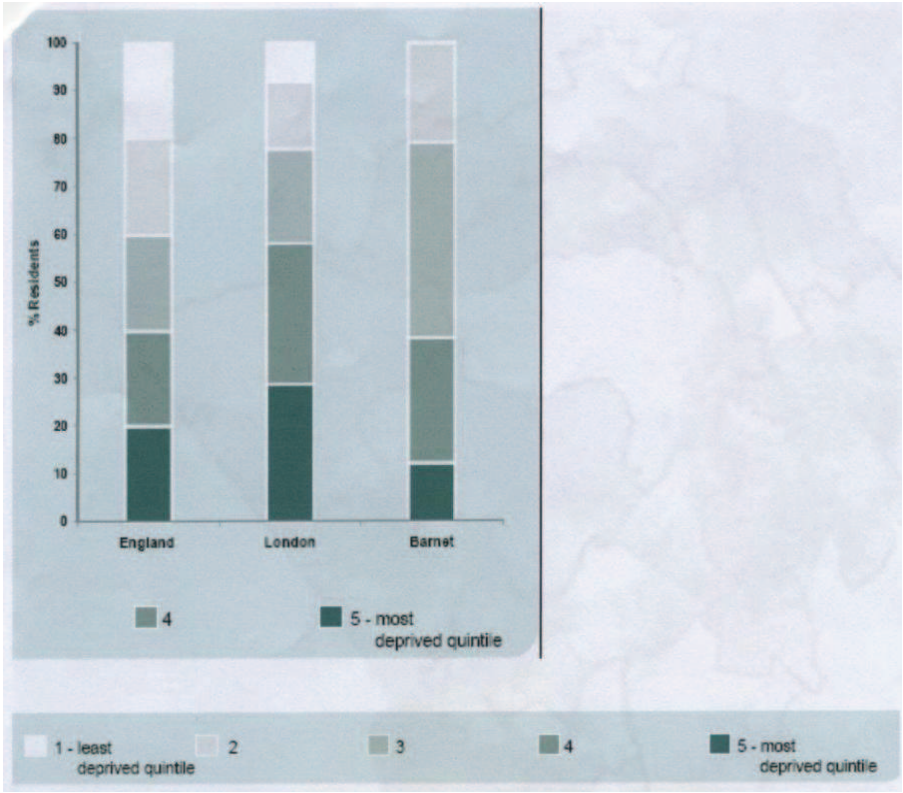
The table below provides a more detailed breakdown of the type of contacts received about Barnet services.

	Advice	Comment	Complaint	Concern	Info Req	Total
Acute	2	0	3	1	0	6
Dental	4	0	8	1	15	28
GP	17	1	35	25	34	112
Pharmacy	0	0	1	0	3	4
Optician	0	0	0	0	1	1
Commissioning	6	0	11	3	0	20
Community	0	0	2	1	0	3
Other	1	0	1	1	6	9
Primary Care	1	0	2	3	0	6
Totals:	31	1	63	35	59	189

It should be noted that the table above will only include feedback submitted to NHS North Central London and will not include those issues raised through the practice based complaints procedure within practices or those raised directly with acute trusts or provider services, which are handled by each individual trust.

B. London Borough of Barnet deprivation map as of September 2011





C. Samples of publicity for focus groups activities

D. Questionnaire Sample

Introduction

Research carried out by the LINk on GP practices in Barnet identified these practices in East Finchley as having low scores in patient satisfaction with access services and appointments booking. It will be useful to find out whether you are satisfied or not and what improvements you would like to see.

GP Practices

Which of the following practices do you attend? (please tick)
If you practice is not listed, please write the name of your practice in the column headed ***Other****.*

East Finchley Medical Practice (N2)	Woodlands Medical Practice (N2)	Heathfield Medical Centre (N2)	Other

To help us gain a better insight into your experience at the GP, it would be helpful to receive your views on the following:

Questions	Good	Adequate	Poor	Other Comments
1. How do you find the appointment booking system in your surgery?				
2. How do you rate booking by telephone?				
3. Are you able to get emergency appointments at the surgery?				
4. How do you rate the out of hours service?				
5. How easy is it to speak to a doctor on the telephone?				
6. How do you rate the Receptionist?				
Any other suggestions				

Thank you for taking the time to complete this questionnaire.

E. Other suggestions made about East Finchley GP practices

Other suggestions comments from the focus groups, questionnaire responses and other feedback gathered at focus groups include:

'Doctors at this surgery have a rather dismissive attitude. Dr X is extremely polite and friendly and remembers and enquires after family members but doctors are reluctant to examine / advise / diagnose'

'A walk in clinic would be good'

'Doctors to be open more hours in the day for children/elderly/vulnerable. Friendlier helpful staff would be better'

'They should spend more time with each patient (I know they are very busy) but they shouldn't see patients in a hurry'

'Bigger practices – capacity of GPs'

'Listen to patients – complaints followed up and dealt with'

'A nurse available on a daily basis for up to two hours for minor complaints'

F. Other suggestions made about Edgware GP practices

Other suggestions comments from the focus groups and questionnaire responses:

'People who have not had an appointment for 1 year + should be given priority if they want an appointment'

'Do away with the 'Menu' system on their phone and revert to the old system when you spoke to a voice on pick up'

'Put the booking system onto the internet - cheap to do for those with access to internet. You should be able to see slots that are free. We rarely see our own doctor. The doctors are good and have time for you - but it's hard to see the same one, to follow up your care'

'More staff - phone rings forever'

'Bring back normal number and walk in from 9.00 – 10.00 am for emergencies. I am now looking for a new doctor's surgery for my family'

'Extra time for emergencies and opening hours on Saturdays'

G. How Barnet compares to other boroughs in the North Central London area for access

From the NCL document *Transforming the Primary Care Landscape in North Central London*, published in January 2012, taken from the GP survey 2010/11, the following table shows how Barnet compares to other boroughs in the NCL area for access. It shows that Barnet compares favourably to the others. However, of the two areas within the Borough of Barnet focused on in this report, Edgware performs markedly worse than Barnet as a whole.

	Barnet	Camden	Enfield	Haringey	Islington	London	England
Ease of getting through on the phone	62%	63%	66%	65%	66%	67%	69%
No appointments available	84%	81%	84%	80%	83%	82%	84%
Times didn't suit	19%	20%	16%	17%	18%	18%	15%
Satisfied with opening hours	74%	74%	79%	76%	74%	78%	80%
Know how to access out of hours care	56%	52%	55%	52%	52%	54%	62%

Source: GP Survey 2010/11

XIII. Other specific issues and solutions suggested by Barnet residents

Same day / more flexible access
Not knowing when one is going to be ill makes patients see same day access a high priority. The 8 am / early morning phone rush appears to make achieving this very difficult.

The same applies to perceived emergencies.

Suggestions and options include:
- Having the booking schedule live on the internet
- Other technology solutions might include text message based systems
- Some doctors use Facebook/ email as a way of contacting patients
- It was not clear what the automated systems involved but presumably you can use date of birth / other information to book an appointment – if not such a system would help.
- Other options might include a ready-made questionnaire online, so that patients fill something in before the conversation and then a nurse might be able to respond more quickly. This may be what the 'triage' system is meant to achieve.
- Reducing demand on the phone e.g. text / email / specific answer phone based prescription renewals requests

People want to see/ talk to a 'medical person' when it suits/they need one

Expectations of access and convenience are rising as more and more services are 24/7; this applies to and affects perceptions of access to doctors. Many people are also more and more confident in looking for things and advice themselves.

Suggestions and options include
- A nurse drop in centre where they can at least get some advice
- More Saturday surgeries
- Scheduled call back times – e.g. between 2-4pm - so people do not need to sit by the phone the whole time
- Having one doctor and perhaps one nurse doing only calls at certain times each day
- Collaborate with other local surgeries to share the cost of a drop in centre or advice centre eg. at a supermarket or leisure centre and promote heavily

Who provides information, when and how?

While access to test results seemed mainly OK, there were a few comments: about the level of detail; if it is serious it should be from a doctor; not giving results on the phone because everyone can hear.

Suggestions and options include:

There were no specific suggestions in the research but options might include finding out if patients want / would be happy with alternative communication to reduce phone contact and cost: email and text; others may prefer other options still – e.g. for test results.

Telephone system and cost

The early morning rush to get an appointment is the biggest issue. 'Hanging on' using the 'expensive' numbers added another layer of frustration to not getting through in the first place.

For suggestions and options please see those listed above.

Awareness of what IS available

While awareness and use of various other options was mentioned throughout our research, lack of awareness was also significant. The surgeries could make an effort to advertise/ raise awareness of different options such as talking to doctors on the telephone, specialist clinics in the surgeries, early appointment options and call-backs.

Receptionists

On the whole they are well perceived but there were several comments which mentioned rudeness, lack of time, not listening. A mystery shopping exercise might have verified or explored these issues further.

Suggestions and options include

- A mystery shopping exercise to verify[4]
- More training in communication skills and customer service
- Raising awareness with patients about receptionists, ensuring they are treated with respect
- Creating alternative routes to appointments etc to reduce load and stress on receptionists.

[4] Barnet LINk has carried out mystery shopping exercises in Barnet, the most recent was commissioned by Central London Community Healthcare in May 2012. Barnet LINk volunteers inspected 72 times the customer service standards in person and by phone over 6 weeks. A full report is available from September 2012.

XIV. Tables

Table B - **Sample sizes**

Surgeries, practices, health centres recorded are based on at least two responses for East Finchley and at least three responses for Edgware.

As can be seen throughout the report, East Finchley scores better than Edgware in many cases.

Where the *n*[5] is small, responses will probably need to be treated with caution as views may not be representative of the population overall. However qualitative and comments from this small sample are still valuable for this report purposes.

Location	**n**
Mountfield Surgery	2
Squires Lane Medical Practice	2
Temple Fortune Health Centre	2
Mountfield, Squires, Temple	*6*
Other (*see next page)*	13
Woodlands Medical Practice	10
East Finchley Medical Practice	7
East Finchley Average	**36**

Location	**n**
Everglades	3
Other (*see next page)*	20
Park View Surgery	4
The Penshurst Garden Surgery	9
Bacon Lane	8
Oak Lodge Medical Centre	14
Lane End Medical Centre	12
Edgware Average	**70**

Note there were respondents that live/use GP surgeries in East Finchley or Edgware but were not listed in our questionnaire. Those responses are compiled under ***other*** in the sample sizes. Those surgeries are listed below by area for information.

[5] The sample size= *n* listed on the composite scores is defined for each of the graphs/figures presented throughout this report. It can be found on the lower left hand side corner of each figure/graph.

East Finchley
Cherry Tree Medical Centre, N2 9JG
Cornwall House , N3 1LD
Dr Dodds, N3 2DN
Grovemead, Hendon, NW4 3EB
Heathfield Medical Centre, N2 0EQ
Other - Dr Isaacson & Partners N2 8AG
Other - Dr Mulkis Colney Hatch Lane N10 1HA
Other - St Andrew's Medical Centre, N20 9EX
Other- Leopold Road East Finchley London N2 8BG

Edgware
Main Surgery - Cressingham Road, HA8 0RW
Belmont Health Centre, Harrow Wealdstone, HR2 7XT
Other – Mill Hill Surgery
Mulberry Practice, Sefton Avenue NW7 3QB
Squires Lane, Finchley, N3 2AU
Jay Medical Centre, NW4 3SU
The Watling Clinic, HA8 0RW
Watling Medical Centre, HA8 0NR
Woodcroft Medical Centre, EN4 8QZ

Harrow
Bacon Lane Surgery, Edgware HA8 5AT

Contact Barnet LINk via their host, CommUNITY Barnet

Freepost RLYA-CCEJ-HSUR
CommUNITY Barnet
52 Moxon Street
Barnet
Herts
EN5 5TS

Tel: 0208 364 8400
Email: LINk@CommUNITYBarnet.org.uk
www.BarnetLINk.org.uk
Follow us on Twitter @LINkBarnet

Barnet LINk
Enter and View Visit – Monitoring Report

Name of Establishment:	Elysian House Charcot Road, off Colindale Avenue, London, NW9 5DH
Staff met during visit:	The Manager:- Alex Hamilton-Clarke; other members of staff as we went around.
Date of Visit:	15th August 2012
Purpose of visit:	Some time ago Barnet LINk was alerted by relatives to difficulties in Elysian House – long term residents were to be moved from what had been their home for several years. In the event these residents had already been moved from Elysian House before we were able to visit, so we actually saw a different population of patients. But it would seem that the fears of the previous residents – that the site was to be redeveloped, were still relevant:- the Fairview building project is very active and now very close to Elysian House and the new 3 year contract for Rethink Mental Illness's occupancy would seem to have let-out clauses which indicate that it could be terminated very easily. The previous residents are now located in the Springwell Centre, adjacent to Barnet Hospital, which is owned by BEHMHT. Barnet Link E&V team intend to visit there in the near future.
LINk Authorised Representatives Involved:	Dipak Jashapara; Gillian Jordan; Robin Tausig and Stewart Block – observer.
Introduction:	Elysian House is presently under the management of Rethink Mental Illness and provides short-term, therapeutic support and accommodation for people experiencing a mental health crisis. Rethink Mental Illness has been in Elysian House for 3 months and has a 3 year lease for the building with the Barnet, Enfield and Haringey Mental Health Trust.
General Impressions:	It is a relatively new building with well kept grounds, very near an extensive house/flat building site. The approach road is much used by building site traffic; the large, double gates to Elysian House are kept open but entrance to the building itself is only by entryphone. The tube line runs very close in front of the building.
Policies & Procedures:	We were shown a full folder with information on the policies and procedures and general information – it seemed very comprehensive. DJ did peruse this in more detail but is now abroad on family matters and unable to submit his part of this report.

Health & Safety Considerations:	Security – entry only by entryphone at the front door. Residents are free to come and go as they please, but have to return by 9pm. Each person on admission is given a comprehensive 'Welcome' folder, with all rules of the house and health and safety information within.
Staff:	Alex Hamilton-Clarke was very welcoming and extremely helpful, giving us full and detailed information about the ethos, objectives and operations of the Recovery House and answered all our questions in an open and pleasant manner. He was clear on his role and objectives and how he worked with clinical staff to support residents. The staff do not wear uniform and none of the staff we saw had name badges
Residents:	We met 2 residents, one was not inclined to engage but the other was quite chatty. She has already been at Elysian House for over 2 weeks, which is the usual maximum stay, but has nowhere to go and said she is awaiting help with finding accommodation.
Privacy and Dignity:	This is taken very seriously, as is confidentiality and self-responsibility, with residents seeing their key worker from the mental health team regularly and being expected to look after their own medication. The doors to the individual rooms have windows with blinds that have been disabled so no-one can look into the room and staff wanting to enter have to knock and ask permission.
Environment:	Our initial meeting with the manager was in a clean, well kept lounge, with fridge, kettle, microwave etc. The home is on three floors, with kitchen, dining room and TV lounge on the ground floor. Each resident has his/her own room – the one we saw was comfortably furnished with en suite facilities. The corridors are bright and clean and quite wide which gives a feeling of space. The communal kitchen was clean and tidy. The toilets were clean, stocked with soap and paper towels
Furniture:	The house is still being refurbished; everything we saw was bright and clean, with easy chairs, coffee tables etc.
Food:	The residents are responsible for their own cooking and buy their own provisions, although all basics are supplied. The kitchen is roomy and clean, with adequate cooking facilities. The residents are expected to wash up and tidy after themselves, but the night staff do help, check the kitchen regularly and tidy/clean as required.
Activities:	Residents are free to come and go and to see their family

	and friends who may visit. They are given information about local facilities, including libraries, places of worship, local bus services etc. Because of the short term nature of their stay, no organised activities are on offer although there is a large television in one room and many board games and puzzles available in another. On each landing there is a comfortable area with sofas and easy chairs where residents can socialise if they so wish.
Feedback from Staff, Residents and Relatives:	We noted that there were several notices up advertising our visit and inviting anyone who wanted to meet us or raise issues, but, although we were introduced, no one approached us. Elysian House has, and is, building links with patients' families and the local community.
Access and Parking:	Access along an, in part, unmade road, very close to the major building development work. Several car park spaces available.
Recommendations:	One minor recommendation is more of a query – we noted that none of the staff wore name badges and wondered whether this was part of the ethos of the House or something the manager might like to consider implementing. The resident who spoke to us commented that, without any organised activities, therapeutic or otherwise, it could be boring. But it must be noted that she had already been there for more than the maximum intended stay of 2 weeks.
Conclusions :	This is a caring and friendly residence and the staff team is to be commended for fostering such a good atmosphere. However the Barnet LINk E&V team feels that it must follow-up on the original request to visit the previous residents of Elysian House in their new abode at the Springwell Centre (adjacent to BGH). This will be organised soon and a report distributed as soon as possible.
Signed:	Gillian Jordan, Dipak Jashapara, Robin Tausig, Stewart Block

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ELYSIAN HOUSE: ACTIVITIES FOR MONDAY 20th AUGUST to SUNDAY 26th August 2012

	MON 20th AUGUST	TUE 21st AUGUST	WED 22nd AUGUST	THU 23rd AUGUST	FRI 24th AUGIST	SAT 25th AUGUST	SUN 26th AUGUST
Morning session 11am -12 noon		Stress Management with KEITH 11.15 to 11.45	Group activity Rob Johnson – dining room 1.30 pm				
Afternoon session 2 pm – 4 pm	Residents' protected time (3-4pm)	Leoni's Mystery Group	YOGA 4.30pm WITH GURU KIRIN	Board games with Ruth – dining room	Residents' protected time (3-4pm)	House meeting with tea and biscuits (Kevin & Hanne – dining room)	No House meal this week
Evening session 8.45 pm – 10 pm			Film Evening with Dee	Film Evening with Charmaine	Film evening (Leoni – TV room)	Film evening (MINE – TV room)	

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Elysian House
Charcot Road
Colindale Avenue
NW9 5DH
30th October, 12

Dear Ms Jordan

Regarding Draft report 9th October, 12

Thank you for the above report detailing your findings when you visited Elysian House with your colleagues on the 15th August, 12. I welcome the report which was very positive about our service and our efforts to provide a supportive recovery centered approach to mental health care to people suffering a mental health crisis.
In your report you mentioned that staff on duty were not wearing Identification Badges or uniform. Not wearing uniform is a deliberate policy, but our staff are expected to wear photo Identification. I am disappointed that staff were not wearing their badges and wish to assure you that Rethink Mental Illness provide ID badges for all staff and they are expected to wear them. Since your report, a list of all staff without badges was produced and they were supported to request their badges. I will ensure that staff are constantly reminded during our staff meeting.

Regarding activities for residents, we provide a weekly program jointly with staff from the Barnet Home Treatment Team. I attach a copy for your information. We are also in the process of developing a post to provide housing support across our service in recognition of the difficulties our residents have with finding accommodation in the borough.

Thank you again for your encouraging assessment of the service.

Yours Truly,

A D Hamilton-Clarke
Service Manager

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AGENDA ITEM 9

Meeting	Health Overview & Scrutiny Committee
Date	11 December 2012
Subject	**Health Overview and Scrutiny Committee Forward Planning**
Report of	Overview and Scrutiny Office
Summary	This report provides Members with the Health and Well-being Board Forward Work Programme, current published Advanced Notice of Proposed Decisions under Executive Functions and the Committees Forward Work Programme. The Committee is asked to consider these when identifying and planning future areas of scrutiny work.

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Annex A – The Health and Well-being Board Forward Work Programme Annex B – Advance Notice of Proposed Decisions under Executive Functions Annex C – HOSC Forward Work Programme
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 Health and Well-being Board Forward Work Programme, the Advance Notice of Proposed Decisions under Executive Functions and the Committees Work Programme when identifying and planning 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 2012/13 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.

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 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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Meeting	Health and Well-Being Board
Date	29 November 2012
Subject	**Forward Work Programme**
Report of	Director of Adult Social Care and Health/Interim Director of Children's Services
Summary of item and decision being sought	To present an updated work programme of items for the Health and Well Being Board for 2012/13

Officer Contributors	Andrew Nathan- Chief Executive's Service
Reason for Report	To allow the Board to schedule a programme of agenda items that will fulfil its remit
Partnership flexibility being exercised	The items contained in the work programme will individually take forward partnership flexibilities including the powers Health and Well-Being Boards will assume under the Health and Social Care Act 2012.
Wards affected	All
Contact for further information	Andrew Nathan, Strategic Policy Advisor, Tel: 020 8359 7029

1. RECOMMENDATION

1.1 To note and comment on the draft forward work programme attached at Appendix 'A'.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Shadow Health and Well Being Board – 26 May 2011- agenda item 9

2.2 Shadow Health and Well-Being Board- 19 January 2012- agenda item 11

2.3 Shadow Health and Well-Being Board- 22 March 2012- agenda item 2

2.4 Shadow Health and Well-being Board- 4 October 2012- agenda item 13

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; JOINT HWB STRATEGY; COMMISSIONING STRATEGIES)

3.1 The Work Plan has been designed to cover both the statutory responsibilities of health and well-being Boards and key projects that have been identified as priorities by the Board at its various meetings and development sessions.

3.2 The Health and Well-Being Strategy was agreed by the Board at its meeting of 4 October 2012. It will be the most significant determinant of future work programmes and regular performance reporting will be included in the forward work programme.

4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 None specifically arising from this report- but all items listed will demonstrate how the needs analysis contained in the Joint Strategic Needs Assessment (JSNA) has influenced the options chosen, including differential outcomes between different communities.

5. RISK MANAGEMENT

5.1 A forward work programme reduces the risks that the Health and Well-Being Board acts as a talking shop for the rubber stamping of decisions made elsewhere, or does not focus on priorities. It ensures that all decisions formally within the Board's statutory duties, Terms of Reference and other key issues relating to local health and care services are considered.

6. LEGAL POWERS AND IMPLICATIONS

6.1 The forward work programme has been devised to incorporate the legal responsibilities contained in the Health and Social Care Act 2012. The HWBB has been operating in shadow form since May 2011 in readiness for the changes to the legislative framework. The HWBB will begin to discharge their statutory functions from April 2013..

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 None specifically arising from the report. The programme is co-ordinated and monitored by the Chief Executive's Service as part of their support to the Board.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 The programme has been devised through consultation with Council and NHS managers, but the Barnet LINk through their membership of the Board have the opportunity to refer matters or suggest agenda items. The same will be true of the Healthwatch representative.

8.2 The Health and Well Being Board on 4 October 2012 agreed new arrangements for strategic partnerships with customers, carers and communities, including establishing a twice yearly summit involving members of all the Partnership Boards, together with members of the Health & Wellbeing Board. This will provide a more effective channel for users, carers and community representatives to discuss the work of the Board and to suggest agenda items and have an input into them.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 None at this stage, although feedback from providers should guide the choice of future agenda items.

10. DETAILS

10.1 At its meeting on 22 March 2012, the Board considered a forward work programme for the whole of 2012/13, with items reflecting the Board's future statutory responsibilities; key strategies and projects currently in progress; and the precedents set during the HWBB's first year in operation.

10.2 It was also agreed that future meetings should be divided into two parts, the first, as now, a public meeting which considers formal written reports for information and decision; and the second informal workshop style sessions between Board members which would take place on the conclusion of the formal meeting and not by themselves take any executive decisions. The work plan therefore marks with a 'B' items to be handled as formal business, and with a 'W' those which are discussion items to be handled through informal workshops at this stage.

10.3 An updated work programme is attached at Appendix 'A' for the Board's comments.

10.4 There is a key role for the LINk representative in pressing for the forward plan to take into account issues of community concern, as well as any specific LINk reports or requests for information.

11 BACKGROUND PAPERS

None

Legal – HP
CFO- JH

APPENDIX A
CURRENT SCHEDULE OF HEALTH AND WELL BEING BOARD BUSINESS 2012/13 (agreed at 22/3/12 HWBB and revised)

item	31 January 2013	4 April 2013	Notes
STANDING OR GOVERNANCE ITEMS			
Financial Planning Group minutes	B	B	
HWB Implementation Group- minutes	B	B	
Governance arrangements, ie review Terms Ref Membership etc		B	4/4/13 will approve conversion from shadow to full statutory status
Development of HWBB		W	
JSNA, HWBS AND RELATED STRATEGIES			
Joint Strategic Needs Assessment- update/review/refresh		B?	Not sure what requirement is to refresh. Might benefit from a more discursive workshop format.
Integrated Commissioning Plan	B?		If not going November. Deferred from July and October
Substance Misuse Plan	B?	B?	Deferred from July October and November
Performance Report against HWBS targets	B?		
In depth report on one issue in DPH's Annual Report	B	B	
NEW PRIMARY CARE COMMISSIONING ARRANGEMENTS			
Clinical Commissioning Group- update on organisational progress		B	
Clinical Commissioning Group- sign off of commissioning plans etc for 13/14	B		29 Nov workshop to discuss draft CCG Commissioning Plan
Commissioning Support Organisation- update on proposals			

PUBLIC HEALTH/ DETERMINANTS/ PREVENTION MATTERS	**31 Jan 13**	**4 Apr 13**	
Leisure Services- Strategic Review- Comments on Outline Business Case		B	SOC going 29 Nov. Need to check this not too late to inform OBC.
Early Intervention and Prevention- strategic review			Essential to taking forward Marmot actions and the HWB Strategy
Annual Report of Director of Public Health		B	
Children and Young People Health Outcomes	B		Barnet's response to DH outcomes framework just issued
H and SC- contribution to economic well being	W ?		A possible idea, as high priority for council and partners - how can the health and care system make its own maximum contribution to ensure people well enough and supported enough to retain or gain employment? The prevention plan will set out much of this but could benefit from a discussion of its own.
WORK WITH VOLUNTARY AND COMMUNITY SECTOR/ REPORTS OF PARTNERSHIP BOARDS			
Chair's meeting with Partnership Board chairs- minutes		B	
	31 Jan 13	**4 Apr 13**	**Notes**
SAFEGUARDING/QUALITY AND SAFETY ISSUES			
Safeguarding Adults Board- Annual Report			Annual Report (provided in July)
Safeguarding Children Board- Annual Report			Annual Report (provided in July)
Quality and Safety Matters in NCL	B		To be provided 6 monthly
Whole system working to reduce pressure ulcers	B		(identified in quality and safety discussion at Jan HWBB)- might be workshop format depending on complexity of issue/which providers need to be involved? Deferred from July and Nov 2012
Care Homes- joint quality spec/principles for	B		Identified at HWBB 26 July during Quality and Safety discussion

whole system working			
USER AND CARER ENGAGEMENT			
Local HealthWatch- spec and tender process		B	report of new contractor how service planned to be delivered
LINK- Annual Report		B	12/13 reports as part of LINK/LHW handover
HEALTH AND CARE INTEGRATION			
HSC Integration Scoping project	B	B	Workshop was held Mar 2012.
HSC Integration- specific projects that result			
Ageing Well	B		
New or amended Section 75 agreements			As identified through the Financial Planning Group
System Risk Assessment- MTFS and QIPP			
Allocation of Section 256 funds	B ?		Will we still be getting these on an annual basis?
Mental Health- plan for better joining up across system	B?		Need for this agreed at our workshop on 26 July- should come back in January incl. input from BEHmhT
OTHER HEALTH ECONOMY	**31 Jan 13**	**4 Apr 13**	**Notes**
Barnet Chase Farm Update on foundation status			
Barnet, Enfield and Haringey Clinical Strategy- Next steps/ Investment Plans			

HWBB will exercise statutory functions from 4 April 2013 meeting.

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London Borough of Barnet Decisions Taken Under Executive Functions – Notice of Proposed Urgent Item

This notice gives details of an urgent key decision due to be taken under Executive functions which was not included in the Advanced Notification of Executive Decisions published on 14 November 2012. The Chairman of the Business Management Overview and Scrutiny Committee has considered the decision and reason for urgency and has consented that the item should proceed to the Cabinet Resources Committee on 17 December 2012.

Title	**Description of Proposed decision; and** **Reason for Urgency**	**Cabinet Member**	Key Decision (Y/N).	Subject to Exempt Report (Y/N).
CABINET RESOURCES COMMITTEE MEETING, 17 DECEMBER 2012 **Hendon Town Hall, The Burroughs, NW4 4BG**				
Extension of Term Maintenance Contracts	Description To extend the existing Term Maintenance Contracts for building, mechanical, electrical, lifts, fire fighting equipment and water hygiene beyond the contracted dates for a period of three months Reason for Urgency The new News Support and Customer Services Organisation (NSCSO) provider will assume responsibility for these works contracts from 1st April 2013. In order for the council to ensure that our statutory and safety obligations as well as general maintenance cover is available until handover, officers are seeking permission to extend the existing contracts to the 31st March 2013.	Resources and Performance	**Yes**	**No**

Notice published: 26 November 2012

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BARNET
LONDON BOROUGH

London Borough of Barnet

Health Overview and Scrutiny Committee

December 2012

Public Document Pack

Contact: John Murphy 020 8359 2368 john.murphy@barnet.gov.uk

Subject	Decision requested	Lead Member	Author
December 2012			
Aging Well Programme Update	To receive updates on the progress of the Aging Well Programme	Councillor Graham Old	AdSS
CLCH Quality Stakeholder Group Update	To receive updates on the work of the stakeholder group	Councillor Barry Rawlings, Councillor Kate Salinger B.Ed (Hons)	N/A
Barnet LINk Report on GP Waiting Times	Barnet LINk requested to provide their report on GP Waiting Times to the Committee for consideration.	N/A	Barnet LINK
Maternity Services	To receive a report providing the committee with an overview of maternity services across the whole borough.	N/A	Barnet and Chase farm NHS Trust
Future Items			
Barnet LINk Annual Report	The Committee to review and consider the LINKs Annual Report.	N/A	Barnet LINK
Dolphin Ward Update	Update to be provided on any progress or developments.	N/A	Acting Borough Director, NHS Barnet

Subject	Decision requested	Lead Member	Author
Foundation Trust Status updates	To receive updates on the attainment of Foundation trust status from NHS partners: • Barnet and Chase Farm Hospitals • BEH-MHT • CLCH	N/A	Health Partners
The Forward Programme for the remainder of municipal year 2012/13 tbc			

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