

## Decisions of the Health & Well-Being Board

19 September 2013

Members Present:-

Cllr Helena Hart (Chairman)

\* Andrew Howe  
\* Kate Kennally  
\* John Morton

\* Sachin Rajput  
\* Dr Clare Stephens  
\* Dr Sue Sumners

\* Reuben Thompstone  
\* Julie Pal

\* denotes Member Present

Also in Attendance:-

Mathew Kendall  
Temmy Fasegha  
Siobhan Harrington  
David Riddle  
Elsie Lyons  
Helen Duncan-Turnbull

### 1. MINUTES OF THE PREVIOUS MEETING (Agenda Item 1):

RESOLVED that the minutes of the meeting held on 27 June 2013 be agreed as a correct record.

### 2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from:

Dawn Wakeling  
Paul Bennett  
Dr. Charlotte Benjamin

### 3. DECLARATION OF MEMBERS' DISCLOSABLE PECUNIARY INTERESTS AND NON PECUNIARY INTERESTS (Agenda Item 3):

There were none.

### 4. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 16):

Following an undertaking given at full Council on 10<sup>th</sup> September, the Chairman presented an urgent item on the withdrawal of the Mobile Breast Screening Unit at the Finchley Memorial Hospital site and its relocation at St. Michael's Hospital Enfield. She asked that the Board particularly based its discussion on 1.How to urgently re-instate the Unit at FMH without further delay and to ensure that the appropriate letters of Invitation were sent out to all those residents of Finchley & Golders Green who had been re-directed to Enfield 2.What procedures could be put in place to ensure that this sort of occurrence was not repeated in the future.

The Chairman noted the history of underperformance of the Breast Screening service which had only recently been brought up again to average levels and the aspiration of the HWB Strategy to exceed that level by 2015. She also drew attention to a promise had been made to the Member of Parliament for Finchley and Golders Green, Mike Freer MP that there would be a Static Breast Screening Unit at the site.

The Chairman finally reported to the Board that Mr. Paul Bennett had informed her the previous afternoon that contrary to everything that patients and Members had previously been told, the problem was not financial at this stage but rather due to a lack of electrics.

Ms. Kennally advised the Committee that there was a communication issue regarding this matter, and noted that this could not have been something that was unknown. Ms. Kennally noted that as NHS England were the relevant Commissioner, it was up to NHS England to act to resolve the issue. Ms. Kennally advised that as a Board, Members should set a timescale for NHS England to confirm when the unit was to be re-instated, and suggested that the Board should also receive a "lessons learnt" report on the matter.

Mr David Riddle requested that when the Board received a "lessons learnt" report, an update from NHS England on the location of the permanent unit should be included. Mr Riddle advised the Board that he had been informed that no firm commitment could be made about the permanent site until 2016, and noted that it would be helpful for the Board to receive an updated view from NHS England.

**RESOLVED that Board request to receive a "lessons learnt" report in relation to the breast screening unit that included an update from NHS England in relation to the decision of the permanent breast screening facility.**

**5. USE OF ESTATES - REFERRAL FROM THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE TO THE HEALTH AND WELL-BEING BOARD (Agenda Item 4):**

The Board received an item on the "Use of Estates" that had been referred from the Health Overview and Scrutiny Committee in relation to the underuse of estates at Brunswick Park Health Centre and Finchley Memorial Hospital.

In introducing the report, the Chairman noted that the issues at both the Brunswick Park Health Centre and Finchley Memorial Hospital, including the fact that there were still no GPs at either site, were very pertinent to the HWB because of the financial implications for the CCG in relation to the costs they incur for the NHS Estate in the Borough. The Board expressed concern at the cost of the underuse of estates.

The Chairman commented that the underutilisation of GP Services did not make sense financially or in terms of patient care.

David Riddle, the Vice Chairman of NHS Barnet Clinical Commissioning Group (CCG) advised the Board that the Clinical Commissioning Group Board was working in partnership with NHS England and NHS Property Services Ltd. to try to address the problem.

John Morton, the Chief Officer at Barnet CCG advised the Board that the issue was one of capacity and priorities, and noted that the capacity issue lay with NHS England and Propco.

Dr. Sumners, the Barnet CCG Chairman advised that the Board required a commitment from NHS England that in future a representative would be able to attend each Board meeting and be fully briefed.

**RESOLVED that:-**

- 1) The Committee notes the reference from the Health Overview and Scrutiny Committee in relation to GP Services and the financial impact on the Barnet CCG;**
- 2) The Chairman of the Health and Well-Being Board will make representations on this matter and will make them available to the Health Overview and Scrutiny Committee on 3 October.**

**6. QUALITY & SAFEGUARDING LEARNING FROM THE WINTERBOURNE VIEW STOCKTAKE (Agenda Item 5):**

Mathew Kendall, the Community and Well-being Assistant Director introduced a report that outlined the local learning of the stocktake on progress made in response to the Winterbourne View Concordat, which was published by the Department of Health in December 2012. The report provided an update on the local action, and learning points in respect of the stocktake and Concordat.

Mr. Kendall advised the Board that two key learning points had arisen from the stocktake. The first point noted that options for closer working between the integrated learning disability service and the CCG continuing healthcare team should be considered. The second point highlighted the need for the development of local care and support options for younger adults with complex needs.

Helen-Duncan Turnbull, Head of the Learning Disabilities Service then outlined the work taking place in the Borough to take forward the findings from the stocktake, including a pilot project to personalise the support that is available to this cohort of residents.

Julie Pal, the Chief Executive at CommUnity Barnet welcomed the report, and advised the Board that Barnet Mencap, as a Healthwatch delivery partner, would be training volunteers to undertake Enter and View visits to Health and Social Care Services.

Referring to the first learning point from the stocktake, Kate Kennally, the Director for People noted that the content was tentative, without any real timescales. Mathew Kendall advised the Board that there had been difficulties to make opportunities happen, and that he would come back to the Board with clear timescales about progress.

**RESOLVED that:-**

- 1) The Health and Well-Being Board notes the local learning of the stocktake exercise following the letter from the Minister of Care Services dated 31 May 2013, which called for Health and Well-Being Boards to take a leadership role with respect of local delivery against the Winterbourne View Concordat;**
- 2) The Health and Well-Being Board requests that the Health and Well-being Financial Planning Group receives a Business Case outlining the joint CCG and Council commissioning arrangements that are needed to support this work.**

**7. TRI-BOROUGH MENTAL HEALTH COMMISSIONING STRATEGY (Agenda Item 6):**

John Morton, the Chief Officer at Barnet Clinical Commissioning Group introduced a report that outlined the Barnet, Enfield and Haringey Tri-Borough Mental Health Commissioning Strategy. Mr. Morton advised the Board that the Strategy aimed to bring mental health care closer to people in their own homes.

Temmy Fasegha, Joint Commissioner for Mental Health and Learning Disabilities, outlined the main themes within the Strategy, including enhanced provision for evidence-based psychological therapies, the development of clear pathways for personality disorders, and a reduced need for inpatient mental health beds. Mr Fasegha also explained that a tri-Borough Transformation Board, with partners from all three Boroughs, will oversee the work of the Strategy. This Board will start next month.

The Chairman noted that there had previously been concerns about performance at the Barnet, Enfield and Haringey Mental Health Trust, and questioned whether those issues had been resolved. Mr Morton advised the Board that one of the issues had been around access to urgent care services, and that this had improved significantly. There had also been some progress to improve the other key issue of continuity of care. Mr Morton explained that the CCG was meeting with the Trust on a monthly basis to improve performance in this area.

Dr Andrew Howe, the Director for Public Health for Barnet and Harrow Councils welcomed the Strategy, and noted that there needed to be more focus on health promotion and prevention in the Strategy. Dr Howe advised the Board that a Public Health led Mental Health Promotion and Prevention Strategy would be presented to the Board in November.

Elsie Lyons, the Co-ordinator for Barnet Voice for Mental Health noted the planned creation of a Transformation Board within the report, and advised that there should be a place for a service user on the Transformation Board. Ms. Pal, the Chief Executive of CommUnity Barnet advised the Board that HealthWatch Barnet welcomed the Strategy, but wanted to work with partners such as Mind and Barnet Voice for Mental Health to ensure that Barnet residents feel the difference. The Chairman advised the Board that the Local Authority was always interested in listening to the views of Barnet residents.

David Riddle, the Vice Chairman of NHS Barnet Clinical Commissioning Group (CCG) suggested that the Chairman of the Barnet, Enfield and Haringey Mental Health Trust was invited to the Board's meeting in March 2014.

Referring to the 'Priorities for Change' outlined within the report, Ms. Kennally welcomed the priority of 'improved support for people with physical and mental health problems'.

**RESOLVED that:-**

- 1) The Health and Well-Being Board notes the tri-Borough Mental Health Commissioning Strategy.**
- 2) The Health and Well-Being Board requests that the Chairman and Chief Executive of the Barnet, Enfield and Haringey Mental Health Trust be invited to the Board's meeting in March 2014.**

**8. BARNET CCG UPDATE: BARNET, ENFIELD & HARINGEY CLINICAL STRATEGY (Agenda Item 7):**

Siobhan Harrington, the Barnet, Enfield and Haringey Clinical Strategy Programme Director presented the Board with an update report and presentation that outlined the implementation of the Barnet, Enfield and Haringey (BEH) Clinical Strategy, which is on track to begin the planned changes in November 2013.

Ms. Harrington advised the Board that building works at both Barnet Hospital and the North Middlesex University Hospital were progressing well.

The Board was informed that a full Equalities Impact Assessment had been carried out for the Barnet, Enfield and Haringey Clinical Strategy. Ms Harrington advised that the Equalities Impact Assessment had found that the positive impacts significantly outweighed the negative impacts, and that the majority of people across Barnet, Enfield and Haringey were not negatively impacted by the changes.

Ms Harrington advised the Board that a decision making meeting on the timing of the changes would take place on 25 September 2013 at Barnet Underhill Stadium.

The Health and Well-Being Board noted that there was a risk of a legal challenge in relation to the Barnet, Enfield and Haringey Clinical Strategy from Enfield Council.

Councillor Reuben Thompstone, the Cabinet Member for Education, Children and Families questioned what Equalities Impact Assessing took place in August in relation to Children and Families. Ms Harrington advised the Board that children and families could have been involved more, and that she would respond to the Board with detail on the assessment that had taken place. Ms Harrington also informed the Board that there would be future opportunities for engagement in October.

The Chairman noted that the appropriate numbers of Consultants, Middle grade, Midwifery and Nursing staff should be in place before the changes began and questioned if the buildings and staff would be in place given the tight deadline of November. Ms Harrington advised the Board that the main recruitment was to the North Middlesex University Hospital, and that Barnet and Chase Farm Hospital was a lower risk. Ms Harrington advised the Board that the Trust had met to discuss the workforce and believed that the buildings and staff will be in place in time.

The Chairman noted that Barnet and Chase Farm Hospitals were reliant on agency staff and questioned if problems were anticipated in respect of the quality of staff. Ms Harrington advised the Board that this would be monitored very closely.

Ms. Kennally advised the Board that the Health Overview and Scrutiny Committee would be receiving an update report on the Clinical Strategy at their meeting in October. The Chairman advised that subject to the support of the Board, she would write a letter in support of the Strategy, subject to the Health Overview and Scrutiny Committee receiving detail on the Strategy at their meeting on 3 October 2013 and to all the requisite levels of Staff being in place and all of the necessary building work having been completed at Barnet Hospital.

**RESOLVED that:-**

- 1) The Health and Well-Being Board notes the contents of the report and the update presentation given by the Director of the Barnet, Enfield and Haringey Clinical Strategy Programme;**
- 2) The Health and Well-Being Board requests that the Chairman writes a letter in support of the Strategy, subject to the Health Overview and Scrutiny Committee receiving detail on the strategy at the meeting on 3 October 2013.**

**9. BARNET CCG UPDATE: POTENTIAL ACQUISITIONS OF BARNET AND CHASE FARM HOSPITALS TRUST (Agenda Item 8):**

Dr. Sumners, Chairman of Barnet Clinical Commissioning Group (CCG) presented the Board with a report that provided an update on the potential acquisition of Barnet and Chase Farm Hospital Trust (BCF) by the Royal Free Hospital (RF) NHS Foundation Trust.

Dr. Sumners advised the Board of the potential benefits of the acquisition, which were as follows:

- Clinicians and Managers from both Trusts had been looking together at how services could be provided more efficiently and effectively as one organisation. The Board was advised that early feedback was suggesting that a larger Trust could provide improved quality and outcomes through coordinated and consistent care, develop as a centre of excellence and address the future financial challenges faced by the NHS.
- Co-ordinated and consistent care: The Board was advised that a larger pool of clinicians would be able to deliver better quality care and make sure patients are always treated in the right place at the right time by the right people. The Board was also informed that the new Trust could also deliver a better experience for patients as there would be less administrative 'red tape' between services.
- A centre of excellence: The Board was informed that a larger patient population would have greater ability to attract research funding, wider training and career opportunities.

- Significant efficiencies could be made quickly such as improving or reducing the duplication of 'back office' functions.

In relation to the impact of the acquisition on local services, Dr Sumners advised the Committee that the NHS is faced with the major challenges of using resources more efficiently and meeting the needs of an ageing population. In order to meet these challenges, Dr. Sumners advised that there was a need to focus on preventing ill-health and providing more care closer to home so people do not have to visit hospital as often.

In relation to funding, Dr Sumners advised the Committee of the following:

- Both Trusts believed that additional funding would be needed in the short term to ensure that any new single organisation starts on a strong financial footing. The 2013/14 budget for Barnet and Chase Farm Hospitals NHS Trust shows a planned deficit of £16.4m. The trust will also receive significantly less income in future years as the CCG implements plans to provide more care outside hospitals and work with local authorities to integrate health and care services.
- The Royal Free will seek transitional funding to help with the costs of the acquisition and to cover the shortfall in running costs until such a time as the new organisation can deliver a financially balanced position.

The Chairman noted that the Local Authority had always been in favour of a closer alliance with the Royal Free, and noted that the "acquisition" had to be approved by the Board of Governors. The Chairman advised that she would make the Board of Governors aware of the ramifications of this potential acquisition.

**RESOLVED that the Health and Well-Being Board notes the proposed acquisition of Barnet and Chase Farm Hospital Trust by the Royal Free NHS Foundation Trust, and the Barnet CCG engagement exercise on changes to the local health economy as set out in the report.**

#### **10. PROPOSED REVISIONS TO THE TARGETS IN THE HEALTH AND WELL-BEING STRATEGY (Agenda Item 9):**

The Director for People introduced the Proposed Revisions to the Targets in the Health and Well-Being Strategy report, which sought to finalise the Strategy's reporting requirements.

The Chairman advised the Board that she would welcome an extension in relation to the obesity of children, as proposed in the revisions report.

Dr Stephens, member of Barnet CCG advised the Board that more robust dialogues with schools about physical activity are needed.

Dr Howe, the Director for Public Health for Barnet and Harrow Councils and John Morton, the Chief Officer at Barnet CCG agreed to discuss the target on access to NICE compliant maternity care by 12 weeks gestation outside of the Board meeting.

Dr Howe also agreed to confirm the final target for substance misuse in young people with Councillor Reuben Thompstone, the Cabinet Member for Education, Children and Families.

**RESOLVED that:**

- 1) That the Health and Well-Being Board approves the proposed revisions to the existing targets in the Health and Well-Being Strategy that are contained in this report, as set out in paragraph 10.5 of the report;**

- 2) **The Health and Well-Being Board agrees to receive the first annual performance report of the Health and Well-Being Strategy at the next Health and Well-being Board meeting in November 2013 for discussion and approval of next steps of delivery;**
- 3) **That the Health and Well-Being Board notes its responsibility to report on the progress being made to deliver the Health and Well-Being Strategy to the Barnet Partnership Board and agrees for a copy of the performance report to be presented to the Barnet Partnership Board on the 7 November for their review and comment.**

#### **11. NHS ENGLAND'S "CALL TO ACTION" PROGRAMME (Agenda Item 10):**

John Morton, the Chief Officer at Barnet CCG introduced a report that provided the Health and Well-Being Board with an update on the NHS England's "Call to Action" programme and outlined Barnet Clinical Commissioning Group's plan to engage on the programme locally.

The Health and Well-Being Board was advised that two public engagement events had been planned for October 2013 in order to initiate a conversation with service users and stakeholders on the national context and local strategic challenges. The Health and Well-Being Board was advised that NHS wished to understand the following:

- How does NHS England release money from acute services to invest more in prevention, primary care and other community services?
- How does NHS England encourage people to take more responsibility for their health and put them in control of their own care?
- How does NHS England develop services that are genuinely centred on patients and not organisations?
- How does NHS England speed up centralisation of services where clinical evidence supports the benefits?
- How does NHS England use technology to deliver better outcomes and better value?
- What are the main barriers to local service transformation and what national solutions would address these?

The Chairman advised that the Health and Well-Being Board very much supported the concept of people taking responsibility for their own and their families' health.

Ms. Kennally welcomed that the "Call to Action" programme of work would take place alongside the Priorities and Spending Review that was being led by the London Borough of Barnet.

**RESOLVED that the Health and Well-Being Board notes the proposed local response to NHS England's "Call to Action" programme.**

#### **12. BARNET CCG COMMISSIONING INTENTIONS (Agenda Item 11):**

John Morton, the Chief Officer at NHS Barnet Clinical Commissioning Group introduced a report that introduced the Clinical Commissioning Group's commissioning intentions for 2014/15 and 2015/16.

Mathew Kendall, the Assistant Director for Community and Well-Being at the London Borough of Barnet advised the Board that Integrated Care, as referred to within the report, should be extended to cover long term conditions.

A Member noted the Public Health was not noted within the Broad Commissioning Intentions. Dr. Andrew Howe, the Director for Public Health and Barnet and Harrow Councils informed the

Board that he would advise if there was a need for any additional points on Public Health to be included.

**RESOLVED that the Health and Well-Being Board notes the key issues identified within the Report and requests that the issues identified above are considered by the Clinical Commissioning Group.**

**13. MINUTES OF THE FINANCIAL PLANNING SUBGROUP (Agenda Item 12):**

**RESOLVED that the Health and Well-Being Board notes the minutes of the Financial Planning Group on 26 June 2013 and 8 August 2013 as set out in the report.**

**14. HEALTH AND SOCIAL CARE INTEGRATION UPDATE: DEVELOPMENT OF A TARGET OPERATING MODEL FOR INTEGRATION IN BARNET (Agenda Item 13):**

Mathew Kendall, the Assistant Director for Community Well-Being at the London Borough of Barnet presented a report that provided the Health and Well-Being Board with an update on the local plans to develop integrated care and an integrated budget across Barnet Clinical Commissioning Group and Barnet Council, in response to both the recent Government announcements about integrated care funding, and local financial challenges.

Mr. Kendall noted that the paper set out the target social care integration model, and advised that the Lead Commissioner would be leading the process locally of developing proposals for the use of the pooled budget referred to in the Report. The Board was informed that it was the intention to submit the initial proposals for the model to the Health and Well-Being Financial Planning Group for consideration on the 17 October 2013. It was intended that the model will also be presented to the Health & Social Care Integrated Care Board at the end of October 2013, before the Health and Well-Being Board receive an update report on the work in November 2013, and receive a final draft of the locality plan in January 2014.

The Director for People advised that the new model had to support the Clinical Commissioning Group's financial situation, and noted to need to be ready to make investment in light of the Barnet, Enfield and Haringey Clinical Strategy. Ms. Kennally also advised that plan also had to be approved by the Health and Well-Being Board as well as by Ministers.

**RESOLVED that:-**

- 1) That the Health and Well-Being Board approves the work plan to develop a high level Health and Social Care integration target operating model and integrated budget in Barnet;**
- 2) That the Health and Well-Being Board receives an update report on progress to develop this model at the November Board meeting;**
- 3) That the Health and Well-Being Board agrees to receive and ultimately sign-off jointly agreed locality plans and budgets for 2014-2016 ahead of March 2014.**

**15. BARNET'S GROWTH AND REGENERATION PROGRAMME (Agenda Item 14):**

Cath Shaw, the Lead Commissioner for Enterprise and Regeneration presented a report and verbal update which provided an overview of Barnet's Regeneration programme, and made proposals for how the Health and Well-Being Board could contribute.

In introducing the report, Ms. Shaw advised that there were four categories under which the Health and Well-Being Board could provide input into the Council's Growth and Regeneration Programme, which were:

- 1) Primary care facilities and community infrastructure;
- 2) Physical Activity;
- 3) Health Impact Assessments;
- 4) Employment and Skills.

Ms. Shaw advised the Committee that Barnet is generally an affluent borough but warned that this could mask the areas of deprivation, which tend to be along the west of the Borough. Ms. Shaw advised that these inequalities area focus of the Growth and Regeneration Programme.

The Health and Well-Being Board were advised that the aims of the Growth and Regeneration Programme were as follows:

- To enhance Barnet as a Successful London Suburb through delivery of quality new places and neighbourhoods in the areas of the borough in greatest need of investment and renewal.
- To deliver sustainable housing growth and infrastructure, and improve the condition and sustainability of the existing housing stock.
- To ensure residents in all areas of the borough can share in Barnet's success while taking responsibility for the well-being of their families and their communities.
- To promote economic growth by encouraging new business growth while supporting local businesses and town centres.
- To help residents to access the right skills to meet employer needs and take advantage of new job opportunities.

Ms. Shaw provided an outline to the Health and Well-Being Board on the following regeneration programmes as follows:

**Stonegrove Spur Road:** The building of 1000 new homes was halfway through.

**Colindale:** The major sites were going forward.

**Mill Hill East:** There were proposals for a GP Service and outdoor park in this area of development.

**West Hendon:** Part of the scheme was looking at opening up the reservoir for leisure use, and that Officers were currently looking at options for either the expansion or creation of a new health centre.

**Dollis Valley:** This scheme focussed on improving housing, which would have a huge impact on the health of residents in the area.

**Brent Cross / Cricklewood:** This this was a huge scheme, involving the creation of a new town centre spanning the north circular road, and the creation of 1300 new homes.

A Member of the Board commented on the importance of dialogue with the building providers to discuss the space that could be used for primary care.

Referring to the Stonegrove Spur Road development, a Member noted the importance of understanding what healthcare would be required both now and in the future.

The Director for People advised that the Health and Well-Being Strategy recognised the importance of regeneration for the health and well-being of residents, and noted that there was a need for an advisor to help identify the health requirements of such schemes. Ms Kennally advised that discussions should be held outside of the Health and Well-Being Board on how to obtain such a position.

**RESOLVED that the Health and Well-Being Board endorses the proposed approach to engagement in regeneration as set out in the report, and note the presentation on Barnet's regeneration programme.**

**16. FORWARD WORK PROGRAMME FOR 2013/14 (Agenda Item 15):**

The Director for People introduced the Forward Work Programme for 2013/14. Ms Kennally advised the Board that an item on The Care Bill could be received at the meeting in January 2014.

The Board noted that a representative from the Barnet, Enfield and Haringey Mental Health Trust would be invited to attend the Board's meeting in March 2014.

Ms Julie Pal, the Chief Executive of CommUnity Barnet advised the Committee that HealthWatch Barnet would bring a report back to the Health and Well-Being Board in January 2014, and that it would then go to the Health Overview and Scrutiny Committee and the Safeguarding Overview and Scrutiny Committee.

**RESOLVED that the Health and Well-Being Board note the Forward Work Programme and request that arrangements be made for future meetings in respect of the requests made above.**

**17. URGENT QUESTION (Agenda Item ):**

Dr Stephens, a member of the Barnet CCG asked the Board if they wanted to engage with the Mayor of London about his programme to better understand health issues in London.

Dr Howe, the Director for Public Health for Barnet and Harrow Councils advised that the London Health Board had been focused on acute care but there was a need to push the Board to focus on primary care and prevention.

**RESOLVED that the Health and Well-Being Board request that the Director for Public Health for Barnet and Harrow Councils consider the messages to put forward to the London Health Board.**

The meeting finished at 12.13 pm