Decisions of the Health Overview and Scrutiny Committee

13 October 2015

Members Present:-

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

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

Also in attendance
Councillor Helena Hart

Apologies for Absence

Councillor Amy Trevethan

1. MINUTES (Agenda Item 1):

The Chairman advised the Committee that since the previous meeting, she had received a letter dated 5 October 2015 from Tony Griffiths, Regional Director at NHS Property Services, in relation to the East Barnet Health Centre. The Committee noted that the letter contained the following information:

- That the Practice was temporarily located at Vale Drive Primary Care Centre whilst essential works took place to remove asbestos from the building and that other significant works had also taken place including replacing windows and installing a lift.
- That the refurbishment of the East Barnet Health Centre has been completed and that services at the East Barnet Health Centre would resume on 19 October 2015.

The Committee noted that they would be receiving an update report on the East Barnet Health Centre at their meeting on 7 December 2015.

A Member pointed out that three Members' names had been spelt incorrectly in the minutes and requested that they be amended.

RESOLVED that the minutes be agreed as a correct record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from Councillor Amy Trevethan.

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

None.

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

None.

5. PUBLIC QUESTION TIME (IF ANY) (Agenda Item 5):

None.

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

None.

7. FINCHLEY MEMORIAL HOSPITAL (Agenda Item 7):

The Chairman introduced the report from Barnet Clinical Commissioning Group (CCG) and NHS England which provided the Committee with an update on plans to improve utilisation of the Finchley Memorial Hospital site. The Chairman invited Jill Webb, Head of Primary Care Commissioning at NHS England (NHSE), Dr. Debbie Frost, Chair of Barnet Clinical Commissioning Group (Barnet CCG) and Mr. Alan Gavurin, Barnet CCG's Finchley Memorial Hospital Project Manager, to the table.

Mr. Alan Gavurin explained that in January the CCG had launched a project to review how the CCG could make more use of the facilities on the FMH site in order to deliver its objectives for improving healthcare for the local population. The Committee noted that the CCG had been working with NHS England on the commissioning of GP Services, for which NHS England is responsible.

The Committee noted that the project had reviewed all of the commissioning plans and the areas of local health care need, which had then been presented to a stakeholder workshop in April 2015. The Committee were informed that a list of possible options was agreed at this workshop and presented to a meeting of the CCG's Clinical Cabinet in July 2015.

Mr. Gavurin informed the Committee that the CCG wanted to have a focus on the frail elderly and that the Clinical Cabinet had identified four priority schemes, which are as follows:

1. **An Older People's Assessment Service (OPAS):** The Committee was informed that the OPAS was designed to keep people well and independent at home for as long as possible, and would have the advantage of being able to work closely with the existing Falls Clinic at Finchley Memorial Hospital.

2. **Filling the Empty Inpatient Ward:** The Committee noted filling the empty ward would help local system sustainability. The Committee noted that there were 17 unused beds at Finchley Memorial Hospital and that on average there were 18 – 20 Barnet residents in community rehabilitation beds at Chase Farm Hospital following transfer from Barnet Hospital. By opening these beds, the CCG would be able to repatriate those patients back to Barnet.

3. **Breast Screening**: North London Breast Screening Service (NLBSS) are planning to move to providing services from permananent locations rather than their current mobile service. NLBSS and the CCG are agreed that this service

should be accommodated at FMH and they will require two rooms to replace the current mobile facility.

4. **General Practice services**: The Committee noted that the CCG are exploring how they could develop a specialist primary care facility focused on the frail elderly and care home patients. There would be a meeting with NHS England on the matter the following day.

Ms. Webb commented that she recognised that previous primary care proposals for the site had not worked out and that she hoped collectively as co-commissioners they could make this proposal work. Mr. Gavurin informed the Committee that he hoped one day there would be a specialist practice on site that could also take general patient registrations.

The Vice Chairman commented that if Commissioners were looking for a new cohort of patients, there are many care homes in the area where the patients could be transferred from their existing GPs. However most of the prospective population of the groups being considered would be living in their own homes with their own GPs. The Vice Chairman questioned the likelihood of attracting them away from their current GPs. Dr. Frost noted that this approach would give patients a better choice of where they would like to go.

The Chairman questioned whether the Cornwall House GP surgery was still involved in a possible primary care facility at Finchley Memorial Hospital. Dr Frost informed the Committee that this option had now been dropped because of the practice's concerns about the cost of moving to FMH.

Mr. Gavurin informed the Committee that a Programme Board had been set up to progress plans and that the Local Authority had been invited to send a representative of Social Services to sit on the Board. The Committee noted that the CCG's plans were to develop commissioning business cases for the new services and bring them to the CCG Governing Body by the end of March 2016.

A Member commented that Barnet Hospital was constantly facing a shortage of beds and questioned if it would be possible to open more beds at Finchley Memorial Hospital immediately. The Member feared that there would be a crisis during the coming winter and an escalation in the numbers of Delayed Transfer of Care. The Committee noted that the CCG had applied for capital funds to convert some single rooms into multi bed bay areas in order to alleviate isolation.

Mr. Gavurin noted that if they were successful in their grant application to create a series of multi bed bays, the hospital would have a more appropriate, sustainable model. A Member requested that consideration be given to maintaining a mix of single and mixed rooms. Responding to a question from a Member, Dr. Frost informed the Committee that the aim was to have a mix of single rooms and multi-bed bays to allow the best and most flexible models of care and nursing.

A Member commented that when the issue of primary care provision had been considered at Committee previously, there had been a suggestion of a "health village" on site. Mr. Gavurin noted that this option had been considered but that unfortunately this was not now considered feasible.

A Member questioned if Officers could provide any further information regarding the negotiations with Transport for London about improving accessibility to the site by public

transport. Mr. Gavurin commented that the survey requested by a local MP had been deferred until there was a higher footfall.

A Member commented that he generally welcomed the ideas proposed for Finchley Memorial Hospital, especially the proposed Older Person's Assessment Service (OPAS) which has been working so well at the Chase Farm site since it was introduced. The Member commented that if the site was going to have an OPAS, there would be more specialism and suggested that it would create the opportunity for a good link with the acute sector.

A Member asked for assurance on the long term sustainability of the breast screening unit, noting that early intervention and prevention should take priority. Mr. Gavurin informed the Committee that it was hoped that the new Breast Screening Unit would be the first of a series of prevention services at FMH.

RESOLVED that the Committee notes the update from NHS England and Barnet Clinical Commissioning Group.

THE CHAIRMAN PROPOSED A VARIATION TO THE AGENDA AND IT WAS AGREED THAT THE ITEM SCHEDULED AT NUMBER 11 WOULD BE CONSIDERED NEXT.

8. GP PROVISION: UPDATE REPORT FROM NHS ENGLAND (Agenda Item 11):

The Chairman introduced the report which had arisen as a result of a Member's Item raised by Councillor Barry Rawlings at the meeting of the Committee on 6 July 2015. The report provided an outline on the management of GP Provision in the London Borough of Barnet within the context of:

- The number of GPs expected to retire
- Regeneration programmes
- The management of future seven day GP services.

The Chairman invited Ms. Jill Webb, the Head of Primary Care Commissioning at NHSE, Ms.Su Nayee, Senior Contracts Manage at NHS England, and Dr. Debbie Frost, Chair of Barnet CCG to the table.

Ms. Webb informed the Committee that London was considered over target by 2.29% based on recurrent revenue budgets, which meant that the current budget was considered too high compared to the size of our population. It was noted that this had led to only a 1.8% recurring increase in Primary Care allocations in 15/16 against a national average recurrent increase of 2.3%. Taking into account the Inflation uplift of 1.1% 15/16 and London's increase in population of 1.3% as a result of regeneration programmes, London had a cost pressure.

Ms. Webb also informed the Committee of the need for more key/priority worker schemes. There was now more focus on skill mix for general practice, with the development of the role of physician assistant and pharmacist in general practice.

The Committee noted that there was a Government policy to create 5000 new GPs by 2020 and that GP training places within London were always fully subscribed. Ms. Webb advised the Committee that whilst GPs often want to work in London because of

partnerships, it wasn't always feasible. Ms. Webb also informed the Committee of the need for more key worker schemes and an increased focus on working.

The Committee noted that Barnet has one of the highest numbers of Practices in London and that smaller Practices are well scattered in meeting the needs of the population. Ms. Webb advised that it was difficult to provide information on future retirements because there is no retirement age, and that there was no bar to when a GP must stop working, as long as they are competent. The Committee noted that 3% of GPs in Barnet are locums, which is comparatively low to the national average.

The Committee noted that in 2014, the Office for National Statistics had estimated the population size of Barnet to be 367,265 whereas the current registered list size is around 400,000.

Ms. Webb informed the Committee that the Clinical Workforce within Barnet was 0.72 nurses per 1000, which is below national clinical the ratio which is 0.84 per 1000.

The Committee noted the following in relation to Patients Access to GPs:

- Only 13% (8) of Practices across Barnet are open 100% of Core Hours (8am to 6.30pm)
- 48% (30) are open between 80-100% of core hours
- 8 / 30 Practices are delivering 80% (+/- 2%) of core hours per week. They are closed for 10.5 hours per week (equates to 2 hours closure per day)
- 4 Practices are delivering less than 60% of core hours. They are closed for more than 21 hours per week (equates to 4 hours closure per day)

The Committee noted that Barnet is lower than average for patient satisfaction but also noted that London always performs lower than the national average.
The Committee noted that NHSE had recently launched the "Friends and Family Test" which asked patients if they would be likely to recommend a service to family and friends. The Committee were informed that the latest survey position as of July is based on 41 practices submissions and that 88.39% of patients would recommend their practice.

Ms. Webb advised the Committee that it had been calculated that there would need to be a growth approximately an extra 15 full time GP equivalents over next 7 years in order to meet demand and that the population demographics is reflected in practices budgets.

Ms. Webb commented on the priorities to address capacity and access in the development area of Central Colindale and that NHSE wanted to work with existing practices. The Committee noted that because of the population increase in Barnet, there would be a need for a new practice. Ms. Webb also informed the Committee of the following:

Primary Medical Services Contract Review 2015/16: that "Premium Services" and renegotiated Key Performance Indicators (KPIs) would aim to deliver improvements in clinical services, access and clinical capacity through increased appointments to meet patient need and access.

Primary Care Infrastructure fund (PCIF): That nationally, 721 practices' PCIF applications had been approved in principle.

Primary Care Co- Commissioning: That from 1 October 2015, NHS England and North Central London CCGs would be "co-commissioning" GP services.

The Vice Chairman referred to a statistic in the report which said that there are 284 GP Performers across Barnet of which 3 % (8) are locums and 17% (48) are more than 60 years and questioned how many people were performing those roles full or part time. Ms. Webb advised the Committee that the figure of 284 was an equivalent number.

The Vice Chairman thanked NHS England for the report, and noted that it has responded very well to the request made by the Committee.

A Member commented that she was pleased that NHSE were looking at capacity for the regeneration areas of the Borough and noted that the Joint Strategic Needs Assessment has anticipated an increase in need expected for the Mill Hill Ward.

A Member commented on the statistic outlined in the report of FT per head 0.56 for GPs (excluding Registrars and Retainers) per 1,000 Patients, and questioned if the primary concern should be that there were a large number of single-person GP Practises within the Borough, which was not in line with modern requirements. The Member commented on the need to change the culture so that GP Practices because more open to combining. The Member noted that when Practices combined, it might be across different Ward boundaries, but this is something that Practices would need to get used to. Ms. Webb commented that she would be able to provide Members with a map showing the catchment area of GP practices. Responding to the point made by the Member, Ms. Webb noted that the analysis was helpful, but there was also a need to layer with the needs of the elderly population as well as the younger population in order the make an attractive offer for General Practices.

Ms. Webb advised the Committee that they wished to have an item on the agenda for a forthcoming meeting of the Committee on primary care in Colindale. The Chairman advised that the Committee would be happy to receive this item.

A Member questioned if there were currently enough GPs in the country to allow for GPs to be open seven days a week. Ms. Webb advised that she didn't believe that there were currently enough GPs in the country to allow every GP practice to be open. The Member commented that he had further questions for NHSE on this, and noted that he would send further questions for response through the Governance Officer servicing the Committee.

RESOLVED that the Committee note the update from NHS England and ask appropriate questions.

9. TUBERCULOSIS (Agenda Item 8):

The Chairman invited Dr. Laura Fabunmi, a Consultant in Public Health Medicine from Harrow and Barnet Public Health to introduce the report, which set out the rates of Tuberculosis in Barnet.

The report outlined some of the challenges in tackling TB, who is affected by the disease and what is planned at national and local levels to identify people with TB and to provide

the required treatment. Dr. Fabunmi informed the Committee that rates of TB in Barnet have dropped in the three-year average data, from 30.0/100,000 (2010-12) to 23.2 / 100,000 (2012-14). Although this is lower than the London average of 30.1 / 100,000 (2013), there are still hot-spots within the Borough, notably in Colindale and Oakleigh Wards. Dr. Fabunmi noted however that the statistics for the Borough were based on a very small number of people, approximately 25 – 30 cases. She informed the Committee that the rate of infection in non-UK born people is approximately 10 times greater than those who are U.K born.

The Committee noted the following responsibilities of the Public Health team in relation to dealing with the issue of TB:

- Commissioning delivery and co-ordination of sessions and agree provider responsibilities
- Sourcing promotional material from TB Alert for information packs
- Organise staff awareness sessions for council staff
- Encouraging GP uptake of Royal College of General Practitioners online training for TB
- Organising TB seminar on World TB Day

Responding to a question from a Member, Dr. Fabunmi informed the Committee that, as is the case in London and the UK, the majority of TB cases in Barnet arise due to the reactivation of latent infection and so the main challenge to reducing TB in Barnet is the identification and treatment of those with latent TB. The Committee noted that approximately 80% of people who develop active TB do so as a result of the reactivation of latent TB rather than through transmission from someone with the active disease. She stressed the importance of prompt identification of active cases of disease, supporting patients to successfully complete treatment and preventing new cases of disease.

The Committee were informed that Harrow and Barnet Public Health would be running the second phase of the project in relation to TB and that voluntary groups would be able to bid for money to fund work on the disease.

A Member noted that whilst the rate of TB was low in Britain, it was comparatively high compared to the rest of Europe and expressed concern at people delaying treatment. Dr. Fabunmi commented that the delay in treatment was likely to be in part down to Latent TB, the stigma attached to the disease or the association with witchcraft in some cultures.

Responding to a question from a Member, Dr. Fabunmi advised that control of TB came under Public Health England, who have a national strategy and that whilst Harrow and Barnet Public Health led on the work locally, they had to work along with health providers.

A Member commented that the Local Authority's strategy had the correct goals, but that the recent campaign had not generated much interest. Dr. Fabunmi commented that the approach of reaching out to community groups had been successful in Harrow because TB was recognised more widely as an issue. As the campaign had not been as successful in Barnet as in Harrow, a Member requested that the campaign is repeated in Barnet.

Responding to a question from a Committee member, Dr. Fabunmi noted that immunisation was now given through neo-natal BCGS.

RESOLVED that

1. **The Health Overview and Scrutiny Committee notes the report and the steps taken by the public health team and other partners to reduce incidence of TB in Barnet.**
2. **The committee notes the recommendations accepted by the Health and Well Being Board on 30th July 2015.**

10. SEXUAL HEALTH (Agenda Item 9):

Dr. Fabunmi, a Consultant in Public Health Medicine from Harrow and Barnet Public Health introduced the report which set out the Barnet and Harrow Public Health team's strategy to prevent Sexually Transmitted Infections (STIs) among Barnet residents in general and in particular for the older population. In introducing the report, Dr, Fabunmi noted the increased incidence of STIs reported in the 2015 Annual Director of Public Health report.

The Committee noted the following update in relation to sexual health in Barnet:

- That there has been a rise in rates of STIs amongst those over 45 years of age from 214.2/100,000 to 267.8/100,000 between 2010 and 2013 (Genitourinary Medicine Clinic Activity Data - GUMCAD). However, the actual numbers of STI diagnosis remain small compared to other age groups.
- That in 2013, individuals under the age of 35 years had the highest prevalence of STIs in Barnet. During this period, males aged 25-34 years represented 21.8% of the male population but had 43.9% of STI diagnosis. Similarly, females aged 20-24 years represented 7.5% of the female population but had 35.9% of the STI diagnosis.
- In comparison, men over the age of 45 years represented 43.5% of the male population but had 11.6% of the STI diagnosis; and women in the same age group represented 46.6% of the female population but had 4.8% of the STI diagnosis

Dr. Fabunmi informed the Committee that Public Health's initial conclusion on the sexual health strategy had shown the need for an integrated service and stressed the need for increased collaboration between service providers.

The Committee noted a Pan-London plan to procure Genitourinary and Urinary Medicine (GUM) and sexual health provision as one system.

A Member queried whether the age group statistics relating to to the prevalence of STIs were comparable. Dr. Fabunmi informed the Committee that the data was intended to show that, compared to younger age groups, there is a much lower prevalence in older groups of people.

Dr. Fabunmi tabled a document which contained a graph extrapolation of data already contained within the Committee report which was made available to Members and the public.

A Member expressed concern that she had been talking to a young female who had run out of her contraceptive tablets and had not been able to access a repeat prescription from a Walk in Centre. Dr. Fabunmi informed the Committee that a GUM clinic has a

different function from a clinic providing contraception. The Member expressed the need for that message to be communicated to young people.
Referring to the report, a Member questioned why there were higher rates for STIs in people of black or ethnic minority groups. Dr. Fabunmi advised that she would respond to the Committee on that point outside of the meeting.

A Member questioned what could be done to reduce the demand for services. Dr. Fabunmi informed the Committee of the importance of health partners working together and commissioners developing more efficient services. The Member commented that people would be less anxious about going to a pharmacy such as Boots than a GUM clinic.

RESOLVED that:-

1. **That the Committee notes that whilst there has been a significant increase in rates of STIs amongst those aged 45 and over in recent years, the numbers remain small and rates of infection are far below those of younger age groups.**
2. **The Committee notes the need for an integrated sexual health service (Genitourinary Medicine and Contraception and Sexual Health Services) comprising of primary, community and acute provision which ensures improved access to holistic and comprehensive services – both locally and across the North London region.**
3. **That the Committee notes that Public Health team are participating in collaborative commissioning of genitourinary medicine (GUM) services.**
4. **The Committee request to be provided with information explaining why there were higher rates for STIs in people of black or ethnic minority groups.**

11. JOINT STRATEGIC NEEDS ASSESSMENT AND DRAFT JOINT HEALTH AND WELLBEING STRATEGY (Agenda Item 10):

The Chairman invited Councillor Helena Hart, Chairman of the Barnet Health and Wellbeing Board, Zoe Garbett, t Commissioning Lead for Health and Wellbeing, and Luke Ward, Commissioning Lead for Entrepreneurial Barnet, Growth & Development, to the table.

Councillor Hart introduced the Joint Strategic Needs Assessment (JSNA) and noted that the Health and Wellbeing Board had considered this extremely important document on three occasions before approving it for publication. A Member questioned the purpose of the report. Councillor Hart informed the Committee that the JSNA provided a clear evidence base and understanding of the health and social care needs of both present and future residents of Barnet. It would be an invaluable source of information across the Council, NHS and Voluntary Sector.

Councillor Hart informed the Committee that the Clinical Commissioning Group had been very engaged in the production of the JSNA and that there had been a high level of involvement from both user groups and residents. She noted that this should ensure that all Members of the Health and Wellbeing Board were fully signed up to the Joint Health and Wellbeing Strategy which is based on the JSNA. The JSNA would also be used to inform the wider decision making process to issues relating to regeneration, housing and the economic situation.

The Committee were informed that a website had been established by the Council and would be managed by the Public Health team in order to keep the JSNA reflective of relevant updates. A Member noted that the JSNA had shown that people who were older, female, or affluent were stated at being more risk of social isolation and challenged if this went against the evidence which says the same of lower social groups. Mr. Ward advised the Committee that the conclusions came out of a designated piece of research conducted by Capita colleagues and he suggested that different questions may have been asked. The data could be drilled down to postcode level and Member requested that this raw data was circulated to the Committee.

A Member commented that the JSNA referenced targets set out in the Local Plan and the Local Implementation Plan to increase cycling usage to 4.3% of journeys by 2026 and challenged whether this was an unambitious target.

A Member commented on non-smoking services and noted that the Royal Free London NHS Foundation Trust had a very good non-smoking service.

A Member noted that the JSNA did not contain much information on end of life care. Ms. Garbett advised the Committee that it was possible for end of life care to be contained within the JSNA, but that the issue was seldom raised during the production process.

RESOLVED that:-

1. **That the Committee notes how the JSNA will be used to inform council and public sector decision making in Barnet, and recommend any topics where additional future research into population-level need may be required.**
2. **That the Committee comments on the proposed vision, priorities and actions contained in the draft Joint Health and Wellbeing Strategy.**
3. **The Committee requests to be provided with the raw data in relation to social isolation as set out above.**

12. DENTISTRY IN BARNET (Agenda Item 12):

The Chairman invited Julie Pal, the Chief Executive of Community Barnet to the table. The Chairman noted that NHS England, who had previously accepted an invitation to attend the Committee and had subsequently confirmed their attendance, were not in fact present. The Committee expressed its dissatisfaction at this discourtesy. Ms. Pal advised the Committee that Healthwatch would be refreshing a “mystery shopping” exercise and that it would be looking at access to dental services. The Committee noted that dental service was one of the priorities set out in the Joint Strategic Needs Assessment.

A Member commented that Healthwatch Barnet had raised some very valid points in their investigation and commended the work undertaken in the investigation of dental services.

That Chairman invited Councillor Helena Hart to the table. Councillor Hart commented that poor dental health of children is a key concern and is one of the main reasons for children’s emergency treatment in hospital. She added that one of the priorities of the new Joint Health & Wellbeing Strategy was to improve children’s oral health.

A Member commented that the Units of Dental Activity being delivered had increased and that it seemed that the amount of dentistry provided per head had also increased within the Borough.

A Member expressed concern at children not being able to register for NHS dental treatment.

Councillor Hart informed the Committee that the CQC had very stringent rules in respect of displaying charges and that not doing so constituted a breach.

A Member questioned whether there would be any implications on health outcomes if Dentists were focussing more on dental work rather than hygiene care. Councillor Hart informed the Committee that whilst she understood that Dentists could charge a patient to see a hygienist, if the Dentist provided preventative treatment as part of the dental care, then it would be included under the same charge.

The Chairman suggested that the Committee receive a further report at their meeting in February 2016 from Healthwatch Barnet on their "mystery shopping" exercise and that NHS England are invited to attend this meeting.

RESOLVED that the Committee notes the update from NHS England and ask appropriate questions.

13. NORTH WEST LONDON, BARNET & BRENT WHEELCHAIRS SERVICE REDESIGN (Agenda Item 13):

The Chairman invited Maria ODwyer, Director of Integrated Commissioning, Barnet CCG and Lizzy Bovill, Program Director, Westminster CCG, to the table.

Ms. Bovill introduced the report which outlined the progress that commissioners had made so far with the procurement. The Committee noted that the procurement was a collaboration of seven CCGs in London.

Ms. Bovill informed the Committee that the service user engagement had included Barnet residents and that the specification includes recommendations that had come from the Wheelchair Alliance, chaired by Baroness Tanni Grey-Thompson. The Committee noted that commissioners would be meeting with Baroness Grey-Thompson to discuss the specification.

The Committee noted that the service would be commissioned in the new year and that that all CCGs would be represented as part of a procurement panel.

Ms. Bovill advised the Committee that it is likely there will be one lead provider sub-contracting different parts of the service to different organisations. The Committee noted that the ambition of the specification was to reduce variations in service to residents and ensure the same high quality across all 7 CCGs.

Ms. Bovill informed the Committee that all existing contract providers had been given notice that the existing contracts would cease at end of June 2016 so that the new contract could commence at the start of July.

Ms. O'Dwyer informed the Committee that the draft service specification and draft business case would be coming to each CCG for approval and that it was due to be considered by Barnet CCG in the next few weeks.

The Chairman requested that the Committee receive another report on the wheelchairs service redesign at the meeting in May 2016.

RESOLVED that the Committee notes the contents of the report, the proposed direction of travel in relation to the re-design of the programme and the required timescales for the project.

14. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 14):

The Chairman noted that in addition to the items set out in the forward work programme, the Committee would receive the following reports at future meetings:

- Colindale Health Centre
- An update report on Finchley Memorial Hospital
- Dentistry Report: an update on the mystery shopping exercise undertaken by Healthwatch Barnet with NHS England being invited to attend
- A further report on the wheelchair service redesign.

The Committee considered the work programme as set out in the report.

RESOLVED that the Committee notes the work programme.

15. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 15):

None.

The meeting finished at 10:00 pm