MEETING HEALTH OVERVIEW AND SCRUTINY COMMITTEE
DATE AND TIME MONDAY 7TH JULY, 2014 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,
Vice Chairman: Councillor Graham Old

Councillors

Val Duschinsky	Barry Rawlings	Arjun Mittra
Gabriel Rozenberg	Amy Trevethan	Paul Edwards
Caroline Stock	Philip Cohen	

Substitute Members

Shimon Ryde	Maureen Braun	Laurie Williams
Daniel Thomas	Kath McGuirk	

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

Andrew Nathan – Head of Governance

Governance Services contact: Anita Vukomanovic 020 8359 7034
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Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

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2.	ABSENCE OF MEMBERS	
3.	DECLARATION OF MEMBERS' INTERESTS a) Disclosable Pecuniary Interests and Non Pecuniary Interests b) Whipping Arrangements (in accordance with Overview and Scrutiny Procedure Rule 17)	
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AGENDA ITEM 1

Decisions of the Health Overview and Scrutiny Committee

12 May 2014

Members Present:-

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

Councillor Maureen Braun
Councillor Geof Cooke
Councillor Arjun Mittra
Councillor Bridget Perry
Councillor Kate Salinger
Councillor Brian Schama

Also in attendance
Councillor Helen Hart – Cabinet Member for Public Health

Apologies for Absence

Councillor Barry Rawlings
Councillor Julie Johnson

1. MINUTES (Agenda Item 1):

RESOLVED that the minutes of 12 March be agreed as a correct record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from Councillor Julie Johnson and Councillor Barry Rawlings.

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

Member	Subject	Interest declared
Councillor Alison Cornelius	Agenda Item 7 (Barnet, Enfield and Haringey Clinical Strategy Update) and Item 8 (NHS Quality Accounts – Mid Year Update)	Non-pecuniary interest by nature of being on the chaplaincy team at Barnet

4. PUBLIC QUESTION TIME (IF ANY) (Agenda Item 4):

There were none.

5. MEMBERS' ITEMS (IF ANY) (Agenda Item 5):

There were none.

6. MINUTES OF THE NORTH CENTRAL SECTOR LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Agenda Item 6):

RESOLVED that the Committee note the minutes of the North Central London Joint Health Overview and Scrutiny Committee held on 28 March 2014.

7. NHS QUALITY ACCOUNTS 2013/14 (Agenda Item 7):

The Committee scrutinised the Royal Free London NHS Foundation Trust Quality Account and wished to put on record the following comments:

- The Committee noted the high quality of care provided by the Royal Free London NHS Foundation Trust.
- The Committee welcomed the fact that the Royal Free London NHS Foundation Trust had met all of their targets, except the target on C. Difficile.
- The Committee welcomed the action that the Trust was taking in relation to working with partners to increase dementia awareness, and welcomed the fact that the Trust had a dementia lead.
- The Committee welcomed the actions being taken to improve quality in relation to dementia as a result of the National Clinical Auditor in 2013/14.
- The Committee noted that approximately a quarter of inpatients at the Royal Free London NHS Foundation Trust have diabetes, and welcomed the innovative work that the Trust is undertaking in relation to care of patients with diabetes.
- The Committee welcomed that there were zero attributable cases of MRSA at the Royal Free London NHS Foundation Trust during 2013/14, and are pleased to note that the various methods used to achieve the zero rate are being passed on to other Trusts as examples of best practice.
- The Committee welcomed that the percentage of staff employed by or under contract to the trust who would recommend the trust as a provider to their family or friends had increased from 72.6% in 2012 to 76.2% in 2013.
- The Committee noted that the Performance Indicator for the percentage of patients readmitted to the trust within 28 days of discharge for patients aged (i) 0 to 15 and (ii) 16 or over used old data, and requested that the final version of the Quality Account be updated with any available data from years 2012/13 onwards where possible.
- The Committee noted that other NHS Trusts tend to include references to complaints, and whilst noting that the Royal Free London NHS Foundation Trust would be limited by the regulator, advised that they would welcome a section on complaints in the Quality Accounts.

However, the Committee wished to express concern in relation to the following:

- The Committee noted that the rate per 100,000 bed days of cases of *C.Difficile* infection that have occurred among patients aged two and over had risen from 19.3 in 2011/12 to 30.5 in 2012/13, compared to the National Average Performance 2012/2013 of 16.3. The Committee were told that the Royal Free London NHS Foundation Trust had seen an improvement of those results over the last six months.

  The Committee note the Independent auditor's limited assurance report to the Council of Governors of the Royal Free London NHS Foundation Trust on the

annual quality report and expressed concern over the reporting that a significant proportion of the staff themselves felt bullied, under stress or discriminated against.

- That the number and rate of patient safety incidents that occurred during the reporting period October 2011 – March 2012 and October 2012 – March 2013 had increased from 451 to 2,528. The Committee noted that the data submitted between October 2011 and March 2012 was incomplete due to technical issues with exporting data, and that the Trust had taken actions to improve its reporting rate.

Barnet, Enfield and Haringey Mental Health NHS Trust Quality Account 2013/14
The Committee scrutinised the Barnet, Enfield and Haringey Mental Health NHS Trust Quality Account and wished to put on record the following comments:

- The Committee noted that although the Trust had worked to strengthen communication with GPs through the GP Advice Line and the Primary Care Academy, communication with GPs as a whole was still needing improvement.
- The Committee noted that the "Carer Strategy" will be launched after 2nd June 2014.
- The Committee noted the survey undertaken by the Trust in relation to GPs' satisfaction with communication and commented that it would be helpful to see the satisfaction statistics broken down by Borough.

However, the Committee wished to express concern in relation to the following:

- The Committee had expected to receive a more complete version of the report. The Committee noted that in advance of the Health Overview and Scrutiny Committee meeting, the London Borough of Barnet had been informed that updates made to the issued draft were not substantial enough to require the re-issuing of the draft provided for publication. The Committee expressed concern that when the report was presented at the meeting, the changes appeared to be much more substantial than had been initially implied. The Committee noted that if they had been aware of the magnitude of the changes, then the Committee would have wanted to have had the latest version of the document published and circulated in advance of the meeting. The Committee also wished to express their dissatisfaction that, on the evening, they were not made aware of the changes that had been made to the document.
- The Committee expressed concern that the priority for 2013-2014, "Safety - Improve communication with GPs" had not been met, and were further concerned to note that this priority would not be taken forward for 2014-2015.
- The Committee was told that the CQC had revisited The Oaks Ward on 10 April and that the Trust was now compliant. The Committee were informed that the enforcement notice had been lifted regarding the seclusion rooms.

North London Hospice Quality Account 2013/14

The Committee scrutinised the North London Hospice Quality Account 2013/14 and wished to put on record the following comments:

- The Committee welcomed the continuing improvements to the quality of care provided by the North London Hospice.
- The Committee noted the removal of the Liverpool Care Pathway and welcomed the examples of best practice undertaken by the North London Practice in end of life care following the Pathway's removal.
- The Committee welcomed the fact that the Hospice had invested in a day services Clinical Nurse.
- The Committee welcomed the action taken by the Hospice in seeking ideas for social activities and were pleased to note that activities such as musical performances in open spaces, reading and playing cards with people took place.
- The Committee welcomed the dementia facilities provided by the hospice.
- The Committee welcomed the refurbishment of bedrooms and inpatient units to improve dementia care.
- The Committee commented that the statistic for falls per occupied bed days per 1000 in 2013-14 was 13.2, compared to the national benchmark of 6.5 falls per 1000 bed days. The Committee noted that this national benchmark included hospitals and commented, that by the nature of being a hospice, a higher falls rate would be expected because of the frailty of its patients.
- The Committee welcomed the Clinical Effectiveness Project One: Dementia Care. The Committee welcomed the variety of dementia training that the Hospice would be undertaking, particularly, offering to train staff of external care homes and district nurses.
- The Committee noted that in 2012/13, the Hospice began working within a local five hospice consortium to benchmark performance. The Committee were pleased to note that the Hospice would be working with a group of 99 hospices in order to conduct benchmarking and were pleased to note that this data could be available in next year's Quality Account.
- The Committee welcome the 0-0 rate of avoidable pressure sores reported in April 2013 – March 2014.
- The Committee asked to be informed of the attendance figures of Barnet patients attending the day centre when it was located at the North Finchley site, compared to the current figures of Barnet patients attending the day centre at new Enfield site.

However, the Committee wished to express concern in relation to the following:

- The Committee noted that the Audit Steering Group Chair had highlighted the need to increase competence and the quality of audits.
- The Committee noted that there had been an increase in closed bed days in 2013/14 due to plumbing problems, deep cleaning requirements in rooms which patients with MRSA had been cared for, staff sickness and maternity cover.

Central London Community Healthcare NHS Trust

The Committee Scrutinised the Central London Community Healthcare NHS Trust Quality Account 2013/14 and wished to put on record the following comments:

- The Committee welcomed the fact that the addition on the annual complaints report.

However, the Committee wished to express concern in relation to the following:

- The Committee expressed concern that the milestone, "Reduction in paperwork for front line staff (by a third), creating time to care by introducing electronic / digital solutions to reduce paperwork" had not been achieved
- The Committee expressed concern that the milestone, "Audit of recruitment processes to demonstrate values questions asked and staff survey to show high levels of understanding and commitment to Trust values" target had not been achieved.
- The Committee expressed concern that the outstanding milestone of "Audit of dementia, mental health and learning disability and care of vulnerable adults policy" had not been achieved.
- The Committee noted that the Risk Management Strategy showed that 90% of services are using their risk registers and that service improvements can be clearly demonstrated. The Committee expressed concern that some services were unable to identify risks.
- The Committee expressed concern that there was no proof of dentistry provision in Barnet being provided by the Trust.

Barnet and Chase Farm Hospitals NHS Trust:

The Committee scrutinised the Barnet and Chase Farm Hospitals NHS Trust 2013/14 Quality Accounts and wished to put on record the following comments:

- The Committee welcomed the very recent improvement that the Trust had made in Accident and Emergency waiting times.
- The Committee welcomed the fact that following an upgrade of the telephone and call centre technology, Patient Services were handling 80% of calls within 30 seconds.
- The Committee welcomed the fact that additional staff resources had been made available to deal with complaints
- The Committee noted that it was a legal requirement of the Trust to have a "Limited Assurance" report.
- The Committee welcomed the "Home for Lunch" initiative.
- The Committee welcomed the use of the "Forget-me-Not" scheme to assist patients with dementia.
- The Committee welcomed Priority Two for 2014/15, which is to reduce the "Did Not Attend" rate. The Committee questioned what further actions were being taken to reduce the rate of cancellations and were told that the Trust was using text reminders, reminder phone calls and were working to improve communication skills so that patients felt more able to inform the Trust that they would not be attending an appointment. The Committee requested that this be expanded upon within the Quality Accounts.

However, the Committee wished to express concern in relation to the following:

- The Committee noted that 56.1% of formal complaints were acknowledged within the first three days and suggested it would be helpful for patients to be given an estimated response time within the acknowledgement.
- The data from the last three months in the "Monthly Cardiac Arrest Run Chart" was not included. The Committee requested that this be inserted if the data is available before publishing the Quality Accounts.

At the request of the Chairman, the Committee noted the following update from Jonathan Gregory, the Foundation Trust Project Manager from Central London Community Healthcare, on their Foundation Trust application which had been circulated in advance of the meeting:

"Central London Community Healthcare (CLCH), London's largest standalone community NHS trust, is applying to become a foundation trust. Last year our application slowed down. We agreed to suspend our original timeline while we awaited details of the newly-introduced inspection regime by the Care Quality Commission (CQC). All aspirant foundation trusts are now required to undergo an inspection before they can submit their application to Monitor, the foundation trust regulator. This affects all NHS trusts in the foundation trust pipeline. It is likely that the CQC inspection at CLCH will take place in early 2015.

Currently, the Trust's foundation trust programme is focussed on developing further the Integrated Business Plan (IBP), which is the organisation's five year plan.

We anticipate that, if successful, CLCH will become a foundation trust in early 2016."

At the request of the Chairman, the Committee noted the following update from Prof Stephen Powis, Medical Director at the Royal Free Hospital NHS Foundation Trust:

- That the Trust was ending its second year as a Foundation Trusts;
- That all targets had been met except C. Difficile.

At the request of the Chairman, the Committee noted the following update from Ian Mitchell, the Medical Director at Barnet and Chase Farm Hospitals NHS Trust on their status of becoming a Foundation Trust. Mr Mitchell advised the Committee that the Trust was working towards the acquisition by the Royal Free London NHS Foundation Trust, and noted that the decision would be subject to the sign off of the Council of Governors. The Committee noted that work was underway in order to ensure good governance within the proposed new structure.

RESOLVED that:-

1) **That the above mentioned comments by the Committee be noted by the North London Hospice and individual Trusts and incorporated into the final versions of their Quality Accounts for 2012/13.**
2) **The Committee note the updates in relation to the Foundation Trust Status of both Central London Community Healthcare (CLCH) and Barnet and Chase Farm Hospitals NHS Trust.**

8. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 8):

The Committee considered the Forward Work Programme as set out in the report.

The Chairman invited Julie Pal, the Chief Executive of Community Barnet, and Selina Rodrigues, the Head of HealthWatch Barnet, to the table. The Chairman noted that the Committee had requested that, following a recent CQC Report, HealthWatch Barnet

Enter and View team undertake “Enter and View” visits to two establishments: The Oaks and Silver Birches. The Chairman advised that these visits would be reported to a future meeting of the Committee.

Ms. Rodrigues advised the Committee that HealthWatch Barnet were liaising with HealthWatch in both Enfield and Barnet about the possibility of a joint visit. The Chairman requested that the Committee’s thanks be passed on to the “Enter and View” team.

The Chairman advised that the following items would be placed on the Forward Work Programme for the following municipal year:

- A report on care following the removal of the Liverpool Care Pathway
- A report on maternity at Barnet and Chase Farm hospitals.

RESOLVED that the Committee note the Forward Work Programme and request that arrangements are made for the above items to be added to the Forward Work Programme for the forthcoming municipal year.

9. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 9):

The Chairman invited the Cabinet Member for Public Health, Councillor Helena Hart to the table.

The Committee noted that the Cabinet Member for Public Health had signed the Disabled Children’s Charter.

The Cabinet Member for Public Health provided comment on the Quality Accounts considered at the meeting as follows:

Royal Free London NHS Foundation Trust:
The Cabinet Member for Public Health advised that issues in relation to staffing would be progressed through a new system of Governance.

Central London Community Healthcare:

The Cabinet Member for Public Health added her concern to that of the Committee’s at the lack of references to Barnet within the Central London Community Healthcare Quality Account.

Barnet Enfield and Haringey Mental Health Trust:

The Cabinet Member for Public Health advised that she had received an e-mail from the Chief Executive of the Barnet, Enfield and Haringey Mental Health Trust dated 7th May 2014 which stated that their performance against the CQC's standards had improved significantly over the last few months and that the number of non-compliance areas issues had reduced from 11 to 6.

The Cabinet Member for Public Health advised that there would be an official launch for the outdoor gyms programme following the local elections.

RESOLVED that:-

1. **The Committee note the Forward Work Programme;**
2. **The Committee note the update from the Cabinet Member for Public Health.**

The Chairman expressed her thanks to the Committee for their help and support in all that had been achieved in the past few years, particularly in contributing to the following:-

- The implementation of Alzheimer's / Dementia training and signage at Barnet and Chase Farm Hospitals
- 202 new car parking spaces at Barnet Hospital

The Chairman advised the Committee that she wished to put on record her and the Committee's thanks to Councillor Schama for his contributions to the Health Overview and Scrutiny Committee over several years and particularly noted that his Mayor's Charity Appeal raised nearly £50,000 to help towards Alzheimer's / Dementia projects at Barnet and Chase Farm Hospitals.

The Vice Chairman moved that the Committee put on record their thanks to the Chairman for her Committee work over the last year.

The Chairman advised the Committee that she wished to put on record hers and the Committee's thanks to Councillor Schama for his contributions to the Health Overview and Scrutiny Committee over several years and particularly noted that his Mayor's Charity Appeal raised nearly £50,000 to help towards Alzheimer's / Dementia projects at Barnet and Chase Farm Hospitals.

The Vice Chairman moved that the Committee put on record their thanks to the Chairman for her Committee work over the last year.

The meeting finished at 10.00 pm

AGENDA ITEM 5a

	Health Overview and Scrutiny Committee 7 July 2014
Title	**Member's Item –** 18 Week Referral to Treatment Target
Report of	Head of Governance
Wards	All
Status	Public
Enclosures	None
Officer Contact Details	Anita Vukomanovic, Governance Service Officer Email: anita.vukomanovic@barnet.gov.uk Tel: 020 8359 7034

Summary

The report informs the Health Overview and Scrutiny Committee of a Member's Item and requests instructions from the Committee.

Recommendations

1. That the Health Overview and Scrutiny Committee's instructions in relation to this Member's item are requested.

1. WHY THIS REPORT IS NEEDED

1.1 Councillor Cllr Amy Trevethan has requested that a Member's Item be considered on the following matter:

1.2 18 Week Referral to Treatment Target:

To ask for an update on the 18 week referral to treatment target at Barnet & Chase Farm Hospitals, including any action that has been taken to reduce the number of patients having to wait longer than 18 weeks for surgery, any actions taken to improve the accuracy of data, and any further actions to be taken.

2. REASONS FOR RECOMMENDATIONS

2.1 No recommendations have been made. The Committee are therefore requested to give consideration and provide instruction.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Post decision implementation will depend on the decision taken by the Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 As and when issues raised through a Member's Item are progressed, they will need to be evaluated against the Corporate Plan and other relevant policies.

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

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 The Council's Constitution Meeting Procedure Rules (section 6) illustrates that a Member, including appointed substitute Members of a Committee may have one item only on an agenda that he/she serves. Members items must be within the term of reference of the decision making body which will consider the item.

5.3.2 There are no legal references in the context of this report.

5.4 **Risk Management**

5.4.1 None in the context of this report.

5.5 **Equalities and Diversity**

5.5.1 Member's Items allow Members of a Committee to bring a wide range of issues to the attention of a Committee in accordance with the Council's Constitution. All of these issues must be considered for their equalities and diversity implications.

5.6 **Consultation and Engagement**

5.6.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 Email to Governance Officer, dated 25 June 2014.

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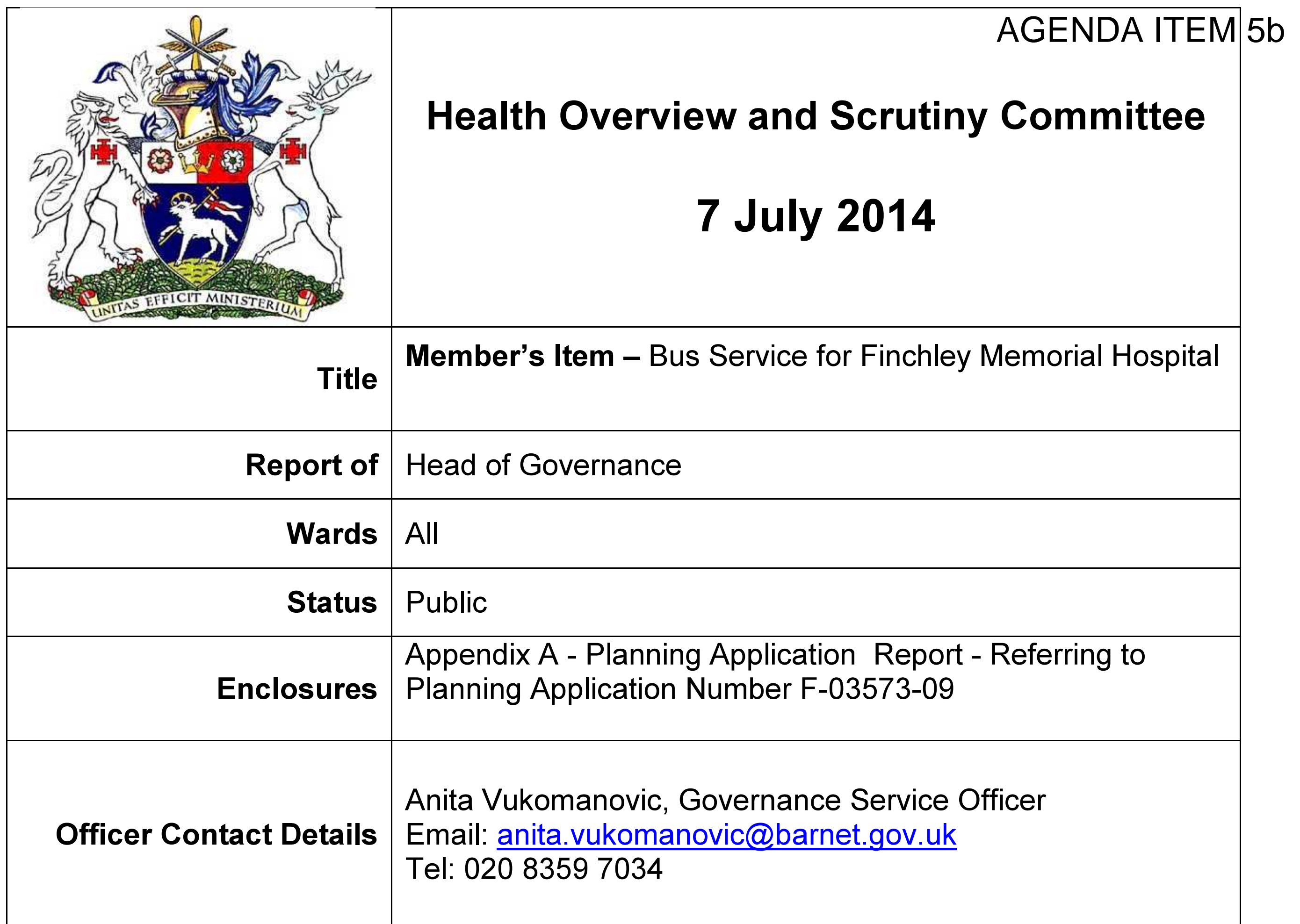

AGENDA ITEM 5b

Health Overview and Scrutiny Committee

7 July 2014

Title	**Member's Item –** Bus Service for Finchley Memorial Hospital
Report of	Head of Governance
Wards	All
Status	Public
Enclosures	Appendix A - Planning Application Report - Referring to Planning Application Number F-03573-09
Officer Contact Details	Anita Vukomanovic, Governance Service Officer Email: anita.vukomanovic@barnet.gov.uk Tel: 020 8359 7034

Summary

The report informs the Health Overview and Scrutiny Committee of a Member's Item and requests instructions from the Committee.

Recommendations

1. That the Health Overview and Scrutiny Committee's instructions in relation to this Member's item are requested.

1. WHY THIS REPORT IS NEEDED

1.1 Councillor Cllr Arjunn Mittra has requested that a Member's Item be considered on the following matter:

1.2 Bus Service for Finchley Memorial Hospital:

To ask for an update on the possibility for a bus service at Finchley Memorial Hospital, including the status of the £20,000 agreed under Section 106 for TfL to use for bus shelters, and whether this could be offered to Barnet Community Transport to run a pilot project to provide a bus service to the hospital.

2. REASONS FOR RECOMMENDATIONS

2.1 No recommendations have been made. The Committee are therefore requested to give consideration and provide instruction.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Post decision implementation will depend on the decision taken by the Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 As and when issues raised through a Member's Item are progressed, they will need to be evaluated against the Corporate Plan and other relevant policies.

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

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 The Council's Constitution Meeting Procedure Rules (section 6) illustrates that a Member, including appointed substitute Members of a Committee may have one item only on an agenda that he/she serves. Members items must be within the term of reference of the decision making body which will consider the item.

5.3.2 There are no legal references in the context of this report.

5.4 **Risk Management**

5.4.1 None in the context of this report.

5.5 **Equalities and Diversity**

5.5.1 Member's Items allow Members of a Committee to bring a wide range of issues to the attention of a Committee in accordance with the Council's Constitution. All of these issues must be considered for their equalities and diversity implications.

5.6 **Consultation and Engagement**

5.6.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 Email to Governance Officer, dated 25 June 2014.

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Dated 9th April 2010

THE MAYOR & BURGESSES OF THE LONDON BOROUGH OF BARNET (1)

AND

BARNET PRIMARY CARE TRUST (2)

AGREEMENT

relating to:

Finchley Memorial Hospital, Granville Road, London N12 0JE

Ref NVB/334661
Doc 8013163.2

SpeechlyBircham

AN AGREEMENT dated 9th April 2010 made BETWEEN (1) THE MAYOR AND BURGESSES OF THE LONDON BOROUGH OF BARNET ("the Council") of the North London Business Park Oakleigh Road South London N11 1NP (2) BARNET PRIMARY CARE TRUST ("the Owners") of 10 Hartley Avenue, London NW7 2HX

WHEREAS:

A. The Owners have the freehold interest in the Land registered at H.M. Land Registry under Title No. AGL143868 MX444588 and MX421119 respectively

B. The Council is the Local Planning Authority for the purposes of the Town and Country Planning Act 1990 (as amended) and the Highway Authority for the purposes of the Highways Act 1980 for the area within which the Land is situated

C. On 1 October 2009 the Owners through their agents applied to the Council for planning permission under reference No. F/03573/09 to develop the Land by a Development comprising construction of a new part two part three storey hospital (plus part lower ground floor) with ancillary facilities including a cafe and retail. Construction of an energy centre. Associated parking and servicing areas new vehicular access off Granville Road to service construction traffic and demolition of existing hospital buildings (with the exception of Bullimore House)

D. At a meeting of the Council's Planning and Environment Committee held on 20 January 2010 it was resolved that subject to the completion of this Agreement the Permission should be granted subject to conditions

E. The Council is a Local Authority for the purposes of Section 111 of the Local Government Act 1972 and is satisfied that the arrangements made in this

Agreement will facilitate be conducive to and be incidental to the Council's functions

F. The Council considers it expedient and in the interests of the proper planning of its area that provision should be made for regulating development in the manner hereinafter appearing and the parties hereto have accordingly agreed to enter into this Agreement

NOW IT IS AGREED as follows:

1. Interpretation

1.1 In this Agreement unless the context otherwise requires:

'1990 Act' means the Town and Country Planning Act 1990 (as amended)

'Application' means the application for planning permission registered by the Council on 1 October 2009 and bearing reference number F/03573/09

'Bus Stop Improvement Contribution' means the sum of £64,000 (sixty four thousand pounds) Index Linked comprising (a) £44,000 (forty four thousand pounds) for works involving the implementation of ibus (countdown) displays within the existing bus shelters (associated with access to the Finchley Memorial Hospital) on Ballards Lane and A1000 High Road and the provision of two further bus shelters on Ballards Lane which will be required in order to be able to provide ibus information at these stops and (b) £20,000 (twenty thousand pounds) required by Transport for London towards upgrading five bus stops within the vicinity of the Land to be Disability Discrimination Act compliant.

'Contributions' mean the Bus Stop Improvement Contribution and Controlled Parking Zone Contribution and Feasibility Study Contribution and Highways Contribution and Monitoring Contribution and Travel Plan Contribution payable under this Agreement

'Commencement of Development' means the date upon which any material operation (as defined in s56(4) of the 1990 Act) forming part of the Development begins to be carried out other than (for the purposes of this Deed and for no other purpose) operations consisting of site clearance, demolition work, archaeological investigations, investigation for the purposes of assessing ground conditions, remedial work in respect of contamination or other adverse ground conditions, diversion of services, erection of any temporary means of enclosure, erection of fences, hoardings and construction of access or service roads, the temporary display of site notices or advertisements and "Commence Development" shall be construed accordingly.

'Controlled Parking Zone Contribution' means the sum of £20,000 (twenty thousand pounds) Index Linked for the funding of a new scheme for controlling parking within the vicinity of the Development as shall have been identified as necessary as part of the Feasibility Study. The Owner hereby agrees that part of the Controlled Parking Zone Contribution may be applied towards the cost of parking controls within 20 metres of the main entrance to the Finchley Memorial Hospital.

'Development' means the development of the Land permitted by the Permission

'Feasibility Study' means the Council's consultation with the community and other stakeholders to explore the need for parking controls within the vicinity of the Development to inform corporate policies and priorities in accordance with prevailing Council practice and in addition to any statutory requirements

'Feasibility Study Contribution' means the sum of £10,000 (Ten Thousand Pounds) Index Linked towards a Feasibility Study to explore the need for

parking controls within the vicinity of the Development which shall include consultation with the public

'Highway Contribution' means the sum of £20,000 (twenty thousand pounds) Index Linked towards securing improvements to the pedestrian environment within the vicinity of the Land including upgrading the tactile paving at the junction of Granville Road and Bow Lane Finchley N12

'Index' means the "all items" Retail Prices Index published by the Office for National Statistics or any successor ministry department or organisation or (if such Index is at the relevant time no longer published) such other comparable Index or basis for indexation as the parties may agree

'Index Linked' means the product (if any) of the amount of contributions payable under this Agreement multiplied by A and divided by B where "A" is the most recently published figure for the Index prior to the date of the payment and "B" is the most recently published figure for the Index at the date of the Agreement

'Implementation' means implementation of the Permission as defined in section 56 of the 1990 Act

'Land' means the land edged red on the Site Plan and more particularly described in the First Schedule

'Monitoring Contribution' means the sum of £2,400 (two thousand four hundred pounds) Index Linked towards the Council's costs in monitoring the obligations under this Agreement

'Occupation' means the first date upon which any part of the Development is physically occupied for the first time other than for the purposes of construction and fitting- out works and 'Occupied' and cognate expressions will be interpreted in accordance with this definition.

'Permission' means the planning permission granted pursuant to the Application together with any modification made thereto with the consent of the parties to this Agreement

'Site Plan' means the plan annexed to this Agreement

'Travel Plan' means a scheme that is compliant with the framework of the Travel Plan set out in the Second Schedule to be approved by the Council and which may from time to time be varied with the written consent of the Council

'Travel Plan Contribution' means the sum of £5,000 (five thousand pounds) Index Linked towards the Council's costs in monitoring the objectives of the Travel Plan

1.2 Where the context so requires:

(a) the singular includes the plural;

(b) references to any party shall include the successors in title of that party;

(c) where a party includes more than one person any obligations of that party shall be joint and several;

(d) references to clauses and schedules are references to clauses in and schedules to this Agreement; and

(e) save as otherwise provided in this Agreement any approval in writing or consent to be given by the Council under this Agreement shall not be unreasonably withheld or delayed

2. Legal Effect

2.1 This Agreement is made pursuant to Section 106 of the 1990 Act and Section 111 of the Local Government Act 1972 to the intent that it shall bind the Owner and his successors in title to each and every part of the Land and his assigns as provided in those sections

2.2 This Agreement is also made pursuant to Section 38 and 278 of the Highways Act 1980

2.3 The covenants hereinafter contained are planning obligations for the purposes of Section 106 of the 1990 Act

2.4 This Agreement is also entered into by the Council pursuant to Section 2 of the Local Government Act 2000 as being expedient for the purposes of improving the economic social or environmental wellbeing of the area

2.5 The Council is the local planning authority by whom the obligations are enforceable

2.6 No person or company shall be liable for any breach of this Agreement unless he or it holds an interest in the part of the Land in respect of which such breach occurs or held such an interest at the date of the breach

2.7 Except for the covenants in clauses 2.11 and 3.1 (which take effect from the date of this Agreement) the other covenants in this Agreement shall take effect when the Permission has been granted and implemented by Commencement of Development

2.9 If the Permission expires within the meaning of Section 91 of the 1990 Act or is revoked or otherwise withdrawn or modified by any statutory procedure without the consent of the Owner or its successors in title this Agreement shall cease to have effect

2.10 Nothing in this Agreement shall be construed as prohibiting or limiting any right to develop any part of the Land in accordance with a planning permission granted by the Council or by the First Secretary of State on appeal or reference to him after the date of this Agreement

2.11 The Owners shall pay the Council's reasonable and proper legal costs and professional fees for the preparation and completion of this Agreement

3. Covenants

3.1 The Owner covenants with the Council to give not less than 14 days prior written notification to the Council's Director of Planning Housing and Regeneration (or such other officer as may be advised to the Owner) of the intended date of implementation of the Permission

3.2 The Owner covenants with the Council to pay the Contributions in their entirety to the Council (Index Linked as above) as follows:

3.2.1 As to the Bus Stop Improvement Contribution within 28 days of Implementation of the Permission;

3.2.2 As to the Controlled Parking Zone Contribution within 28 days of receipt of a written notice from the Council that the Controlled Parking Zone is to be implemented by the Council;

3.2.3 As to the Highway Contribution within 28 days of Implementation of the Permission;

3.2.4 As to the Monitoring Contribution within 28 days of Implementation of the Permission;

3.2.5 As to the Feasibility Study Contribution within 28 days of Implementation of the Permission;

3.2.6 As to the Travel Plan Contribution one month prior to Occupation.

3.3 The Council hereby covenants with the Owner that it will repay to the Owner such amount of any Contribution made by the Owner to the Council under this Agreement which has not been expended in accordance with the provisions of this Agreement after five years from the date of receipt by the Council, together with interest at the Co-Operative Bank plc base rate from time to time for the period from the date of payment of the relevant Contribution to the date of refund by the Council.

3.4 If the Owner shall fail to pay the Contributions due under this Agreement or any part of them is not paid on the due date the Owner shall pay the Council interest at the rate 4% above the base lending rate of the Co-operative Bank plc or such other bank as the Council may designate on any unpaid amounts of the Contributions from the date when they were due to the date on which they are paid to the Council

3.5 Nothing in the preceding clause shall entitle the Owner to withhold or delay any payment of the Contributions due under this Agreement after the date upon which they fall due or in any way prejudice affect or derogate from the rights of the Council in relation to non-payment

3.6 The Council covenants with the Owner to use the Contributions and any interest accrued thereon for the purposes set out in the interpretation clause of this agreement

3.7 The Council covenants, following performance and satisfaction of all of the obligations contained in this Deed, to cancel all entries made in the Register of Local Land Charges in respect of this Deed

3.8 The Owner further covenants with the Council to :

3.8.1 Submit a draft Travel Plan to the Council and obtain approval to the same from the Council prior to the date of Occupation of the Development

3.8.2 Following discussions with the Council revise the draft Travel Plan to incorporate any reasonable comments made by the Council and agreed by the Owner within 6 weeks of submission to the Council of the draft Travel Plan

3.8.3 Promote and publicise the agreed Travel Plan within 2 months of approval and within 2 months of Occupation

3.8.4 Appoint a Travel Plan Co-ordinator to implement the Travel Plan such appointment to be made for five years

3.8.5 Implement the Travel Plan by the dates or within the time limits set out in the Action Plan section of the Travel Plan

3.8.6 Undertake a consultation process within 6 months from the date of implementation of the Travel Plan

3.8.7 Review the Travel Plan annually on or around the first, second, third and fourth anniversaries of the date that the Travel Plan is implemented pursuant to the provisions of this Agreement in accordance with the targets set out in the Travel Plan and submit a copy of the findings of the review to the Council for approval

3.9 The Council hereby covenants with the Owner that it will:

3.9.1 notify the Owner submitting the draft Travel Plan of any proposed amendments which the Council reasonably requires to the draft Travel Plan within one month of receiving the draft Travel Plan; and

3.9.2 approve the draft Travel Plan in writing as soon as possible and in any case within one month of receiving the draft Travel Plan in the event of the Council not wishing to put forward any amendments as set out in clause 3.9.1 above or within one month of the Council receiving the amended draft Travel Plan incorporating the amendments requested pursuant to clause 3.9.1

4 Change in Ownership

The Owner covenants with the Council to give the Council immediate written notice of any change in ownership of any of its interests in the Land occurring before all the obligations under this Agreement have been discharged. Such notice to give details of the transferee's full name and registered office (if a

company or usual address if not) together with the area of the Land or unit of occupation purchased by reference to a plan

5 **Arbitration**

Any dispute or difference arising between the parties with regard to their respective rights and obligations as to any matter or thing in any way arising out of or connected with this Agreement shall be referred to the decision of a single arbitrator to be agreed by the parties or failing agreement between them to be nominated by the President for the time being of the Royal Institution of Chartered Surveyors as the case may be and any such reference shall be deemed to be a submission to arbitration within the meaning of the Arbitration Act 1996 or any statutory modification or re-enactment for the time being in force

6. **Third Parties**

Without prejudice to the definitions of "Council" and "Owner" given in this Deed, it is not intended that this agreement should give rights hereunder to a third parties arising solely by virtue of the Contract (Rights of Third Parties) Act 1999.

7. **Notices**

7.1 All notices, requests, demands or other written communications to or upon the respective parties hereto pursuant to this Deed shall be deemed to have been properly given or made if dispatched by recorded delivery to the party to which such notice, request, demand or other written communication is to be given or made under this Deed and addressed as follows:

(a) to the Council at:

North London Business Park, Building 4, Oakleigh Road South, London N11 1NP

For the attention of Director of Planning Housing and Regeneration

(b) to the Owner at:

Westgate House
Edgware Community Hospital, Burnt Oak Broadway, Edgware,
Middlesex HA8 0AD

For the attention of Neil McElduff

7.2 Either party to this agreement may change its nominated address by prior notice to the other party.

IN WITNESS of which the parties have signed and sealed this Agreement as a Deed

on the date first written above

FIRST SCHEDULE

(The Land)

Finchley Memorial Hospital, Granville Road, London N12 0JE as is registered at the Land Registry with title absolute under Title Numbers AGL143868, MX444588 and MX421119 shown for identification purposes edged red on the Site Plan.

SECOND SCHEDULE

THE FRAMEWORK OF THE TRAVEL PLAN

1. The main purpose of the Travel Plan is to reduce single occupancy car travel to and from the Land by imposing controls and incentives in respect of the transport of all persons including staff guests visitors and deliveries to and away from the Land
2. The Travel Plan will outline measures designed to encourage all staff and visitors to use means of transport other than the car for journeys to and away from the Land and to promote high occupancy of vehicles used in accordance with the objectives in paragraph 4
3. The Travel Plan will incorporate the appointment of a Travel Plan Co-ordinator
4. Objectives

   The Travel Plan will be designed to meet the following overall objectives

   - Prevent parking on the road network adjoining the Land and the areas surrounding it
   - Reduce car dependency
   - Optimise car occupancy

- Encourage a co-ordinated approach to ensure that the maximum opportunities exist for collective staff travel habits (for example car sharing)
- Manage travel demand as efficiently as possible
- Promote opportunities for access by non-car modes for staff guests and visitors
- Develop car sharing priority policy to allocate spaces for car sharers in support of the objectives of the Travel Plan and organise staff to car share by setting up a car sharing process for staff
- Provide car sharing initiatives to be used as an effective way of minimising parking and improving environmental conditions with the Travel Plan Co-ordinator setting up a car sharing process for staff and visitors
- Maximise the opportunities for alternative non-car travel modes in particular bus usage
- Ensure that the allocation of all parking spaces is efficiently managed and in support of the objectives
- Investigation of the provision of a guaranteed lift home fund
- Provision of a survey of persons trips to and from the Land including the mode of travel
- Provision of a survey of parking availability within the Land and at the following local roads; Granville Road, Bow Lane, Graywood Court, Holdenhurst Avenue and Queens Avenue
- Provision of an information pack to new staff showing all public transport pedestrian and cycle links to and from the Land with such information packs including timetables route maps and other information relating to local bus services and links to local underground and rail services

- Provision of appropriate on-site facilities such as cycle storage changing rooms and staff showers to encourage use of walk and cycle modes by staff and visitors
- Provide initiatives for promoting walking and cycling which identify suitable routes to and from the Land within the vicinity and surrounding area and thereby encourage local journeys to be made on foot or cycle
- Promotion and provision of information on the web on how to get to the Land by all modes of transport.
- Organisation of a co-ordinated approach of deliveries, to ensure that peak times are avoided

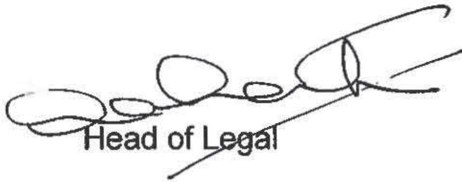
5. The Travel Plan shall also include measures to ensure the effective monitoring of :

- The number and availability of car parking spaces used by persons employed at or visiting the Finchley Memorial Hospital
  - a) on-site in allocated spaces;
  - b) on-site in areas outside the allocated spaces; and
  - c) at the following neighbouring roads; Granville Road, Bow Road, Graywood Court, Holdenhurst Avenue and Queens Avenue
- The number of person trips to and from the Land:
  - d) in single occupancy vehicle
  - e) by travel mode
  - f) by time of day
  - g) by duration of stay

6. The Travel Plan will outline the program for the implementation of the

Measures and shall contain measures and targets for the monitoring of the way in which the objectives outlined in the preceding clauses are being met

THE COMMON SEAL OF THE MAYOR)
AND BURGESSES OF THE LONDON)
BOROUGH OF BARNET was hereunto)
affixed in the presence of:-)



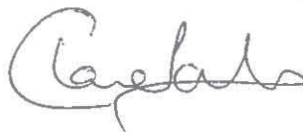
Head of Legal

No. IN REGISTER 31/409

Acting Democratic Services Manager

The Common Seal of)
BARNET PRIMARY CARE)
TRUST was hereunto affixed in)
the presence of:)

Authorised signatory



Authorised signatory

DATED 9th April 2010

BETWEEN:

THE MAYOR AND BURGESSES OF THE LONDON BOROUGH OF BARNET

- and -

BARNET PRIMARY CARE TRUST

AGREEMENT

made pursuant to Section 106 of the Town and Country Planning Act 1990 and associated powers relating to the development of land at Finchley Memorial Hospital Granville Road London N12 0JE

M A Martinus LL.B (Hons.)
Head of Legal
North London Business Park
Oakleigh Road South
London N11 1NP

PH006-98/VWR

AGENDA ITEM 5c

	Health Overview and Scrutiny Committee **7 July 2014**
Title	**Member's Item –** Mental Health Charter
Report of	Head of Governance
Wards	All
Status	Public
Enclosures	None
Officer Contact Details	Anita Vukomanovic, Governance Service Officer Email: anita.vukomanovic@barnet.gov.uk Tel: 020 8359 7034

Summary

The report informs the Health Overview and Scrutiny Committee of a Member's Item and requests instructions from the Committee.

Recommendations

1. That the Health Overview and Scrutiny Committee's instructions in relation to this Member's item are requested.

1. WHY THIS REPORT IS NEEDED

1.1 Councillor Cllr Barry Rawlings has requested that a Member's Item be considered on the following matter:

1.2 Mental Health Charter:

To ask that the committee establish a working group to develop a more coherent approach to mental health services including tackling the issue of discharging people with mental health issues into bed and breakfasts, the lack of community facilities and support in terms of assured housing and employment opportunities. The working group should take evidence from health partners, police, DWP, housing providers and voluntary organisations.

2. REASONS FOR RECOMMENDATIONS

2.1 No recommendations have been made. The Committee are therefore requested to give consideration and provide instruction.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Post decision implementation will depend on the decision taken by the Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 As and when issues raised through a Member's Item are progressed, they will need to be evaluated against the Corporate Plan and other relevant policies.

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

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 The Council's Constitution Meeting Procedure Rules (section 6) illustrates that a Member, including appointed substitute Members of a Committee may have one item only on an agenda that he/she serves. Members items must be within the term of reference of the decision making body which will consider the item.

5.3.2 There are no legal references in the context of this report.

5.4 **Risk Management**

5.4.1 None in the context of this report.

5.5 **Equalities and Diversity**

5.5.1 Member's Items allow Members of a Committee to bring a wide range of issues to the attention of a Committee in accordance with the Council's Constitution. All of these issues must be considered for their equalities and diversity implications.

5.6 **Consultation and Engagement**

5.6.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 Email to Governance Officer, dated 25 June 2014.

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Appendix A

North Central London Sector Joint Health Overview and Scrutiny Committee
Meeting of Barnet, Enfield and Haringey Members
Monday 24th March 2014

Present:

Councillors	**Borough**
Gideon Bull (Chair)	LB Haringey
Alev Cazimoglu	LB Enfield
Alison Cornelius	LB Barnet
Graham Old	LB Barnet
Anne-Marie Pearce	LB Enfield
Barry Rawlings	LB Barnet
David Winskill	LB Haringey

1. APOLOGIES FOR ABSENCE

None.

2. DECLARATIONS OF INTEREST

Cllr Cornelius declared a personal interest as an assistant chaplain at Barnet Hospital.

3. A&E PERFORMANCE ISSUES AT BARNET AND CHASE FARM AND THE NORTH MIDDLESEX HOSPITALS

Fiona Smith, Chief Operating Officer from Barnet and Chase Farm (BCF) Hospitals, reported that BCF was in the lowest performing five acute trusts in London in terms of its A&E performance and 18th out of the 22 trusts in London. However, it had met the 4 hour target for the last two weeks and other acute trusts were not performing as well. Data from 9 December to the present had been analysed. BCF's performance data had been fully validated which was not always the case with other acute trusts. There had been some 12 hour trolley waits. The trust's performance was not radically different from other acute trusts.

Performance in respect of queuing ambulances was now improving. The proportion of people arriving by ambulances had increased slightly and was now approximately a third of A&E activity. In addition, the number of overall attendances had increased. The number of ambulances arriving had so far been higher than the BEH Clinical Strategy modelling had suggested. This had predicted between 80 and 90 per day but over 100 had been arriving. It was not possible to determine at this stage whether this was due to winter pressures or was likely to be the "new normal". The higher volume of activity had nevertheless already been factored into future projections. It was the view of the trust that the higher level of activity was probably long term but they were not yet in a position to be certain of this.

Attendances at hospital were only just above expected levels but admissions had gone up. Bed occupancy levels were also high and this correlated with lower levels of A&E

performance in respect of the four hour target. The majority of elderly people attending A&E came from their own homes but a significant number came from residential care homes. The Trust was currently working with the CCG in Barnet to address this issue and an action plan was being developed. The focus of this was system wide. There was a top ten list of reasons why elderly people were admitted.

It was very early days for the hospital following the implementation of the Barnet, Enfield and Haringey (BEH) Clinical Strategy and work was being undertaken with clinicians to address the current challenges. Weekend discharges had increased significantly and appropriate support was being provided when required through the Post Acute Care Enablement (PACE) scheme.

In answer to a question, Ms Smith stated that she was aware that there were a large number of care homes in the Barnet area, some of which were very big. The proportion of admissions that came from these homes had not yet been calculated. In answer to another question, Gary Baines, from the East of England Ambulance Service, reported that his service were taking between 10 and 15 patients per day to either Barnet or Chase Farm hospitals.

Tim Peachey, the Interim Chief Executive of Barnet and Chase Farm Hospitals, stated that the changes brought in through the BEH Clinical Strategy had not been designed to save money but to make best use of clinical expertise and comply with the European working time directive. Part of the process involved a phased change to providing more care in the community. Whilst this process had already begun, the changes were likely to take several years to implement fully. Cold was not the only type of weather that could impact adversely on health. Wet weather and low atmospheric pressure could also have an effect, particularly on respiratory condition. It was possible to factor in meteorological conditions to projections.

Ms Smith acknowledged that social factors impacted on the number of admissions. The TREAT scheme to mitigate the number of admissions had been used to address this and provided access to social workers. Delayed discharges were significantly down due to successful partnerships. Figures were reviewed each week.

Committee Members expressed concern at the numbers of elderly people being admitted to hospital. It was felt that these were unlikely to go down. It was felt that work needed to be undertaken with care homes to see if any admissions were preventable. Ms Smith responded that each care home had a GP linked to them. Support nevertheless needed to be provided form them and work was being undertaken to address this.

David Donegan, Director of Operations from the North Middlesex University Hospital (NMUH), reported on the position in respect of NMUH. In terms of its A&E performance, it was 12th out of 22 in London and the second best in the north central London area. Following the reconfiguration undertaken as part of the BEH Clinical Strategy, NMUH's A&E was now the largest in London. The latest statistics showed no breaches in standards for ambulance handover times and or trolley waits. Although there had been a blip in performance due to building work, performance was better than last year.

There had been an increase in emergency admissions since last year and these were now slightly higher than before the implementation of the BEH Clinical Strategy. There had also been an increase in the number of ambulances arriving but this had been mitigated by the London Ambulance Service's intelligent conveyancing system. 34% of people arriving by ambulance needed admission. The Trust was working with the Urgent Care Centre on the hospital's site to see if the pressure on A&E could be reduced. However, relevant targets were being met.

It was noted that A&E could look very busy from the outside but this was not necessarily the case on the inside. Julie Lowe, the Chief Executive of NMUH, commented that the numbers of patients attending were in line with expectations and modelling. The Trust was working with commissioners and other providers to reduce pressures, particularly those arising from residential care homes.

Paul Gates from the LAS, reported that the LAS aimed to proactively manage conveyancing of patients to A&E units through the intelligent conveyancing system. The process was subject to external review but so far it was felt that it was having the desired effect. It had worked best in inner London. Improvements were to be made though. In particular, there was a need to improve liaison with the East of England Ambulance Service.

Ambulance services were configured to respond to demand pressures. As part of this, there had been increases in the number of vehicles in some parts of London. Private ambulances were used from time-to-time. Although they would prefer not to use them, it was necessary due to a national shortfall of 2,000 in the number of trained paramedics.

Lorna Reith, the Chief Executive of Healthwatch Enfield, stated that performance statistics for BCF covered both sites. In order to obtain of clear picture of the changes in demand levels on services, it was necessary to disaggregate the data. She felt that it was important that the impact of the reconfiguration undertaken as part of the BEH Clinical Strategy was clear. In addition, she expressed concern at cancellation levels of planned surgery.

AGREED:

That further information be sought from the London Ambulance Service on the number of conveyances of people from care homes to A&E that had taken place during the winter period.

4. MENTAL HEALTH STRATEGIES REPORT

Members of the Committee noted that the meeting had originally been called to consider the Mental Health Strategies Report. Liz Wise, the Chief Executive of Enfield CCG, reported that it was not yet possible to release the report as it needed to be first considered by the relevant Clinical Commissioning Group (CCG) and provider trusts.

She reported that there had been a very significant overspend relating to acute mental health care. In particular, there had been high levels of delayed transfers of care. A number of preliminary recommendations had been made. A lot of expenditure had been

incurred on care provided from outside organisations and consideration was being given to providing this internally. Delayed transfers of care were also being addressed. The report was currently in its final draft and would be considered by each CCG and the Mental Health Trust. The report included some quite complex information regarding unit costs and further work on these was required. The CCGs had indicated a willingness to consider investment and were looking at putting this in whilst the issues were being worked through.

Maria Kane, the Chief Executive of Barnet, Enfield and Haringey Mental Health Trust, reported that the Trust was forecasting a deficit of £11 million for the forthcoming year. Reviews of services would be undertaken and efficiencies would be required. Ms Wise commented that there was a need for partners to work together more effectively. Accommodation was a key area for consideration. Ms Kane reported that this could involve site consolidation and was not likely to be an easy process, with some difficult decisions being required.

Committee Members expressed disappointment that the report had not been made available. Concerns were also expressed about the implications of the report, which could make it more difficult for people with mental health needs to access help. Ms Wise commented that nothing would be agreed till its impact had been fully assessed. However, no actions would be taken that compromised quality. Negotiations between commissioners and the Mental Health would be taking place shortly.

Committee Members queried whether the Purdah period rules applied to health scrutiny as it did not have any executive powers. They requested that the Mental Health Strategies report be made available to them at soon as was possible and, subject to appropriate legal advice being received about relevant Purdah regulations, another meeting of JHOSC Members from Barnet, Enfield and Haringey be arranged for early May to consider the report.

AGREED:

That that the Mental Health Strategies report be made available to appropriate JHOSC Members at soon as possible and that, subject to appropriate legal advice being received about relevant Purdah regulations, another meeting of JHOSC Members from Barnet, Enfield and Haringey be arranged for early May to consider the report.

Appendix B

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY 28TH MARCH 2014** at 10am in the Council Chamber, Town Hall, Judd Street, London, WC1H 9JE

MEMBERS OF THE COMMITTEE PRESENT

Councillors Gideon Bull (Chair) LB Haringey, John Bryant (Vice Chair) LB Camden, Peter Brayshaw, LB Camden, Alison Cornelius, LB Barnet, Graham Old, LB Barnet, Jean-Roger Kaseki, LB Islington, Martin Klute, LB Islington, Anne-Marie Pearce, LB Enfield, Alev Cazimoglu, LB Enfield

HEALTH PARTNERS PRESENT

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the NCL Joint Health Overview and Scrutiny Committee.

MINUTES

1. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for lateness were received from Councillors Cornelius and Brayshaw.

2. DECLARATION OF INTEREST

For transparency, Councillor Brayshaw declared that he was a Governor at University College London Hospital. Councillor Cornelius also declared that she was an assistant chaplain at Barnet Hospital.

In relation to Item 9, Moorfield Eye Hospital, Councillor Bull declared that, as he was an employee of the Hospital, he would be stepping down from the Committee during the discussion of the item.

3. URGENT BUSINESS

There was no urgent business

4. MINUTES

Consideration was given to the minutes of the meeting held on 7th February 2014. The Committee commented on several action points as follows:

- Page 3, no response had been received from the Royal Free Hospital in relation to the last valuation of Chase Farm Hospital. **ACTION: Secretary to follow up with David Sloman and circulate to the Committee**.

- Page 5, clarification was requested on the review group and lessons learnt. **ACTION: Secretary to seek clarification and circulate the lessons learnt results to the Committee.**
- Page 9, the information requested from on the total spend across the five boroughs on mental health had not been received. Until it was received effective lobbying for increase funding could not take place by the Committee. **ACTION: Secretary to chase Liz Wise for the information.**
- Page 10, the letter to Norman Lamb was currently in the process of being written **ACTION: Secretary to check to ensure that the letter is sent and inform the Committee when this has been done.**

In relation to matters arising from the minutes, the following points were raised:-

- A report tabled at the last Enfield Clinical Commissioning Group by the Programme Director included a recommendation that the review of the implementation of the BEH Clinical Strategy would take place after 100 days. However in the North Middlesex board meeting, it had been stated that the review would take place after six months. It was requested that the timescale be clarified, **ACTION: Secretary.**
- One member of the Committee raised concerns that a planning application had been submitted to the London Borough of Enfield to build 100 homes on the Chase Farm site. The Committee requested a confirmation be sought to get a guarantee that any capital receipt the Royal Free Hospital get for the site be reinvested. **ACTION: Secretary.** The Committee noted that David Sloman of the Royal Free had stated at a meeting of Healthwatch Enfield that money would be reinvested, he was waiting for permission to publish the information.

Following discussion it was,

RESOLVED –

THAT the minutes of the meeting held on 7th February 2014 be signed as a correct record.

5. THE WHITTINGTON HOSPITAL – TRANSFORMATION PLANS

The Committee received an oral report from Steve Hitchins, the Chair of Whittington Health.

Mr Hitchins stated that new ambulatory care services were about to open and patients would start to be taken in from week beginning 31st March 2014. It was further noted that the two year plan would be taken to the Whittington Health Board on 1st April 2014. The business case had been submitted to the NHS Trust Development Authority (TDA). Whittington Health had improved from band four to band six in the Care Quality Commission's recent gradings. Whittington Health also had the lowest mortality rate in England. The Interim Chief Executive would take up his post on 1st April 2014. The Whittington Health's five year plan had been agreed with the TDA. It was stated that currently there was no clear vision for the future of Whittington Health; the vision would be developed over the next few months. The Committee noted that integrated care needed to be designed to meet the needs of the patients and community. Cabinet Members from Islington and Haringey had attended Whittington Health Board meetings, which had improved communication.

Discussion took place and members of the Committee raised questions and concerns in relation to the departure of the Chief Executive; the requirements for a five year plan; foundation trust status; Whittington Health's vision, and employee buy-in to the transformation process.

In response to questions and concerns, Mr Hitchins reported that Dr Koh, the Chief Executive, was leaving her role on 28th March. She had been with the Whittington Hospital for three years. The chief executive vacancy would be advertised before the end of April. There was a requirement for every trust who had not yet achieved foundation trust status to have a five year plan. The five year plan was a visionary statement which would take more time to put together. The timescale for the plan was June 2014. The main focus of the hospital was on the upcoming Care Quality Commission (CQC) inspection. The foundation trust application was still important but the main issue was to become an integrated care organisation. In relation to the vision for the Whittington, it was noted that there was no overall big picture about what the integrated care organisation would look like. The Trust needed to be better engaged with its mental health partners and the vision needed to be enunciated by the community.

The Committee requested that the Committee receive a note clarifying where Whittington Health was in the integrated care process. It was further requested that the five year plan be brought to a future meeting before it was sent to the TDA.

ACTION BY: **Steven Hitchins (Chair Whittington Health)**
Secretary

In response to the request, it was noted that everything the Committee had previously seen on the future development of the trust was still relevant. However, what was needed was a document which gave the big picture and brought everything together. No date would be given in relation to when Foundation Trust status was planned for, there was no government timetable, therefore the CQC inspection was the main focus.

RESOLVED –

THAT the report be noted.

TO NOTE: **All**

6. PRIMARY CARE - FUNDING

The Committee received a presentation from Alex Manu of NHS England. It was stated that primary care generally meant GP services, which received 60-70% of the funding. The other relevant services were community services, dental and ophthalmology. The primary medical services need was modelled using the Carr-Hill formula, which took account of age-gender mix of registered patient lists, as well as factors in relation to health status of the population.

Discussion took place and Members of the Committee raised questions in relation to rents for GP premises; monitoring of performance for practices and GPs; and the formulas used and whether they were or would be reappraised. In response to questions, it was stated that premises were assessed on their current market rate and premises payments were based on this. The NHS would not pay more than what a district valuer assessed as appropriate for rent and rates. Some small improvement grants were available and GPs

could submit bids to receive the funding. Funding was only given to those areas being used to deliver primary care services. In relation to publication of GP earnings, it was noted that average earnings were published. However, GPs were self-employed so the amounts quoted were not salaries. CQC inspections and the Quality Outcome Framework (QOF) were in place to ensure performance management of practices and individual GPs. Funding was based on list size and population health statistics. NHS England did have concerns about the reliability of GP lists as a basis of funding. It was not known if QOF points were publically available. It was stated that this point would be checked and the Committee informed.

ACTION BY: **Alex Manu (NHS England)**
Secretary (Rob Mack)

Further discussion took place in relation to performance and it was noted that the Clinical Commission Groups were responsible for strategy and the improvement of general services whereas NHS England were responsible for performance. In response to questions about mental health grants, it was noted that there was a gap in understanding about mental health conditions by GPs. In response to concerns about the reduction in primary care funding in London, it was noted that it was not just about the funding formula but also about what primary care could do differently in the future to ensure it was sustainable and high quality.

Following a detailed discussion the Committee thanked Mr Manu for the presentation and it was

RESOLVED –

THAT the report be noted.

TO NOTE: **All**

7. PRIMARY CARE - CASE FOR CHANGE

Consideration was given to a report of NHS England. Jemma Gilbert introduced the report and stated that GP practices were feeling challenged both in terms of their finances and in respect of capacity. It was felt that not all practices were fit for purpose either. A great foundation of primary care had been built, which was highly regarded domestically and internationally. However this needed to be built on. Scale would be a very important factor in developing primary care, such as practices coming together collaboratively to solve sustainability issues. It was noted that the Call to Action had been published in January 2014. Engagement work had been undertaken following this.

Discussion took place on the timeframe for the case for change. It was noted that the delivery timeframe was five years. The first year was about describing the changes and getting the modelling right. An incentive was trying to be created for London practices which would encourage them to deliver change as a collective for their populations.

The consensus from the Committee was that it was a positive document but five years was too long to deliver and there needed to be quick wins. The Committee also felt that the document needed to be lobbying for more money for primary care. In response to concerns in relation to the variation between practices, it was noted that it was a statutory requirement of the Clinical Commissioning Groups for them to create forums where

practices could come together to share systems and outcomes and to learn from each other.

The Committee thanked Ms Gilbert for attending the meeting and requested that the development of the case for change be put as a standing item on the Committee's work programme.

ACTION BY: Secretary (Rob Mack)

RESOLVED –

THAT the report be noted.

TO NOTE: All

8. CANCER AND CARDIOVASCULAR SERVICES UPDATE

The Committee gave its consideration to a report of NHS England. Neil Kennett-Smith from North East London Commissioning Support Unit highlighted the key aspects. It was noted that further engagement was to take place from the 28th April 2014 following the approval of the initial business case. A short plain English leaflet on the proposals would also be developed and distributed to all stakeholders.

Members of the Committee raised questions in relation to transitional funding and the engagement process. In response, Mr Kennett-Smith remarked that PricewaterhouseCoopers had been appointed. They were working with three partners to understand the financial impacts. There would be a £94 million benefit over the next three to four year period. Although it would deliver financial benefits, the main focus was on clinical outcomes. It was further noted that the plain English leaflet was currently being developed. It would go out with the engagement packs on 28th April, which would be after the final commissioner decisions on 25th April. Stakeholders would have six weeks in which to respond to the engagement information. Deborah Fowler of Healthwatch Enfield commented that six weeks was adequate to respond, but it did depend on how much consultation was being done elsewhere.

Further discussion took place in relation to the timescale for the transition of services. It was noted that everything should be in place by early 2015 but there would be further capital development during 2015 and 2016. Everything would therefore be completed by the end of 2016. In relation to the compensation payment to the University College London Hospital from Barts Hospital, it was noted that it was normal practice to seek compensation when a Trust would lose a service that generated a financial surplus. It was requested that a financial clarification on the position of compensation be sent to Members of the Committee.

ACTION BY: Neil Kennett-Smith, NELCSU
Secretary (Rob Mack)

One Member of the Committee remarked that it did appear to be a short engagement period although he acknowledged that the Committee had been kept well informed. Mr Kennett-Smith stated that the engagement report for phase one had been published on 11th March and the recommendations in the report were subject to final decision on 25th April 2014.

Following discussion, it was

RESOLVED –

THAT the report be noted.

TO NOTE: All

9. MOORFIELDS EYE HOSPITAL; PROPOSALS FOR RE-LOCATION

(The Chair left the meeting for consideration of this item and Councillor Bryant took the Chair)

The Committee gave its consideration to a report from Moorfields Eye Hospital NHS Foundation Trust. Tim Fry, Project Director, highlighted the key aspects of the report and gave a brief history of the project. He highlighted that with a new research, education and clinical care centre, a better standard of care could be delivered. It was stressed that there was no intention for Moorfields to relocate further than the King's Cross/St Pancras area.

Discussion took place and Councillors from the London Borough of Islington stated that, from an Islington health scrutiny perspective, there was not a great deal of concern as the relocation was only a couple of miles away. However, if the trust was to move further than King's Cross, that would be considered a major change.

In response to questions from the Committee, Mr Fry remarked that there were a number of sites being looked into. One building was already being used for health services whilst the other building was not. Due to the commercially sensitive nature of the process, no further information could be given to the Committee at this time. It was not known what proportion of patients currently arrived at the hospital via public transport. Mr Fry would find out the information and circulate it to the Committee.

ACTION BY: Project Director, Moorfields Eye Hospital (Tim Fry)
Secretary (Rob Mack)

The Committee remarked that it broadly supported the process to date, but it did highlight the importance of maintaining information. The Committee further stated that it was not a substantial change in service provision, subject to the relocation being local as set out in the report and past papers.

Following discussion, it was

RESOLVED –

THAT the report be noted.

TO NOTE: All

10. MEETING OF BARNET, ENFIELD AND HARINGEY MEMBERS

The Committee noted a statement from Barnet, Enfield and Haringey CCGs that stated that the Mental Health Strategies report would be going through Clinical Commissioning Group

Boards in relevant boroughs during May and would not be publically available until after the local government elections. Members were concerned that this might mean that they were unable to influence budget decisions on mental health services for the forthcoming year and requested that Enfield CCG, as lead commissioner, be approached to request earlier sight of the report. In addition, they also proposed that a meeting of JHOSC Members from Barnet, Enfield and Haringey be arranged to take place on 2 May to discuss the issue further. It was noted that this would be subject to confirmation by participating boroughs that meeting at this time would be consistent with local guidance regarding activity during the Purdah period before the local government elections.

ACTION BY: Secretary (Rob Mack

11. WORK PLAN AND DATES FOR FUTURE MEETINGS

The Chair thanked the Members and Officers for their support over the year.

It was noted that the next meeting of the Committee would take place on 27th June at Islington Town Hall.

Minutes End

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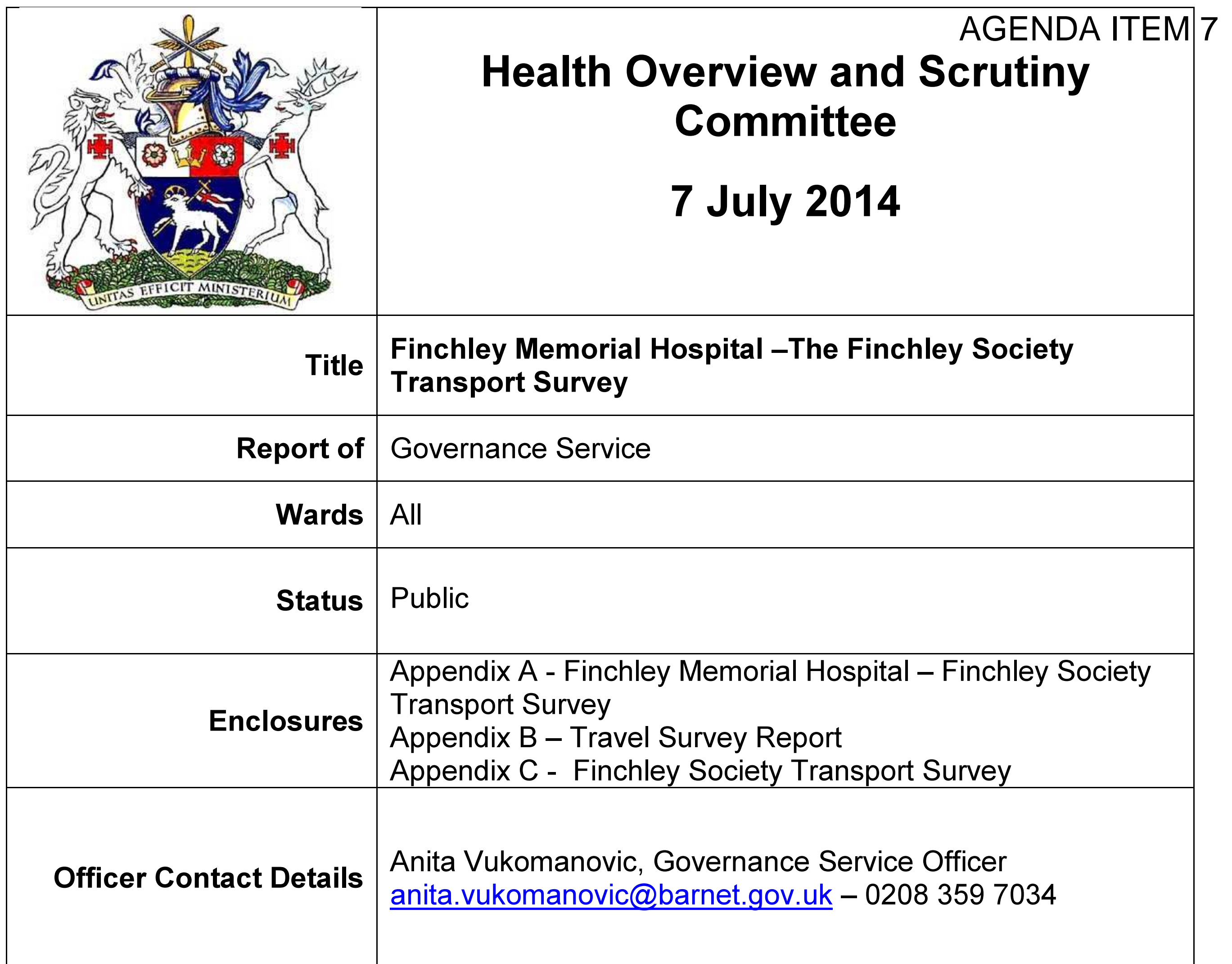
AGENDA ITEM 7



Health Overview and Scrutiny Committee

7 July 2014

Title	**Finchley Memorial Hospital –The Finchley Society Transport Survey**
Report of	Governance Service
Wards	All
Status	Public
Enclosures	Appendix A - Finchley Memorial Hospital – Finchley Society Transport Survey Appendix B – Travel Survey Report Appendix C - Finchley Society Transport Survey
Officer Contact Details	Anita Vukomanovic, Governance Service Officer anita.vukomanovic@barnet.gov.uk – 0208 359 7034

Summary

This report provides an update on a survey undertaken by The Finchley Society and the The Friends of Finchley Memorial Hospital in relation to the distance between the Finchley Memorial Hospital and existing bus stops in the area.

The Finchley Society along with many others has been concerned that since the rebuilding and relocation of the Finchley Memorial Hospital, the long walk from the existing bus stops to the main entrance has presented particular difficulty, especially to less mobile patients, visitors and staff.

The Friends of Finchley Memorial Hospital were given permission by the hospital to undertake a survey to gauge demand for additional on-site transport services and the Finchley Society was asked to assist.

Subsequently, on 1st and 2nd April 2014 the Society and the Friends jointly conducted a travel survey in co-operation with the Hospital Management.

Recommendations
1. That the Committee note the survey and make appropriate comments.

1. WHY THIS REPORT IS NEEDED

1.1 The Chairman of the Health Overview and Scrutiny Committee has invited representatives from the Finchley Society to present the results of their survey on a possible bus service at Finchley Memorial Hospital.

1.2 It is not currently known when GPs will be moving into the Finchley Memorial site. The Chairman of the Health Overview and Scrutiny Committee has requested an NHS England update on future dates and the progress of any negotiations.

2. REASONS FOR RECOMMENDATIONS

The Chairman of the Health Overview and Scrutiny Committee has invited The Finchley Society to present the results of a transport survey carried out at the Finchley Memorial Hospital on 1st and 2nd April 2014

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 This is an update report. The Committee are asked to consider the presentation made by The Finchley Society and consider if it wishes to receive future reports, or additional information.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.11 The Health Overview and Scrutiny Committee must ensure that its work is reflective of the Council's priorities.

5.12 The three priority outcomes set out in the 2013 – 2016 Corporate Plan are: –

- Promote responsible growth, development and success across the borough;
- Support families and individuals that need it – promoting independence, learning and well-being; and

- Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.

5.3 The work of the Barnet Health Overview and Scrutiny Committee supports the delivery of the following outcomes identified in the Corporate Plan:

- To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health; and
- To promote a healthy, active, independent and informed over 55 population in the borough to encourage and support our residents to age well.

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

None in the context of the report.

5.3 Legal and Constitutional References

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

5.2.2 Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

5.3.1 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

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

"To make reports and recommendations to Council, Health and Well Being Board, the Secretary of State for Health and/or other relevant authorities on health issues which affect or may affect the borough and its residents."

"To scrutinise and review promotion of effective partnerships between health and social care, and other health partnerships in the public, private and voluntary sectors."

5.4 Risk Management

5.4.1 None in the context of this report.

5.5 Equalities and Diversity

5.5.1 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.

5.6 Consultation and Engagement

5.6.1 None in the context of this report.

6 BACKGROUND PAPERS

6.2 Health Overview and Scrutiny Committee, 9 May 2013, Decision Item 12, Any Other Items the Chairman Decides are Urgent (Members' Item) – the Committee considered a Members' Item from Councillor Geof Cooke in relation to bus services at Finchley Memorial Hospital. In presenting the item, Councillor Cooke requested an update on discussions between the relevant NHS body and Transport for London (TfL) regarding the need for a bus service calling at Finchley Memorial Hospital in view of the distance from existing stops, including the distance from the entrance in Granville Road to the hospital building. In particular, he requested that consideration be given to providing a service by a small hopper type bus similar to that operating elsewhere in the borough.

6.3 Councillor Cooke also requested an update on any previous consideration by the Health Overview and Scrutiny Committee on bus services in the context of reorganisation of health services between Barnet Hospital and Chase Farm Hospital, in particular the complete lack of any direct TfL service from any part of Barnet to Chase Farm.

6.4 The Committee resolved to receive a full report at the next meeting of the Committee on 4 July 2013 to include an update on any discussions between the GLA Member for Barnet and Camden (Andrew Dismore AM) and Transport for London on this issue.

6.1 A minute extract from the meeting of the Health Overview and Scrutiny Committee on 12 March 2014 notes the following:

Agenda Item 7: SITE ISSUES AT FINCHLEY MEMORIAL HOSPITAL

The Committee welcomed Dean Patterson, Head of Property and Facilities Management at Community Health Partnerships for the item. At the request of the Chairman, Councillor Kate Salinger, who had brought a Members' Item to the Committee in December 2013 on these issues, advised the Committee that she was pleased that the benches had been reinstated on a trial basis.

In relation to the public transport issue, Mr Patterson advised the Committee that he had been in attendance at meetings where the FMH bus service issue had been discussed. He advised the Committee that as the head leaseholder, he would commission a survey into this issue to gauge demand and then report the findings back to his peers at the Lift Co. It was noted that Transport for London (TfL) had made it clear that they were not prepared to divert any existing routes on to the site on the basis of cost. A Member commented that this was a TfL issue and not an estates issue. It was highlighted that NHS premises should be served by public transport and a collective solution was required. In relation to the comment made by Community Health Partnerships in their written submission that FMH has never been served by a bus, a Member highlighted that the new hospital was much larger now than prior to the redevelopment.

6.5 Health Overview and Scrutiny Committee, 11 December 2012, Decision Item 6, Barnet and Chase Farm NHS Trust – Maternity and Accident & Emergency Services Update – as part a report on the above item, the Committee received details from Barnet and Chase Farm Hospitals NHS Trust on travel between the Barnet and Chase Farm hospital sites.

6.6 North Central London Sector Joint Health Overview and Scrutiny Committee, 27 February 2012, Decision Item 6, Barnet, Enfield and Haringey Clinical Strategy – during discussion on this item, the Committee made the following comment:

"The need to address public transport when considering major service change was raised. It was the view of the Chair that there had been an inability on the part of TfL to engage effectively with the change programme. It was noted that the process for making transport link changes, even to move a bus stop, could never meet the pace of change required, even when TfL could see the need."

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The Finchley Society

Founded 1971

Patron: Paddy O'Brien TD DL MA FRSA Chairman: David Smith
www.finchleysociety.org.uk Registered Charity No. 266403

APPENDIX A – Context Report

Meeting: Health Overview and Scrutiny Committee - 7th July 2014.

Subject: Finchley Memorial Hospital – Transport Survey.

Report of: The Finchley Society and The Friends of Finchley Memorial Hospital.

Summary: This report together with Appendix B and Appendix C advises the Committee of the results of a transport survey carried out at the Finchley Memorial Hospital on 1st and 2nd April 2014.

Contributors: Mike Gee, Gill Green and Robert Newton.

1. RECOMMENDATIONS:

The Committee are requested:

1.1 To note the results of the Finchley Memorial Hospital Transport Survey contained in this Appendix, Appendix B and Appendix C to the Officers' report.

1.2 To encourage the Community Health Partnerships to implement their own proposed transport survey at the Finchley Memorial Hospital once the relocation of local Doctors' Surgeries into the hospital has been completed.

1.3 To refer the officers' report and these Finchley Society reports on the Finchley Memorial Hospital Transport Survey to the Council's Environment Committee.

1.4 To request the Environment Committee to consider the reports in the context of the Mayor of London and Barnet Council's Transport policies and the Council's ongoing negotiations with Transport for London over bus service provision in the Borough.

2. BACKGROUND INFORMATION:

2.1 The Friends of Finchley Memorial Hospital and the Finchley Society are amongst a number of local people and local organisations concerned about the lack of a bus service to the hospital entrance and have been supported by a local press campaign. The issue having also featured prominently at a Finchley Society meeting on "The Future of Transport in Finchley" in March 2013.

2.2 The Friends and the Finchley Society are also supportive of policies of The Mayor of London and the Council to facilitate the use of public transport, cycling and walking in place of car journeys.

2.3 The new Finchley Memorial Hospital has been a very welcome and appreciated facility for local people.

The amount of car parking presently allows excellent access to those with car transport. However, those without access to a car face a long walk from the nearest bus stops that is especially unpleasant in inclement weather or the need to pay for more expensive taxis.

2.4 The Survey undertaken on 1st and 2nd April 2014, suggests that there is considerable potential for hospital users who currently drive or are driven to the hospital to switch to a bus service if it went to the hospital door.

Encouraging such a switch would meet the Borough's transport policy objectives. It may also help ensure that the existing car park remains adequate to serve the increased number of hospital users expected over future months and years, as additional clinics are established and especially when GP surgeries move to the building.

2.5 There is a road and a space available for a smaller bus to stop at the hospital entrance, whilst the diversion of an existing bus route appears unlikely to be viable.

However, a circular "hoppa" bus route that included the North Finchley Bus Station could serve the needs of both hospital users and local residents and allow relatively easy onward travel. An extended route might include locations where some of the patients of the existing Doctor's Surgeries live and also Finchley Central Station and possibly Woodside Park Station.

In this respect, we are encouraged by the response of Finchley Community Transport and their proposition for the provision of such a "hoppa" bus service.

2.6 It is considered that the prospective move of local Doctors' Surgeries to the hospital is key to the viability of a new bus service. We hope that the Community Health Partnership proceeds with their own proposed transport survey once the relocation is complete.

2.7 Finally, the data behind our transport survey is available for Transport for London and the hospital management. It might be used to inform planning and as a baseline against which to carry out any future surveys, for example, to look at variations in usage following changes in hospital services.

FS/FOFMH/16.06.2014Z

The Finchley Society

Founded 1971

Patron: Paddy O'Brien TD DL MA FRSA Chairman: David Smith
www.finchleysociety.org.uk Registered Charity No. 266403

APPENDIX B

TRAVEL SURVEY REPORT

SURVEY CARRIED OUT ON 1ST AND 2ND APRIL 2014

SUMMARY

With the agreement of the hospital management The Finchley Society and The Friends of Finchley Memorial Hospital carried out a travel survey at the hospital on Tuesday and Wednesday 1st and 2nd April 2014. 953 hospital visitors completed a survey; 527 on Tuesday and 426 on Wednesday.

A number of survey respondents commented on the standard of the new buildings and the good parking at the hospital.

85% of journeys to the hospital start at home and 63% are made by private car. Women are less likely to drive themselves than men; only 45% drove themselves to the hospital, compared to 57% of men. So women are more likely to arrange a lift or to walk or take a bus.

19% of visitors take a bus, and 12% walk.

The findings suggest that the percentage using a bus would increase if a bus came closer to the hospital door.

- Of those who walk from the bus stop 44% find the current walk quite hard or very difficult.
- Of those who currently do not use public transport, 55% say they would definitely consider it if a bus went to the front door, with a further 24% saying they might consider it.

Two thirds (65%) of visitors to the hospital are women. There is little difference overall in the ages of men and women who visit, although there are significantly more women aged between 20-40; this is probably because of maternity services and womens' on-going role in looking after children.

The most heavily used medical services are the blood clinic and the walk in centre. Reported difficulties in walking and hence public transport use apply more to users of other services, such as physiotherapy.

Some 60% of visitors come from the N2, N3, N11, N12 and N20 postcodes. A further 12 % come from the EN postcode area, mainly EN4 and 5, and a further 11% from NW codes, mainly NW11 and NW7. The spread of postcodes and of bus usage reported suggests that a circular "hoppa" bus connecting the hospital to the bus station and existing multiple buses would be the most likely to improve bus access.

Survey method and issues

The survey was a two sided self-completed paper survey, with help available from volunteers. The hospital management were involved in the survey design and helped with organisation.

The survey was carried out by volunteers between 8.30am and 9pm on Tuesday 1 April and between 7.45am and 9pm on Wednesday 2 April. The weather was good on both days, with no rain, which may have influenced some journeys.

Volunteers handed survey forms out, explained the reason for the survey and helped those unable to understand or complete any questions (for example, because English was not their first language and/or they found difficulty in reading). Survey forms were also available on reception desks and notices explained that a survey was taking place. Some surveys were returned immediately but others were put in boxes or handed in later. So while a two hour time slot can be allocated to most surveys, a more exact time is not always available.

The majority of visitors to the hospital completed a survey. However, it is not possible to give a number for all adults and children visiting the hospital on either day.

a) Where two or more individuals arrived together they often filled in only one survey form, especially where children were involved. In some cases two or more adults attending together filled in separate surveys. In most cases the maximum number in a party was two. The exceptions normally involved children; sometimes two adults attended with their child, or more than one child attended with one or both parents.

b) Some staff completed questionnaires, most did not. Data is available with and without staff.

c) Volunteers covered the ground floor of the hospital but may have missed visitors to the wards on the first floor. Some early visitors to the blood clinic on Tuesday were missed.

d) There were a few incomplete forms returned.

Getting to the hospital

The total number of **journeys** recorded was 953; 527 on Tuesday and 426 on Wednesday. Of these, at least 148 were records of the visit of at least two people, as this number said they were parents or partners/relatives or friends. 905 journeys were made by individuals using at least one health related service. 30 journeys were made by staff, and 18 by other visitors (for example, volunteers, workmen, people delivering equipment/attending meetings).

Analysis showed similar patterns on both days so most tables in this survey are based on the two days combined.

Table 1a: method of transport	Tues	wed	all	% journeys
all private cars	322	269	591	62%
all bikes and scooters	5	2	7	1%
other vehicles – taxi, special transport etc.	25	20	45	5%
all public transport (bus and tube or bus or tube only)	106	85	191	19%
walk only	69	50	119	12%
TOTAL	527	426	953	

Almost two thirds (63%) of recorded journeys to the hospital are by private car, either with people driving their own car or getting a lift. 19% are by bus (some including tube) and 12 % of visitors walk. There is a small but important number who use minicabs/taxis; some of these have to pay their fares and comments showed that this was not always easy, especially for those who have to attend on a regular basis.

Find it a job walking and having to pay for a cab which I cannot afford. Would be very pleased if a bus was laid on.

Have total hip replacement; attend at least once a week for outpatient physiotherapy. It is a £15 round trip in a taxi – tried bus once but very difficult even when sunny.

A number of drivers noted the good (and free for three hours) parking available. There were a couple of comments on there not being enough disabled parking bays.

A couple of respondents also commented on relatively poor signage to the hospital from some approaches local, and the lack of maps and signs at all relevant bus stops.

Table 1b: detail of public transport and private car use	Nos. of journeys	% of all journeys
bus/tube and walk	310	32.5
taxi or minicab	39	4.1
Own car	439	46.1
Lift	152	15.9
Others	13	1.4

Does the current walk from bus stops reduce public transport uptake?

Those who walked were asked how hard they found the walk from the bus stop, on a scale of 1 to 5 (where 1 is easy and 5 is hard.) 90% of bus users and 69% of those who walked all the way answered this question. 41% of the bus users found the walk hard or quite hard; 44% of those who walked all the way found the same.

68 people who came by car also answered this question; on other occasions, they may have walked and found the walk hard or quite hard. The responses (including these respondents who came by car are similar, with 47% finding the walk quite hard or hard. Some of the comments elaborated on this.

At the moment I can manage the walk to the hospital, but I have back and knee problems so it is possible that in the near future I would need transport. As someone living near to the hospital I am aware of numbers of people struggling to it from the nearest bus stop which is probably a15-20 minute walk.

As someone who works in a GP surgery we often refer, particularly elderly people. It really is a difficult journey for anyone with walking difficulties.

Pregnant – the walk becomes a little more difficult

Table 2: Views on the difficulty of the walk	walk easy 1	walk quite easy2	walk ok3	walk quite hard4	walk hard 5	TOTALS	total who could have responded
number of responses from walkers including those using buses	48	28	45	44	50	215	310
% of responses by these walkers	22.3%	13.0%	20.9%	20.5%	23.3%		69.13%
Bus user only responses	39	22	40	35	36	172	191
% of bus user responses	22.67%	12.79%	23.26%	20.35%	20.93%		90.05%
All responses including some car drivers	64	32	53	60	74	283	
% of all responses	22.6%	11.3%	18.7%	21.2%	26.1%		

Would more use a bus if it came to the hospital front door?

Those who do not use public transport were asked whether they would consider a bus if it came to the front door of the hospital.

88% answered the question; of these, 55% said they would consider using such a bus and a further 24% thought they might use it. These numbers suggest a significant number of visitors who might switch to a bus if one were provided.

Table 3 Potential switchers to a bus that came to the door	Yes	no	maybe	*non respondees*
All non-public transport users (including walkers)	**374**	**146**	**164**	***79***
% of those responding	**55%**	**21%**	**24%**	
All non-public transport users (excluding walkers)	**309**	**120**	**139**	***81***
% of those responding	**54%**	**21%**	**24%**	

Which buses are used?

The 263 and the 382 were the most used buses. Bus users did not all remember or choose to give the number of the bus they used. A few people gave individual details of long journeys with several trains and buses involved. Most gave the number of their 'last bus' only.

Table 4: bus numbers

Bus	70	82	263	326	221	134	460	125	382
number who used this bus	1	24	68	2	11	6	11	12	36
% of recorded bus journeys	0.6%	14%	46.6%	1.4%	7.5%	4.1%	7.5%	8.2%	24.7%

(answers from 144 people cover 181 buses as many responders gave more than one bus number)

Is transport type affected by age and gender?

Around one third of all surveys were completed by men and two thirds by women. This is a common finding; women in Britain use health services more than men. In part this may reflect more women attending as carers/companions.

The only significant difference in terms of transport type used is that women are less likely to drive their own car. (45%, compared to 57% of men). They are correspondingly more likely to be driven. Because overall so many more women than men visit the hospital, twice as many women are public transport users.

I would not have been able to get here without my young neighbour driving me

If bus comes up to hospital then I don't need to ask for other people help. Sometimes it's very hard to get a lift

Table 5: Type of travel	walk only	public transport	car	lift	totals
Men	28	55	160	38	281
% all men where travel info available	9.96%	19.57%	56.94 %	13.52 %	
Women	76	117	237	93	523
% all women where travel info available	14.53%	22.37%	45.32 %	17.78 %	
all where gender records	104	172	397	131	804

all where activity records	119	191	439	152	901
% records where gender given	87.39%	90.05%	90.43 %	86.18 %	89.23%

Gender was recorded on 837 surveys - 88% of all survey returns. Male visitors are overall older than women, although because there are twice as many female visitors the number of women in all age groups is higher. The most significant difference in age group attendance is in the 20-40 age group; 29% of all women compared to 21% of all men. It may be that this is due to maternity services and women attending with children.

Lower gender recording rates as well as smaller overall numbers in the 60 to 80 and 80+ age groups make it more difficult to comment on these groups.

Table 6: Age and gender of those completing surveys						
	under 20	**20 to 40**	**40 to 60**	**60 to 80**	**80+**	**total**
men	11	63	97	96	29	296
	3.72%	21.28%	32.77%	32.43%	9.80%	35.36%
women	15	155	186	153	32	541
	2.77%	28.65%	34.38%	28.28%	5.91%	64.64%
where gender records	26	218	283	249	61	837
where activity records	26	230	299	280	82	
% records where gender given	100	94.78%	94.65%	88.93%	74.39%	

Reasons for visiting the hospital

Most visitors come to use a medical service or to support someone using such a service. Overall the blood clinic had the highest number of users on the two days we surveyed, closely followed by the walk in centre, then outpatients. A number of individuals used more than one service and 39%

described themselves as 'regular' visitors. Regular visitors include staff and others; the regular medical users were spread across all the medical areas.

Table 7: Medical services used	Walk in	Blood	Out Patient	X-ray /ENT	Other medical
number of respondents using this medical service	222	276	174	96	89
% all survey respondents using this medical service	23.3%	28.9%	18.2%	10.1%	9.3%

Total is less than 100% as not all survey respondents used a medical service

Other reasons for visiting

The most common non-medical reason for visiting was to accompany someone who was using a service, including being the adult who came with a child. Some came to visit people in the wards or to visit staff members. The 'other' category includes volunteers and workmen not attached full time to the hospital.

Table 8: Other reasons for visiting the hospital	Accompany another	Parent /carer	Visiting	Staff	Other
Number of surveys	113	47	27	30	21
Percentage of surveys	11.8%	4.9%	2.8%	3.1%	2.2%

Note: the percentages do not total to 100% because some individuals had more than one reason to visit.

Where do people start their journeys from?

The majority of visitors (85%) travel from home, though there are a few who said they go from the hospital on into work or come to the hospital on their way home.

Table 9: where journeys started	Started journey at home	Started journey at work	Started journey at other place (e.g college)
number of respondents	815	59	44
% survey respondents	85.4%	6.2%	4.6%

People were asked to give a shortened postcode or the name of the place they started from when traveling to the hospital. Unfortunately responses to this question vary in accuracy, legibility and clarity so only the main postcode data is good enough to analyse. Only a minority gave the next figure from postcodes, which would allow more detailed area analysis.

The broader postcodes recorded show that the most common start areas for visitors were the local postcode areas of Finchley and Whetstone with N12, N2, N20, N3; various EN codes, especially EN4 and 5 (Barnet); and parts of NW, especially NW7 and NW11. (Table 10).

Table 10 Reported Postcodes where journeys start	number of journeys	% all post coded journeys			
N12	173	19.57%			
N1	16	1.81%			
N14	33	3.73%			
N11	53	6.00%			
N2	78	8.82%			
N20	84	9.50%			
N3	146	16.52%			
Other N	58	6.56%	*N5*	*1*	*0.11%*
			N6	*4*	*0.45%*
			N8/9	*6*	*0.68%*
			N22	*7*	*0.79%*
			N13	*4*	*0.45%*
			N10	*22*	*2.49%*
			N18	*5*	*0.57%*
			N21	*2*	*0.23%*
			N22	*7*	*0.79%*
			TOTAL OTHER N	*58*	*6.56%*
NW	96	10.86%	*NW11*	*33*	*3.73%*
			NW7	*26*	*2.94%*
			other NW	*37*	*4.19%*
			TOTAL OTHER NW	*96*	*10.86%*
EN	107	12.10%	*EN4*	*39*	*4.41%*
			EN5	*46*	*5.20%*
			Other EN	*22*	*2.49%*
			Total EN	*107*	*12.10%*
HA	18	2.04%			
Other postcodes	22	2.49%			
All entries with a	884				

postcode					
% of all surveys	88.93%				

Comments made by survey respondents

The survey included a free text box. A list of all comments is attached as an appendix. Those completing the survey were aware that the reason for the survey was linked to discussing bus routes, so most of the comments made are about the advantages of better bus access. Others comment on individuals mobility problems and how these restrict mobility. There are a few comments about car parking (commended) and signage to the hospital (not rated).

APPENDIX: ALL COMMENTS MADE IN FREE TEXT BOX ON SURVEY
As a member of staff I have many patients complain about the long walk to the hospital. A bus stop would be very beneficial
do have problems walking and it would be nice if I could get a direct bus so that I didn't have to drive.
3 hrs parking very helpful
a bit odd that the entrance is such a long walk, ..bit of a design flaw
A bus is imperative
A bus service would be a wonderful idea. Make it so
A bus service would be fab
A bus service would be most helpful
A bus stop by the hospital would help my disabled daughter and other similar people
A bus stopping outside would be a godsend. I am developing Parkinsons and will soon have to rely on public transport
A bus us a much needed resource
A bus would be a great service to locals and other patients. It would not inconvenience anyone.
A bus would be really helpful as it is a long walk to get here
A bus would be very helpful as I am carer for my frail mother
A bus would ease congestion in the car park and reduce pollution
All very easy thank you
arthritis, asthma
as I live so close to the hospital I am not personally affected, but I am very sorry for others, particularly the elderly and disabled, for whom it would surely be possible for there to be a small shuttle bus service from the hospital entrance to eg tally ho corner.
As some appointments are in the evening, please ensure that the street lighting on the pedestrian walkways is kept functioning. Once none of them was and the pedestrian approach across open space was in pitch darkness and I felt very vulnerable
As someone who works in a GP surgery we often refer, particularly elderly people. It really is a difficult journey for anyone with walking difficulties.
as we get older and cannot drive need bus
At the moment I can manage the walk to the hospital, but I have back and knee problems so it is possible that in the near future I would need transport. As someone living near to the hospital I am aware of

numbers of people struggling to it from the nearest bus stop which is probably a15-20 minute walk.
Better if a bus, many people use taxis which cost them a lot
Blue badge holder; need podiatry; problem - when car not available a very long walk from the bus stop!
Both ends make it a long walk for the elderly
breathing problem and brittle bones
brilliant if buses stopped outside the hospital; would be useful and easier for many people
bus needs to stop closer to door
bus please
bus stopping outside would be very handy
Bus to hospital welcome
bus would be great
By bus it would take 1.5 hours
can come by car now - but would need a bus if more ill
Can't do walk and can't take bus
chronic nerve pain – can't walk far
Come for emergency blood test; not possible to walk from the main road when you are not feeling well
Currently on crutches so had to take a cab from Edmonton. This has obviously cost me a lot of money. Bus needed. Nearly cancelled my appointment as no bus.
Def need bus stopping outside
don't like to walk so long
Don't privatise the NHS
Easier to take a sick child in a car. Otherwise I walk.
Easier with a bus and dedicated stop
easier with bus - ideally free for all
Elderly esp. need a bus service
every day for 6 months visit to hospital
excellent hospital
excellent idea to have a bus . Will help less mobile and encourage use of public transport
Excruciating
Find it a job walking and having to pay for a cab which I cannot afford. Would be very pleased if a bus was laid on.
For those who don't drive it is terrible; the walk from Granville rd is so long for older people and sick
Found journey really difficult
free parking a pleasant surprise and removed stress when bringing a child to hospital
free parking good
Generally I walk, so would therefore take the bus. But I have found the walk too long from the bus stop and have difficulty walking too far.
Good idea for a bus service
good to be able to park free
Good to have a bus` to the hospital
great car park
great idea a bus
had to pay for second mini cab to go on to another A&E as xray closed

Have problem with knees; very hard to walk 10 mins
have total hip replacement; attend at least once a week for OP physio. It is £15 round trip in taxi - tried bus once but very difficult even when sunny.
having a bus coming near the hospital will make it easier for staff and patients
Help for wheelchair not available. Bus impossible as no direct one from New Southgate.
helpful if a bus came straight outside hospital
helpful to have a bus service to arrive as close as possible thanks you
I can manage not too bad at the moment - depends how my knee is on the day. But would be excellent to have a bus for older people.
I could not travel by bus as physical problem but many could and there should be a service
I could not walk to hospital. It is far enough for me to walk just from the car park as at themoment
I couldn't believe it when I heard that the nearest bus stop is 500 yards…well done to the planning I don't think. Wake up!
I definitely need a bus
I do have spinal problems. Sometimes like today it is not easy to drive. Id rather use public transport.
I had no car in E Finchley for many years; for those who do not drive a stop outside is very necessary
I have a back and leg problem and find the walk from the current bus stop too onerous. But if there was a bus from Woodside Park station which stopped directly outside the entrance I would be able to use it.
I have a disability myself - bus stop outside would be very useful in case of no car
I have a physical problem with walking and a local bus to the hospital would make life much easier and without stress of parking a car
I have a physio problem which is getting worse and I may not be able to drive shortly because of hip and back
I have driven because the walk from the bus stop is too far for me
I have had knee surgery. By public transport I would have had to take two buses and walk another 10 mins from the main road
I have pain if I walk much, A bus to the door would be better for everybody
I have problems with my heart - it is too far to walk from the main road
I have rheumatoid arthritis
I have to drive as I visit patients in their homes
I have to take three buses each way and have osteo-arthritis in my left hip
I hope I'm not assigned to this centre for treatment while there isn't a bus to the hospital grounds. I suffer from osteoarthritis.
I normally travel from E Finchley and it is v difficult by bus
I think it is really good that you give your patients free parking for three hours. Well done!
I usually drive but those without a car should have a bus ti the front door
I will have to walk back to the tube for work after the physio
I would not have been able to get here without my young neighbour driving me
I would use a bus every time
I'd prefer to use the local bus. A connection to Ballards Lane would take ne door to door.
If bus comes up to hospital then I don't need to ask for other peoples help. Sometimes it's very hard to get a lift.
If I didn't get a lift it would be hard to get to the door
If the buses can go down side roads why not to a hospital?

If there was a bus it would be better is too much walk
if there was no family help the appointment might have been missed
If there was a bus Id use it but must stop near entrance
In the local press I read that the metroline refuse to alter any existing routes in the area due to cost. However I would suggest that route 383 could be extended to the hospital from Woodside park station, particularly as it is operated by a smaller bus which could negotiate the streets round here quite easily
It is a long walk from the bus stop and I have to cross a busy road. A lot of uneven surfaces. I also need a cane. A bus would be a great help.
It is easy for car drivers to get here but a bus would be wonderful for elderly people
It is hard to get here especially for older people. One bus stop should be in front of the hospital.
It is very needed to have public transport that leaves people very close to the hospital, so that people who don't drive can make it. When we are in pain, everything is harder!
it seems a long walk for the elderly or those suffering osteo/physio
It would be a great help to have a bus service to the hospital
It would be beneficial to have a bus stop so that disabled people don't have to walk so far.
It would be difficult to walk especially in winter
It would be good to have a bus
It would be helpful for people with disabilities and older people and would help with the stress of making it to appointments on time.
It would be nice if a bus would come as far as the front door so that older and disabled people could use the facility
It would be useful to have a bus for others but I would not use it.
It would make sense for a bus stop outside the hospital for the elderly
It's a terrible walk, no seats to rest on from the gate to the entrance. Very bad for the elderly
It's not easy to locate the place
It's very hard to get here if we don't drive, because the bus stop is so far away, and when we are in pain it seems further
joint pains
limited vision
Long tiring and tedious;121 and 125 and walk - one hour
Long walk
Lovely walk but no traffic lights to make Ballards Lane crossing easier
Lupus arthritis
Many of my patients book transport because they say the bus stop is too far away
more street signs indicating hospital site
mum uses a wheelchair and we would love to be able to get here on the bus and get off outside the hospital
My mother and I often have blood tests. She is 80+ and relies on me for lifts. A bus from Southgate would make such a difference to her as she likes to be independent.
my mum is 94 and we had to walk - no car
My parents come by bus; a shuttle bus would be useful for them
My son has a possible fracture in his foot so we travelled by minicab as it would be impossible for him to walk from the bus stop to the main entrance
need bus stop in the hospital
need car for home visits

need more phonelines (?)
Nice if the bus stopped outside esp. for people with walking difficulty
No bus route near. Not a lot of disabled parking spaces - always full
no lights at zebra makes it dangerous
not everyone has a car and I don't like driving far
ok for me but for older people a bus is a must
osteoarthritis
pain when walking
people who have been in surgery have serious difficulties in walking long distance
People with walking difficulties may find the stop a little far away
People with injuries or trolleys for walking have serious difficulties to walk long distance
physical probs cause pain while walking
physio problem so any walking painful
Please paint yellow/white lines on the steps from the park to the bike shed. I am registered blind and severely sight impaired so need these.
please repair large holes in road
podiatric problems
poor provision for disabled parking at hospital
post hip transplant
Pregnant - the walk becomes a bit more difficult as time goes by
required to take car to work so used it on way home
Ridiculous design of footpath network in new open space. No thought has been given to natural desire lines or where people might wish to get to/from in the most efficient manner.
Some boards to show the direction to the hospital from the nearest bus stops would be useful like at Victoria Park
The distance is too far to walk from the bus stop and main road
The free parking is wonderful - such a relief to be able to park with ease
The hospital is not signposted from the main road
The only hospital I have to drive to
The parking is a huge help for those of us who have to drive
The walk from the bus stop is far too long especially for older or disabled people
the walk in centre is very useful
There were no signs on the main road to the hospital
Too tiresome and horrible and can't make to appointed time (by bus) due to traffic and inconvenience
Unstable on legs - use frame
very hard to walk for so long
very helpful for working parents or stay at home mums to have a bus so you could come straight from work or home
walk from the entrance to the ward is quite a distance if you are elderly or injured
walked from Golders Green. Would be brilliant if a bus could pick people up from a station or a supermarket or stops similar to RNOH Stanmore (?) which picks up from S station, Edgware and runs throughout the day and timetable is available - so could go from e.g. Barnet Odeon to Temple Fortune.
walking and/or bus would be impossible
walking gets harder now I'm 9 months pregnant; a bus would be easier

walking to the hospital difficult for me as problem with my knee
we live very close but chose to drive as baby poorly
We need a bus for old folks
We walked from my daughter’s home. She is having a chest Xray
when a person is already in pain a long walk makes it unbearable. Please lets have a bus
When I’m not able to cycle ID LIKE GOOD PUBLIC TRANSPORT
With such a wonderful NHS service here please make it available for all - it is often we oldies who need to use it most and most rely on buses
wonderful services
Would be helpful to have a chair at the entrance as I hurt my foot and have pain and difficulty walking
Would be helpful to have bus. Cheaper than a taxi or dial a ride as old people travel free on bus.
would come by bus if there was one convenient
Would have to walk even further - from Tally Ho - if bus.
Would help to have a bus
Would help to have a bus to the door. Limited disabled parking - too far to walk from car park
Would help to have a bus to the hospital
Would prefer bus to come inside to avoid long walk
Yes - need stop right outside

FS/FOFMH/GG/16.06.2014Z

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Founded 1971

Patron: Paddy O'Brien TD DL MA FRSA Chairman: David Smith
www.finchleysociety.org.uk Registered Charity No. 266403

Getting to and from Finchley Memorial Hospital

This survey is being conducted jointly by the Finchley Society and the Friends of Finchley Memorial Hospital with the co-operation of the hospital management. It will give us better information on how people get to and from the hospital. We will use this to talk to Barnet Council and Transport for London about improving travel.

Participation is voluntary. All individual responses will be confidential. You do not have to answer any question that makes you feel uncomfortable.

1 a) How did you get to the hospital today?

I walked		Car - Lift	
Bus		Cycle	
Train/Tube		Hospital transport	
Taxi/Minicab		Dial a ride	
Car – I drove		Other (specify)	

1 b) How do you usually get here?

I walk		Car - Lift	
Bus		Cycle	
Train/Tube		Hospital transport	
Taxi/Minicab		Dial a ride	
Car – I drive		Other (specify)	
		N/A	

If you did not use public transport please go to question 4

2 **If by public transport, please give route (e.g. Tube to East Finchley/Bus 263).**

3 How easy was your walk from the bus stop?
Please circle as appropriate – 1 is easy 5 is hard

1 2 3 4 5

4. Did you accompany a child, older person or person with a disability?
(Please circle as appropriate)

YES NO MAYBE Please circle as appropriate

5. If you did not arrive by bus, would you do so if it stopped outside the front door of the hospital building?

YES NO MAYBE Please circle as appropriate

Please Turn Over

6. What is the reason for your visit? Please tick as appropriate

	One off visit	Regular Visit (if relevant)
Visit a friend/relative/partner		
To use a medical service: The walk in service		
The blood clinic		
X-Ray/ENT		
Outpatient		
Another medical service		
Accompany a friend/relative/partner		
Parent/carer of a child using a service		
I am a member of staff		
Other reason (specify)		

7. About you…*Please tell us a bit about yourself but do not write your name on the survey form. We are asking for part of your postcode so that we can identify the area where you started your journey. We do NOT want full postcodes. The information will only be used to analyse the survey.*

Please circle as appropriate

7 a) Age: Under 20 20-40 40-60 60-80 over 80

7 b) Sex: Male Female

8 a) Where did you start your journey today? (Please circle)

Home Workplace Other

8b) Please give the postcode you started from **excluding the last two letters** so that we will **not** be able to identify the road you live in (e.g. N12 9 - -).

If you prefer please give the name of the area e.g. East Finchley.

MANY THANKS FOR YOUR HELP.

If you have any other comments on your journey to the hospital please write below: e.g. if you have a podiatric/physio problem which causes pain during walking.

Please return the completed Questionnaire to a Friends volunteer, a box at reception or post to: Main Reception (Reference JB), Finchley Memorial Hospital, Granville Road, London N12 0JE.

AGENDA ITEM 8

	Health Overview and Scrutiny Committee **7 July 2014**
Title	**Update Report: Royal Free Hospital Acquisition of Barnet and Chase Farm Hospitals NHS Trust**
Report of	Governance Service
Wards	All
Status	Public
Enclosures	Appendix A – Update from Royal Free London NHS Trust
Officer Contact Details	Anita Vukomanovic anita.vukomanovic@barnet.gov.uk – 0208 359 7034

Summary

In July 2012 the Barnet and Chase Farm Board concluded that it was not likely to become a Foundation Trust alone and invited competitive proposals from potential partners to create a larger Foundation Trust. The Royal Free NHS FT was subsequently formally accepted as its preferred partner.

At the time of writing this report, the status of the acquisition is unknown. The Health Overview and Scrutiny Committee have requested to receive an update from the Royal Free London NHS Trust on the acquisition of Barnet and Chase Farm Hospitals NHS Trust. In addition to the update provided in Appendix A, a representative from the Royal Free Hospitals NHS Trust will be in attendance on the evening to provide a verbal update to the Committee and to respond to any questions.

Following the update from the Royal Free, a representative from HealthWatch Barnet will be invited to update the Committee on how HealthWatch Barnet see their role in relation to the current status of the NHS Trust.

Recommendations
1. That the Committee note the update from the Royal Free London NHS Trust on the potential acquisition of Barnet and Chase Farm Hospitals NHS Trust and ask appropriate questions. **2. That the Committee note the update from HealthWatch Barnet and ask appropriate questions.**

1. WHY THIS REPORT IS NEEDED

1.1 The Barnet Health Overview and Scrutiny Committee have requested to receive an update on from the Royal Free London NHS Trust on the current status of the acquisition of Barnet and Chase Farm Hospitals NHS Trust.

2. REASONS FOR RECOMMENDATIONS

2.1 Receiving this report will provide Members of the Health Overview and Scrutiny Committee with the opportunity to question senior Officers from the Royal Free London NHS Foundation Trust on the outcome of the decision of the proposed acquisition. It will also provide Members with the opportunity to hear from HealthWatch Barnet, on how they see their role in dealing with the Trust (subject to the outcome of the decision)

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 None in the context of this report.

4. POST DECISION IMPLEMENTATION

4.1 This report is an update report. It is up to the Committee to determine if they wish to receive any future updates or request any additional information on this matter.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.11 The Health Overview and Scrutiny Committee must ensure that its work is reflective of the Council's priorities.

5.12 The three priority outcomes set out in the 2013 – 2016 Corporate Plan are: –

- Promote responsible growth, development and success across the borough;
- Support families and individuals that need it – promoting independence, learning and well-being; and

- Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.

5.13 The work of the Barnet Health Overview and Scrutiny Committee supports the delivery of the following outcomes identified in the Corporate Plan:

- To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health; and
- To promote a healthy, active, independent and informed over 55 population in the borough to encourage and support our residents to age well.

5.2 **Legal and Constitutional References**

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

5.2.2 Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

5.2.1 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

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

"To make reports and recommendations to Council, Health and Well Being Board, the Secretary of State for Health and/or other relevant authorities on health issues which affect or may affect the borough and its residents."

"To scrutinise and review promotion of effective partnerships between health and social care, and other health partnerships in the public, private and voluntary sectors."

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

5.3.1 None in the context of this report.

5.4 **Legal and Constitutional References**

5.4.1 5.2.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

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"To scrutinise and review promotion of effective partnerships between health and social care, and other health partnerships in the public, private and voluntary sectors."

5.5 **Risk Management**

5.5.1 To not receive this update report would present the Committee with a risk of not being kept abreast of the current status of the proposed acquisition by the Royal Free London NHS Foundation Trust. This could in turn hinder the Committee's ability to conduct effective scrutiny of this service.

5.6 **Equalities and Diversity**

5.2.2 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.
- 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.

5.7 **Consultation and Engagement**

5.7.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 None.

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Royal Free London NHS
NHS Foundation Trust

Appendix A

Acquisition briefing: Barnet and Chase Farm Hospitals NHS Trust

Background

In July 2012 the board of Barnet and Chase Farm Hospitals NHS Trust (BCF) concluded that for financial reasons it could not achieve foundation trust status as a standalone organisation. In November 2012 the strategic health authority (NHS London) approved the recommendation of an outline business case submitted by BCF that invited the Royal Free London NHS Foundation Trust to 'proceed to develop an outline business case' for the acquisition.

The Royal Free worked closely with BCF's main commissioners, the regulators, and investigated the viability of this transaction. The following are significant aspects that were examined when considering the viability of the transaction.

1. In its role as vendor, on behalf of the secretary of state for health, the NHS Trust Development Authority (TDA) would need to be satisfied that this were the best organisational future for the services presently managed by BCF.
2. The solution would need to be affordable for commissioners and the wider NHS, by whom it would have to be supported.
3. The Royal Free should not be damaged by the acquisition, such that it a) could no longer provide high quality services or b) developed recurrent financial problems.
4. The competition regulator would have to be satisfied that such an acquisition did not substantially lessen competition, or, if it did, that this was outweighed by benefits for patients.
5. The TDA would need to be assured that the enlarged organisation had robust clinical and quality assurance processes in place.

In August 2013 the Co-operation and Competition Panel completed its assessment on the potential acquisition of BCF. The panel evaluated whether (1) the acquisition would cause a potential loss of patient choice and (2) there would be a cost to the taxpayer of any loss of competition identified. On 14 August 2013 the competition regulation clearance was granted.

On 14 February 2014 the commissioners' letter of support for the transaction was signed by the seven[1] clinical commissioning group (CCG) chief officers, and NHS England, and submitted to the TDA.

Progress to date

Monitor, in its role as the regulator of NHS foundation trusts, conducted a 14-week risk assessment process of the transaction that concluded at the end of May. A letter containing Monitor's assessment of the transaction was issued to the Royal Free on 3 June 2014 which enabled the Royal Free to proceed to the next stage.

Final stages of the approval process

- In May 2014 the legally binding transaction agreement was signed by seven clinical commissioning groups, as well as NHS England.
- On 3 June 2014 the Royal Free council of governors voted to support the Royal Free board decision to acquire Barnet and Chase Farm Hospitals NHS Trust.
- A decision by the secretary of state for health is expected to be announced before the end of June, in advance of 1 July when both organisations are integrated into one enlarged trust. The name for the Trust will remain the Royal Free London NHS Foundation Trust, all three hospital sites keeping their existing names: Barnet Hospital, Chase Farm Hospital and the Royal Free Hospital.

Next steps

- Ensure that there is a safe transfer of services on 1 July. There are processes in place to brief staff across the expanded organisation. Clear communications and signposting are also in place to make sure patients know where to go.
- Introduce 'the Royal Free way of doing things' across the enlarged trust; working towards a clinically led organisation with excellently managed services.
- Reachieve national waiting time standards for Barnet and Chase Farm patients, providing access to services within the maximum wait times.
- Improve the flow of emergency patients at Barnet Hospital.
- Work with local GPs to plan and implement new programmes of care that will improve patient outcomes and patient experience.

Royal Free
25 June 2014

[1] Barnet, Camden, Enfield, Haringey, Islington, East and North Hertfordshire, and Herts Valleys.

BARNET
LONDON BOROUGH

AGENDA ITEM 9

Health Overview and Scrutiny Committee

7 July 2014

Title	**Healthwatch Barnet Enter and View Reports**
Report of	Governance Service
Wards	All
Status	Public
Enclosures	Appendix A- Summary of HealthWatch Barnet Appendix B – Woodfield House Revisit
Officer Contact Details	Anita Vukomanovic – Governance Service Officer anita.vukomanovic@barnet.gov.uk – 020 8359 7034

Summary

This report contains an “Enter and View” Reports conducted by the voluntary team at HealthWatch Barnet.

“Enter and View” visits are conducted by a small group of trained volunteers who visit health and social care services to observe and assess the service being provided. The Healthwatch Enter and View team have a legal right to conduct these visits.

Following each visit, the volunteers produce a group report which outlines the details of the visit and provides suggestions for improvement. The reports are sent to the care provider to check for factual accuracy and to respond to any recommendations made.

The “Enter and View” reports are then considered by the relevant Committee at the London Borough of Barnet.

This report outlines the details of a re-visits to Woodfield House.

Members are requested to consider the Enter and View reports contained within the appendices of this report. Representatives from Healthwatch Barnet will attend the meeting to respond to questions.

Recommendations
1. That the Committee note the Enter and View reports and make appropriate comments and/or recommendations to Officers from HealthWatch Barnet.

1. WHY THIS REPORT IS NEEDED

1.1 The consideration of Enter and View reports provides the committee with an oversight of the quality, care and safety in residential and health care settings from the view of a lay-person.

2. REASONS FOR RECOMMENDATIONS

The recommendation provides the Committee with the opportunity to highlight issues of interest and concern, and to make recommendations on any arising matters to Healthwatch Barnet.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Any recommendations made by the Committee will be followed up by the Governance Service with Healthwatch Barnet., with any requests for information being disseminated as appropriate.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

Healthwatch will be the primary vehicle through which users of health and care in the Borough will have their say and recommend improvements. These should lead to improved, more customer focused outcomes for the objectives in the Health and Well Being Strategy 2012-15 and in the Corporate Plan 2012-13, specifically under ‘Sharing Opportunities and Responsibilities’.

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

5.2.1 The Healthwatch Contract was awarded by Cabinet Resources Committee on

25 February 2013 to CommUNITY Barnet. The Healthwatch contract value is £197,361 per annum. The contract commenced on 1 April 2013 and expires on 31 March 2016; the contract sum received is £592,083. The contract provides for a further extension of up to two years which, if implemented, would give a total contract value of £986,805.

5.2.2 There are no direct resource implications arising from this report.

5.3 Legal and Constitutional References

5.3.1 Sections 221 to 227 of the Local Government and Public Involvement in Health Act 2007, as amended by Sections 182 to 187 of the Health and Social Care Act 2012, and regulations subsequently issued under these sections, govern the establishment of Healthwatch, its functions and the responsibility of local authorities to commission local Healthwatch.

5.3.2 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

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

5.4 Risk Management

5.4.1 Healthwatch Barnet has a group of Authorised Representatives. The Representatives are selected through a recruitment and interview process. Reference checks are undertaken. All representatives must complete a Disclosure and Barring Service check. All Authorised Representatives are required to undergo Enter and View and Safeguarding training prior to participating in the programme.

5.4.2 Ceasing to carry out the visits removes the opportunity for an additional level of scrutiny to assure the quality of service provision

5.5 Equalities and Diversity

5.5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the committee should consider:

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

5.5.2 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 duties contained within legislation, most notably

s149 of the Equality Act 2010; consideration of equalities issues should therefore form part of their reports.

5.6 Consultation and Engagement

5.6.1 None.

6 BACKGROUND PAPERS

6.1 None.

Appendix A1 – Summary of HealthWatch Barnet

Healthwatch Barnet's Role and Aims

Healthwatch Barnet was established as part of the Health and Social Care Act 2012 to give users of health and social care services a powerful voice locally and nationally. Healthwatch Barnet was established in April 2013 and is part of a national network led by Healthwatch England. We have a seat on Barnet Health and Wellbeing Board and Barnet Clinical Commissioning Group (CCG) Board and are regular contributors to the Health and Safeguarding Overview and Scrutiny Committees.

Healthwatch Barnet is the independent voice for residents of Barnet who use health and social care services. Our vision is of a thriving and active community of Barnet people who want to influence and contribute to the development and delivery of quality health and social care in Barnet.

To achieve this, Healthwatch Barnet:

- Has a powerful relationship with Barnet residents, volunteers and service users to gather and represent their views and experiences and capture and present the voices of under-represented communities
- Promotes and supports the involvement of people in the monitoring, commissioning and provision of local care services;
- Signposts individuals to advice and information to help them make informed choices about their health and social care.

Healthwatch Barnet's charity partners are Advocacy in Barnet, Age UK Barnet, Barnet Carers Centre, Barnet Centre for Independent Living, Barnet Citizens Advice Bureau, Barnet Mencap, Community Barnet Children and Young People's Team, Community Barnet Parenting Consortium, Home-Start Barnet, Jewish Care and Mind in Barnet.

We listen to residents views about Barnet health and social care services. We listen to people of all ages and from all of Barnet's communities. We visit community groups, public events, hospitals and health and social care venues to tell local people about Healthwatch.

We share residents' experiences with health and council services. We raise concerns or highlight good practice with senior health and council staff to improve services. We recommend ways that services can be improved. Our staff and volunteers attend the following Committees and Groups to talk about services on residents' behalf:

Barnet Health and Wellbeing Board
Barnet Clinical Commissioning Group Board
Barnet Council Partnership Boards
Hospital groups and committees

We also meet regularly with the Care Quality Commission and Barnet Council Care Quality and Safeguarding Teams.

We present our Enter and View Reports to Barnet Council's Health Overview and Scrutiny Committee and Adults and Safeguarding Committee. Visits may take place in a wide range of care settings – including GP surgeries, hospitals, care homes, nursing homes, residential units and day centres.

Our key achievements in Year 1.

Following our Launch event in May 2013 some of our key achievements include:

- Reaching 30,000 contacts with information about Healthwatch and health and social care services.
- Reviewing services at 11 care homes for older adults (a total of 18 visits) 3 hospital wards for people with mental health conditions, 3 residential settings in the community for people with mental health conditions, and 6 hospital wards. We are pleased to say that 64% of care homes visited have complied with our recommendations to improve the services for older people.
- Encouraging changes to the GP appointment system and support for people with disabilities, by presenting recommendations to the Barnet Clinical Commissioning Group (CCG) Board, the Local Medical Committee of GPs and the Practice Managers Forum.
- Barnet CCG commitment to providing longer appointments for people with learning disabilities and providing information in an Easy-Read format.
- Information and guidance about health and social care service entitlements to nearly 300 people in Barnet.

healthwatch
Barnet

Enter and View – Visit Report

Name of Establishment:	Woodfield House 63 Cool Oak Lane, West Hendon, London NW9 7NB
Staff Met During Visits:	Augustine Sahr Tutu (Manager) and care staff on 6 February 2014 and Senior Support Worker (and assistant to Mr Tutu) on 19 March 2014.
Date of Visit:	6 February 2014 and 19 March 2014
Purpose of Visit:	Two unannounced Enter & View Visits (E&V) were made to follow up recommendations made in E&V Report in December 2013 and Mr Tutu's response to this. We met Mr A Tutu on our first unannounced visit in February to discuss our original recommendations. We were told that a senior support worker had recently assumed responsibility for day-to-day running of Woodfield but was not in that morning. In view of her absence and Mr Tutu being under some time pressure, we told him that we would return to meet the senior support worker in the near future. We did this on 19 March 2014.
Healthwatch Authorised Representatives Involved:	Stewart Block (Team Leader) Christina Meacham Nahida Syed Visited on 6 February 2014; Stewart Block and Allan Jones on 19 March 2014

Introduction and Methodology:	Our original visit in September 2013 was part of a planned strategy in response to concerns Barnet LINk received, prior to Healthwatch, about the treatment of Mental Health patients in various locations in the borough. As a result, E&V decided to visit as many facilities as possible to understand the issues involved and this included visiting locations where no complaints had been made. Each Healthwatch has the statutory powers to enter health and social care premised to observe and assess the nature and quality of services and obtain the views of the people using those services. The principal role of Healthwatch is to consider the standard and provision of services, how they may be improved and how good practice can be disseminated. Subsequent to any visit a report is prepared, agreed for accuracy by the manager of the facility visited, and then made public via the website and made available to interested parties, such as the Health Overview and Scrutiny Committee.
Original Recommendations (from Report in December 2013) and current comments:	1. Woodfield is in a difficult location to find and is situated at a dangerous bend. We recommend that the owners look at some signage and safety measures to improve this. This may be of concern for visitors and emergency service vehicles. In view of the perceived isolation of Woodfield it is important to make it easy for visitors to find and access the house *There is now a large sign on the wall facing the road from the direction of Edgware Road.* *Need to ensure that foliage doesn't obscure the sign.*

2. Where possible residents should be able to visit the home prior to being placed there to ensure there are comfortable with its location and facilities.

This has been noted by Mr Tutu

3. Compliments as well as complaints should be recorded.

The new CQC booklet "What to expect" is now placed in each room and in public rooms as is a "Compliments & Suggestions" book. The "Complaints Policy" should be more visible in the entrance.
There is no formal system of recording and tracking complaints. The senior support worker said that she would institute this immediately.
We suggest that this book, together with the minutes of staff and residents meetings should be read and signed weekly by Mr Tutu.

4. Although it is a small Home with staff and residents well known to one another, consideration should be given to the wearing of clear name badges by staff.

The senior support worker was wearing a name badge and said that all staff would now wear a badge.

5. The use of staff vehicles for transporting residents needs clarification. This should also cover who plans and organizes outings, who/how they are paid for and any insurance issues concerning use of staff cars for outings.

The Freelander vehicle has been replaced by a newer vehicle which is insured to carry residents.

6. We would like to see the planned programme of outings made more readily available.

Notices of Activities and Visits are on display in public areas. Suggestions for visits are discussed with residents.

7. It would be helpful to ensure that relatives and residents are fully aware of what planning is in place to assist their moving on safely into the community and that there is clear ongoing communication between Barnet Care Co-ordinator, residents and their families
8. Ensure that relatives and residents are clear about the role and responsibilities of the Barnet Care Co-ordinator

In his written response to the first E&V Report Mr Tutu (the owner and Registered Manager said "
Woodfield House has continued to work closely with residents and families in supporting them to be fully aware of the responsibilities of the care coordinators"
He also referred to the support received from the Rehabilitation Team at Springwell Centre in Barnet General Hospital.
The senior support worker confirmed that this is the case and explained how she works with the residents to develop their self-confidence and self-sufficiency to support them moving on and out to their own accommodation

9. Ensure that the Complaints Procedure documentation is clearly available to staff, residents, relatives and carers.

This will be made available – see 3 above

10. Confirmation that any pre-existing resident medical conditions are carefully

recorded and monitored and that all staff are made aware of resident's condition and likely symptoms.

We reviewed Care Plans, noted the resident's signature, and updating. The Care Plans are available for staff as and when required.

11. Ensure that the staff are aware of advocacy services for people with mental health conditions and that these are publicized within the home.

Staff are now made aware of Advocacy Services and a list is displayed.

12. In view of poor mobile 'phone reception we recommend provision of a public fixed line in a location where residents can speak privately.

This is no longer an issue due to improved mobile phone coverage. Fixed line telephone points are available in each room. As yet, no resident has made use of this facility, they prefer to use their mobile 'phones.

13. Key worker name and contact made available to all families.

This list is on display.

14. Clarification on the Meals Policy should be provided making it clear what meals are provided by Woodfield and what meals residents have to prepare themselves, how are they supervised and nutritionally monitored. Also at what times the kitchen may be left available to residents to make food/snacks for themselves.

Daily menus are on display and discussed with residents. Where they are able,

residents are encouraged to do their own cooking or help staff with food preparation. All resident cooking is under supervision. This is part of Woodfield's policy to support residents to become more self sufficient. This also extends to encouraging and supporting them to take responsibility for their own personal hygiene, appearance and laundry.

15. Provision of room or personal alarms be researched so that staff can be made immediately aware of any out-of-hours incidents.

We are concerned that there is still no personal alarm system in resident's rooms. We feel this should be considered as a matter of urgency.
We would like to see a working room alarm system.

Further Recommendations from this visit:

1. Ensure that a system of recording and tracking complaints should be implemented. We suggest that these should be signed regularly by the manager.
2. The minutes of the staff and residents meetings should be signed regularly by the manager.
3. Personal alarms should be installed for each of the resident's rooms as soon as possible.

Signed: Allan Jones; Stewart Block

Comments Received from Manager at Woodfield House on the follow-up report:

Many thanks to the Healthwatch Enter and View Team for their continued patience and hard work. We have acted to meet the recommendation of the Team following their last visit:

1. We have improved and implemented a comprehensive system of recording and tracking complaints
2. Staff meetings are held regularly and management will continue to ensure that the minutes are signed either by the Deputy Manager or the Registered Manager
3. We have now secured arrangements with an organisation who will install call bells in the five registered rooms. The work is scheduled to commence on the 28th and to finish on the 29th June 2014. Meanwhile we will continue to uphold and respect the privacy of our residents and at the same time ensure that the individuals remain safe in their respective rooms. I will inform the Team as soon as the call bells are installed.

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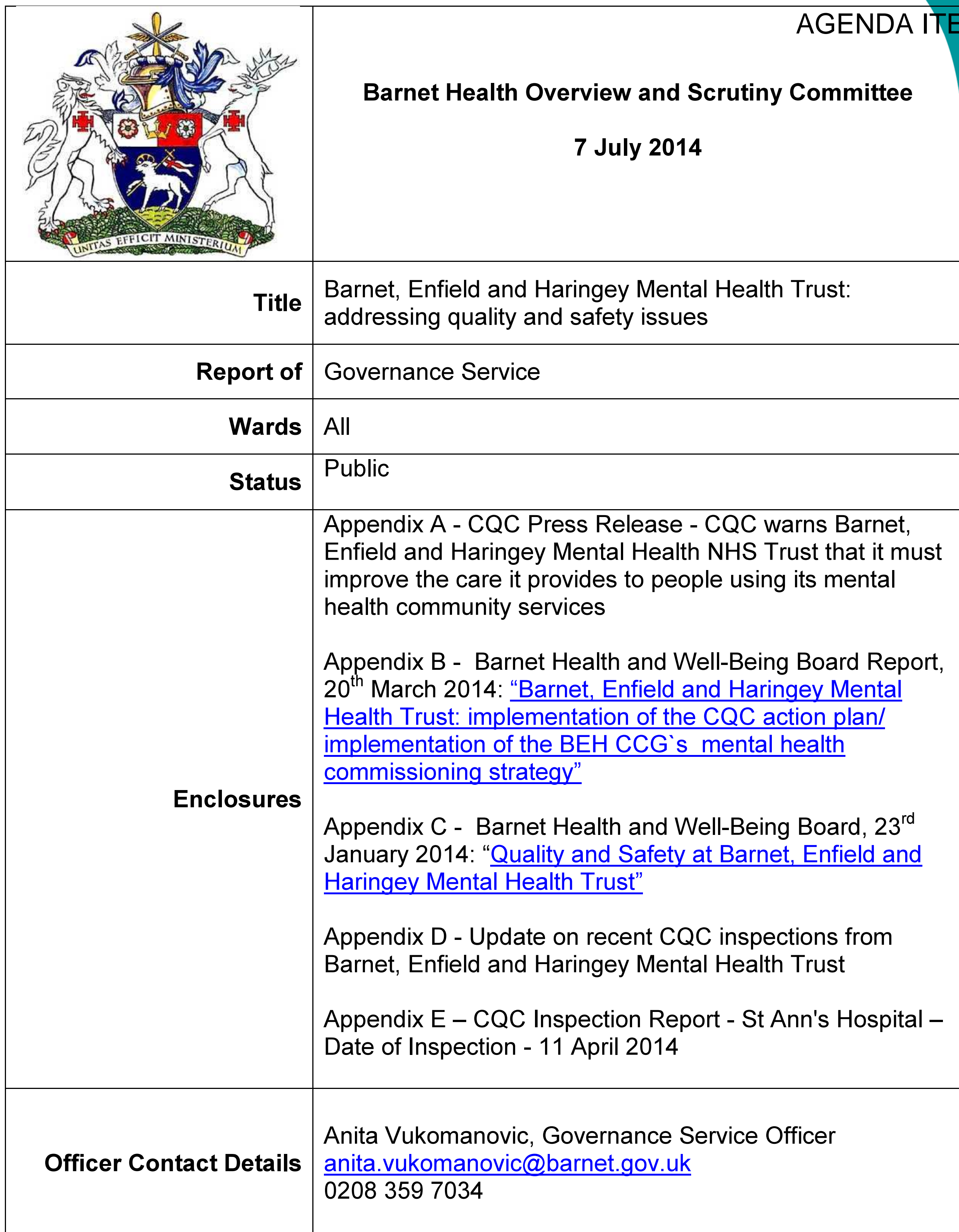	**Barnet Health Overview and Scrutiny Committee** **7 July 2014**
Title	Barnet, Enfield and Haringey Mental Health Trust: addressing quality and safety issues
Report of	Governance Service
Wards	All
Status	Public
Enclosures	Appendix A - CQC Press Release - CQC warns Barnet, Enfield and Haringey Mental Health NHS Trust that it must improve the care it provides to people using its mental health community services Appendix B - Barnet Health and Well-Being Board Report, 20th March 2014: "Barnet, Enfield and Haringey Mental Health Trust: implementation of the CQC action plan/ implementation of the BEH CCG`s mental health commissioning strategy" Appendix C - Barnet Health and Well-Being Board, 23rd January 2014: "Quality and Safety at Barnet, Enfield and Haringey Mental Health Trust" Appendix D - Update on recent CQC inspections from Barnet, Enfield and Haringey Mental Health Trust Appendix E – CQC Inspection Report - St Ann's Hospital – Date of Inspection - 11 April 2014
Officer Contact Details	Anita Vukomanovic, Governance Service Officer anita.vukomanovic@barnet.gov.uk 0208 359 7034

Summary

This paper seeks to update the Committee on the work taking place locally to address quality and safety concerns at Barnet, Enfield and Haringey Mental Health Trust. Concerns about the quality and safety of the care provided at the Mental Health Trust have been discussed regularly at both Barnet Health Overview and Scrutiny and Barnet Health and Well-Being Board over the past few years. In the past 6 months, Barnet's health and well-being board have been actively engaging with the Trust in efforts to resolve the concerns raised by the CQC following inspections of older people's wards in November 2013.

However, the CQC issued the Trust with a formal warning of non-compliance regarding the Crisis and Home Treatment teams in May 2014, identifying that a number of improvements had not been made following previous inspections.

This report is required to:

- Update the HOSC on the activity that has been taking place by the LA, CCG and HWBB to address quality concerns at the Trust over the past 15 months
- Inform the HOSC of the CQC's formal warning to the Trust
- Invite conversation at the HOSC about how to address the referral from the HWBB in March 2014 that calls for on-going scrutiny of the Trust to take place through the Committee, in light of the latest response from CQQ.

Recommendations
1. That the Committee note the presentation by provided by the Barnet, Enfield and Haringey Mental Health Service in relation to quality and safety issues being inspected by CQC, and agree a robust approach to on-going assurance, in light of the CQC's formal warning to the Trust in May 2014.

1. WHY THIS REPORT IS NEEDED

1.1 Barnet, Enfield and Haringey Mental Health NHS Trust are commissioned by Barnet, Enfield and Haringey Clinical Commissioning Groups (CCGs) and NHS England to provide a range of mental health services. These include community and inpatient services.

1.2 Barnet, Enfield and Haringey NHS Mental Health Trust services have been the subject of a number of inspections undertaken by the Care Quality Commission in 2013. Some of these inspections have resulted in quality concerns being raised by the CQC in respect of the care and treatment of patients.

1.3 The Health and Well-Being Board met formally with the Trust to discuss quality and safety concerns at both their January and March 2014 meetings.

1.4 The Board, having reviewed both the improvements made by the Trust to address the CQC concerns, and the on-going challenges they face to deliver high quality, safe services to local residents, referred the issue to Health Overview and Scrutiny Committee for continued oversight and scrutiny of both the CQC improvement action plan the Trust had committed to implementing by April 2014, and broader on-going quality improvement of the care provided by the Trust.

1.5 Since this referral from the Health and Well-Being Board was made, the CQC has issued a formal warning of non-compliance to the Trust regarding the Crisis and Home Treatment teams. As noted in the CQC's press release, dated 14th May 2014.

1.6 The Trust have been invited to the July Health Overview and Scrutiny meeting to advise the Committee on the activity that has taken place since the formal warning was issued.

2. REASONS FOR RECOMMENDATIONS

2.1 By receiving the update from the Barnet, Enfield and Haringey Mental Health Trust, the Health Overview and Scrutiny Committee will be updated on the issues at the Barnet Enfield and Haringey Mental Health Trust, and will be provided with the opportunity to question Officers in attendance at the meeting.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The Committee may wish to consider how they will keep an overview of the progress of this matter following the update and questioning of representatives from the Barnet, Enfield and Haringey Mental Health Trust.

5. IMPLICATIONS OF DECISION

5.1 The Health Overview and Scrutiny Committee must ensure that its work is reflective of the Council's priorities.

5.2 The three priority outcomes set out in the 2013 – 2016 Corporate Plan are:

- Promote responsible growth, development and success across the borough;

- Support families and individuals that need it – promoting independence, learning and well-being; and
- Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.

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

5.3.1 There are no financial implications arising as a result of this report.

5.3.2 Enfield Clinical Commissioning Group is lead commissioner of secondary mental health services from Barnet, Enfield and Haringey Mental Health Trust-BEHMHT. In this regards, Enfield CCG hosts monthly contract and quality review meetings which are attended by clinical and quality leads as well as the joint commissioner from the three CCGs. These meetings are coordinated and supported by the Commissioning Support Unit.

5.3.3 Barnet CCG invests an estimated £35 million for the provision of mental health services in Barnet, with approximately £27 million of this investment is committed to the contract with BEHMHT. The CCG holds contracts with other NHS Trusts such as Central North West London Foundation Trust, Tavistock and Portman Foundation Trust, Camden and Islington Foundation Trust and South London and Maudsley Foundation Trust for a range of mental health services to meet the needs of Barnet's registered population. The majority of the other spend is on rehabilitation, out of area and continuing health care.

5.3.4 In April 2014, Barnet CCG agreed an additional funding of £1.25 million to enable the Trust to manage the reported increase in acute inpatient admissions on adult wards. This investment was linked to further tri-borough work to reduce and prevent Delayed Transfers of Care and a review of the Crisis Resolution and Home Treatment Teams.

5.3.5 In light of the ongoing quality concerns, Barnet CCG is currently reviewing its options for commissioning of mental health services. Officers from the Council's Adults and Communities Delivery Unit are involved in the review and the CCG Board will be making a decision in September

5.4 **Legal and Constitutional References**

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

5.4.2 Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take

such steps as it considers appropriate for improving the health of people in its area.

5.4.1 The Health Overview and Scrutiny (Responsibility for Functions, Council's Constitution) has the following responsibilities:

- To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
- To make reports and recommendations to Council, Health and Well Being Board, the Secretary of State for Health and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
- To receive, consider and respond to reports, matters of concern, and consultations from the NHS Barnet, Health and Wellbeing Board, HealthWatch and/or other health bodies.

5.5 **Risk Management**

5.5.1 There is a risk that vulnerable residents in Barnet who are using the inpatient services on three of Barnet, Enfield and Haringey's Mental Health Trust's wards do not receive high-quality, safe care, unless performance concerns raised by CQC are adequately addressed. Not receiving this report would present a risk to the Barnet Health Overview and Scrutiny Committee in not having a full oversight of the issues surrounding the Barnet, Enfield and Haringey Mental Health Trust in relation to safety.

5.5.2 The CCGs have put in place rigorous systems for the commissioning of safe and high quality mental health services, including monitoring and overview arrangements through the tri-borough Clinical Quality Review Group- CQRG and monthly performance reports to the CCG Board. The CCG is also represented on the Barnet Safeguarding Adults Board along with a GP representative and the Barnet, Enfield and Haringey Mental Health Trust.

5.6 **Equalities and Diversity**

5.6.1 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.

5.7 **Consultation and Engagement**

5.7.1 None.

6. BACKGROUND PAPERS

6.1.1 Barnet Health and Well-Being Board, 20th March 2014: "Barnet, Enfield and Haringey Mental Health Trust: implementation of the CQC action plan/ implementation of the BEH CCG`s mental health commissioning strategy"

6.1.2 Barnet Health and Well-Being Board, 23rd January 2014: "Quality and Safety at Barnet, Enfield and Haringey Mental Health Trust"

Appendix A

13 May 2014

CQC warns Barnet, Enfield and Haringey Mental Health NHS Trust that it must improve the care it provides to people using its mental health community services

The Care Quality Commission has formally warned Barnet, Enfield and Haringey Mental Health NHS Trust that it needs to improve the care it provides to people using its mental health community services.

CQC has told the trust to make urgent improvements following an inspection in March at which it was found to be failing to meet the national standards relating to medicines management (for which a formal warning was issued) and supporting workers.

The inspection was carried out to check whether improvements required at a previous inspection had been made. A full report from this inspection has been published on the CQC website today.

Inspectors found that there were ongoing issues with the way that medicines were managed by crisis teams, despite these issues having been identified at a previous CQC inspection and reported to the trust at that time.

Some actions identified by the trust in their action plan to improve medicines management after that inspection had not been completed. This included providing training for non-nursing staff who supervised medicines. Actions identified in internal audits had also not been completed.

Inspectors found that there were gaps in medication records meaning that there was no evidence that people had received some doses of their prescribed medicines. This may have placed people at risk. The trust was not following policies it had in place regarding management of medicines.

Inspectors also found that staff had not been sufficiently supported by the trust during a recent team reorganisation, as they had not received regular professional supervision or specific training in relation to their roles.

Most people inspectors spoke to were positive about the support they had received from the crisis teams, although some said that their visits had either not taken place at the expected time or had been cancelled.

Jane Ray, Head of Hospital Inspections for Mental Health in London, said:

"We were disappointed to find when we returned that some actions the trust had told us they would take to improve medicines management after our previous inspection had not been completed. This sustained failure to meet the required standard is why we have issued them with a formal warning.

“Patients are entitled to be treated in services which are safe, effective, caring, well run, and responsive to their needs. Our inspectors will return unannounced in the near future to check that the required changes have been made.”

-ENDS-

For further information please contact the CQC press office on 0207 448 9239 or out of hours on 07917 232143.

CQC has published a full report at http://www.cqc.org.uk/directory/RRPXX.
Inspectors found that Barnet, Enfield and Haringey Mental Health NHS Trust was failing to meet two standards checked on this inspection of their community mental health services:

• Management of medicines
• Supporting workers

Barnet, Enfield and Haringey Mental Health NHS Trust was meeting two further standards checked on this inspection of their community mental health services:

• Care and welfare of people who use services
• Records

About the Care Quality Commission
The Care Quality Commission (CQC) is the independent regulator of health and social care in England. We make sure health and social care services provide people with safe, effective, compassionate high-quality care and we encourage care services to improve. We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find to help people choose care.

About the Care Quality Commission
The Care Quality Commission (CQC) is the independent regulator of health and social care in England. We make sure health and social care services provide people with safe, effective, caring, well-led and responsive care, and we encourage care services to improve. We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find to help people choose care.

Appendix B

Meeting	Health and Well-Being Board
Date	20th March 2014
Subject	**Barnet, Enfield and Haringey Mental Health Trust: implementation of the CQC action plan/ implementation of the BEH CCG`s mental health commissioning strategy**
Report of	Chief Officer, Barnet Clinical Commissioning Group
Summary of item and decision being sought	This report sets out the current issues and challenges in relation to the priorities of NHS mental health services for Barnet. The Board is asked to comment on the actions to address quality concerns as well as the CCG's commissioning approach to develop an integrated primary care mental health model.

Officer Contributors	John Morton- Chief Officer, Barnet CCG Vivienne Stimpson- Director of Quality and Governance, Barnet CCG Temmy Fasegha- Joint Commissioner Mental Health, Barnet CCG & LB Barnet
Reason for Report	This report is to update the Board on progress being made to address quality issues identified following CQC inspections of Trust services.
Partnership flexibility being exercised	None
Wards Affected	All
Status (public or exempt)	Public
Appendices	Appendix 1: Summary of the quality issues regarding Barnet, Enfield and Haringey Mental Health Trust- 24 February 2014
Contact for further information	Temmy Fasegha, temmy.fasegha@barnetccg.nhs.uk

1. RECOMMENDATIONS

1.1 That the Health and Well-Being Board notes and comments on the actions to address quality concerns set out in this report.

1.2 That the Health and Well-Being Board supports planned actions to involve the Council's social care and housing leads in tackling 'delayed transfers of care'.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Health and Well-Being Board- held on 19th September 2013 received, commented on and noted the 'Tri-borough Mental Health Commissioning Strategy for Adult and Older Adult Services- 2013-2015', and Operational Plan 2013 – 2015 and agreed that the Chairman and Chief Executive of the Barnet, Enfield and Haringey Mental Health Trust attend the Board's meeting in March 2014 to discuss progress at implementing the Strategy.

2.2 Health and Well-Being Board- held on 23rd January 2014- the Board discussed the quality and safety concerns raised by the CQC reports with senior managers at the Barnet, Enfield and Haringey Mental Health Trust. Prior to this, senior officers across the NHS and Council met with the executive team at the Trust to ensure that there was clarity of expectations across commissioners and the Trust as to the actions that are being undertaken and how progress will be monitored. The Board requested an update on progress from the Trust at the March 2014 meeting.

2.3 Special Meeting, Joint Health Overview and Scrutiny Committee- held on 7th February, 2014 received presentations from Barnet, Enfield and Haringey Mental Health Trust and Enfield CCG as lead commissioner of services from the Trust on behalf of Barnet and Haringey CCGs including other associates CCGs.

2.3 Joint Health Overview and Scrutiny Committee- held on 7th February, 2014, received reports on funding of mental health services across the North Central London sector.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

3.1 The content of this report is aligned with and supports the delivery of the aims of the Barnet Health and Well-Being Strategy, 'Keeping Well and Keeping Independent' and the Barnet Clinical Commissioning Group Integrated Strategic and Operational Plan 2013 – 2015.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 National public health information as well as Barnet's Joint Strategic Needs Assessment (JSNA) show that people with mental health problems experience significant health risks including obesity, diabetes, heart and respiratory diseases as well as lower life expectancy. In addition, they are much more likely to be socially excluded making up over 45% of Incapacity Benefit claimants. The Barnet, Enfield and Haringey Clinical Commissioning Groups- CCGs have developed and agreed a Tri-borough Mental Health Commissioning Strategy to address these challenges and to ensure parity, and integrated approaches, in the management of mental ill health.

5. RISK MANAGEMENT

5.1 The CCGs have put in place rigorous systems for the commissioning of safe and high quality mental health services, including monitoring and overview arrangements through the tri-borough Clinical Quality Review Group- CQRG and monthly performance reports to the CCG Board. The CCG is also represented on the Barnet Safeguarding Adults Board along with a GP representative and the Barnet, Enfield and Haringey Mental Health Trust- BEHMHT.

6. LEGAL POWERS AND IMPLICATIONS

6.1 None identified.

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

7.1 Enfield Clinical Commissioning Group is lead commissioner of secondary mental health services from Barnet, Enfield and Haringey Mental Health Trust-BEHMHT. In this regards, Enfield CCG hosts monthly contract and quality review meetings which are attended by clinical and quality leads as well as the joint commissioner from the three CCGs. These meetings are coordinated and supported by the Commissioning Support Unit.

7.2 Barnet CCG invests an estimated £35 million for the provision of mental health services in Barnet, with approximately £27 million of this investment is committed to the contract with BEHMHT. The CCG holds contracts with other NHS Trusts such as Central North West London Foundation Trust, Tavistock and Portman Foundation Trust, Camden and Islington Foundation Trust and South London and Maudsley Foundation Trust for a range of mental health services to meet the needs of Barnet's registered population. The majority of the other spend is on rehabilitation, out of area and continuing health care.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 The Barnet Mental Health Partnership Board (MHPB), a multi-agency partnership arrangement bringing together people experiencing mental health conditions, family carers and professionals from the Council, NHS, voluntary sector and other mainstream services has played an important role in shaping and developing the mental health strategy. In February, the MHPB hosted a workshop on actions BEHMHT is taking to improve service quality.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 The Strategy has been shared widely with secondary mental health providers and at the last CCG public meeting held on 25 July. Representative from provider organisations including CommUnity Barnet are on the MHPB which was involved the development of the commissioning strategy.

10. DETAILS

10.1 Barnet, Enfield and Haringey NHS Mental Health Trust services have been the subject of a number of inspections undertaken by the Care Quality Commission in 2013. Some of these inspections have resulted in quality concerns being raised by the CQC in respect of the care and treatment of patients.

CQC Inspection of Older Adult Wards- Chase Farm Hospital

10.2 The CQC inspection in September 2013 showed that there were significant improvements in the care provided to patients on the Oaks ward but there was concern about the limited sharing across the organisation of lessons learnt. The CQC visited a number of older people's inpatients services at the Trust, this included a second visit to the Oaks as well as visits to Silver Birches, Cornwall Villas and Bay Tree House. The purpose of the inspection was to assess progress made since the previous inspection on the older adults mental health ward based at Chase Farm Hospital.

10.3 Where the previous inspection found that the Trust failed to meet regulations, the CQC found that overall significant improvements had been made to the care provided to patients at the Oaks. However, there were some areas of non-compliance in the other older adult wards. The CQC concluded that this demonstrated that lessons learnt from previous failings had not been shared effectively across the organisation. The CQC report was published 23 November 2013 and the Trust was found to be non-compliant in three out of five standards:

- Standards of treating people with respect and involving them in their care- Met
- Standards of providing care, treatment & support that meets people's needs - Action needed
- Caring for people safely & protecting them from harm- Action needed
- Standards of staffing- Met
- Standards of management and suitability of quality- Action needed

10.4 The report (published 17 December 2013) from the November 2013 CQC inspection of Magnolia Ward showed evidence of good patient experience. Magnolia Ward is part of Enfield Community Services (provided by the Trust) offering a unique inpatient service focused on preventing avoidable admissions to acute hospitals.

10.5 In response to the earlier CQC inspection of the Oaks, the Trust agreed a Service Improvement Plan with CQC and the CCGs. The plan included actions to increase medical staff, improvement to physical health care of patients, training and redesign of the ward model to separate older adults with functional and organic mental health conditions. A task and finish group (TFG), a sub-group of the BEHMHT Clinical Quality and Risk Group- CQRG was set up to oversee the implementation of the Oaks Service Improvement Plan. The TFG is a multi-agency group led by the CCG and includes service managers and clinical leads from the Trust, commissioners, CCG quality leads and London Borough of Enfield Safeguarding lead. This arrangement recognises the lead safeguarding role of the local authority and ensures effective interface with the 'Providers Concern Meeting' set up by London Borough of Enfield.

10.6 The work of the TFG was underpinned by a number of external assurance visits to the ward undertaken by representatives of the CCGs. Echoing the CQC report published in November, the TFG reported significant progress in implementing the Oaks Service Improvement Plan to the CQRG in January.

10.7 In January, the CQRG agreed to extend the role of the TFG to project manage the 'Bay Tree, Cornwall Villas, Silver Birches Service Improvement Plan', developed by BEHMHT and agreed with the CQC and commissioners to respond to the findings of the CQC inspections in September. This will ensure that learning from previous failings as well as learning from improvements in one area is embedded across the organisation. The TFG will be reporting to future meetings of the CQRG on progress.

CQC Inspection of St Ann's Hospital

10.8 On 22 November, the CQC undertook an inspection of services in St Ann's Hospital. It found that the two seclusion rooms on Haringey Assessment Ward and the s136 suite had been used to admit patients when there were not enough beds in the Trust. This meant that the Trust had not made the changes which were indicated in the action plan agreed with the CQC following the inspection in June 2013 and continued to be non-compliant. As a result, the CQC issued an immediate 'Enforcement Notice' to the Trust. The CCG supported the Enforcement Notice through a teleconference discussion with the Trust to agree arrangements for emergency admissions. The Trust agreed an action plan with the CQC which was presented to the January meeting of the CQRG for ongoing monitoring. The action plan includes independent audits undertaken by clinical and quality representation from the three CCGs to verify ongoing compliance.

Delayed Transfer of Care and Inpatient Bed Pressures

10.9 The Trust notified the CCG at the November meeting of the CQRG of the exceptional practice of using seclusion rooms as bedrooms for overnight emergency admissions. The practice required staff undertaking a risk assessment and the Medical Director's explicit approval. The alternative will have been to place people out of area a long way from home.

10.10 The Trust has reported increased bed pressures as a contributing factor to the inappropriate use of seclusion rooms. Bed pressures have resulted from increased acute admissions in 2013/14, similar spikes in acute admissions have been reported by Trusts across London, as well as increased incidence of delayed transfers of care as patients who are ready for discharge and are awaiting appropriate housing and/or residential, supported housing and rehabilitation placements block beds. This echoes the findings of the NHS Benchmarking Network Mental Health report published in October, which showed that current levels of delayed transfers of care- DTOC in the Trust is above average creating further pressures on the availability of inpatient beds and increased use of out-of-beds from the private sector.

10.11 An audit undertaken by the Trust in January shows that there were 21 patients on the DTOC's list (5 Barnet, 9 Enfield and 7 Haringey) and further 12 people in bed and breakfast accommodation (2 Barnet, 6 Enfield and 4 Haringey). In the current financial year, the Trust is reporting that DTOC and the increased acute admissions are expected to create additional funding pressures to the tune of £6m across the 3 CCGs, in lost bed days and in funding private beds for the treatment of patients as well as bed and breakfast placements for patients who are well and are awaiting appropriate housing.

Access to CAMHS Inpatient Beds

10.12 In October 2013, the Trust reported to the Clinical Quality Review Group (CQRG) that community CAMHS services (commissioned by CCGs) had been affected by the suspension of admissions to their Tier 4 inpatient CAMHS unit (commissioned by NHS England Specialised Services). At the time, the Trust was not clear on the alternative arrangements for admission, nor the process for reviewing and re-opening the inpatient service. Following the report, Enfield CCG, as lead commissioner, raised concerns with NHS England. Twelve of the eighteen beds have now been re-opened. The CQRG continues to monitor the situation to assure that the community pathways are working effectively and that the current reduced capacity in Tier 4 services is not affecting local residents in access to local services when they are required.

Next Steps: Management of DTOC and Acute Bed Pressures

10.13 Commissioners and the Trust are currently working together to set up a tri-borough project group supported by borough-based working groups to agree protocols and framework for the management of DTOC. It has been identified that to ensure success, full involvement of local authority social care and housing leads is required to agree the framework and to work together to prevent and manage current and future DTOC cases in line with arrangements that are already in place in acute hospitals. A project brief is currently being developed to inform the scope and shape of the project, which is due to commence in April.

Next Steps: Enhanced Assurance

10.14 In response to the quality issues identified from the CQC inspections, the CQRG has developed an enhanced assurance system. This includes reviewing the findings and lessons learnt from the CQC inspections; undertaking independent service and case file audits as well as announced and unannounced visits to Trust services; enhanced reviews of serious incidents and complaint reports ; ongoing monitoring of the outcomes of patient reported outcomes; audit of Trust communication with GPs and use of patient stories. A draft report, which summarises the finding of this exercise is being compiled (refer to appendix 1 for early draft). There are ongoing discussions with the Council and plans are in place to share the early draft report to ensure that the council's views are reflected and taken on board.

Next Steps: Benchmarking Review and Mental health Commissioning Strategy

10.15 In response to the Trust's communication in the Autumn about ongoing financial pressures and the potential impact it may have on service quality, the three CCGs and the Trust commissioned 'Mental Health Strategies ', to undertake an assessment of the potential gap between the investment provided by the commissioners to BEH-MHT and the realistic expected cost of providing the range and volume of services currently specified. The exercise, which commenced in December and is due to be concluded in March also includes an assessment of high level options to address the gap. In addition, the outcome of this exercise will help inform the development, prioritisation and phased implementation of the tri-borough Mental Health Commissioning Strategy for Adults and Older Adults a draft of which was presented to the Health and Wellbeing Board in September and signed off by the three CCGs in November.

Next Steps: South Locality Network Primary Care Mental Health Pilot

10.16 The South Locality Network is currently developing plans to pilot an 'Integrated Primary Care Mental Health' model to run between April and March 2015. The pilot, which represents additional funding in mental health in 2014/15, has been supported by the CCG through the Primary Care Strategy Grant, aims to increase the capacity and capability of primary care to manage mental health care and treatment, provide high quality care closer to home improving the experience and outcomes of patients through delivery of integrated mental health and physical health care to patients who otherwise fall between the gaps and who hitherto may have been difficult to manage in primary care because of the complexity of their mental health conditions. A formal evaluation will be undertaken of the pilot, the outcome of which is expected to inform future commissioning arrangements of mental health services also taking account of the learning of the development of the integrated locality multi-disciplinary teams across Barnet.

11 BACKGROUND PAPERS

11.1 None

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Appendix C

Meeting	Health and Well-Being Board
Date	23rd January 2014
Subject	**Quality and Safety at Barnet, Enfield and Haringey Mental Health Trust**
Report of	Strategic Director for Communities
Summary of item and decision being sought	This paper informs the Health and Well-Being Board of the actions being taken by the Chairman of the Health and Well-Being Board, Barnet CCG and the local authority, to respond to the quality and safety issues on a number of Older People's Wards at Barnet, Enfield and Haringey Mental Health Trust, raised by a recent report from the Care Quality Commission.

Officer Contributors	Claire Mundle, Policy and Commissioning Advisor, London Borough of Barnet
Reason for Report	To update the Board on the work taking place locally to address quality and safety concerns at Barnet, Enfield and Haringey Mental Health Trust.
Partnership flexibility being exercised	Not applicable
Wards Affected	All
Status (public or exempt)	Public
Contact for further information	Kate Kennally, Strategic Director for Communities, London Borough of Barnet Kate.kennally@barnet.gov.uk

1. RECOMMENDATION

1.1 That the Health and Well-Being Board considers and approves the recommendations (that will be presented verbally at the Board meeting on the 23rd January) on an appropriate course of action to address the quality and safety concerns at Barnet, Enfield and Haringey Mental Health Trust.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Health and Well-Being Board- 25th April 2013- the Board discussed the CCG's approach to monitoring quality and safety among Barnet's health providers, in response to the publication of the Francis Report. The Board resolved to receive further reports detailing how all relevant players in the system are working together to implement the recommendations of the Francis report.

2.2 Health and Well-Being Board- 19th September 2013- the Board considered the Barnet, Enfield and Haringey Tri-Borough Mental Health Commissioning Strategy. During discussion on this item, the Chairman of the Health and Well-Being Board 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 (Chief Officer of Barnet CCG) advised the Board that one of the performance 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.

2.3 Health Overview and Scrutiny Committee- 12th December 2013- NHS Quality Accounts: mid-year update- Councillor Helena Hart raised concerns following publication of the CQC's report in November 2013 about the quality of care provided at Barnet, Enfield and Haringey Mental Health Trust.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

3.1 Barnet's Health and Well-Being Strategy (2012-15) sets out the Borough's ambitions to deliver high quality and safe health and social care services to residents that enable them to *Keep Well* and *Stay Independent* throughout the course of their lives. The Health and Well-Being Board has recently reviewed the progress being made to deliver the objectives of the Health and Well-Being Strategy, and formally agreed that improving mental health and wellbeing in Barnet would be a priority for the Board over the course of the second year of the Strategy.

3.2 Barnet, Enfield and Haringey Clinical Commissioning Groups have developed a 2-year Tri-Borough Mental Health Commissioning Strategy, and will work closely with Barnet, Enfield and Haringey Mental Health Trust to ensure effective delivery of this Strategy. The Strategy aims to ensure that local mental health services will support people in maintaining and developing good mental health and well-being; give people the maximum support to live full, positive lives when they are dealing with their mental health problems and help people recover as quickly as possible from mental illness.

4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 Barnet's thematic JSNA refresh on mental health (2014) highlights that the prevalence of mental illness in Barnet is higher than the England average and has slightly increased over the past 5 years at a similar rate to that of England. Mental health issues can result in social isolation, loneliness or disrupted relationships, or can be the catalyst for these problems. People with mental health problems also experience significant physical health risks including obesity, diabetes, heart and respiratory diseases and have lower life expectancy.

4.2 The Health and Well-Being Board have formally committed to focus on mental health as one of its priorities during Year 2 of the Health and Well-Being Strategy, to ensure that the needs of those with mental health problems in the Borough are supported as well as possible.

4.3 The Equality Act 2010 requires that public bodies, in exercising their functions, have due regard to the need to (1) eliminate discrimination, harassment, victimisation and other unlawful conduct under the Act, (2) advance equality of opportunity and (3) foster good relations between persons who share a protected characteristic and persons who do not share it.

4.4 Racism, homophobia and other forms of discrimination affect mental health and can be an underlying cause of mental health problems. The promotion of mental well-being will contribute to addressing inequalities.

5. RISK MANAGEMENT

5.1 There is a risk that vulnerable residents in Barnet who are using the inpatient services on three of Barnet, Enfield and Haringey's Mental Health Trust's wards do not receive high-quality, safe care, unless performance concerns raised by CQC are adequately addressed.

5.2 The Health and Well-Being Board has an important role to play in mitigating risks to the quality and safety of local health and social care services. The Board has a responsibility to strengthen the democratic legitimacy of the NHS by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. Health and Well-Being Boards should provide a forum for challenge, discussion, and the involvement of local people; the purpose of raising the quality and safety issues documented in the recent CQC report on older people's inpatient wards at Barnet, Enfield and Haringey Mental Health Trust is to engage the Board in a focused discussion on this issue and agree a collective approach across local organisations to addressing the concerns.

6. LEGAL POWERS AND IMPLICATIONS

6.1 Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area. In public law terms this target duty is owed to the population as a whole and the local authority must act reasonably in the exercise of these functions. Proper consideration will also need to be given to the duties arising from the Equality Act 2010 as mentioned above.

6.2 Due regard must also be given to the general public law duty set out in s149 of the Equality Act 2010.

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

7.1 Barnet CCG invests an estimated £35 million for the provision of mental health services in Barnet. Approximately £31 million of this investment is committed in contracts with NHS trust providers including the Barnet, Enfield and Haringey Mental Health Trust.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 None at this stage.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 Barnet CCG meets regularly with Barnet, Enfield and Haringey Mental Health Trust, and the CCG commissioners in Enfield and Haringey to address quality and safety concerns.

9.2 In addition, the 3 CCGs across Barnet, Enfield and Haringey have agreed to set up a ‘Transformation Board’ with representation from the Barnet, Enfield and Haringey Mental Health Trust, the CCGs and the London Boroughs of Barnet, Enfield and Haringey. The Transformation Board will be responsible for ensure the implementation of the tri-borough commissioning strategy including Barnet, Enfield and Haringey’s Mental Health Trust’s Clinical Strategy.

10. DETAILS

10.1 Barnet, Enfield and Haringey Mental Health NHS Trust are commissioned by Barnet, Enfield and Haringey Clinical Commissioning Groups (CCGs) to provide a range of mental health services at Chase Farm hospital. These include the following inpatient services: acute assessment wards for adults, continuing care wards for people with dementia and cognitive impairment, forensic wards, a specialist forensic ward for people with a learning disability, a rehabilitation ward, and a forensic intensive care service for people in the boroughs of Barnet, Enfield, Haringey, Camden and Islington.

10.2 In March 2013, in response to concerns, the CQC conducted an inspection on 3 wards that provide care to older people: Oaks, Cornwall Villa and Silver Birches. The CQC provides the full report of their inspection on their website - a link to the report (published on the 23rd May: http://www.cqc.org.uk/node/315856).

10.3 The Care Quality Commission (CQC) then conducted a routine inspection on the following wards at Chase Farm Hospital in late September 2013: Oaks, Silver Birches, Cornwall Villas and Bay Tree. The CQC published its inspection report in November 2013, which concluded that the Barnet, Enfield and Haringey Mental Health Trust had not implemented the learning from the earlier inspection in Oaks Ward to the other older adult wards. A link to this report can be found in the Background Documents section of this report.

10.4 Local commissioners have been working systematically with the Trust to address CQC’s concerns. Since the earlier inspection on these wards, the CCGs have been collaborating with Safeguarding leads from the 3 Councils through a “Provider Concerns” meeting chaired by the London Borough of Enfield to ensure that safeguarding concerns are addressed by Barnet, Enfield and Haringey Mental Health Trust. There is also a Clinical Quality Review Group (CQRG) chaired by the Director of Quality – Enfield CCG (as the lead commissioner). The CQRG includes clinical and joint commissioners across the 3 CCGs, the Commissioning Support Unit and Barnet, Enfield and Haringey Mental Health Trust managers and meets on a monthly basis. The group provides monitoring oversight and assurance on quality and safety issues.

10.5 In July 2013, the CQRG set up an Operational Group to review progress on the implementation of the Oaks Service Improvement Plan (established to address specific safeguarding concerns raised by CQC during their visit to Oak Ward). Barnet CCG has recently reported that the Trust has been making steady progress towards meeting the objectives within the plan.

10.6 The quality issues that have been raised by these CQC reports are also being managed through the CCG's Contract Monitoring Framework with the Trust. Barnet CCG has planned a series of "Walk the Pathway" visits shortly with the Trust and has invited LBB colleagues to join these visits to facilitate collaboratively improved assurance in these areas.

10.7 Following publication of CQC's report in November 2013, Barnet's Cabinet Member for Public Health, who is also Chair of Barnet's Health and Well-Being Board, wrote formally to both the Chairman of Barnet, Enfield and Haringey Mental Health Trust and the lead commissioner at Enfield CCG, to express her concerns with the findings outlined in the this report, and she has requested further reassurance that there is action taking place to address the concerns that have been raised.

10.8 A meeting has been scheduled between senior officers across the local authority and Barnet CCG, and the top team at Barnet, Enfield and Haringey Mental Health Trust for Friday the 17th of January 2014. This meeting will provide an ideal opportunity to ensure that all partners are clear on the issues; the roles and responsibilities of each of the parties and how performance and improvement will be monitored. The meeting will also allow for the identification and agreement as to what the recommendations should be to the Barnet Health and Well-Being Board. There will be verbal feedback at the Health and Well-Being Board meeting on the 23rd January 2014 on the recommendations that are agreed on the 17th January 2014.

10.9 The Chair and Chief Executive of Barnet, Enfield and Haringey Mental Health Trust have been invited to attend the Health and Well-Being Board meeting on the 23rd January to engage with the Board on this matter. Barnet CCG has suggested the Board could usefully focus the discussion on the 23rd January around two key areas, set out below:

1. How the Trust specifically aims to address the issues in the recent CQC report, and also those issues relating to the broader set of concerns and recent inspections in the past year.
2. How the London Borough of Barnet and Barnet, Enfield and Haringey Mental Health Trust can improve communication and engagement on quality issues through, for instance, the London Borough of Barnet Safeguarding Board, and the Tri-Borough Commissioning Strategy.

11 BACKGROUND PAPERS

11.1 Care Quality Commission (November 2013), *Inspection Report: Chase Farm Hospital.* Available at:
http://www.cqc.org.uk/sites/default/files/media/reports/RRP16_Chase_Farm_Hospital_INS1-954998402_Scheduled_23-11-2013.pdf

Legal – SW
CFO – JH

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Appendix D

Update on recent CQC inspections

1. Introduction

This paper provides an update on the progress made in relation to the Care Quality Commission (CQC) regulatory visits and judgements in respect of Barnet, Enfield and Haringey Mental Health Trust.

2. Inappropriate Use of Seclusion Rooms

The CQC visited Haringey Assessment Ward, St Ann's Hospital on 19 June 2013 and raised concerns regarding the use of seclusion rooms for non seclusion purposes. Their report was published in August 2013 and the Trust was judged to be non compliant with Outcome 4: care and welfare of people who access services. An action plan was developed and implemented. This was submitted to CQC on 10 September 2013.

The CQC revisited the unit in November 2013 and found that during times of high demand for admissions the use of seclusion rooms for non seclusion purposes was still happening. The CEO, Director of Nursing, Medical Director and Chief Operating Officer met with the CQC on 10 December 2013 and were advised that the CQC were judging the Trust as non compliant with Outcome 4.

The Trust was subsequently issued with an enforcement notice on 13 December 2013.

The Trust ceased use of seclusion rooms for non seclusion purposes on 10 December 2013. An action plan was implemented to address demand and capacity issues and the Trust maintained full compliance in that no seclusion room has been used for non seclusion purposes since 10 December 2013.

The CQC revisited the Trust on 11 April 2014 and the Enforcement Notice was rescinded (see attached report).

3. Dementia and Cognitive Impairment Service Line

On the 25 & 26 September 2013 the CQC visited the older adults mental health wards at Chase Farm Hospital and judged the Trust to be non compliant in the areas of Outcome 4 (Care and Welfare), Outcome 10 (Safety and suitability of premises), Outcome 16 (Assessing and monitoring quality of services) and Outcome 21 (Records). An action plan was put in place and submitted to the CQC. In April 2014 the Trust advised the CQC we were fully compliant and the CQC were invited to re-inspect. The Trust is awaiting a further re-inspection of the services by the CQC.

4. Crisis and Emergency Service Line

The most recent CQC visit was to the Trust's mental health home treatment teams during April 2014. The CQC noted a number of improvements in areas that they had commented on previously, however, they did raise concerns about aspects of

practice in medicines management. As a result, the CQC issued an Enforcement Notice in respect of medicines management.

The Trust had until 30 May to demonstrate that we had addressed the issues raised by the CQC. These issues included some procedural inconsistencies, such as not always fully recording information about the use of medicines in patients' medical records and, in a small number of cases, medicines not being stored at the correct temperature. The Trust has taken immediate action in these areas and has a full action plan in place. This has been shared with CCG Quality Leads and is being regularly monitored by the Trust Board.

The CQC revisited the CRHT teams on 9 & 10 June 2014 and found the teams to be fully compliant with Outcome 9 and 14. Therefore, the Enforcement Notice in respect of Outcome 9 has been rescinded.

Mary Sexton
Executive Director of Nursing, Quality and Governance

17 June 2014

Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

St Ann's Hospital

St Ann's Road, Tottenham, London, N15 3TH

Tel: 02084425732

Date of Inspection: 11 April 2014

Date of Publication: May 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services Met this standard

Details about this location

Registered Provider	Barnet, Enfield and Haringey Mental Health NHS Trust
Overview of the service	Barnet, Enfield and Haringey Mental Health NHS Trust provides a range of services from St Ann's Hospital. These include community health services and inpatient treatment. The inpatient wards at this hospital are Haringey ward, for the assessment of men and women who are acutely ill, Finsbury ward for men, Downhills ward for women and Phoenix ward for people who have an eating disorder.
Type of services	Community healthcare service Community based services for people with a learning disability Community based services for people with mental health needs Hospital services for people with mental health needs, learning disabilities and problems with substance misuse Community based services for people who misuse substances
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether St Ann's Hospital had taken action to meet the following essential standards:

- Care and welfare of people who use services

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 April 2014, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services.

What people told us and what we found

Three inspectors visited Haringey Ward at St Ann's Hospital on 11th April to check if actions had been taken to meet the requirements made following the previous inspection in November 2013 when the trust continued to be non-compliant with regulation 9 of the Health and Social Care Act 2008 because patients had been admitted to seclusion rooms and the designated place of safety (known as the "s136 suite") when there had been no available beds in the trust.

During this inspection, we spoke with people who were on the ward receiving care and treatment. We also spoke with nursing, medical and therapy staff. We also spoke with the Executive Director of Nursing, Quality and Governance and the Chief Operating Officer. We received information from the trust which we reviewed. We found that the provider was only using the seclusion rooms and the designated place of safety (known as the "s136 suite") when it was clinically appropriate to do so.

One person who was receiving care and treatment on the ward told us "It has been pretty good [on the ward]" and another person told us "If I could have a checklist for here, I would give it ten ticks out of ten". Most of the feedback we received from people on the ward was positive. We observed staff responding with kindness and consideration to people who were receiving care and treatment on the ward.

We checked seven records of people on the ward and found that they were up to date. Everyone had an initial care plan and risk assessment. We saw that sometimes capacity and consent was not explicitly referenced in the electronic notes.

Staff told us that there had been positive changes on the ward since our last inspection and they felt supported to do their jobs.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During this inspection, we visited Haringey ward to see if improvements had been made following our inspection on 22 November 2013. When we visited St Ann's Hospital in November 2013 we found that the planning and delivery of care did not meet people's needs as the trust had admitted people to seclusion rooms on Haringey ward and the designed place of safety known as the "s136 suite", when there were no beds available in the trust. These rooms were not designed to be used as bedrooms and this practice affected the dignity and quality of care for people who were using the service. People told us activities were not happening regularly on the ward and some people told us they were not sure whether they were detained or not so there was a risk that people may not have been clear about their legal status or their rights on the ward.

During this inspection, we spoke with six people on the ward. Most people we spoke with were positive about their experiences on the ward. One person told us "If I could have a checklist for here, I would give it ten ticks out of ten". Another person told us "it's nice enough".

We observed the ward during the inspection. We saw that interactions between nursing staff and people on the ward displayed warmth, kindness and patience. People on the ward told us "the staff are nice", "[nurse] is a lovely lady", "[health care assistant] is a good guy" and "generally they [the staff] are lovely".

We asked people about activities available on the ward. One person told us "They have things on, but I'm happy doing my own thing. I can have a chat [with nursing staff] when I want". Another person said "I did a pottery class. That was brilliant. I can carry on coming to it after I leave for four weeks". We saw that there was an activities schedule on display in the lounge area when we arrived and that the activities scheduled were taking place. We asked staff about activities on the ward. Some staff told us that sometimes they think that there could be more activities provided. One member of staff told that there was a ward programme of activities and every day there was at least one activity that people

could join. However, they told us that sometimes groups were cancelled due to a lack of availability of staff.

We checked the records of seven people on the ward. We saw that people had care plans, risk assessments and risk management plans which were up to date. We saw that most of the care plans reflected people's preferences and we saw that some people had been given copies of their care plan. Staff told us that they discussed care plans with people during one-to-one conversations which happened during the protected engagement time (PET) in the afternoons. We saw evidence of activities recorded on people's daily progress notes and we saw that individual conversations were recorded in the notes. This meant we were assured that staff were taking time to have meaningful conversations with people.

Most records we looked at identified people's capacity to consent to admission and treatment on the ward. However, three of the records we looked at did not demonstrate that capacity and consent for treatment had been recorded on admission . The provider may find it useful to note that the lack of explicit documentation regarding assessment of capacity to consent to admission and treatment may mean that there is a risk that this is not considered on admission.

We saw that in the notes recorded for one person, who was on the ward as an informal patient, which means they were not detained formally under the Mental Health Act (1983), indicated that they had been prevented from leaving the ward when they had asked to leave. Their notes stated "[person] asked to leave the ward but it was explained that [they] should stay on the ward at present". The Mental Health Act (1983) Code of Practice (21.36) states "Patients who are not legally detained in hospital have the right to leave at any time. They cannot be required to ask permission to do so, but may be asked to inform staff when they wish to leave the ward". The provider may find it useful to note that by not allowing patients who are not detained to leave the ward when they request it may mean that there is a risk of 'de facto' detentions. This is when people are subject to restrictions similar to detained patients without having access to the rights of detained patients.

We saw that there was a notice on the inside of the door, which explained to people who were not detained under the Mental Health Act (1983) that they had the right to leave the ward. This meant that people had information about their rights to leave the ward.

We saw that there was information on the ward about access to advocacy services. This meant that people were aware of their rights and ability to contact advocates who visited the ward. The ward had a patient information leaflet given to people when they arrive. This helped to orientate people to the ward and gave people information about the ward manager, their named nurse and their doctor. This also gave people information about the care planning process. However, the information which was provided about contacting the Care Quality Commission contained a telephone number which was no longer active. The provider may find it useful to note that by signposting people who wished to make a complaint about their detention to a telephone number which was not active, there was a risk that people were not able to exercise their rights to contact to independent body.

During this inspection, we spoke with the Executive Director of Nursing, Quality and Governance and the Chief Operating Officer. We also spoke with staff based on the ward. We received assurances and were able to satisfy ourselves that the seclusion rooms on Haringey ward and the designated "place of safety", known as the s136 suite, had not been used as additional bedrooms since December 2013 and we were assured that the actions which we had requested be taken after the previous inspection in November were

completed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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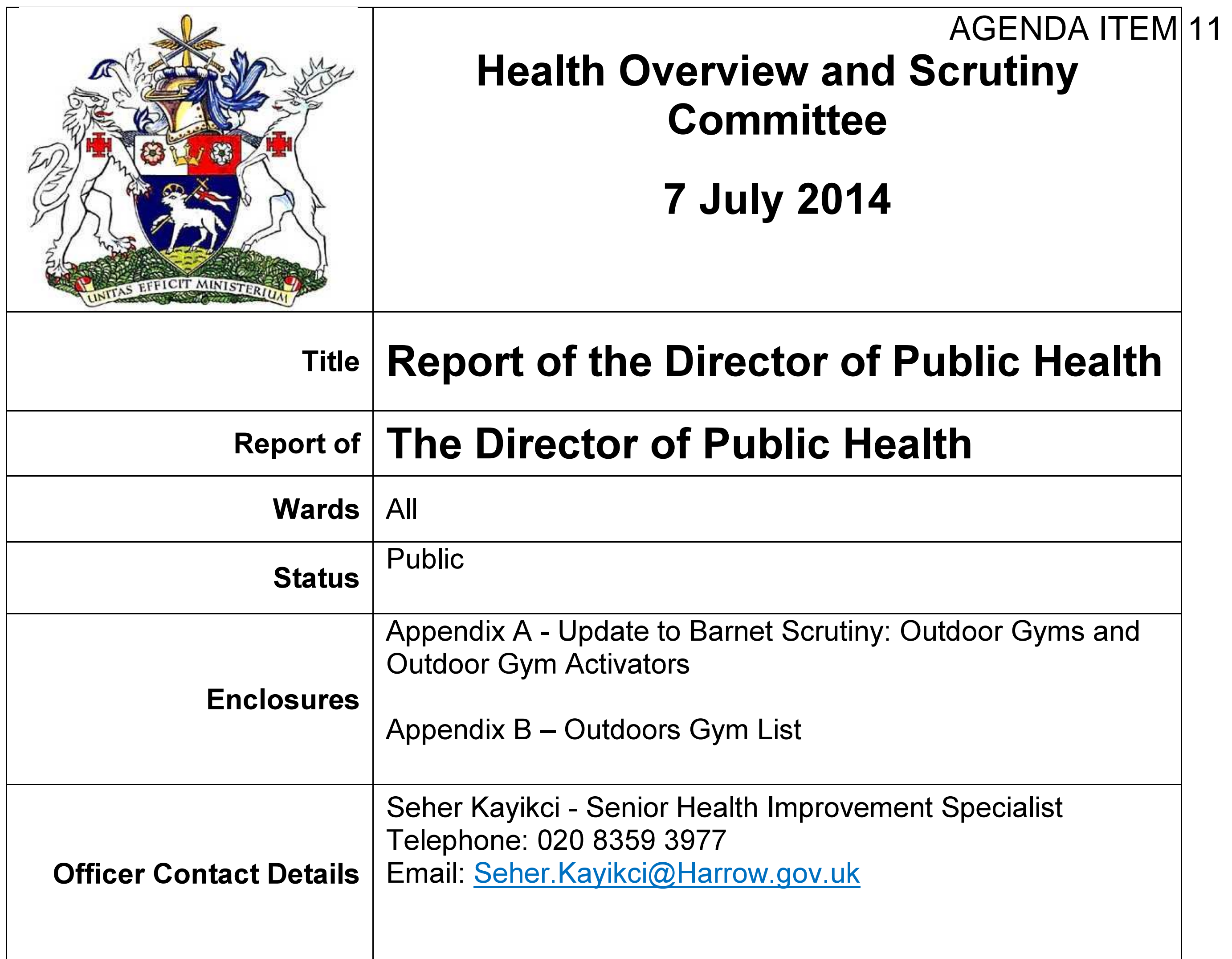
AGENDA ITEM 11



	Health Overview and Scrutiny Committee 7 July 2014
Title	**Report of the Director of Public Health**
Report of	**The Director of Public Health**
Wards	All
Status	Public
Enclosures	Appendix A - Update to Barnet Scrutiny: Outdoor Gyms and Outdoor Gym Activators Appendix B – Outdoors Gym List
Officer Contact Details	Seher Kayikci - Senior Health Improvement Specialist Telephone: 020 8359 3977 Email: Seher.Kayikci@Harrow.gov.uk

Summary

The Health Overview and Scrutiny Committee has requested to receive an update report from the Director of Public Health, which includes an update on the Outdoor Gyms and Outdoor Gym Activators.

Recommendations

1. **That the Health Overview and Scrutiny Committee note the report from the Director of Public Health and ask appropriate comments and questions.**

1. WHY THIS REPORT IS NEEDED

1.1 The Health Overview and Scrutiny Committee have requested to receive an update from the Director for Public Health (Barnet and Harrow) which includes detail of the Outdoor Gyms and Outdoor Gym Activators.

2. REASONS FOR RECOMMENDATIONS

2.1 This is an update report. Reviewing the appendices and asking relevant questions to the Director of Public Health will enable to Committee to undertake their scrutiny function and consider if they would like to receive further information or reports on this matter.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Not applicable.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1 The Health Overview and Scrutiny Committee must ensure that its work is reflective of the Council's priorities.

5.11 The three priority outcomes set out in the 2013 – 2016 Corporate Plan are: –

- Promote responsible growth, development and success across the borough;
- Support families and individuals that need it – promoting independence, learning and well-being; and
- Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.

5.12 The work of the Barnet Health Overview and Scrutiny Committee supports the delivery of the following outcomes identified in the Corporate Plan:

- To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health; and
- To promote a healthy, active, independent and informed over 55 population in the borough to encourage and support our residents to age well.

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

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

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

5.3.2 Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

5.3.3 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

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

"To make reports and recommendations to Council, Health and Well Being Board, the Secretary of State for Health and/or other relevant authorities on health issues which affect or may affect the borough and its residents."

"To scrutinise and review promotion of effective partnerships between health and social care, and other health partnerships in the public, private and voluntary sectors."

5.4 Risk Management

5.4.1 This agenda item will enable Members of the Barnet Health Overview and Scrutiny Committee to be updated by the Director for Public Health on matters relevant to the Committee's Terms of Reference. Not receiving this report could risk Members not having the opportunity to scrutinise the work of the Director of Public Health in public session.

5.5 Equalities and Diversity

5.1.1 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.

5.6 Consultation and Engagement

5.6.1 None.

6 BACKGROUND PAPERS

6.1 None in the context of this report.

Appendix A - Update to Barnet Scrutiny: Outdoor Gyms and Outdoor Gym Activators

Background

The Sports and Physical Activity Needs Assessment identified that levels of physical activity are lower in Barnet in comparison to the London and England average.

The recent consultation showed that cost and access to facilities are the two main barriers for people being active. Hence the majority of Barnet residents would prefer to do exercise in outdoor spaces.

Outdoor Gyms are unique in that they are free to use, suitable for varying fitness levels and provide a more local and sustainable form of physical activity which encourages people to be outdoors and use their local green spaces.

Outdoor Gyms will contribute to the achievement of the aims of Council's Sports and Physical Activity Strategy – by delivering an environment conducive to physical activity in a manner that is as cost neutral as possible to the public purse.

Evidence

There is developing literature which suggests that both passive and active exposure and access to natural open spaces and well-designed green spaces can have a wide range of social, economic, environmental and health benefits[1]. More specifically, the natural environment can provide many opportunities for increasing levels of physical activity[2]. There is some evidence to suggest that modification of the natural environment may promote and change levels of physical activity[3].

Locations

The overall Project aims to provide a total of 12 Outdoor Gyms across Barnet – (1x Existing at Oak Hill Park and 11x New).

Phase 1 All new seven outdoor gyms have now been fully installed. The table below shows the location of each of the gyms.

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[1] Morris N (2003) Health, Well-being and Open Space: Literature Review. OPENspac:Scotland.
[2] Henwood K (2001) Exploring linkages between the environmental and health: Is there a role for environmental and countryside agencies in promoting benefits to health? A report for the Forestry Commission.
[3] NICE (2008) Promoting and Creating built or natural environment that encourage and supports physical activity. NICE PH8.

Table 1. The locations for each of the Outdoor Gyms

Park	Ward
Watling Park	Burnt Oak
Childs Hill Park	Childs Hill
Friary Park	Coppetts
Oak Hill Park	East Barnet
Edgwarebury Park	Edgware
Mill Hill Park	Mill Hill
Barnet Playing Fields	Underhill
Hendon Park	West Hendon

Phase 2 There are plans to complete a full review of the current locations and the use of gyms. This will then inform the Phase 2 consultation which will be used to inform which sites will be delivered.

The proposed locations (**indicative at this point only**) for the Outdoor Gyms are including: Sunny Hill, Windsor Open Space, Lyttleton Playing Fields, Hollickwood Park, Riverside Walk, Victoria Recreation Ground and Ducks Island. Please note that this list is subject to change pending evaluation and consultation.

Who is targeted?

Outdoor gyms are installed in the areas of low participation in physical activity which coincide with areas of deprivation in Barnet.

The launch event

The Outdoor Gyms and Outdoor Gym Activators programme will be launched **on Monday 30th June 2014.**

The Outdoor Gym Activator programme

The Outdoor Gym Activator programme train and use volunteers to increase participation levels through:

- Encouraging use of the outdoor gyms, highlighting availability for all residents
- Encourage the correct use and technique of the Outdoor Gym equipment

- Signposting local people to active health (exercise) possibilities
- Identifying and targeting groups in the community that are the hardest to reach – peer activators will be encouraged and supported to use their local contacts to engage peers in their own communities. This will include local community groups, community centres, leisure centres and GP surgeries

Middlesex University has been commissioned by Public Health to train the Outdoor Gym Activators. The volunteer activators are coming to the end of their training and will be available to support the residents in the outdoor gyms during the week beginning 16 June.

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Appendix B

Outdoor Gym List

Equipment (Activity)	Barnet Playing Fields	Childs Hill Park	Edgwarebury Park	Friary Park	Hendon Park	Mill Hill Park	Oak Hill Park	Watling Park
Leg Press (Strength)	☑	☑	☑	☑	☑	☑	☑	☑
Chest Press (Strength)							☑	
Pull Down Exercise (Strength)	☑	☑	☑	☑	☑	☑	☑	☑
Space Walker (Cardiovascular and Mobility)							☑	
Skier (Cardiovascular, Mobility and Toning)	☑	☑	☑	☑	☑	☑	☑	☑
Exercise Bike (Cardiovascular)	☑		☑		☑	☑		☑
Hand Bike - *Accessible* (Cardiovascular)		☑		☑				
Rower (Cardiovascular, Mobility and Toning)							☑	
Surfer (Flexibility and Mobility)	☑	☑	☑	☑	☑	☑	☑	☑
Body Twister (Flexibility and Mobility)							☑	
Four Wheel Spinner - *Accessible* Flexibility and Mobility)	☑	☑	☑	☑	☑	☑		☑
Stepper and Abs Curl (Toning)	☑	☑	☑	☑	☑	☑		☑
Sit Up Bench (Toning)	☑	☑	☑	☑	☑	☑	☑	☑

BARNET LONDON BOROUGH

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AGENDA ITEM 12

Health Overview and Scrutiny Committee

7 July 2014

Title	**Health Overview and Scrutiny Committee Work Programme**
Report of	Governance Service
Wards	All
Status	Public
Enclosures	Committee Work Programme June 2014 - May 2015
Officer Contact Details	Anita Vukomanovic, Governance Service Email: anita.vukomanovic@barnet.gov.uk Tel: 020 8359 7034

Summary

The Committee is requested to consider and comment on the items included in the 2014/15 work programme

Recommendations

1. **That the Committee consider and comment on the items included in the 2014/15 work programme**

1. WHY THIS REPORT IS NEEDED

1.1 The Health Overview and Scrutiny Committee Work Programme 2014/15 indicates forthcoming items of business.

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

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

2. REASONS FOR RECOMMENDATIONS

2.1 There are no specific recommendations in the report. The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 N/A

4. POST DECISION IMPLEMENTATION

4.1 Any alterations made by the Committee to its Work Programme will be incorporated to the work programme and will be reflected in forthcoming agendas.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Committee Work Programme is in accordance with the Council’s strategic objectives and priorities as stated in the Corporate Plan 2013-16.

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

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 The Terms of Reference of the Health Overview and Scrutiny Committee are contained within the Constitution, Responsibility for Functions, Annex A.

5.4 **Risk Management**

5.4.1 None in the context of this report.

5.5 **Equalities and Diversity**

5.5.1 None in the context of this report.

5.6 **Consultation and Engagement**

5.6.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 None.

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London Borough of Barnet

Health Overview and Scrutiny Committee

June 2014 – May 2015

Contact: Anita Vukomanovic Tel: 020 8359 7034 email: anita.vukomanovic@barnet.gov.uk

Subject	Decision requested	Report Of	Contributing Officer(s)
7 July 2014			
Finchley Memorial Hospital Bus Service: Presentation from Finchley Society	Committee to receive a survey conducted by Finchley Society in relation to a possible bus service at Finchley Memorial Hospital.	N/A	Governance Service
Royal Free Hospital Acquisition of Barnet and Chase Farm Hospitals NHS Trust	Committee to receive an update from the Royal Free NHS Foundation Trust on the acquisition of Barnet and Chase Farm Hospitals NHS Trust. **Subject to outcome of decision.* Barnet Healthwatch will also be invited to provide a verbal update on their role in light of the Royal Free London NHS Foundation Trust's acquisition of Barnet and Chase Farm Hospitals NHS Trust.	N/A	Chief Executive of Royal Free Hospital NHS Foundation Trust
Healthwatch Barnet Enter and View Reports	Standing Item: To consider enter and view reports from Barnet Healthwatch.	N/A	Barnet Healthwatch
Barnet, Enfield and Haringey Mental Health Trust: Addressing Quality and Safety Issues	Referral from Health and Wellbeing Board: To receive an update report from the Barnet, Enfield and Haringey Mental Health Trust on addressing quality and safety issues.	N/A	Barnet, Enfield and Haringey Mental Health Trust/ Governance Service

Subject	Decision requested	Report Of	Contributing Officer(s)
Report of the Director of Public Health	Update Report to include: • Gyms Update	N/A	Director of Public Health (Barnet and Harrow)
20 October 2014			
GP Services at Finchley Memorial Hospital	Committee to receive an update on the GP Service at Finchley Memorial Hospital.	N/A	NHS England
Accident and Emergency: Winter Preparations	Update Report on A&E preparations for winter and lessons learned from last winter – what is going to be done if is as bad as last year. Were a lot of elderly coming in from care homes, if so which ones? Why? What implemented? Ambulance crews:		Barnet and Chase Farm
Barnet Healthwatch Enter and View Reports	Standing Item: To consider enter and view reports from Barnet Healthwatch.	N/A	Barnet Healthwatch
Ambulance Crews	To receive a lessons learnt on queues from Royal Free and Barnet and Chase Farm, and to request an update on how the service is planning for queues this winter.		London Ambulance Service
Barnet, Enfield and Haringey Mental Health Trust: Implementation of the BEH Mental Health Commissioning Strategy.	Referral from Health and Wellbeing Board: To receive an update report from the Barnet, Enfield and Haringey Mental Health Trust on and the implementation of the BEH Mental Health Commissioning Strategy.	N/A	BEH MHT / CCG
8 December 2014			
Liverpool Care Pathway: Replacement	Update report on the national government guidance on the Liverpool Care Pathway since its discontinuation.	North London Hospice	Governance Service & North London Hospice

Subject	Decision requested	Report Of	Contributing Officer(s)
NHS Health Checks Scrutiny Review: Recommendation Tracking	To receive a six monthly update on the implementation of the recommendations from the NHS Health Checks Scrutiny Review.	N/A	Director of Public Health (Barnet and Harrow)
Barnet Healthwatch Enter and View Reports	Standing Item: To consider enter and view reports from Barnet Healthwatch.	N/A	Barnet Healthwatch
Performance Against Health and Wellbeing Strategy	Committee to receive an update	Director of Public Health (Barnet and Harrow)	Director of Public Health (Barnet and Harrow)
9 February 2015			
Barnet Healthwatch Enter and View Reports	Standing Item: To consider enter and view reports from Barnet Healthwatch.	N/A	Barnet Healthwatch
Annual Report of DPH	To consider the 2014 Annual Report of DPH To receive an update on the 2013 Annual Report (to include update on Call to Action on Physical Activity)	Director of Public Health (Barnet and Harrow)	Director of Public Health (Barnet and Harrow)
30 March 2015			
Barnet Healthwatch Enter and View Reports	Standing Item: To consider enter and view reports from Barnet Healthwatch.	N/A	Barnet Healthwatch
11 May 2015			
NHS Trust Quality Accounts			
Unallocated Items			
Public Health Commissioning Intentions	To consider the commissioning intentions for Public Health in Barnet.	Director of Public Health (Barnet and Harrow)	Director of Public Health (Barnet and Harrow)