

Decisions of the Health Overview and Scrutiny Committee

6 July 2015

Members Present:-

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

Councillor Shimon Ryde	Councillor Barry Rawlings
Councillor Arjun Mitra	Councillor Amy Trevethan
Councillor Gabriel Rozenberg	Councillor Laurie Williams
Councillor Caroline Stock	

Also in attendance
Councillor Helena Hart

Apologies for Absence

Councillor Val Duschinsky

1. **MINUTES (Agenda Item 1):**

The Chairman noted that Councillor Phillip Cohen was no longer a member of the Health Overview and Scrutiny Committee and thanked him for his sterling work on the Committee over the course of the last municipal year.

The Chairman welcomed Councillor Laurie Williams to the Committee, following his appointment at the Annual Council meeting on 13 May 2015.

The Chairman noted that Councillor Rawlings had been contacted by a resident who had received a parking ticket at Barnet Hospital and that the hospital had subsequently cancelled his fine. The Chairman informed the Committee that she had obtained permission for leaflets setting out the new parking arrangements at Barnet Hospital to be displayed in all libraries within the Borough.

RESOLVED that the minutes of the meeting of 11 May 2015 be agrees as a correct record.

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

Apologies for absence were received from Councillor Val Duschinsky, who was substituted for by Councillor Shimon Ryde.

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

The Chairman declared a non-pecuniary interest in relation to Agenda Item 8 (Liverpool Care Pathway and Hospitals) and Agenda Item 9 (Update Report: Royal Free London NHS Foundation Trust) by virtue of being a Chaplain's Assistant at Barnet and Chase Farm Hospital.

Councillor Caroline Stock declared a non-pecuniary interest in relation to Agenda Item 8 (Liverpool Care Pathway and Hospitals) and Agenda Item 9 (Update Report: Royal Free London NHS Foundation Trust) by virtue of her husband being an Elected Public Governor of the Council of Governors at the Royal Free London NHS Foundation Trust.

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

None.

5. PUBLIC QUESTIONS AND COMMENTS (IF ANY) (Agenda Item 5):

None.

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

(a) MEMBER'S ITEM – COUNCILLOR BARRY RAWLINGS

At the invitation of the Chairman, Councillor Barry Rawlings introduced his Member's Item and noted that it was requesting information and forecasting on GP provision within the Borough. Councillor Rawlings requested that a future report include figures on the number of GPs expected to retire, regeneration programmes and the management of future seven day GP services.

Councillor Rawlings requested that NHS England which has responsibility for this provision be requested to provide the report and asked that NHS England liaise with the Barnet Clinical Commissioning Group in order to prepare the report.

The Committee requested that the Member's Item be brought to the next meeting of the Committee, on 13 October 2015.

RESOLVED that the Committee note the Member's Item and request to be provided with a report as set out above at their meeting on 13 October 2015.

(b) MEMBER'S ITEM – COUNCILLOR ARJUN MITTRA

At the invitation of the Chairman, Councillor Arjun Mittra introduced his Member's Item. Councillor Mittra noted that Dental care was a concern of residents and requested that the Committee receive a report from NHS England at their October meeting which would address the issue of dentistry in Barnet as well as the recommendations made in the recent Healthwatch Barnet report as referred to in the Member's Item.

The Chairman requested that the future report to the Committee also contains an appendix from Healthwatch Barnet which sets out what actions Healthwatch have taken since their report.

A Member commented that safeguarding issues can often be highlighted at dental treatments, as they can provide an opportunity for issues of neglect to be picked up on.

At the invitation of the Chairman, Councillor Helena Hart, Chairman of the Barnet Health and Wellbeing Board addressed the Committee. The Committee noted that Councillor Hart used to be a dental practice Manager. Councillor Hart informed the Committee that a system of "Units of Dental Activity" (UDA) had been introduced and when the UDA had been used up, the Practice would not be paid for any further work. Councillor Hart informed the Committee that NHS England had always maintained that there were enough UDAs within the Borough of Barnet to go around. The Committee noted that it was against the rules for price lists not to be displayed in dental practices.

RESOLVED that the Committee note the Member's Item and request to be provided with a report by NHS England together with an appendix from Healthwatch Barnet at their next meeting on 13 October 2015.

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

The Chairman introduced the minutes of the meeting of the North London Sector Joint Health Overview and Scrutiny Committee (JHOSC) which was held on 20 March 2015.

The Chairman commented that a further JHOSC meeting had been held on 26 June 2015.

The Chairman referred to the minutes and commented that the JHOSC had requested that a report be put together by all acute Trusts in the North Central Sector on what was being done to reduce the number of people attending A&E. The Chairman noted that the Royal Free London NHS Foundation Trust would be presenting an item on A&E later on in the agenda.

RESOLVED that the Committee note the minutes of the meeting of the North London Sector Joint Health Overview and Scrutiny Committee dated 20 March 2015.

8. LIVERPOOL CARE PATHWAY AND HOSPITALS (Agenda Item 8):

The Chairman invited Doctor Hannah Western, Consultant in Palliative Medicine, Deborah Sanders, Director of Nursing, and Tony Wright, PFI and Contracts Manager, all from the Royal Free London NHS Foundation Trust to the table.

The Chairman introduced the item and noted that the Committee had previously considered a report from the North London Hospice on the removal of the Liverpool Care Pathway.

In introducing the report, Dr. Western advised the Committee that the Liverpool Care Pathway (LCP) was in place until 2013, when the Neuberger review recommended that it be phased out by July 2014. The Committee noted that whilst this was prior to the acquisition of Barnet and Chase Farm Hospitals NHS Trust by the Royal Free London NHS Foundation Trust, both Trusts had responded to the review in a similar way. The Committee noted that in response to the removal of the pathway, the Leadership Alliance for the Care of Dying People was formed to provide national guidance for providers of healthcare on the care of dying patients.

Doctor Western informed the Committee that both Trusts had removed the Liverpool Care Pathway by September 2013 and had put temporary guidance in place.

In July 2014, the Royal Free London NHS Foundation Trust started work on a response to "One chance to get it right" which was informed by the report of the National Care of the Dying Audit for Acute Hospitals. Doctor Western informed the Committee that it had become clear that all the acute trusts in north London were doing similar work and that, as a result, the following Trusts resolved to collaborate: The Royal Free London NHS Foundation Trust, UCLH, The Whittington and North Middlesex.

The Committee noted that the hospitals met in November 2014 and agreed to develop an approach to incorporate the following aims:

- a protocol for care for the dying planning
- a nursing care plan for dying patients
- prescribing guidelines for care in the last few hours and days of life
- a leaflet explaining what to expect and the care planning process for patients and those important to them.

Doctor Western informed the Committee that there was an extensive plan for training and education on the subject at the Trust.

The Committee noted that the approach was in its infancy but that the Trust felt that it was being well received so far.

Ms. Sanders advised the Committee that the Task and Finish Group was very thorough and that the Group was keen to ensure that the Pathway wouldn't be replaced with the same principles but under a different name. Ms. Sanders stressed the importance of having good governance around the issue.

Responding to a question from a Member, Dr Western advised the Committee that whilst the principles of care for the dying remain the same, they are now evidence based. Doctor Western emphasised that an important difference was to make it clear to patients and staff that plans should be agreed by the patient. Doctor Western commented that previously, when the pathway was used incorrectly, decisions were taken without the patient being consulted. The Committee noted that the new approach was focussed on

getting care right for the patient in a way that the patient and their loved ones wanted it to happen.

A Member questioned if the new approach would apply only to hospice and hospital care and commented that often people would want to be in a familiar place, such as their own home. Doctor Western informed the Committee that the approach was about care planning for the patient and ensuring that all parties understand what that patient wants and what is available to them.

The Chairman advised that she had visited a care home where the spouse of a resident had become very distressed because their partner, who had been put on the Pathway, had had their fluids withdrawn. Doctor Western informed the Committee of the importance of having a full discussion with families and to consider the reasons for such treatment. Doctor Western informed the Committee that there was research to show that sometimes there is no benefit in giving fluids to a patient and that, in some instances, it can actually cause more harm. Doctor Western commented on the importance of explaining why clinicians decide to stop fluids and also what the correct treatment for the patient should be. The Committee noted the importance of communication in these circumstances so that people could understand the rationale of clinicians.

RESOLVED THAT the Committee note the report from the Royal Free London NHS Foundation Trust.

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

The Chairman invited Doctor Hannah Western, Deborah Sanders, Director of Nursing, and Tony Wright, PFI and Contracts Manager, all from the Royal Free London NHS Foundation Trust to introduce the report.

Ms. Sanders noted the Committee's interest in 18 Week Referral to Treatment and commented that there had been performance issues in relation to this at Chase Farm Hospital. Ms Sanders informed the Committee that work had been done to data- cleanse the waiting list.

The Committee noted that work had been on-going at the Trust in relation to national reporting and that data would be publicly available within the next fortnight.

Ms. Sanders provided the Committee with an update in relation to the Acquisition. The Committee noted the following:

The Redevelopment of Chase Farm Hospital

- That on 12 March Enfield Council granted outline planning permission for the redevelopment, subject to signing off a section 106 agreement and a further application to deal with reserved matters later in the summer.
- That subject to approval of the final business case, the Trust expect to commence the main construction works in early 2016, with the new hospital due to open in April 2018.
- Enabling works started this April to the medical block, where various services will be relocated over the summer to enable construction of the new hospital building to begin. The services due to move include the Older Person's Assessment Unit (OAPU) in July and the urgent care centre in August.

- A public meeting had taken place on 30 June 2015 to update the public and local stakeholders about the redevelopment.

Winter Pressures

- That pressures were being faced nationally at A&E Units.
- Barnet Hospital and the Royal Free Hospital experienced a significant increase in demand over the winter which placed considerable additional pressure on accident and emergency services. December was particularly busy and attendances at Barnet Hospital were 13% higher in December 2014 compared with December 2013. Pressure on A&E was further increased by Delayed Transfers of Care.
- The Trust has commenced building work at A&E at the Royal Free site which was originally built for 60,000 attendances a year, but is being redesigned for 120,000 attendances a year. The Trust intend to provide a full A&E service whilst building is in progress, but there is a process in place to stop work if it becomes too noisy for patients.

Ambulance Handover Delays

- Barnet Hospital has had the highest number of ambulance conveyances in London, with high numbers coming from the West.
- The communication between different Ambulance Services does not always work effectively.
- At Barnet Hospital there were 115 ambulance journeys where there was a handover delay of 30/60 minutes or more in April and May 2015. However, these numbers were the lowest since November 2014. Delays of over an hour have been significantly reduced from an average of 27 per month between December 2014 and March 2015 to three in April and zero in May 2015.
- That data for the Royal Free Hospital is less complete. There were seven journeys where the handover was delayed by over an hour in May 2015.

The Chairman invited Jon Dickinson, Assistant Director, Adult Social Care, to the table and requested that he provide the Committee with an update on Delayed Transfer of Care (DToC) from the point of view of the London Borough of Barnet. Mr. Dickinson commented that there were some very good working relationships between acute hospitals and Barnet Council. Mr. Dickinson expressed the need to meet the challenge of Delayed Transfer of Care and noted that the London Borough of Barnet provided a seven day social care service across both hospital sites.

Mr. Dickinson informed the Committee that, comparing the month of March over the last three years, Adult Social Care received 168 (2013) / 216 (2014) / 265 (2015) referrals from Barnet & Chase Farm acute hospitals. The Committee noted that this correlated with the rise in admissions of older people with complex needs who require community support.

The Committee noted that the Adults and Communities Delivery Unit were seeing a significant staffing challenge in order to meet demand.

Referring to Appendix A of the report, Mr. Dickinson noted that on 11 June 2015, the Trust had reported a total of 113 patients who were medically fit but whose transfer had either been formally delayed (DToC) or were medically fit but still in process. Mr.

Dickinson informed the Committee that 36 of these 113 people were recorded as a delayed transfer of care, with 10 of these from Barnet, with 14 from Herts Valley, 5 from Haringey, 3 from Enfield, and 1 from East and North Herts NHS Trust, Brent, Camden and 'other' areas. The Committee noted that, of these 10 in Barnet, only 3 were attributed to delays in Adult Social Care.

The Committee noted that the London Borough of Barnet is working closely with colleagues to reduce DToC but that it is a challenging issue. Mr. Dickinson commented on the importance of dealing with complex needs in a dignified way and noted that did mean that occasionally more time was needed to ensure that the needs of a patient were met properly.

The Chairman asked Mr. Dickinson if he knew whether there were any particular care homes with Barnet who were slow at reassessing residents waiting to return from hospital. Mr. Dickinson replied that this could be an issue and, if it was, the Council would communicate the need for faster responses to these homes.

A Member commented on turnover delays and questioned if the Trust was able to provide any statistics on the proportion of ambulances coming into the Trust from the London Ambulance Service. The Royal Free London NHS Foundation Trust undertook to see if there was any available information on this matter that could be provided to Members.

Referring to the report, the Chairman noted that a recent Citizens Advice Bureau survey of 900,000 people found that 18-34 year olds are more than twice as likely to attend emergency departments or walk-in centres as those aged 55 and over and that they are far less likely than older people to see a GP when they need to. The Chairman questioned if more action was needed to reduce the number of people attending A&E when there are more suitable care pathways.

A Member commented on the large amount of regeneration that was taking place in the Kings Cross area of London which was attracting a young, mobile demographic and questioned if it would be possible for the Committee to see the age profile of people attending A&E at the Royal Free site. Officers from the Royal Free London NHS Foundation Trust undertook to provide this information if available.

Responding to a question from a Member on the number of beds there will be at the redeveloped Chase Farm Hospital site, Ms. Sanders informed the Committee a lot of work had been done on modelling for an appropriate number.

A Member expressed concern that the site approved for the redevelopment is too small for the growth of population that will occur in the area. Ms. Sanders undertook to pass the Member's comments onto colleagues.

The Vice Chairman noted that when the Committee had considered the Trust's Quality Account at their meeting in May, the Committee had requested to be provided with the available data for Barnet and Chase Farm Hospitals on the 62 day wait target for cancer diagnosis. The Vice Chairman noted that the Committee had received further information and commented that, to be effective, treatment for cancer needed to be sooner than 18 weeks. The Vice Chairman requested that the Trust provide further information on performance in relation to the 62 day wait. Responding to this question, Ms. Sanders informed the Committee that the Trust had had particular issues with diagnostics tests for urology, but a plan was in place to address this and that the current

trajectory indicated that the Trust should return to compliance by December. The Vice Chairman commented that compliance was not good enough and that Britain performs poorly compared to the rest of Europe on Cancer treatment.

The Chairman asked whether Barnet Hospital was now using the “Forget-Me-Not” scheme for dementia patients instead of the “Butterfly” scheme so that it was consistent with the Royal Free London NHS Foundation Trust. The reply was affirmative.

The Chairman invited Mr. Tony Wright, PFI and Contracts Manager, to provide the Committee with an update in relation to the new parking scheme at Barnet Hospital. The Committee noted the following update:

- That after a visit to the site by Councillor Alison Cornelius and Councillor Laurie Williams and a review with Disability Barnet, a complete signage review had been undertaken.
- That the Committee could be e-mailed the draft signage plan later in the week to review.
- That the Trust would be changing the signage for the front of the hospital to give people who were driving in more information.

The Chairman questioned if Members would be able to provide feedback on the draft plan. Mr. Wright advised the Committee that he would be able to send the plan to the Committee the following day, allowing Members of the Committee to make suggestions on the plan.

Following a question from a Member, Mr. Wright undertook to provide information to the Committee denoting if there had been a fall in the number of parking tickets being given at the hospital. The Committee noted that the number of parking tickets being disputed by motorists is less than 1%.

Mr. Wright extended an invitation to Members of the Committee to visit the site at Barnet Hospital in advance of providing feedback on the draft parking plan.

RESOLVED that:-

- 1. The Committee request that the Trust provide further information on performance in relation to the 62 day wait.**
- 2. The Committee request to be provided with information on the age profile of patients attending A&E at the Royal Free site.**
- 3. The Committee note the update from the Royal Free London NHS Foundation Trust.**

10. HEALTHWATCH BARNET ENTER AND VIEW REPORTS (Agenda Item 10):

The Chairman invited Mike Rich, the new Head of Healthwatch Barnet, and Julie Pal, Chief Executive of Community Barnet, to the table.

A Member noted that Enter and View visits are conducted by trained volunteers and questioned if it was hard to recruit volunteers to undertake visits. Mr. Rich advised the Committee that they had been successful at recruiting a high number of volunteers and that Healthwatch Barnet was recognised nationally as having one of the biggest Enter and View programmes in the country, with over 30 visits per year being carried out.

Mr. Rich informed the Committee that over the last two years, Healthwatch Barnet had focussed Enter and View visits on care homes and mental health settings. The Committee noted that Enter and View visits had also focussed on mealtimes.

Mr. Rich noted that the role of Healthwatch, within the context of scrutiny, was to complement the work of the CQC. The Committee noted that one of the benefits of Enter and View reports was that they provided an opportunity for Healthwatch to pick up on “soft” intelligence so that they can alert authorities to any issues that need addressing.

The Committee noted that most of the reports produced by the Enter and View team portray a generally positive outline of care providers and that the recommendations made by the reports are generally taken on board by the establishments visited.

Responding to a question from the Chairman, Mr. Rich advised the Committee that approximately six Enter and View volunteers were trained to visit mental health settings.

Referring to The Oaks report, a Member noted that the Oaks Ward was in a complex at the back of the Chase Farm Hospital site, which was poorly signposted and badly lit. The Chairman questioned if this matter would be taken any further. Mr. Rich informed the Committee that it would be added to a list of points that could be sent to the Royal Free and that, in many cases, the ward manager would address the issues raised in a report with the relevant manager in the hospital.

A Member of the Committee noted that the report stated that there was no alarm call system in the residents’ rooms in Oakleigh House and questioned the action that Healthwatch was going to take in relation to this matter. Mr. Rich advised the Committee that Healthwatch Barnet would take this matter up and come back to the Committee with further information.

Responding to a question from the Chairman, Mr. Rich advised the Committee that the Adults and Safeguarding Committee would be receiving a report from Healthwatch Barnet which summarised the findings of Enter and View visits more widely and provide the Committee with a clear picture of the Healthwatch Programme.

RESOLVED that the Committee note the report.

11. EAST BARNET HEALTH CENTRE (Agenda Item 11):

The Chairman introduced the report and noted that the item had been put on the Committee Forward Work Programme as a result of a Member’s Item in the name of Councillor Amy Trevethan.

The Chairman invited Alan Keane, the Assistant Head of Primary Care for North Central London at NHS England, Robert Braham, the Regional Asset Manager for NHS Property Services Ltd, and Hannah Murdoch, the Head of Communications (Acting) at London NHS Property Services Ltd, to the table.

The Chairman invited Mr. Braham to provide the Committee with an update. Mr. Braham advised the Committee that the centre was currently undergoing refurbishment and it was expected to be completed by end of September 2015. The Committee noted that there had been further asbestos discovered on the site and now that it had all been cleared, the full refurbishment should be completed by the autumn.

A Member questioned if service users had been consulted when the feasibility study for the East Barnet Health Centre was undertaken. The Committee also noted that NHS England had issued a letter to all patients in the autumn to inform them that the Centre would be closed for longer than first expected. The Committee were advised that in December 2014, a further review was undertaken and the four possible options arising were presented to patients at a meeting held at the beginning of February 2015. The Committee noted that the overwhelming view of patients was that they wanted the existing centre refurbished, instead of re-built so that it could be re-opened as soon as possible.

Responding to a question from the Chairman, Mr. Braham advised the Committee that the work was on track and on budget.

The Vice Chairman welcomed the shuttlebus that was being used to transport patients to Vale Drive. The Committee noted that the shuttle service had been successful, although take up had been low. The Committee was informed that a review was being conducted to assess the number of people using the shuttle and to see if there were alternative options that would provide a method for those patients who have mobility issues to be transported to Vale Drive until the Health Centre is re-opened.

Responding to a question from the Chairman, Ms. Murdoch advised the Committee that in the last week an average of ten passengers per day had been using the shuttle bus. The Committee commented that they would like to see an increase in usage of the shuttle bus and noted that NHS Property Services were asking the practices to let patients with mobility issues know that the shuttle is there for their use. The Committee noted that the Practice Manager had agreed to put posters up in the local area. Members noted that NHS Property Services were concerned about people misusing the shuttle service, as it ran near a tube station.

A Member requested that NHS Property Service provide the Committee with the running costs of the shuttle bus.

A Member questioned if rents had been negotiated with the GPs for the buildings. The Committee noted that the GPs had been issued with initial documentation and that they would be invited to discuss the rents.

Responding to a question from a Member, Mr. Braham informed the Committee that, whilst service charges would cost more in a new building, there should be off-setting savings in maintenance charges.

The Committee commented that they would like to receive an update report on the East Barnet Health Centre from NHS England and NHS Property Service at their meeting in December 2015.

RESOLVED that:

1. **The Committee request to be provided with an update report on the East Barnet Health Centre from NHS England and NHS Property Service at their meeting in December 2015.**
2. **The Committee note the report.**

12. OPTIONS FOR UNSCHEDULED CARE SERVICES AT CRICKLEWOOD GP HEALTH CENTRE: UPDATE REPORT (Agenda Item 12):

The Chairman invited Regina Shakespeare, the Interim Chief Operating Officer at Barnet Clinical Commissioning Group, Dr. Sarkar, BarnDoc Medical Director, and Alan Levett, Chief Operating Officer at BarnDoc, to the table to introduce the report.

The Committee noted that the report stated that Barnet CCG had reconsidered the case for change regarding the walk-in service and had decided not to proceed with closing it at this time.

A Member commented that the walk-in centre was very important and that the Cricklewood was an area with insufficient GPs. The Member commented that the walk-in centre was not well signposted and that there were a number of site issues.

Responding to a question from a Member, Ms. Shakespeare advised the Committee that the original proposition was about consultation and engagement and included the current end date of the contract, not a provision for closure.

The Committee noted that the contract had been extended from 30 September until 31 December 2015.

The Committee were advised that the walk-in centre would continue to accept patients from within and outside Barnet. However, Barnet CCG would now receive money for each registered patient, regardless of where they live.

Responding to a question from a Member, Dr. Sarkar advised the Committee that a very broad demographic of patients attended the walk-in centre, ranging from young to elderly. The Committee noted that some attendees have said that they have attended because they were not able to book an appointment at their registered GP clinic. The Committee were informed that part one of the key performance indicators at the Centre was to ask attendees if they were registered.

Members noted that convenience played a large part in the attendance of some people. For example, some patients attended because the centre provided services that they could not access in their normal GP practice, such as ear syringing.

The Chairman questioned what BarnDoc were currently charging the CCG to run the Walk In centre at Cricklewood. The Committee noted that the contract set a cost of £35 per attendance for any patient who walks into the Centre, excluding patients already registered.

The Committee noted that the contract requires a Doctor to be on site from 8 am until 8 pm, 7 days a week, 365 days a year.

The Vice-Chairman asked if the CCG felt it could be counterproductive to encourage people to use walk in centres rather than register with their own GP. Ms. Shakespeare advised the Committee that clinicians believed in “excellent access to excellent primary care” and that this was a key consideration as to what should be commissioned for patients. Ms. Shakespeare noted the importance of both value for money and wellbeing and commented that many patients prioritise convenience.

The Committee noted that Barnet CCG had applied to obtain access to the Prime Minister’s Challenge Fund but were unsuccessful, despite a strong bid.

Responding to a question from a Member, Dr. Sarkar advised the Committee that the walk-in centre was required to offer their service to any unregistered patients, even if they resided outside of the Borough.

A Member commented that the walk-in centre in Cricklewood was a long distance from the nearest A&E Department and questioned how the service could encourage higher numbers of people to register at the practice. Dr Sarkar informed the Committee that registration had picked up quite considerably in last few months.

The Committee requested to be provided with a further update report from the Committee at their meeting in December 2015.

RESOLVED that:

- 1. The Committee note the report**
- 2. The Committee request to be provided with a further report from Barnet Clinical Commissioning Group at their meeting in December 2015.**

13. WORK PROGRAMME (Agenda Item 13):

The Chairman invited Councillor Helena Hart, the Chairman of the Barnet Health and Wellbeing Board, and Dr. Andrew Howe, the Director for Public Health at Barnet and Harrow Councils, to the table.

Councillor Helena Hart advised the Committee that at their meeting on 30 July 2015, the Health and Wellbeing Board would be looking at the following items:

- Joint Strategic Needs Assessment refresh
- The Health and Wellbeing Strategy
- The draft substance misuse strategy
- An update report from Healthwatch Barnet
- A Tuberculosis report.

At the invitation of the Chairman, Dr. Howe advised the Committee of the role that Health Education England play in relation to GP provision.

The Chairman noted that the Committee would be receiving a report in the name of Dr. Howe at their next meeting on the issue of sexual health and requested that provision for under 25s be included within the report.

RESOLVED that the Committee note the work programme.

14. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 14):

At the invitation of the Chairman, Councillor Rawlings informed the Committee that he had requested the consideration of an item of urgent business on the agenda on the issue of the provision of Child and Adolescent Mental Health Services Out of Hours (CAMHS OOHrs)

The Committee noted that an addendum on this matter which provided an update from the London Borough Barnet had been published on the Council website in advance of

the meeting and that hard copies of the agenda had been provided to Members of the public and the Committee.

Councillor Rawlings informed the Committee that he had been made aware that the contract for the provision of CAMHS OOHrs was due to end in March 2015 and that it had been extended to June 2015. Councillor Rawlings advised that he was concerned that on 1 July 2015, no service would have been commissioned.

The Chairman asked Ms. Shakespeare to provide an update to the Committee. Ms. Shakespeare advised the Committee that from 1st July 2015 a service had been put in place which consisted of a package that had been put together with Royal Free London NHS Foundation Trust.

The Committee noted that commissioners would continue to work across commissioning and provider services to develop a more consistent approach which will inform the new CAMHS out of hour's service going forward.

Responding to a question from the Chairman, Councillor Barry Rawlings advised that he was satisfied with the response that had been provided on the evening and that no further action was necessary.

RESOLVED that the Committee note the urgent item.

The meeting finished at 9:59