MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

MONDAY 6TH JULY, 2015

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

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

Chairman: Councillor Alison Cornelius,
Vice Chairman: Councillor Graham Old

Councillors

Val Duschinsky	Caroline Stock	Laurie Williams
Arjun Mittra	Barry Rawlings	
Gabriel Rozenberg	Amy Trevethan	

Substitute Members

Philip Cohen	Daniel Thomas	Maureen Braun
Shimon Ryde	Anne Hutton	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
anita.vukomanovic@barnet.gov.uk

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	
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)	
4.	Report of the Monitoring Officer (if any)	
5.	Public Questions and Comments (If Any)	
6.	Members' Items (If Any)	
a)	Member's Item – Councillor Barry Rawlings	1 - 4
b)	Member's Item – Councillor Arjun Mittra	5 - 8
7.	Minutes of the North Central Sector London Joint Health Overview and Scrutiny Committee	9 - 14
8.	Liverpool Care Pathway and Hospitals	15 - 22
9.	Update Report: Royal Free London NHS Foundation Trust	23 - 30
10.	Healthwatch Barnet Enter an View Reports	31 - 70
11.	East Barnet Health Centre	71 - 76
12.	Options for Unscheduled Care Services at Cricklewood GP Health Centre: Update Report	77 - 82
13.	Work Programme	83 - 92
14.	Any Other Items that the Chairman Decides are Urgent	

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AGENDA ITEM 6a

Health Overview and Scrutiny Committee

6 July 2015

Title	**Member's Item – Cllr Barry Rawlings - GP Services in Barnet**
Report of	Head of Governance
Wards	All
Status	Public
Enclosures	None
Officer Contact Details	Anita Vukomanovic, Governance Team Leader 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. 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 Barry Rawlings has requested that a Member's Item be considered on the following matter:

> *"Member's Item for HOSC: Cllr Barry Rawlings - GP Services in Barnet*
>
> *The Committee resolves to receive a report at the next meeting regarding the GP services available in the borough and future plans to ensure there are sufficient GPs to provide a comprehensive coverage to cope with a growing population including predicted increase in the elderly population and the number of children living in the borough.*
>
> *The report to include current numbers, use of locums, expected turnover of GPs over the next 5 years, recruitment of new GPs and number required to be recruited over the next 5 years.*
>
> *Also how fit for purpose is the current system of many small surgeries to provide a 7 day service with extended hours and what specific plans do they have to provide an adequate service in regeneration areas?"*

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 Clinical Commissioning Groups are required following the implementation of the Health and Social Care Act (2012) to provide primary medical services.

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. 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. In considering the issue itself and deciding whether to provide any instructions members are required by s149 of the Equality Act to have due regard to:

6. The Council is required to comply with its public sector equality duty as set out in the Equality Act 2010 which is to give due regard to the matters set out in s149:

the need to—
(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
The relevant protected characteristics are—
age;
disability;
gender reassignment;
pregnancy and maternity;
race;
religion or belief;
sex;
sexual orientation

6.1 **Consultation and Engagement**

6.1.1 None in the context of this report.

7. BACKGROUND PAPERS

7.1 Email to Governance Team Leader, dated 24 June 2015.

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AGENDA ITEM 6b

Health Overview and Scrutiny Committee

6 July 2015

Title	**Member's Item – Cllr Arjun Mittra – Dentistry in Barnet**
Report of	Head of Governance
Wards	All
Status	Public
Enclosures	None
Officer Contact Details	Anita Vukomanovic, Governance Team Leader 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. 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 Arjun Mittra has requested that a Member's Item be considered on the following matter:

> *"Member's Item from Cllr Mittra for HOSC: Dentistry in Barnet*
>
> *The following is an extract from Healthwatch Barnet:*
>
> *"In a mystery shopping survey of 50 dental practices, Healthwatch Barnet found that over half of practices (53%) were not accepting new NHS adult patients and just under half (47%) were not accepting new children as patients. This contrasts sharply with the fact that over 90% of the practices were accepting both adult and children as new private patients.*
> *Healthwatch Barnet spokesperson Mike Rich said: "The problem is not with capacity but with the fact that in spite of an increasingly growing population, there has not been any increase in funding for NHS Dental Services in the Borough for 10 years". Mike added "The Local Dental Committee have told us that many of their members in the Borough would like to be able to offer more NHS appointments but are unable to do so."*
>
> *Access to dental appointments was not the only problem. Many practices did not have information on costs of treatment on display and not all surgeries agreed a treatment plan before treatment was offered.*
>
> *But it is not all doom and gloom, with 82% of people recently reporting having had a good experience of local NHS dental services in Barnet according to a NHS England patient survey.*
>
> *Healthwatch Barnet concluded that there is clearly a shortfall in the amount of NHS dentistry being funded in Barnet and this means that was is available is patchy both geographically and according to the time of year an appointment is sought.*
>
> *Healthwatch Barnet has made a number of recommendations:*
> ** Urgent consideration needs to be given to the amount of funding available for NHS Dentistry in Barnet;*
> ** Clear information about costs should be readily available to all patients when they attend a dental appointment;*
> ** All patients should receive a clear written treatment plan, including costs, before any treatment is started."*
>
> *I request a report to come to HOSC responding to the issues raised in this article.*
> *http://www.healthwatchbarnet.co.uk/news/check-finds-holes-barnet-dentistry-services"*

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.

5.4 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. 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. In considering the issue itself and deciding whether to provide any instructions members are required by s149 of the Equality Act to have due regard to:

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> the need to—
> (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
The relevant protected characteristics are—
age;
disability;
gender reassignment;
pregnancy and maternity;
race;
religion or belief;
sex;
sexual orientation

6.1 **Consultation and Engagement**

6.1.1 None in the context of this report.

7. BACKGROUND PAPERS

7.1 Email to Governance Team Leader, dated 24 June 2015.

MINUTES OF THE NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON FRIDAY 20TH MARCH 2015 AT 10AM IN THE COUNCIL CHAMBER, TOWN HALL, JUDD STREET, LONDON, WC1H 9JE

MEMBERS OF THE COMMITTEE PRESENT:

Councillors: Alev Cazimoglu (Vice Chair), LB Enfield, Alison Kelly, LB Camden, Danny Beales, LB Camden, Alison Cornelius, LB Barnet, Graham Old, LB Barnet, Jean-Roger Kaseki, LB Islington, Martin Klute, LB Islington, Anne-Marie Pearce, LB Enfield,

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

An apology for lateness was received from Councillor Klute. An apology for absence was received from Councillor Bull.

2. DECLARATION OF INTEREST

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

3. URGENT BUSINESS

There was no urgent business

4. MINUTES

Consideration was given to the minutes of the meeting held on 16th January 2015. The Committee requested that the breakdown of the number of delayed discharges over all Trusts be re-circulated.

RESOLVED –

THAT the minutes of the meeting held on 16th January 2015 be signed as a correct record.

5. ACCIDENT AND EMERGENCY - PERFORMANCE

The Committee requested that in future, if possible, when reports were asking for the same information from multiple organisations they all be asked to provide it in a similar framework and format to make reading the information and drawing comparisons easier.

Dr Jonathan Fielden from University College London Hospital provided an overview to the Committee of A&E performance over the past year and, in particular, over the winter months. In response to questions, from the Committee the following points were made:

- Weekly meetings had been held by the Trust to discuss response times.

- Admissions from A&E had reduced slightly over the Christmas period. This was due to a reduction in people attending A&E and improved processes.
- A lot of work had been undertaken 4-5 years ago on the centralisation of hyper acute stroke units. However, the stroke network had recently been disbanded, which meant that it was increasingly difficult to maintain the flow of patients home. There were currently 14 patients waiting to move from the hyper acute stroke unit.
- Hospitals were working as close as possible to ensure a smooth patient flow. However, the interface between health and social care needed greater support as this was the area where the patient pathway was most challenged.
- Following the end of the "Camden Choose Well" campaign, A&E attendances had risen. It was thought there were a number of reasons why, including how people accessed care.
- Statistics were collected on A&E attendances and work was being done with the local Clinical Commissioning Group (CCG) to ensure residents had the correct information about services in order to reduce the number of people coming through.
- The CCG had worked on developing new models of care and a variety of initiatives had been trialled with GPs, such as enhanced GPs, working with care homes on frailty issues and community pharmacies.
- Other avenues of reaching people were through facilitating greater involvement with Health and Well Being Boards.
- In relation to mental health, there was an on site mental health service in the A&E department who provided 24 hour 7 days a week cover.
- There were still national and local issues regarding the number of beds of mental health patients. UCLH remarked that they received patients from all over London and the country, which added to the complexity.

The Committee requested that a report be put together by all of the acute trusts for a future meeting of the Committee on what was being done to reduce the number of people attending A&E. It was requested that all the trusts work together on the report to ensure a consistent approach to reporting the information. In response the Trusts stated that they would be happy to produce a report but asked for sufficient time to pull it together to ensure all organisations could give the information requested in the layout requested.

The Committee noted that providers would like to see more support for clinical networks. Standards of care had dropped in clinical networks and providers wanted to ensure they could provide high quality care as before. The Committee requested that NHS England be asked for their views on funding in relation to clinical networks.

The Committee noted that patient attendances at UCLH from each CCG area showed that Camden and Islington had a reduced increase compared to the other boroughs. However, their numbers were still significant. Work was being undertaken with CCGs, with particular focus on 19-40 year olds who were attending A&E rather than GPs. There were a number of factors, including being new to the area as it was a transient population. There was also a culture within this age range, driven by instant communication and technology, of receiving products/services immediately.

Julie Lowe from North Middlesex University Hospital (NMUH) Foundation Trust gave a presentation to the Committee on A&E performance over the past year and, particular, the winter months.

Further discussion took place, the following was noted:-

- NMUH's 'Breaking the Cycle' week had made a dramatic effect on A&E performance. However, in the longer term it would not be possible to sustain as it was very resource intensive. Nevertheless, it was hoped that the initiative would be repeated in the near future. The Breaking the Cycle initiatives included having ward rounds twice daily, with each patient discussed with a senior manager, doctor and nurse. There had to be clear decisions on what would happen with each patient. Engagement with Health and Well Being Boards (HWB) and CCGs differed from borough to borough. In Haringey, the HWB was very much part of the discussions and workshops that were progressing on the development of services.
- In recent times, there had been an announcement each year about how much winter money each Trust would receive. However, for 2015/16 it would need to be negotiated into the contract with the CCG. NMUH had particular concerns about the mental health crisis lounge and were anxious that funding for it to be embedded.
- There were currently an additional 30 beds for patients who were transitioning through patient pathways. All 30 were always utilised.
- The winter hub had funding up until April 2015. There had been discussion around whether it was required for 2015/16 and if commissioners had the resources to fund it. However, it was stressed that the Trust was keen to continue the mental health aspects of the hub all year round as it was not just in the winter months those issues occurred.

Dr Richard Jennings of Whittington Health Foundation Trust updated the Committee regarding its A&E performance over the winter months. The following points were noted:-

- The current performance figure for patients being seen within the 4 hour A&E target was 94.88%. The Trust was confident that the 95% target would be achieved within the year.
- To enable the Trust to deal with the challenges over winter, an additional 53 beds had been provided. There had also been extra resources in the Urgent Care Centre. An additional GP had for the Urgent Care Centre had also been resourced. In addition, due to the increased demand in the evenings, an extra paediatric clinician was provided. During the weekend, an additional experienced medical registrar saw patients who had been pre-identified for discharge.
- Integrated care had enabled the Trust to have a flexible capacity in providing care in the community. There was also extra capacity in the enablement teams, which addressed the needs of patients who were nearing discharge. There was a senior operational and medical presence at the access meetings that happened twice daily and oversaw patient flow. On the acute ward, bed capacity was looked at daily. Within the last two weeks, a new acute assessment area in the A&E department had opened and it was hoped that this would impact proactively. Patients should rapidly be assessed and treated as soon as they entered the hospital. This was a permanent change whilst the other measures were reactions to increased seasonal demand.
- Whittington Health had a large ambulatory care centre which had been recognised as a model for a one-stop shop approach for patients with complex issues. The model differed from traditional ambulatory care. The model provided patients with complex medical needs the facilities for a one-stop and same day service, enabling the management of complexity and sickness in an area separate to A&E.
- There was a virtual multi-disciplinary team meeting to discuss those who might need emergency A&E care. The meetings involved GPs, pharmacists and psychiatrists,

and aimed to reduce the risk of them needing unplanned secondary care. It was currently small scale but consideration was being given to rolling it out in nursing homes.

In response to questions from the Committee it was noted that medical staff numbers in A&E were not reduced at weekends and that this was the same for all trusts. However, in-patient wards differed and there were normally reduced staff numbers at weekends. It was confirmed that the higher the skill level in the A&E triage, the faster patients went through the system.

The Committee requested further information on work undertaken by the trust with local nursing homes and the role of enablement teams as well as a site visit to visit the new ambulatory care centre.

Kate Slemeck from the Royal Free Foundation Trust gave a presentation to the Committee which gave an overview of its A&E performance during the winter months.

In response to questions from the Committee, the following points were noted:-

- Weekly meetings took place between the Trust, CCGs and relevant local authorities which discussed the schemes in place. Part of the winter scheme saw another 21 beds open up, along with 60 beds on the Chase Farm site.

The Committee had, at its last meeting, requested further information from trusts on the number of delayed transfers of care and the numbers of these that had come through care homes. It was requested that this be broken down borough by borough.

In response to questions about the number of visits to hospital, Paul Gates, Director of Operations, North Central London Ambulance Service stated that there was a London Ambulance Service workshop set up for April, when they would be talking to the six care homes which used the service most frequently to understand why it was they called the service rather than taking patients to hospital.

After a lengthy discussion, it was

RESOLVED –

1. That a joint report be put together by local acute trusts for a future meeting of the Committee on action being taken to reduce the number of people attending A&E;

2. That NHS England be requested to report to a future meeting of the Committee on the issue of funding for clinical networks;

3 That further information be requested from Whittington Health on work undertaken with local nursing homes and the role of enablement teams within the hospital, as well as a site visit to visit the new ambulatory care centre.

4 That further information be requested from each of the acute trusts on numbers of delayed transfers of care for each quarter of the last year and the originating boroughs.

6. LONDON AMBULANCE SERVICE (LAS) - UPDATE

Paul Gates, Director of Operations, North Central London, London Ambulance Service NHS Trust gave a presentation to the Committee which outlined the service demand in the area, recruitment and retention, patient handover times, ambulance deployment, intelligent conveyancing the use of private ambulances and whole systems working.

In response to questions from the Committee, the following additional points were made:-

- Across London, the LAS was looking to recruit 250 staff which broke down to 23 posts in North Central London.
- A recruitment drive in Australia and New Zealand had just finished and, as a result of this, 200 paramedics would be coming to work in London. Other routes of recruitment included a 20 week residential training course and university programmes.
- The cost of using private ambulances was on par with the cost of paying overtime to employees.
- The greater the staff numbers, the quicker response times were likely to be. There had been a significant push last year to increase the number of ambulances on the road and, through doing this, targets were met.
- An annual staff survey was carried out, the results of which were published online. The current survey results were not positive and it was acknowledged that there was a lot of work to do. There had been changes in the top tier of management and a new injection of staff would be coming into the organisation. The recruitment and retention of London staff was complex. A lot of people studied in London and, once fully qualified, would move back out of London as the salaries for paramedics did not differ hugely whether you were working in or outside of London. The Committee requested more information on recruitment and retention in London.
- There was currently 305 hours per day of private ambulance use. From September/October 2015, there should be less reliance on private providers, with their use down to 150-200 hours per day.
- The demand for ambulances was highest in Camden.
- A national piece of research had taken place and it was reported that ambulance services were picking up unmanaged demands on the NHS.
- Paramedics joining the service from Australia and New Zealand would be provided with affordable housing.

RESOLVED –

THAT the LAS be invited to report back to the Committee in September on action taken to improve staff morale and recruitment and retention issues.

7. WHITTINGTON HEALTH FIVE YEAR PLAN

Siobhan Harrington of Whittington Health NHS Foundation Trust gave a presentation to the Committee which outlined the key aspects of the five year plan.

Discussion took place regarding the integration of services. It was noted that Islington was currently running an integrated care pilot which had enabled a wide view to be taken over services such as social care and GPs.

The Committee noted that the staff morale was mixed. There had been a lot of changes in senior leadership and to ensure good staff morale going forward, confidence was needed in the direction of the organisation. The staff survey results would be published on the website. Nurses had been recruited from Portugal and the Philippines. They had been offered housing as part of the relocation package. In relation to a question about catering contracts and whether externally employed staff were working on zero hours contracts, Ms Harrington stated that she did not have the information to hand and agreed to circulate it to members of the Committee after the meeting.

The Committee noted that potential savings schemes were being considered but there were currently no proposals to sell off estates. It was acknowledged that in the past communication with the community about estates had not been adequately undertaken, leading to misunderstandings. The Trust was committed to engaging with the community on any proposals that might emerge.

RESOLVED –

THAT further information be provided by Whittington Health on whether externally employed catering staff were being employed on zero hours contracts.

8. UPDATE FROM THE NORTH CENTRAL LONDON MATERNITY NETWORK

Julie Juliff of the North Central London Maternity Network outlined the key aspects of the report.

The Committee commented that it was reassuring that North Central London still had a maternity network. In response to questions, Ms Juliff remarked that the network was working with GP's to identify possible spaces for more clinics. There was a drive to move out into children centres. Evening and weekend clinics were also being researched.

Discussion focused on transitional care and it was noted that this was a problem in a couple of acute Trusts. An audit of services in North Central London was being developed. Concerns were raised with regards to mental health during and after pregnancy. The Committee noted that there was a specialist perinatal mental health service at the Whittington, but none of the other Trusts had this level of service. Services were therefore dependant on where women lived and where you chose to have their baby. A workshop was planned to map the pathway for future services, which would be chaired by a Camden GP. It was noted that there had been a lot of lobbying being done for services in this area.

RESOLVED –

THAT a further update be provided to the Committee at its September meeting.

9. WORK PLAN AND DATES FOR FUTURE MEETINGS

It was noted that the next meeting of the Committee would take place on 26th June at Islington Town Hall and that dates for the remainder of meetings for 2015-16 would be agreed then.

AGENDA ITEM 8

Health Overview and Scrutiny Committee

6 July 2015

Title	The Removal of the Liverpool Care Pathway and Hospitals
Report of	Governance Service
Wards	All
Status	Public
Enclosures	Appendix A – Report from the Royal Free London NHS Foundation Trust on the Removal of the Liverpool Care Pathway
Officer Contact Details	Anita Vukomanovic – Governance Team Leader anita.vukomanovic@barnet.gov.uk – 0208 359 7034

Summary

At their meeting in May 2014, the Barnet Health Overview and Scrutiny Committee considered the North London Hospice's Quality Account. During the consideration of this item, the Committee noted that the Liverpool Care Pathway was due to be phased out.

At the Committee's meeting on 8 December 2015, the Committee received a full report on the issue of the phasing out, and noted that the independent Neuberger review of the Liverpool Care Pathway (LCP) recommended that the LCP be phased out by 14 July 2014.

This report sets out the Royal Free London NHS Foundation Trust's response to the removal of the Liverpool Care Pathway.

This report will also update on a piece of work that started in November 2014, whereby representatives from the Royal Free London, UCLH, Whittington and North Middlesex hospitals met and agreed to develop an approach in collaboration. The aim was to create:

- 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 Hannah Western from the Trust, and Deborah Sanders, the Director of Nursing and Trust's designated Director for End of Life Care will be in attendance on the evening to responds to questions from the Committee.

Recommendations

1. **That the Committee note the update from the Royal Free London NHS Trust and ask appropriate questions and make comments.**

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 their approach to phasing out the Liverpool Care Pathway.

2. REASONS FOR RECOMMENDATIONS

2.1 Receiving this report will provide Members of the Health Overview and Scrutiny Committee with the opportunity to obtain updated information and to question senior Officers from the Royal Free London NHS Foundation Trust on their approach to the phasing out of the pathway.

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 **Risk Management**

5.4.1 To not receive this update report would present the Committee with a risk of not being kept abreast of the current status of the proposals in respect of the phasing out of the Liverpool Care Pathway by the Royal Free London NHS Foundation Trust. This could in turn hinder the Committee's ability to conduct effective scrutiny of this service.

5.5 **Equalities and Diversity**

5.2.1 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 comply with its public sector equality duty as set out in the Equality Act 2010 which is to give due regard to the matters set out in s149:

- the need to—
- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- The relevant protected characteristics are—
- age;
  disability;
  gender reassignment;
  pregnancy and maternity;
  race;
  religion or belief;
  sex;
  sexual orientation

- And as public bodies, health partners are also subject to equalities legislation; consideration of equalities issues should therefore form part of their reports.
- This duty must be borne in mind in considering the Report at Appendix A

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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Appendix A

Report on the removal of the Liverpool Care Pathway

Following a long period of controversy regarding the Liverpool Care Pathway (LCP), a pathway containing guidance on providing care to the dying, Baroness Julia Neuberger chaired an inquiry into the pathway and its use. The inquiry's findings were reported in July 2013 in "More care, less pathway; a review of the Liverpool Care Pathway". Essentially the inquiry found that the principles of care promoted by the pathway were good and in line with the best available evidence, however its implementation and use in practice were sometimes poor. Therefore the inquiry recommended that the use of the LCP be phased out by July 2014. In response, 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. They published their report "One chance to get it right" in June 2014.

In June 2013 the Royal Free London NHS Foundation Trust and Barnet and Chase Farm Hospitals NHS Trust were separate trusts but reacted in very similar ways. Both trusts had removed the Liverpool Care Pathway by September 2013 and put temporary guidance in place to reflect the recommendations of "More care, less pathway" while waiting for the outcome of the Alliance work.

Following the acquisition of Barnet and Chase Farm Hospitals NHS Trust in July 2014 the trust started work on a response to "One chance to get it right", informed by the report of the National Care of the Dying Audit for Acute Hospitals. It became clear that all the acute trusts in north London were doing similar work and we agreed to collaborate. In November 2014 representatives from the Royal Free London, UCLH, Whittington and North Middlesex hospitals met and agreed to develop an approach in collaboration. The aim was to create:

- 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.

The aim was not necessarily that the forms/leaflets etc would be exactly the same since each trust has small differences, but that the approach and paperwork should be broadly the same and will give guidance on providing the best possible, evidence-based care and support to patients and their loved ones.

Following on from this, the Royal Free London NHS Foundation Trust completed a pilot of its new paperwork in March 2015 and launched the "Excellent care in the in the last days of life" bundle, in May 2015, which includes a nursing care plan, medical guide, leaflet for patients and relatives and guidelines for use. This is being supported by a robust education programme for trust staff.

National guidance recommended that all acute trusts designate an executive director to have responsibility for end-of-life care. Deborah Sanders, director of nursing, is the trust's designated director.

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AGENDA ITEM 9

Health Overview and Scrutiny Committee

6 July 2015

Title	**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 Foundation Trust
Officer Contact Details	Anita Vukomanovic – Governance Team Leader 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 Foundation Trust was subsequently formally accepted as its preferred partner.

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, representatives 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 a request from the Health Overview and Scrutiny Committee, this report provides:

- A general update on the progress of the acquisition, to include matters that the Trust feel the Committee should be informed of, which includes the Chase Farm Hospital redevelopment.
- An update on Winter Pressures to covering A&E targets and waiting times for ambulances at the Royal Free & Barnet Hospital.
- An update on delayed transfer of care.

Recommendations

1. **That the Committee note the update from the Royal Free London NHS Foundation Trust on the acquisition of Barnet and Chase Farm Hospitals NHS Trust and ask questions of the representatives of the Trust.**

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 following the acquisition of Barnet and Chase Farm Hospitals NHS Trust in July of last year

2. REASONS FOR RECOMMENDATIONS

2.1 Receiving this report will provide Members of the Health Overview and Scrutiny Committee with updated information following the acquisition of the acquisition of Barnet and Chase Farm Hospitals NHS Trust and an opportunity to question senior Officers from the Royal Free London NHS Foundation Trust on the outcome of the decision of the acquisition.

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

5.1.1 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

5.1.2 The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

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 **Risk Management**

5.4.1 To not receive this update report would present the Committee with a risk of not being kept abreast of the current status of the 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.

5.5 **Equalities and Diversity**

5.2.1 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 comply with its public sector equality duty as set out in the Equality Act 2010 which is to give due regard to the matters set out in s149:

- the need to—
- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- The relevant protected characteristics are—
- age;
  disability;
  gender reassignment;
  pregnancy and maternity;
  race;
  religion or belief;
  sex;
  sexual orientation

- And as public bodies, health partners are also subject to equalities legislation; consideration of equalities issues should therefore form part of their reports.
- This duty must be borne in mind in considering the Report at Appendix A

5.6 **Consultation and Engagement**

5.6.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 None.

Appendix A
Report to Barnet HOSC

Waiting times for treatment

One of the most important and complex issues that the trust has been working to improve since the acquisition has been referral to treatment times. The decision to stop reporting the number of patients in the former Barnt and Chase Farm Hospitals NHS Trust waiting longer than 18 weeks for treatment was taken in October 2013 because the figures available were known to be wrong. When the Royal Free took over the management of Barnet and Chase Farm hospitals in July 2014 it set up an extensive programme of data cleansing and validation, involving commissioners and external experts, looking at the data for all sites.

The trust is now completing the complex process of checking exactly how long all patients have been waiting to be seen or for treatment. We expect to have made a decision by the time of the HOSC meeting on 6 July regarding whether we are in a position to resume reporting with effect from May 2015 data and will update further then.

Chase Farm redevelopment update

Another of our major priorities is planning the redevelopment of Chase Farm, to replace the current ageing buildings with modern healthcare facilities.

On 12 March Enfield Council granted outline planning approval for the redevelopment, subject to signing of a section 106 agreement and a further application to deal with reserved matters later in the summer. Subject to final business case approval we expect to commence 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. Services due to move include the older person's assessment unit in July and the urgent care centre in August.

A public meeting has been scheduled for 30 June to update the public and local stakeholders about the redevelopment.

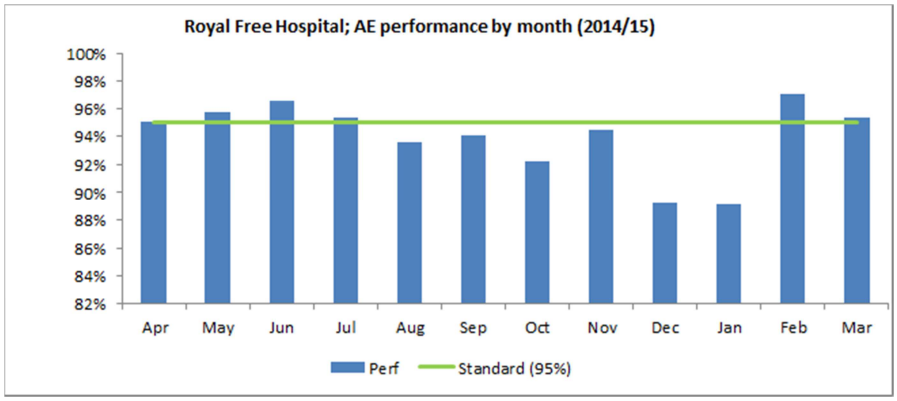
Winter pressures

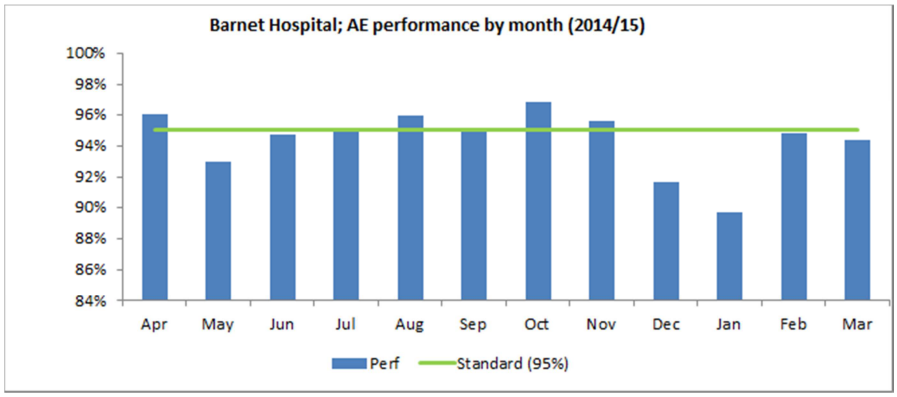
In common with hospitals across the country, at Barnet Hospital and the Royal Free Hospital over the winter we experienced significantly increased demand, which placed considerable additional pressure on accident and emergency services. December was particularly busy; as an example, attendances at Barnet hospital were 13% higher in December 2014 compared to December 2013.

A growing number of patients are choosing to access urgent healthcare via emergency departments. 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 be able to see a GP when they need to.

Delayed transfers of care (DToC), covered in a later section of this report, have also contributed to the pressure on the emergency pathway.

The charts below show A&E performance against the 95% target between April 2014 and March 2015. The chart shows that December and January were particularly challenging (as elsewhere) for the trust, in line with national trends, but that since February there has been significant improvement, including through April and May where the targets have bene met.





At the Chase Farm Hospital urgent care centre, 100% of patients are seen within four hours nearly every day.

We have implemented a series of measures to reduce waiting times for emergency patients. This includes opening additional beds, extending urgent care centre opening hours, enhanced crisis services for mental health patients as an alternative to admission and additional therapy support for elderly care wards.

Ambulance handover turnover delays

Barnet Hospital has had the highest number of ambulance conveyances in London, with high numbers coming especially coming from the west. We initiated disucssions with the wider system about this with some success, although even in May the dialy averages at Barnet Hospital was over 82.

At Barnet Hosptial 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.

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.

Delayed transfer of care (DToC)

On 11 June 2015 the trust had a total of 113 patients who were medically fit but whose transfer had either been formally delayed (known as a DTOC) or were medically fit but not yet a formally agreed DTOC (ie still in processing).

The definitions for when a patient is a reportable DTOC are nationally agreed. An example of a medically fit person who is not yet a DTOC would be a patient requiring community rehabilitation who has been accepted for referral by the community team but fewer than 24 hours have passed since the referral was accepted.

Some DTOCs are attributable to health services while others are attributable to social care services.

Examples of DTOCs which are the responsibility of health services include those which relate to patients who are waiting on a specialist placement, a health-funded care placement, rehabilitation or a continuing care funded nursing care home or package of care.

Examples of DTOCs which are the responsibility of social care services relate to patients who are waiting for social care funded nursing or residential home placements or packages of care.

Barnet Hospital (as of 9am on 11 June 2015)

DTOC		Medically fit but not yet a DTOC	
Responsibility of health services	Responsibility of care services	Responsibility of health services	Responsibility of care services
5	2	7	17

Chase Farm Hospital (as of 9am on 11 June 2015)

DTOC		Medically fit but not yet a DTOC	
Responsibility of health services	Responsibility of care services	Responsibility of health services	Responsibility of care services
12	8	20	27

Royal Free Hospital (as of 9am on 11 June 2015)

DTOC		Medically fit but not yet a DTOC	
Responsibility of health services	Responsibility of care services	Responsibility of health services	Responsibility of care services
7	2	11	5

The reasons for DTOCs vary daily. Common themes for health delays at present are patients waiting for specialist neurological rehabilitation, new or specialist nursing home placements and general or stroke rehabilitation in a community hospital. The main reasons for reportable social care delays are waiting for care home placement and new packages of care at home, especially when there are significant resource requirements (eg two carers four times a day).

The number of DTOCs varies daily, but most importantly the patients concerned change frequently. Delays are no longer reportable once the patients are discharged (or become medically unwell), but as this happens new patients will become classified as having a DTOC.

This means that the headline figures hide the high turnover of patients concerned. We work very hard to ensure a tight grip on the bespoke plans for every patient at all our hospital sites to minimise both the number and the duration of any delays.

18 June 2015

	AGENDA ITEM 10 **Health Overview and Scrutiny Committee** **6 July 2015**
Title	**Healthwatch Barnet Enter and View Reports**
Report of	Governance Service
Wards	All
Status	Public
Enclosures	Appendix A- The Oaks Enter and View Appendix B – Oakleigh House Enter and View Appendix C - Appendix C -Thames Ward
Officer Contact Details	Anita Vukomanovic – Governance Team Leader anita.vukomanovic@barnet.gov.uk – 020 8359 7034

Summary
The reports at Appendix A, B and C provide the Committee with an outline of Enter and View reports conducted by Healthwatch Barnet. Representatives from Healthwatch Barnet will attend the meeting to respond to questions.

Recommendations
1. **That the Committee note the 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

2.1 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

5.1 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

5.2 The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

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."

"To receive, consider and respond to reports, matters of concern, and consultations from the NHS Barnet, Health and Wellbeing Board, Health Watch and/or other health bodies."

"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 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.

5.3 **Equalities and Diversity Equalities and Diversity**

5.3.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.3.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

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Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.6 Consultation and Engagement

5.6.1 None.

6 BACKGROUND PAPERS

6.1 None.

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healthwatch Barnet healthwatch Enfield

Enter and View – Visit Report

Name of Establishment:	The Oaks Chase Farm Hospital, The Ridgeway, Enfield, EN2 8JL
Staff Met During Visit:	Mr Henk Vermeulen – Service Manager Dr Mandall - Consultant Psychiatrist (for first part of meeting with Ward Manager) Deputy Ward Manager Occupational Therapists Health Care Assistant
Date of Visit:	2 December 2014
Healthwatch Authorised Representatives Involved:	Stewart Block & Nahida Syed (Barnet) Lucy Whitman & Audrey Lucas (Enfield)
Introduction and Methodology:	This is an announced Enter and View (E&V) visit jointly undertaken by authorised representatives from Healthwatch Barnet and Healthwatch Enfield since Chase Farm takes patients from both Enfield and Barnet. This was the first Barnet/Enfield joint E&V visit. This visit is part of a planned strategy to look at a range of mental health facilities within the London Boroughs of Barnet and Enfield to observe the nature and quality of the care provided. Healthwatch E&V representatives have statutory powers to enter Health and Social Care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the views of the people using those services. The aim is to report on the service that is observed, to consider how services may be improved and how good practice can be disseminated. The team of trained representatives visit the service and record their observations along with the feedback from residents, relatives, carers and staff. They compile a report reflecting these observations making recommendations where appropriate. The Report is sent to the Manager of the facility visited for validation/correction of facts, and for their response to the recommendations, which are then printed with the final version of the report. The final report is then sent to interested parties, including the Head Office of the managing

Enter and View – Visit Report

	organisation, the CQC, Barnet and Enfield Councils, Barnet and Enfield Health/Safeguarding Overview and Scrutiny Committees, and the public via the Healthwatch Barnet and Healthwatch Enfield websites. **DISCLAIMER:** ***This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.***
General Information:	The Barnet Enfield and Haringey Mental Health Trust website entry for The Oaks says "We are a team of multi-skilled mental health professionals including nursing Staff, medical Staff, Occupational Therapists and Psychologists, providing care and support to older adults", and states that The Oaks ward is for "Older adults aged 65 and over with mental health problems such as dementia, depression and psychotic illnesses who cannot be treated and supported appropriately at home or in an alternative setting." http://www.beh-mht.nhs.uk/mental-health-service/mh-services/older-adults.htm However, we were told that most patients with dementia are admitted to the neighbouring Silver Birches ward and that the majority of patients at The Oaks have a functional mental illness such as depression or schizophrenia, although a few of them have dementia. The website entry also gives the wrong name for the Ward manager. The deputy ward manager told us that patients younger than 65 who had developed early onset dementia and needed to be admitted as an inpatient would usually be admitted to one of these elderly mental health wards instead of one of the "adult" acute wards. This is more appropriate for patients with dementia, even if they are younger, because there is greater expertise with dementia in the elderly wards. The Oaks ward is in a building complex at the back of the Chase Farm site, poorly signposted and badly lit. We regard this latter as a particular safety and security concern for staff and visitors alike. The ward capacity is 21 of either sex; there were 19 patients at the time of our visit, of whom 7 had been detained under the

	Mental Health Act (Sectioned). Patients generally present with acute conditions and stay for about 40/45 days. They usually come from Barnet, Enfield and Haringey and are discharged into a suitable Care Home or back home. The staff told us that there is an issue finding suitable Care Homes locally. We were told that the Ward often have patients subject to – Delayed Transfer of Care. A staff member said ”most patients here don't want to leave”, often because of the difficulty in finding suitable care due to capacity issues in the community. We were told this by the Manager of a particular patient for whom it was proving difficult to find an appropriate nursing home. There are two corridors leading off the entrance atrium. The public areas were light, airy, clean and freshly decorated and save as noted below, no unpleasant odours. There is an easily accessible outside shelter available for those who want to smoke. We were told that having to go outside can help patients reduce their smoking, one patient had cut down from 25 to 2 per day. Due to the patients' psychiatric condition it is felt that an active “stop smoking” campaign is not appropriate but that any patient expressing such a desire would be supported. Both male and female rooms, each with en-suite shower and toilet, are located in each corridor. Separate bathrooms are also available. The Deputy Manager said that they are considering single sex corridors which we believe might be preferable for security and privacy. Both corridors have sitting rooms and dining rooms though only one dining room is currently in use, and there was no one in the second sitting room. There were televisions in both sitting rooms. Arm chairs and sofas are arranged in small groups and not all facing the TV, so the TV did not dominate and it was quite easy to conduct conversations. There is a smaller “quiet room” in one wing where one patient was chatting with a friend who had come to visit. This quiet room contains a piano which patients can play if they are able. Patients told us they can go into the garden whenever they want. The Dining room was nicely laid out with tables for four so people were eating together in small groups when we looked in at dinner time. We were told that any special dietary requirements are identified as part of the admission procedure

	and are regularly discussed with patients. There is choice on the day of both menu and portion size. All patients have their own bedroom with en suite wet room containing toilet and shower. We saw a sample of bedrooms which were of reasonable size, bright and airy, well but not over-furnished and with some personal effects on display. All rooms have been "ligature assessed" and most are ligature free. Bedroom doors are locked (for personal security reasons to avoid belongings being moved by patients with confusion) and have to be opened from the outside by a staff member and can also be locked and unlocked from the inside. We were told that any patient who wishes to keep a key to their own bedroom door, and has been risk assessed by the ward team as able to manage this, can have their own bedroom door key. There is a Bedroom Key Protocol in place for this. Before going into a room we observed that the staff member knocked and checked whether any one was in the room. In a room visited the Deputy Manager pointed out that there is an unpleasant smell caused by poor drainage from the shower drain. The smell pervades the bedroom as well as the shower room. The Deputy Manager said that engineers had repeatedly been called to see to this but the problem had not been solved. A large number of information leaflets for different services and organisations were displayed in the "air lock" entrance hall including our poster advising our visit. These leaflets are probably accessible only to relatives/visitors rather than patients because of their location. The Ward Manager told us that he makes himself available to all staff to discuss any issues and problems that they might have and an external 24/7 Support System is available. The Ward Manager also confirmed that he has personal support if required. The Assistant Director of the Dementia and Cognitive Impairment Service Line makes weekly visits and is based in this building. There is no computer available for patients. Mobile phones are sometimes permitted but there are conditions under which they are allowed.
Care Planning:	We were told that on admission each patient and carer are given a written introduction to the ward, we were also given a

	copy. In large clear type this sets out the objectives and facilities on the ward, routines, named staff and contact numbers. They are also given a leaflet "Your Concerns, Suggestions and Complaints". There is an additional leaflet for "informal patients" (those consenting to admission rather than "sectioned") setting out their rights including the right to see their own case notes. We were told that all patients have a thorough physical examination on admission, including a CT head scan and Falls Assessment. We were given the Admission Checklist and the forms relating to the two step Falls Assessment and Management Process. Patients' physical health is monitored throughout their stay including weekly weight loss/gain and there is support for patients with chronic conditions such as diabetes. We were told that there is good liaison with clinicians at Royal Free London Chase Farm including the geriatric team. Two patients, both emergency admissions, were both happy with the care provided, though said that they were not aware of their individual Care Plan nor of the Complaints Procedure. All patients are treated under the Care Programme Approach (note; further information on http://www.nhs.uk/CarersDirect/guide/mental-health/Pages/care-programme-approach.aspx) Where appropriate, relatives are involved in developing Care Plans. Care Plans are reviewed at least every two weeks by the team; staff have access to paper based care plans as and when required. We reviewed an Inpatient Care Plan which appeared up to date. These are electronic records, there was no record showing if patients/carers had seen and/or requested a copy. There is an Admiral nurse attached to the elderly wards at BEH Chase Farm to support patients with dementia and families from all 3 Boroughs (Note: info on Admiral nurses here: http://www.dementiauk.org/what-we-do/admiral-nurses/) We were told that patients are not discharged at weekends or in the evenings. The Ward Manager has monthly Quality Assurance Audits and a monthly peer-review process on topics related to CQC standards. He told us that these reviews focus on a particular CQC standard, where the inspection consists of a general inspection, patient record inspection, staff interviews and patient interviews. Any non-compliant areas are addressed in

	an Action Plan. Over time the teams work through the relevant CQC standards to ensure that the care is compliant with these. Results are forwarded to the relevant senior line manager. There is also an in-patient Service Improvement Group. All staff have been trained in Safeguarding and know what action to take if they have a concern. Patient discharge involves liaison with at least three different Social Service teams (Barnet, Enfield and Haringey). We did not have time to discuss issues arising from this liaison work nor the additional work load placed on the ward.
Management of Residents' Health and Wellbeing:	As noted above, general health is regularly monitored, daily measurement of vital signs and observation. A chiropodist visits monthly and escorted visits to a dentist can be arranged. Currently there are no patients with a pressure sore although a recent incident has been reported. We were given a copy of the reporting form. A Tissue Viability nurse is available. If patients refuse medication the process followed depends on whether or not they are sectioned, and whether the issue is with psychiatric medication or physical health medication. Procedures are in place to manage these situations. Staff have received training in caring for older people and are able to cope with challenging behaviour. Staff respect the privacy of each patients' room but do encourage patients to use the communal areas. There are regular visits by a hairdresser with a schedule of charges available.
Staff:	We were told that during the day there are three qualified and three assistant staff on duty, and two of each at night. There are currently two staff vacancies so agency staff are used. These staff are generally from the same agency, are pre-briefed and are given an Induction Folder. We were told that the shift pattern had been recently changed from 12 hour shifts to three shorter shifts so that there is a two hour overlap between shifts. This improves continuity of care and allows the overlap period to be used for training and one-to-one care. We were told that if patients required escorted visits outside the ward additional staff would be made available to cover the

	temporary shortfall. All the staff we met smiled and greeted us warmly, and appeared to be happy, relaxed and confident. All staff, except for the Ward Manager, wore uniform and all staff had clearly visible name badges. The Deputy Ward Manager showed two of us around the ward answering our questions, introducing us to patients and was happy for us to talk to any patient or relative who wanted to talk to us. The Deputy Ward Manager did not stay with us when we spoke to seven patients and three carers. We spoke to a staff member who had been in post for about 7 years and appeared happy in the job. We were told by that staff member that staff had a good training programme including interactive dementia awareness training at the Springwell Centre at Barnet General Hospital which included role play. This staff member was confident that any concern regarding patients' treatment or care would be dealt with appropriately. Further, and only if necessary, such concerns could be escalated if it was felt that immediate managers did not deal with it. This same member of staff had confidence that the Ward Manager would respond immediately to concerns. We were told by the Ward Manager that staff turnover is not causing an issue for management.
Staff Training:	All staff are trained in Mental Health conditions including dementia. Training includes role playing to improve inter-personal skills. Annual appraisals, including the setting of personal objectives, take place.
Activities:	Patients are asked on admission about their spiritual needs and arrangements are made for them to be visited by representatives of the appropriate faith eg a Roman Catholic Priest. Some patients have prayer meetings in the quiet room. Patients can also be escorted to church or other places of worship. There are 4 Occupational therapists and 2 Physiotherapists for the four wards (The Oaks, Silver Birches, Cornwall Villa, Bay Tree House) .We were shown the Activities Room which was bright and tidy, with an attractive display of art and craft work on one wall. There is a kitchen sink, small hob and oven and

	microwave, so patients can be assessed for their ability to carry out activities of daily living before discharge. They can also do baking. The activities room was empty when we viewed it at about 4.30pm. Two versions of the activities programme were displayed on the wall in the corridor but did not seem consistent with each other. Scheduled activities appeared to include arts and crafts, games, exercise sessions, going out for walks, word search, watching videos. According to the charts, physical exercise is offered almost every day. It should also be noted that there is plenty of space for patients to walk about inside in the unit in inclement weather. We spoke with five patients about activities, and all felt there was enough to do. We were told by a patient that a musician comes in twice a week to sing and play the guitar. Another patient, reading a book in the quiet room, told us of attending the Hawthorn day unit (also at Chase Farm) twice a week for various activities. Another patient spoke of liking word search activities; hadn't seen the musician but is not bored. That patient noted that they had made a friend on the ward but also said "Sometimes I do feel lonely" We were told that staff do have time for one-to-one interaction with patients which is seen as very important. This is facilitated by the overlap at shift change.
Food:	Food is freshly cooked at the Greenfields Restaurant on the Chase Farm site, and delivered to the ward where it is served immediately after staff have checked the temperature. They try to accommodate different dietary needs but usually this means that such food will not be freshly cooked. Special diet food,eg Halal and Kosher is normally brought in frozen and microwaved. If patients have rarer dietary requirements e.g. Jain, they usually ask the family to help out by bringing in appropriate food. We were told that the ward tries to provide a "meal time experience" with flowers, table menus and music.

Enter and View – Visit Report

	Four patients were asked about food and commented - food is "good". - food was "ok" but the choice was "limited". Said rather grudgingly. Not enthusiastic about the food, but : "Normally I will find something to satisfy me." - "Quick service" Staff could perhaps talk to patients more to find out what kind of food they would enjoy.
Engagement with Relatives/Residents/ Carers:	Patient satisfaction is monitored via ongoing questionnaires and meetings with staff, patients and carers. We reviewed minutes of the monthly Community Meeting noting that new staff members were introduced and patients' questions answered. We also saw written feedback from the Patient/Carer Experience Survey responding to patients' request for more physiotherapy sessions. The response noted what was provided and asked that staff ensure that patients are aware of the available sessions and if the session times appropriate for the majority of patient. Comments from patients about staff were*;* - "kind" - "OK" - "friendly" and good at explaining things - "all very good". Said they were "generally" good at explaining things but did not always have time. We observed that even when busy with one patient staff would acknowledge a request for help from another patient and attend to them afterwards. When asked, all patients we spoke to said they knew who to talk to if they had concerns or worries. One would speak to "the manager"; another to a friend (visitor). Two patients indicated that they weren't sure whether anything would change for the better if they raised concerns. "I'm not saying they would do anything." General comments from three patients; - "everything is very good" in the ward - I can get up in my own time - "generally it's all right" on the ward

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	We also had the opportunity to speak to a carer who was very happy with the care and support provided to their relative. This carer did not know about the Care Plan or Complaints Procedure. The relative was being looked after very well, felt that the staff were approachable and felt free to raise any concerns with the ward manager.
Compliments/Complaints/Incidents	Formal complaints have to be dealt with by the Hospitals Formal Complaints System. We were told that there are target times for resolving issues and that there are no outstanding complaints. The ward does not keep its own record of complaints nor did we see any Thank You cards or compliments,
Conclusions:	A caring, sympathetic and structured environment for patients with a good, supportive management team understanding their objectives.
Recommendations:	1. Ensure the website is kept up to date and accurate. 2. Where clinically deemed appropriate, and subject to staff availability, consideration should be given to allowing patients access to computers. 3. Odours from poor drainage need to be addressed and resolved as the attractive ambiance is spoilt by these odours. 4. Chase Farm site lighting to be improved as a matter of urgency 5. The whole Chase Farm site needs better maps, clearer signs and more of them. A stranger to the site must be able to locate The Oaks or any other ward by sign alone. 6. To clarify the Barnet Enfield and Haringey Mental Health Trust policy on in-ward record keeping for compliments and complaints. 7.”Introduction The Oaks” leaflet to include a reference to the Complaints procedure or to the separate leaflet noted above. Compliments should also be welcomed and we would like to see these latter on display. 8. Establish a review procedure to check that patients and

	carers (if appropriate) have received and understood their Care Plan. 9. As noted above, "Two versions of the activities programme were displayed on the wall in the corridor but did not seem consistent with each other". 10. Suggest that staff could discuss with the patients whether there is anything that could be done to improve their satisfaction with the food, as none were very enthusiastic about it.
Signed:	Stewart Block Audrey Lucas Nahida Syed Lucy Whitman
Date:	[date of report]

The following comments were received with a very full and prompt response from the Service Manager following receipt of the draft report.

Comments on recommendations:

1. With regard to the incorrect ward information on the Trust's website: I have given the Trust's Communication Department the correct information and have asked them to update this information and will follow up that this happens.
2. Apart from specific clinical reasons the problems with availability of computers to patients is more to do with the Trust's IT infrastructure, which is in its access / authorisation level policy more geared towards staff usage.
   I have raised this issue with the Trust's Information Governance lead and asked if the Trust has plans/plans developments to enable patients to access computers and am awaiting her answer. I am aware that currently in the patient/staff restaurant 'The Willows' in the Chase Building, there are a number of computers available to patients.
3. This point has been raised with the Trust's Estate Department and a request has been made to investigate whether there are any drainage problems.
4. (and 5) With regard to the Oaks building being situated in a position which is "poorly signposted and badly lit". This has been raised with our Trust's Estate Department.

Although our Trust's Estate Department is not in charge of the hospital site's infrastructure (this responsibility lies with the Acute Trust – Royal Free Hospital Trust) I have asked them to liaise with their Acute Trust counter parts to address this issue and ask for an improvement.

7. Thank you cards are actually displayed in the nursing office; the ward discusses any complaints or complements in the two-weekly Team Business Meetings – these are recorded in the minutes. Following the Healthwatch visit the Ward Manager has now started a specific folder where all Service User and Carer Surveys, compliments, Thank You Cards and complaints are stored, so that they are easily accessible to staff or visiting auditors/inspectors.
8. Evidence of patients/carers having received a copy of their care plan is not recorded on the same page as the Care Plan, but on a separate page in the electronic patient record, namely the 'Care plan Distribution' page. This is monitored in individual staff supervision and during monthly Quality Assurance audits.
9. This has been discussed with the Occupational Therapy team who are now ensuring the information is consistent.
10. A lot of work has actually gone into the mealtime experience over the past years, which is why The Oaks has changed from the 'plated' meal service to the presentation of meals on the heated regeneration trolley. This ensures that patients can see clearly in front of them what choice of food is available and point out to staff what they would like. With the 'plated' meal service patients had to choose the previous day which meals they wanted and they often changed their minds about this the following day, or when they saw that their neighbour had a meal that looked more appetizing. The meals are a regular topic of discussion during community meetings between staff and patients. It is however our experience that what one patient likes, another doesn't, and as much as the ward tries to facilitate patients' wishes, unfortunately food preferences will always lead to some differences in opinion.

healthwatch Barnet

Enter and View – Visit Report

Name of establishment:	Oakleigh House 110 Oakleigh Road North
Staff met During Visit:	Mr Augustine Tutu – Registered Manager Ms Sia Juanah - House Manager Support Workers
Date of visit:	18 March 2015
Healthwatch Authorised Representatives involved:	Stewart Block (Team Leader), Maureen Lobatto

Introduction and Methodology

This is an announced Enter and View (E&V) visit undertaken by Healthwatch Barnet's E&V Volunteers, as part of a planned strategy to look at a range of care and nursing homes within the London Borough of Barnet to obtain a better idea of the quality of care provided. Healthwatch E&V representatives have statutory powers to enter Health and Social Care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the views of the people using those services. The aim is to report the service that is observed, to consider how services may be improved and how good practice can be disseminated.

The team of trained volunteers visit the service and record their observations along with the feedback from residents, relatives, carers and staff. Questionnaires are sent to relatives about their experience of the service also. The team compile a report reflecting all of this these, and making some recommendations. The Report is sent to the Manager of the facility visited for validation/correction of facts, and for their response to the recommendations. The final version is then sent to interested parties, including the Head Office of the managing organisation, the Health Overview and Scrutiny Committee/Adults and Safeguarding Committee, CQC, Barnet Council and the public via the Healthwatch

website.

DISCLAIMER: ***This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date, and those who completed and returned questionnaires relating to the visit.***

General Information

Oakleigh House provides residential care for 5 service users each in an en-suite double room, one of which has a sitting room attached. Oakleigh House has only recently come under the ownership of Mr and Mrs Tutu and opened as a care home in September 2013. They also own Woodfield House in West Hendon which offers a similar care environment. We note that there is not yet an up to date web site nor is there an alarm call system in the residents' rooms. Residents suffer from mental health conditions like dementia, obsessive-compulsive disorder, depression; in addition some have physical conditions like cancer. The aim of Oakleigh House is to work with the residents to prepare them gradually for independent living. To this end the residents are involved as much as possible in the organisation and running of their daily lives. There is a regular monthly residents meeting which is chaired by a resident with another taking the minutes. We were told that no member of staff is present at these meetings. We reviewed the agenda and minutes of these meetings and the follow-up actions noted.

The House is in a residential area within walking distance of shops, bus routes and other amenities. There is no sign announcing "Oakleigh House" only the street number "110". We were told that the residents wanted to live in an ordinary house with just a number and vetoed a house name sign.

Smokers can go into the garden though there is no shelter, there is only one smoker at present. If they wish, smokers are helped to give up smoking. The notice advertising our visit was on display in the entrance hall. Prior to our visit the Manager had contacted Healthwatch Barnet to say that because some relatives and carers lived some way away it might not be possible for them to attend on the day of our visit. It was agreed that the Manager would send the

relatives questionnaire to the relatives who could respond by e-mail directly to Healthwatch Barnet if they wished to comment. One written comment was received.
There is Wifi in the house, and residents have supervised internet access. It was noted by staff that by its very nature there is no control over use or content of mobile telephones.
Residents are encouraged to think of their rooms as their homes and to bring in additional furnishings and decorations as appropriate, including televisions. There is also a television in the communal lounge.
The Registered Manager attends IQICH events.

Care Planning

Before new residents are accepted at Oakleigh House, they have a pre-assessment by the manager/senior staff at their present accommodation. The manager will assess their need and give them information about the home and the process of admission. After the visit, the person will be given the opportunity to visit the home for a Guest-Day, where they will spend the whole day at Oakleigh House. During this visit, the person will have the opportunity to meet the staff team and other residents. The person will be encouraged to be accompanied by their social worker, relative or friends. They will be given the opportunity to ask questions and see the available rooms. The purpose of the guest day is to assess the person away from their environment and for them to decide whether they like the home and if we can meet their needs.
Discharge from hospital to Oakleigh House has, so far, not given rise to any particular issues, and the process is managed by the referring hospital.
Each resident has a designated key worker within the staff team who works with the resident and other staff to prepare the initial Care Plan. We reviewed a number of individual Care Plans noting that residents had signed their individual Care Plan.
The Care Plans are reviewed monthly or more often as required. They are accessible to all staff, to residents upon application and to family and carers

with resident's consent. It might be helpful if it were explained to residents, family and carers that residents' consent is required before family and carers can see a Care Plan
Though the staff have had training in assessing mental capacity we were told that any required assessment would be carried out by third party specialist.
We were also told that no application for DOLS (Deprivation of Liberty Safeguards) had been made for any resident.
There was thorough, up to date documentation on each resident.

Management of Residents' Health and Wellbeing

GP services are provided by one local practice for continuity of care. For out-or-hours service 111 is used, and no particular issued were reported to us.
Residents' requirements for dental and optical care and chiropody is assessed and determined during the get-to-know-you month. Residents are weighed every month and we were told that the services of a dietician would be used if necessary. General health is monitored in particular the side effects of any drugs.
There is no incidence of pressure sores. Complimentary therapies are not offered.

Staff

There are two support staff plus a manager on an 8 hour shift,
however between 12pm and 4pm there are three support staff of whom one will attend activities with residents. Depending on type of activity, sometimes the overlap could be in the evenings.
There is one staff member on site overnight and the Manager lives nearby and is on call. We were told that Bank Staff are not used, no staff have left in the last six months.
Staff said they enjoyed their work with residents and saw themselves as being part of the family atmosphere of Oakleigh House, led by the Manager.
Staff we met said that they felt comfortable if they had to report any whistle blowing events to management.

Staff Training

A private company conducts all mandatory training, and all staff have been trained in food hygiene, peg feeding, mental health awareness, dementia care, moving and handling, safeguarding and fire safety. Fire drills are regularly held. Training in nutrition and end-of-life care is also offered.

Boots Pharmacy provide all our Medication Management training. We also work with Learning Curve and Learning at Work which provides free access cost effective, high-quality training programmes and qualifications for staff.

To ensure that staff maintain their skills and benefit from training we were told that the manager carries out a post training check and builds lessons learnt into every day practice.

All staff are qualified to NVQ level 2 and above.

Activities

Activities are managed by one of the support workers and individual activities are noted on the Care Plan. Towards the end of our visit residents were returning from an outing which they all seemed to enjoy. We spoke to a number of residents, in the absence of staff, who told us that they were generally content with activities; indeed, no particular issues were raised with us by residents. A resident spoken to alone was happy to be there and recognized improvement in their time at Oakleigh House.
Residents were very satisfied by the way the home was run, felt cared for and able to call staff if needed, but who were not over-intrusive. One resident felt in the short time there, due to the support being received, their mental health had improved significantly and they would soon be able to leave and return home.

We were told by both staff and residents that staff have time for social interaction with residents. There is, at the moment, not much call for religious or spiritual needs but, we were told, it would, and has been made available as required.

Food

In line with the Home's ethos of preparation for more independent living the residents are encouraged to prepare their own breakfasts under supervision in the kitchen. Lunch and dinner are prepared by staff, taking account of any dietary or religious requirements, with assistance from residents according to their abilities. There are also cookery and baking groups.
When the kitchen is locked snacks, drinks and a kettle are available in the lounge.

Engagement with Relatives/Residents/ Carers

As noted above the monthly residents meeting is organised, run and reported on by the residents themselves. There are weekly meetings with key workers and meetings with relatives /careers are held with the resident present.

Compliments/Complaints/Incidents

Incidents and complaints are recorded in a ring binder on a pro-forma Complaint Forms are regularly reviewed by the manager and Mr Tutu. The complaints policy and a leaflet on how to complain are available to staff and visitors.

Conclusions

We found Oakleigh House to be a caring environment with staff and residents working to common agreed goals, and in which residents are involved in the life and activities of the Home.

Enter and View – Visit Report

Recommendations

1. We recommend that Oakleigh management consider provision of a suitable alarm call system in each resident's room. According to the philosophy at Oakleigh this proposal may be considered by the Residents Meeting Group. Of course, this involvement is welcomed, but we suggest that the final decision should be that of Management.
2. The online information should be updated and consideration given to having Oakleigh House's own web site.

Signed: Stewart Block
Maureen Lobatto

Date: April 2015

Comments received from the manager at Oakleigh House:

Thank you very much for the report. I felt that it was an accurate reflection of Oakleigh House.

We will discuss these recommendation with all involved and make a decision. Thank you very much for your visit, it was lovely to meet the volunteers who were both very nice and helpful. I look forward to working with you all and hope to see you again soon.

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Healthwatch Barnet
Enter and View – Visit Report
20 Nov 2014

Name of Establishment:	Thames Ward Dennis Scott Unit Edgware Community Hospital Edgware, HA8 0AD
Staff Met During Visit:	Acting Ward Manager: Ms. Annette Tejada Acting Deputy Ward Manager. 2 Occupational Therapists – one of whom is on temporary secondment from another ward. Mental Health Nurse Note: The Ward Manager Ms Ana Basheer, whom we met on our last visit, was on secondment at another location.
Date of Visit:	2 October 2014
Purpose of Visit:	This was an unannounced visit following up the recommendations in our Report of 24 April 2013 and also concerns raised by service users and their families during Healthwatch community engagement events. This programme of Enter & View (E&V) visits is part of a planned strategy in response to concerns received by 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. In each case and where possible we review the overall care provided for patients. Each Healthwatch has the statutory powers to enter health and social care premises to observe and assess the nature and quality of services and obtain the views of people using those services. The principle 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, facts agreed by the manager of the facility visited, and them made public via the website and made available to interested parties, including the Barnet Health and Well-Being Board.
Healthwatch Authorised Representatives Involved:	Stewart Block Janice Tausig Nahida Syed Maureen Lobatto

Recommendations & Issues	Our previous report of 16 August 2013 made the first four Recommendations below: 1. Clearly visible and legible name badges for all staff 2. Web links to latest CQC reports and responses 3. Investigate the possibility of more physical exercise. Could the unit have a small gym? 4. The Ward manager should keep a ward record of written and oral complaints, their resolution and dates. Feedback from people who had contacted Healthwatch Barnet after the publication of our first report in August 2013 suggested that the following merited further investigation; 5. Care Planning- suggested that care plans focused on medication and do not include other aspects of care that contribute to mental wellbeing such as physical activity, diet and activities. Also suggested that relatives are not involved in the discussions about care plans. 6. Food – suggested that food was unappetising and did not contain sufficient fresh fruit and vegetables. 7. Dignity – suggested that patient dignity was not respected. Following our visit in October 2014

	we make the following comments referring to our previous recommendations. 1. Name Badges: Staff were wearing name badges. 2. Web links: The Ward web site referred to above still has no links to CQC Reports nor to the previous E&V Report. 3. Physical Exercise. Gym facilities are in place and staff understand the need for patients, especially physically active young men, to get regular exercise. However, it was explained to us that some patients should be accompanied when using the Gym, presumably for health and safety reasons, and that staff are not always available. Two Occupational Therapists are assigned to the ward but absences mean there is often no cover. We are not clear to what extent patients have to fit in to an established programme rather than have programmes adapted for their needs. 4. Complaints. We saw no available leaflets explaining the Complaints Procedure. Also, the Acting Managers were unable to find the Ward Complaints

	Book. We were told that there were no outstanding complaints either on the ward or, as far as the managers knew, through the formal process, used by Barnet, Enfield and Haringey Mental Health Trust We were pleased to see a scrap book of bright thank-you cards from former patients and wondered why these were not on prominent display. 5. Care Planning. After reviewing procedures and documents with the managers we do not see a current in-ward issue. We discussed the admittance procedure with the Managers and reviewed an anonymized Care Plan and a Formulation Plan. This latter, prepared within 3 days of admittance and seen by the multi-disciplinary team, looked comprehensive and we were told of the time given to those who are newly admitted to understand them and to settle them in the ward. The Plan covered person-centred practice e.g. talking to patients, finding out what they wanted, and allocation to a named nurse. Reviews are weekly or more often if needed. Patients are often discharged if ready after about 3 weeks, with a discharge plan. There is also a 7 day follow-up to check how they are coping back in the community. We also reviewed an anonymized Care Plan which we found to be detailed and current.

	We were told that the consultant Psychiatrist holds an open "coffee session" once a week for patients to come and talk. There is an issue, which was raised by the Managers, concerning continuity of care on discharge; ensuring that necessary facilities are available and that the after care procedure is seamless. This may reflect the pressure on Care Coordinators and their budget cuts. 6. Food. Due to timing on this visit we were not able to follow up this point. We were told that the present 5-year contract is shortly coming to an end and that a new contractor is being commissioned. We were told that Barnet Voice (service user group) is involved in these deliberations. We were told that for those patients requiring Kosher or Halal meals there was limited or no choice. 7. Dignity. Managers and staff are aware of the need to treat patients with dignity and to address them appropriately. We observed and participated in conversations with some of the patients and staff and did not feel that patients were spoken down to. One patient said that he was not allowed out alone and that staff had taken time to explain why and to ensure that he understood. We did

	not see any areas of concern during our visit. We observed patients happily chatting to one another and one of us spoke briefly to 4 patients who were quite uncomplaining of life on the ward.
Recommendations:	This unannounced visit was made to follow up the recommendations on our last report and some concerns received since. It is thus very important that: 1. All stakeholders to be made aware of the Complaints Procedure and to ensure that the relevant information and action leaflets are easily accessible to patients, their families and carers. 2. That the Ward clearly records and monitors issues brought to its attention, even if dealt with speedily within the ward. 3. We again recommend that the web links to CQC and to our previous report be put in place. This may be a matter outside the direct control of Ward Management. We again recommend that these links be put in place and require to know Barnet's policy on this matter. 4. The formal complaints process needs to be timely, responsive,

	transparent and fair to all parties. We would like to have clarification from Barnet, Enfield and Haringey Mental Health Trust on both their formal complaints procedure and what records and information are expected in wards. In would also be helpful to understand how good practice is captured and disseminated. 5. Ensure that there are sufficient menu choices for those eating Kosher or Halal food. 6. Please comment on how the Occupational Therapy programme is designed and implemented. Do patients have to fit in with a defined programme or is there tailoring to their specific needs? We recommend that there is sufficient staff support to enable patients to use the gym as physical health helps support recovery and good mental health. 8.Care after discharge. We were told that pressure on resources means that continuity of after care is not always as effective as it might be which may, in turn, lead to an increased re-admission rate. This is not within the control of ward management. We would like to understand from the relevant Authority how serious is this issue and what steps are being taken to mitigate the effects of resource constraint. 8.Where appropriate and with patient's consent consideration should

	be given to sharing the Care Plan with family/carers.
Conclusion:	Save for the issues noted above, we consider this a well-run unit for the areas we reviewed on the day of this visit. The manager is well aware of the need to set boundaries and that the patients need to feel safe, and understands people are individuals who need care, attention, independence and support.
Signed: Stewart Block Janice Tausig Nahida Syed Maureen Lobatto	
Date: November 2014	

Following a delay the following Action Plan has been received from the Ward Manager outlining their actions following the Report.

Action Plan for Health Watch Barnet

Recommendation	Action	Person Responsible
1. All stakeholders to be made aware of the Complaints Procedure and to ensure that the relevant information and action leaflets are easily accessible to patients, their families and carers.	Complaints Procedure Leaflets are readily available for service users, families and carers. A poster and how to make a complaint is now available on the Information Board for all service users to view. Ward staff will offer assistance in the complaints procedure and Advocacy can also be accessed if service users requests.	AT

2. That the Ward clearly records and monitors issues brought to its attention, even if dealt with speedily within the ward.	A Complaints and Action Plan Book has now been implemented and is kept in the office available to staff to record any issues or concerns raised by service users, families and carers. This will be viewed on a daily basis by nurse in charge, if any complaints raised, this will be dealt with in a timely manner. Complaints can also be discussed at the Community Meetings	AT
3. We again recommend that the web links to CQC and to our previous report be put in place. This may be a matter outside the direct control of Ward Management. We again recommend that these links be put in place.	The Communications Department have been contacted about this and have fully acknowledged that this was an area that needs attention and will look into it. The matter has also been escalated to the service manager who will ensure that it is followed up.	
4. The formal complaints process needs to be timely, responsive, transparent and fair to all parties. We would like to have clarification from Barnet, Enfield and Haringey Mental Health Trust on both their formal complaints procedure and what records and information are expected in wards. In would also be helpful to understand how good practice is captured and	The formal complaints procedure held by BEH is timely and responsive and is closely monitored by the Patient safety team Attached is a copy of the complaints policy. Learning from complaints and Action plans also areas of good practice are discussed in Local clinical governance meetings and in staff supervision	AT

disseminated.		
5. Ensure that there are sufficient menu choices for those eating Kosher or Halal food.	There has recently been a review and The catering department are in the process of changing their food supplier. Staff and Service users have recently had food tasting sessions on the in-patients wards (Thames and Trent) where patients gave feedback on the food that they tasted. Catering department has been informed that patients are not happy with limited choice availability, especially in relation to Kosher and Halal meals. To monitor this the ward manager will speak with patients on a regular basis food choice. Findings will be fed back to the catering department at monthly environmental meetings. Service users are also encouraged to comment on Patient Experience Questionnaire	
6. Please comment on how the Occupational Therapy programme is designed and implemented. Do patients have to fit in with a defined programme or is there tailoring to their specific needs? We recommend that there is sufficient staff support to enable patients to use the gym as physical health helps support recovery and good mental health.	The Occupational Therapy program is designed based on a combination of; - Patient feedback from quarterly audits using patient satisfaction surveys. - Evidence based research for acute psychiatric inpatient setting – most current beneficial activities and approaches for well-being, recovery and enablement and good mental and physical health. - Clinic appointments – recording attendance at each session. The program is implemented by each patient having a brief 1:1 with ward OT to develop OT care plan. OT will introduce the program and the aims, objectives and benefits of each group. A wide variety of groups and activities are provided by OT staff, psychologists, dieticians, pharmacists, Drama Therapist and Tai Chi via an external physical health instructor. Each patient is given their own copy of the program for their own reference and encouraged to use the timetable as a way of developing a structure and routine for the duration of their in-patient stay. It is of therapeutic value to provide a structure of groups and activities with set times and locations (on and off the	

Do patients have to fit in with a defined programme or is there tailoring to their specific needs? We recommend that there is sufficient staff support to enable patients to use the gym as physical health helps support recovery and good mental health	ward) for patients to build their own daily routine and utilize the therapeutic interventions provided. OT staff visit each bedroom and communal area to inform and invite patients to groups 10 or 5 minutes before the groups start, as well as informally promoting and encouraging attendance to sessions throughout the week in unplanned contacts (working around the ward and in the general working day). There are larger timetables posted up in the activity room and on ward notice boards to promote activities- (Please see attached). The therapy program is amended after each audit to reflect and meet the changing needs of patients, as much as we can. There is a set program including a wide range of activity that adjusts and changes regularly to meet patient's needs. We tailor patient's OT care plan to their specific needs within the context of what we can offer in an acute ward. Gym in Dennis Scott Unit is accessed by all 3 wards and sessions for each ward are allocated in a planned way so as to ensure effective use of the gym. Also included into the OT programme are garden sports groups in the summer months, including football, tennis, badminton, Frisbee and basketball.	
7. Care after discharge. We were told that pressure on resources means that continuity of after care is not always as effective as it might be which may, in turn, lead to an increased re-admission rate. This	The majority of service users, post discharge are under the care of the CRHT where they are seen on a daily basis. All patients who are discharged are also subject to 7 day follow up. Wards liaise closely with all key stakeholder involved in patient care so as to ensure timely and robust support in place on discharge We do monitor Emergency Re-admission rates within 28 days and report back to Commissioners. This information is compiled by our Performance manager. This is a Key Performance Indicator for the	

is not within the control of ward management. We would like to understand from the relevant Authority how serious is this issue and what steps are being taken to mitigate the effects of resource constraint	Trust. It is also reported in the Service Line Balance Scorecard. Across the Trust our most recent report highlights that there was 1 Emergency readmission within 28 days of discharge.	
8. Where appropriate and with patient's consent consideration should be given to sharing the Care Plan with family/carers.	On Thames Ward and in line with Trust and national policies Sharing information is in line with Mental Capacity Act and it is a legal obligation of staff on the ward to obtain consent from Service users to share information whilst in hospital. Ward staff will always encourage Service Users' to share information with significant family members.	

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AGENDA ITEM 11

Barnet Health Overview and Scrutiny Committee

6 July 2015

Title	**East Barnet Health Centre**
Report of	Governance Service
Wards	All
Status	Public
Enclosures	Appendix A - Joint Submission from NHS Property Services and NHS England
Officer Contact Details	**Anita Vukomanovic, Governance Team Leader** **anita.vukomanovic@barnet.gov.uk** **0208 359 7034**

Summary

On 9 February 2015, the Barnet Health Overview and Scrutiny Committee received a Member's Item in the name of Councillor Amy Trevethan on the issue of the East Barnet Health Centre.

Following the consideration of the Members item, the Committee's instructions in relation to this item were as follows:

1. The Committee asks that NHS England is contacted as a matter of urgency to examine the current problems about patients using Vale Drive during the refurbishment work and to examine local alternatives in the immediate vicinity of East Barnet Health Centre as facilities to be used in the interim.

2. For the Committee to receive a further update on the telephone communication and BT systems issue

3. For NHS Property Services to provide an update on outstanding problems with current facilities

At their meeting on 30 March 2014,the Committee considered a joint report that has been submitted by NHS Property Services and NHS England. Officers from both organisations were invited to Committee to attend on the evening, however, both organisations felt that due to Purdah, they were unable to send Officers to present their reports. The report was considered in the absence of representatives from both NHS Property Services and NHS England.

At the meeting on 30 March 2015, the Committee resolved to request that that NHS England and NHS Property Services attend the meeting of the Committee in July 2015 to provide an additional update. The report attached at Appendix A provides the Committee with this update.

Representatives from both NHS Property Services and NHS England have been invited to attend the meeting on the evening to respond to questions from Members.

Recommendations
That the Committee consider the report attached at Appendix A and make appropriate comments and questions.

1. WHY THIS REPORT IS NEEDED

1.1 At their meeting on 9 February 2015, the Barnet Health Overview and Scrutiny Committee received a Member's Item in the name of Councillor Amy Trevethan, in relation to the East Barnet Health Centre. The Committee considered the Member's Item, and resolved to request further information, which is set out in the appendices of this report. The Committee received an update at their meeting on 30 March 2015, and subsequently requested to be provided with a further update at their July meeting.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be updated on the status of issues surrounding the East Barnet Health Centre and ask questions of Officers from NHS England and NHS Property Services.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Following the consideration of the report, the Committee are able to determine if they wish to conduct any further scrutiny on the matter.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

5.1.2 The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

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

5.5 None in the context of this report. This report seeks an update on a matter from NHS England and NHS Property Services.

5.6 Legal and Constitutional References

5.71 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.

5.7.11 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."

5.8 Risk Management

5.8.1 Not receiving this report would present a risk to the Committee in that they would not be kept up to date on issues surrounding the East Barnet Health Centre.

5.9 **Equalities and Diversity**

5.9.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.9.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.9.3 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.9.4 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.10 Consultation and Engagement

5.10.4 This paper provides an opportunity for the Committee to engagement with the relevant NHS bodies on a health related matter which is relevent to the people of Barnet.

6 BACKGROUND PAPERS

None.

Appendix A

East Barnet Health Centre:
Report to London Borough of Barnet Health Overview and Scrutiny Committee

Background:

This project began on 30 June, 2014 and was scheduled to be a 10-week asbestos removal. However, once the building was sealed and the contractors began invasive works, additional asbestos containing materials were discovered within the structure of the building, which proved difficult to remove. The intensive nature of the removal of this additional material caused cosmetic damage to the building and owners NHS Property Services (NHSPS) deemed the site unfit to move tenants straight back into as planned.

A feasibility study was launched to examine whether it would represent better value to the taxpayer and the NHS to undertake a more comprehensive refurbishment of the building, or even to rebuild. Following receipt of the conclusions of this report, and feedback from users of the building, it has been decided that a full refurbishment represents the most efficient and best value option.

NHSPS is therefore undertaking a wholesale refurbishment of the building, to include full redecoration, improved disabled access, new UPVC double-glazed windows, and installation of a lift. The programme for the works is 120 working days, a preferred contractor has been chosen and final discussions are under way to agree the finer points of the specification and contract.

The East Barnet GP Practices have been relocated to Vale Drive Primary Care Centre while the works are being undertaken. This is a purpose-built health centre located in High Barnet, and is the closest clinically-suitable site to East Barnet. The building is owned by Community Health Partnerships (CHP) and the IT and telephony on site is run by provider trust Central London Community Healthcare (CLCH).

Answers to specific questions by Committee:

1. *NHS England as a matter of urgency to examine and outline the current problems about patients using Vale Drive during the refurbishment work and to examine local alternatives in the immediate vicinity of East Barnet Health Centre as facilities to be used in the interim.*

The options for relocation of the East Barnet Health Centre Practices were considered at great length prior to the start of works. The criteria for relocation were that the premises needed to be clinically-suitable, have sufficient vacant space available to move a five-GP practice into, and be within a reasonable catchment area of East Barnet. If there had been a clinical building in the immediate vicinity of East Barnet Health Centre, the GPs would have been located there. In the absence of such, three options were identified: Vale Drive, Finchley Memorial Hospital and Edgware Community Hospital. The option preferred by the practices and NHSPS's project manager was Vale Drive, as this was the closest of the three to the existing premises.

NHSPS has examined in detail a possible alternative of a "pop up" surgery in a vacant commercial or industrial premises closer to East Barnet. The project team visited Durkan

House (next door to East Barnet), a commercial property on Station Road and a local empty warehouse. All properties were unsuitable. The option of Portacabins was also investigated but this was discounted as there is not enough space on the East Barnet site to locate them. In addition, any option outside of existing clinical premises would require an N3 connection (secure network connection) to allow the practices access to their booking and prescription systems, and this takes a minimum of three months to install.

NHSPS appreciated the inconvenience caused by this relocation and introduced a free weekday shuttle bus service on 26th May between East Barnet Health Centre and Vale Drive. The shuttle bus runs on a continuous route and operates between 7am and 6.30pm.

2. *For the Committee to receive a further update on the telephone communication and BT systems issue*

Following the previous report which acknowledged the problems experienced by patients in contacting the East Barnet Practices and documented some of the technical issues, it can be confirmed that the telephone system was successfully relocated from East Barnet to Vale Drive and is fully operational. Furthermore, the Jayex automated patient booking in system has also been successfully installed at Vale Drive. This allows patients to check in for their appointments, where practicable, to help reception staff answer and respond to urgent telephone calls.

3. *For NHS property services to provide an update on outstanding problems with current facilities*

As previously reported, the overarching design for East Barnet Health Centre was finalised and a programme of works drawn up. NHSPS instructed contractors to begin substantive works on both internal and external refurbishment of East Barnet Health Centre; this has commenced. Phase one of the project – stripping out old plant and readying the building – was carried out during March. The second phase is the refurbishment itself, which includes installation of a lift and improved disabled access, new UPVC double glazing, a redesigned reception and fresh new clinical rooms. The project timetable for this phase is 120 days and it is expected that the building will be available for reoccupation by autumn 2015.

AGENDA ITEM 12

Barnet Health Overview and Scrutiny Committee

6 July 2015

Title	**Update Report: Cricklewood GP Health Centre**
Report of	Governance Service
Wards	All
Status	Public
Enclosures	Appendix A – Update Report on Cricklewood GP Health Centre from Barnet Clinical Commissioning Group
Officer Contact Details	**Anita Vukomanovic, Governance Team Leader** **anita.vukomanovic@barnet.gov.uk** **0208 359 7034**

Summary

At their meeting on 9 February 2015, the Barnet Health Overview and Scrutiny Committee received a report from Barnet Clinical Commissioning Group (CCG) and NHS England, outlining options for the continuation of services at Cricklewood GP Health Centre, following the expiration of the current service contract in June 2015.

The Committee noted at their meeting on 30 March 2015 that the Walk in Centre contract had been extended until December 2015. At this meeting, the Committee also received a Member's Item in the name of Councillor Barry Rawlings on the topic.

The Committee resolved to request that an update report from Barnet CCG including further data, information and evidence be presented to the Committee in July along with views and concerns expressed by Patient Participation Groups. A submission from Barnet CCG is attached at Appendix A.

Representatives from Barnet CCG and Barndoc Healthcare Ltd., who provide out of hours face to face GP services will be in attendance on the evening to present their report and respond to questions from the Committee.

Recommendations

That the Committee consider the report attached at Appendix A, and ask questions and make comments as appropriate

1. WHY THIS REPORT IS NEEDED

1.1 The Clinical Commissioning Group (CCG) have previously requested the opportunity to present a report to the Barnet Health Overview and Scrutiny Committee in relation to options for the continuation of services at Cricklewood GP Health Centre, following the expiration of the current service contract in June 2015. The CCG attended a meeting of the Committee on 9 February 2015.

1.2 At that meeting, the Committee requested to receive a further report on this matter. The report attached at Appendix A provides this update.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be updated on this matter and provide the CCG with their views on this issue.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The views of the Committee in relation to this matter will be considered by the CCG.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.2 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

5.3 The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

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

5.5 None in the context of this report. The Committee will be asked to consider the report from the CCG, and provide them with their views.

5.6 Legal and Constitutional References

5.71 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.

5.7.11 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."

5.8 Risk Management

5.8 Not receiving this report would present a risk to residents if the Committee is not be kept up to date on issues surrounding the options for the continuation of services at Cricklewood GP Health Centre, following the expiration of the current service contract in June 2015 and the extension of the Walk In contract until December 2015.

5.9 Equalities and Diversity

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

5.9.2 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 comply with its public sector equality duty as set out in the Equality Act 2010 which is to give due regard to the matters set out in s149:

- the need to—
- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

- The relevant protected characteristics are—
- age;
  disability;
  gender reassignment;
  pregnancy and maternity;
  race;
  religion or belief;
  sex;
  sexual orientation

In considering the proposals the Committee should take into account the users of the current service and whether there is any adverse effect on those within any of the protected groups.

5.10 **Consultation and Engagement**

5.10.1 This paper provides an opportunity for the Committee to be engaged in the options for the continuation of services at Cricklewood GP Health Centre

BACKGROUND PAPERS

None.

Appendix A – Submission from the Barnet Clinical Commissioning Group

Future arrangements for the Walk-in service at Cricklewood Health Centre

At the Barnet Health Overview and Scrutiny Committee on 9 February 2015, Barnet CCG outlined plans to undertake a period of engagement regarding the future of services at Cricklewood Health Centre.

Barnet CCG has now reconsidered the case for change regarding the walk-in service at Cricklewood, and has decided not to proceed at this time, with plans to consult on the possible closure of this service. The main reasons for this decision are:

- the pending national directive to implement the delivery of integrated urgent care services and the development of urgent and emergency care networks across North Central London
- the CCG is undertaking a review of urgent care services including walk-in service provision, with a review to agreeing its long term urgent care strategy
- the CCG was not successful in securing funding from the Prime Ministers Challenge Fund to support the development of primary care 8am-8pm opening, 7 days a week, so has still to agree its long term strategy for Primary Care.

NHS England has recently agreed a new Contract with Barndoc Health Ltd which allows the GP practice to register patients from outside the Borough of Barnet; under the terms of the old contract, the practice could only register Barnet residents. The CCG considers this change will have an impact on the use of the walk-in service, as well as alleviate some pressure on other local GP practices.

Barnet CCG is committed to developing the best possible services for its residents and has already started engaging with patients and stakeholders regarding the delivery of urgent and primary care services to help inform and shape our future commissioning plans. The current contract for the provision of the Walk-in-service expires on 31 December 2015, the CCG will therefore be deciding within the next three months the future commissioning arrangements of the service from 1 January 2016, taking into account local and national requirements for the delivery of urgent care services. The CCG will update the HOSC on progress at a future meeting.

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AGENDA ITEM 13

Health Overview and Scrutiny Committee

11 May 2015

Title	**Health Overview and Scrutiny Committee Work Programme**
Report of	Governance Service
Wards	All
Status	Public
Enclosures	Appendix A - Committee Forward Work Programme June 2015 - May 2016
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 2015/16 work programme

Recommendations

1. **That the Committee consider and comment on the items included in the 2015/16 work programme**

1. WHY THIS REPORT IS NEEDED

1.1 The Health Overview and Scrutiny Committee Work Programme 2015/16 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 Forward Work Plan June 2015 - May 2016

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

Subject	Decision requested	Report Of	Contributing Officer(s)
6 July 2015			
Royal Free London NHS Foundation Trust Acquisition - Update Report (to include Ambulances)	Committee to receive an update report from the Royal Free London NHS Foundation Trust provide an update report on the topic of Ambulances.	Royal Free London NHS Foundation Trust	
Liverpool Care Pathway and Hospitals	Committee to receive a report on the removal of the Liverpool Care Pathway and Hospitals.	Royal Free London NHS Foundation Trust	
Options for Unscheduled Care Services at Cricklewood GP Health Centre: Update Report	Committee to receive a further report on this matter which includes the views and concerns expressed by patient participation group.	Barnet Clinical Commissioning Group	

Subject	Decision requested	Report Of	Contributing Officer(s)
East Barnet Health Centre	At their meeting on 30 March 2015, the Committee considered an update on the East Barnet Health Centre. The Committee invited representatives from NHS England and NHS Property Services to present on this. Both NHS England and NHS Property Services advised that due to their Purdah regulations, they would not be able to attend the meeting on 30 March 2015. The Committee have therefore requested that they attend a future meeting on the Committee to provide a further update and respond to Member's questions.	NHS England and NHS Property Services	
Enter and View Reports	Committee to receive Enter and View Reports for Healthwatch Barnet.		

Subject	Decision requested	Report Of	Contributing Officer(s)
13 October 2015			
Tuberculosis	Following the consideration of the Annual Report of the Director of Public Health, Committee have requested to receive a report on Tuberculosis.	Director of Public Health (Barnet and Harrow)	
Sexual Health	Following the consideration of the Annual Report from the Director for Public Health, Committee have requested to receive a report on the issue of sexual health.	Director of Public Health (Barnet and Harrow)	

Subject	Decision requested	Report Of	Contributing Officer(s)
Finchley Memorial Hospital	At their meeting on 30 March 2015, the Committee considered a report which provided an update from NHS England and Barnet CCG on the provision of GP Services or a primary care facility at the Finchley Memorial Hospital site. The Committee noted that the project was scheduled to develop a series of initial options for review in April 2015, which would then need appraisal and planning in order to work through the commissioning and costing consequences. The Committee noted that the intention was to identify agreed options by the summer of 2015, with a view to commencing work on implementing the new models of service. The Committee have requested to consider a further update report to capture the agreed options which are due for agreement in the summer of 2015.	NHS England and Barnet CCG	
Joint Strategic Needs Assessment (JSNA)	Committee to receive the Joint Strategic Needs Assessment (JSNA) following it being considered by the Health and Wellbeing Board.	Director of Public Health (Barnet and Harrow)	

Subject	Decision requested	Report Of	Contributing Officer(s)
7 December 2015			
Annual Report of the Director of Public Health	Committee to receive the Annual Report of the Director of Public Health.	Director of Public Health (Barnet and Harrow)	
8 February 2016			
16 May 2016			
NHS Trust Quality Accounts	Committee to consider and comment upon the Quality Accounts of NHS Trusts for the year 2015/16.		
Items to be Allocated			
Dehydration in Patients Admitted to Hospitals from Care Homes	Committee to receive a report on the admission of patients with dehydration to hospital.	Royal Free London NHS Foundation Trust	
Health and Wellbeing Strategy		Director of Public Health (Barnet and Harrow)	