Decisions of the Health Overview and Scrutiny Committee

7 December 2015

Members Present:-

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

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

Also in attendance

Councillor Helena Hart

1. MINUTES (Agenda Item 1):

The Chairman opened the meeting and congratulated Councillor Barry Rawlings on his election as the Leader of the Barnet Labour Group.

The Chairman introduced the minutes and noted that she wished to make the following amendments to Agenda Item 8 (GP Provision – Update Report from NHS England) in the minutes:

Paragraph 4 to read: - *"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."*

Paragraph 5: to read: - *"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."*

Paragraph 6 to be amended to include the underlined words: -: *"Ms. Webb advised that it was difficult to provide information on future retirements because there is now 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 low compared with the national average."*

Paragraph 20: replace the words *"one person"* with *"single"* GP Practices.

RESOLVED that subject to the inclusion of the above amendments, the minutes be agreed as a correct record.

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

None.

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

Councillor Caroline Stock declared a non-pecuniary interest in relation to Agenda Item 7 (NHS Trust Quality Accounts – 6 Month Update) by virtue of her husband being an Elected Public Governor of the Council of Governors at the Royal Free London NHS Foundation Trust.

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

None.

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

None.

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

At the invitation of the Chairman, Councillor Trevethan introduced her Member's Item.

Councillor Trevethan advised that she wished to receive a detailed report containing up-to-date data which answered the questions set out in her Member's Item as set out below:

1. *What is the prevalence of eating disorders amongst young people (under 18 year olds) in Barnet? Is the prevalence increasing?*
2. *What are understood to be the common causes of eating disorders and what research is taking place at a local or national level to identify possible causes and/or contributory factors?*
3. *Information on a treatment plan/referral plan for a young person diagnosed with an eating disorder but not requiring inpatient treatment?*
4. *At what stage/severity would admission to hospital be required?*
5. *What are the long-term complications arising from eating disorders; and national rates of recovery and mortality?*
6. *Does evidence suggest that suffering from an eating disorder increases an individual's risk of suicide and attempted suicide?*
7. *What work is taking place to improve data on eating disorder prevalence and can we have a timescale as to when up-to-date data for England and for the local area will be published?*
8. *How important is early diagnosis in patient outcomes and what factors would assist early and correct diagnosis?*

A Member suggested that the report should highlight work that was currently taking place to tackle eating disorders as well as future policy.

The Chairman invited Councillor Helena Hart, the Chairman of the Barnet Health and Wellbeing Board, to the table. Councillor Hart informed the Committee that, should the Committee wish to commission a report, both Public Health and the Clinical

Commissioning Group (CCG) should be involved. She also noted that a relevant strategy was being formulated and suggested that the topic of self-harm be considered within the report.

Councillor Trevethen commented that she would also like the report to highlight:

- The prevalence of eating disorders in young people locally and nationally
- Information on treatment plans for young people
- The long term implications of eating disorders
- Information as to what the relevant agencies were doing to tackle the issue and how they are looking to improve the effectiveness of treatment
- The importance of early intervention and what work was being undertaken to ensure early diagnosis and the commencement of treatment.

The Committee requested that Dr. Howe, the Director of Public Health (Harrow and Barnet Councils) work with the Clinical Commissioning Group in order to produce a report.

RESOLVED that the Committee requests a report at their next meeting on the issues as set out above.

THE CHAIRMAN ANNOUNCED A VARIATION TO THE ORDER OF THE AGENDA, WITH THE ADULT AUDIOLOGY, WAX REMOVAL AND COMMUNITY ENT SERVICE BEING CONSIDERED NEXT.

7 **ADULT AUDIOLOGY, WAX REMOVAL AND COMMUNITY ENT SERVICE (Agenda Item 7):**

The Chairman invited Dr. Ahmer Farooqi, GP Board Member of Barnet Clinical Commissioning Group, and Theresa Callum, Head of Programmes - Demand Management, Barnet Clinical Commissioning Group, to the table.

Dr. Farooqi introduced the report and noted that the redesign of the service was driven by the fact that existing provision was very fragmented. The Committee noted that patients were often subject to a number of referrals between different services in order to be treated. Dr. Farooqi informed the Committee that the aim of the redesign was to have a service that was designed around the needs of the patient rather than the commissioner and to provide a one-stop service for patients.

Ms. Callum advised the Committee that the Community ENT (Ear, Nose and Throat) service currently saw approximately 300 patients per month and that the Adults Audiology ENT service saw approximately 1200 patients per year. The Committee noted that the purpose of the redesign was to bring services into one place so that 95% of patients are able to receive the service they need on one site.

Responding to a question from a Member, Ms. Callum informed the Committee that the CCG was intending to go out to procurement in January 2016 and hoped to offer the contract to the successful bidder in May 2016, with service commencing on 1 October 2016. The Committee noted that two of the sites would be located in Finchley and Edgware and that there was more flexibility with the location of the third site.

A Member questioned if there were any risks associated with the proposal. Dr. Farooqi advised that one possible drawback was that the redesign might reduce the number of sites where Audiology is available, but noted that in working up the proposals, officers had tried to balance access to individual sites against the benefits of reducing the number of sites but having the services located together.

The Vice Chairman commented that the proposal seemed very advantageous and requested that the CCG provide another report to the Committee in July 2016.

The Chairman noted that the CCG had received representation from Healthwatch which had been fed in to the service specification. The Chairman commented that a visit had been scheduled to Age UK and the West Locality Patient Participation Group and questioned if there was an East Locality Patient Participation Group (PPG). Ms. Callum informed the Committee that General Practices will have their own PPGs but that in the West Locality, PPGs had worked hard to combine patient representatives from all Practices into one group, allowing the CCG to engage with a much larger group of patients.

The Chairman noted that the feedback showed that so far most GPs were in favour of the proposed service redesign.

RESOLVED that:-

1. **The Committee notes the report.**
2. **The Committee requests a further report on the matter at their meeting in July 2016.**

8 NHS TRUST QUALITY ACCOUNTS 2014/15 - MID YEAR REVIEW (Agenda Item 8):

The Chairman introduced the report and noted that, following the consideration of various Quality Accounts for 2014-15 in May, the Committee had asked to be provided with an update from each Trust to outline the progress that had been made since then.

<u>North London Hospice:</u>

The Chairman invited Fran Deane, Director of Clinical Services at North London Hospice, to the table.

Ms. Deane commented that the report aimed to provide an overview of how the Hospice had responded to the comments made by the Committee during their formal consideration of the 2014-15 Quality Accounts. Ms. Deane noted that one of the major points raised in the report was that the Hospice had needed to amend the Clinical Effectiveness Priority for Improvement. The Committee noted that the Hospice had originally intended to undertake a scoping exercise in order to map the local services that currently exist within the London Boroughs of Barnet, Enfield and Haringey for those living with and beyond chronic illness. The Committee noted that the postholder who was due to lead on the project had left the organisation and a replacement member of staff could not be identified to undertake the necessary scoping within the timescales required. A Member questioned what the Hospice hoped would come out of the scoping exercise. Ms. Deane advised the Committee that the purpose of the scope was to understand the needs of patients living with a long term condition in the three Boroughs and to understand how the Hospice could support the needs of these patients. The

Committee noted that the Hospice had had ideas about how best to provide that support but that they wanted them grounded in factual information.

A Member reiterated a concern they had expressed in May regarding the £500 callout charge for a GP from BarnDoc. Ms. Dean informed the Committee that BarnDoc hold a supply of controlled drugs and therefore they had to use this.

The Chairman questioned if the repeat hand washing audits outlined in the report had taken place at both of the Hospice's sites. Ms. Deane informed the Committee that the Finchley audit had taken place and they were waiting for the results and that the Enfield site was yet to be completed.

The Chairman commented that she had recently attended an event run by the North London Hospice which was attended by day patients, relatives and friends. The Chairman expressed her thanks to the North London Hospice for the work that they do.

Royal Free London NHS Foundation Trust:

The Chairman invited Mr Ian Mitchell, Deputy Medical Director at the Royal Free London NHS Foundation Trust, to the table to introduce the report.

Mr. Mitchell commented that the report that had been provided focussed on the areas that the Committee had expressed concern over, and provided an update containing the following points:

Falls:

- Between April 2014 and March 2015 1,505 falls were recorded within the Trust, 24% of which gave rise to some degree of harm. The Trust has a goal to reduce falls by 25% as recorded on their Datix system by 2018.
- A trust wide falls working group with root cause analysis and risk factors has been convened. There would also be a "Falls Champion" in each service line.
- A Falls screening tool and prevention plan is being drafted
- Staff were educated to prevent falls.
- Learning processes from incidents is ongoing.
- Falls awareness events were being planned and undertaken.
- A National falls audit is being undertaken.
- Expert training is being undertaken.
- Scoping into community setting is being undertaken.
- Pilot wards identified.

Diabetes:

The Committee were informed that the treatment of diabetes across the Trust forms a major area of the patient safety programme. Within the Royal Free Trust 20-25% of patients have diabetes mellitus (DM) against a national average of 10%.

The number of bed days for patients with a diagnosis of diabetes is 76,210 relating to 8,974 admissions of patients with diabetes as a co-morbidity and 498 admissions with diabetic emergency problems.

Mr. Mitchell reported that the common errors noted in relation to Diabetes care across the UK were:

- Insulin prescription errors/delivery errors

- Failure to recognise diabetic ketoacidosis (DKA)

- Lack of recognition of hyper/hypo glycaemia.

The Committee noted that the Royal Free's base line audit showed:

- High numbers of hyperglycaemia
- Variation in treatment
- High blood glucose occurrences out of hours.

Mr. Mitchell informed the Committee that by 2018 the Trust aimed to proceed to a situation where there is no avoidable harm from hyper or hypo glycaemia in a pilot ward. He also mentioned that a diabetes improvement team with members from the diabetic team, other staff members and the pharmacy team had been established.

The Committee noted that there would be priority for Diabetic patients at mealtimes which included special menus and coloured plates to highlight diabetic meals.

A Member questioned why there were 25% more patients with diabetes attending the Royal Free London NHS Foundation Trust. Mr. Mitchell informed the Committee that the Trust had a complex case mix and provided very specialist treatment, particularly at the Hampstead site.

The Chairman referred to performance for patients with diabetes receiving a documented foot risk assessment within 24 hours to assess the risk of developing foot disease. She noted that last year's Quality Account had shown that, whilst Chase Farm had improved, the number of patients undertaking a foot risk assessment from 25.6% to 41.9% (a 63% increase) between the two audit periods, the performance at the Royal Free Hospital site had deteriorated from 24.2% to 6.5% (a 73% decrease). The Chairman questioned if it was the intention of the Trust to perform at an assessment rate of 35% across all sites. Mr. Mitchell confirmed this and expressed the importance of increasing performance.

<u>Discharge Summaries and Incorrect Medication List:</u>

A Member referred to last year's Quality Account which stated that in 2014 a local audit identified that 30% of discharge summaries contained some incorrect information regarding the patient's medication list. The Member asked for information on progress in relation to this point. Mr. Mitchell informed the Committee that the charts are subsequently checked by the pharmacy. Mr. Mitchell noted that prescription errors would be significantly improved by the Trust's electronic prescription programme which was due to go live in Autumn next year.

<u>Infection Control, MRSA and c difficile.</u>

Mr. Mitchell informed the Committee that an independent external expert had reported on the old Barnet and Chase Farm Hospital Trust infection control processes, having already undertaken a similar process at the Hampstead site. The Committee noted that

these findings were incorporated into the infection control processes of the new organisation.

The Committee noted that the present situation was that to the end of Quarter 2, there were 39 attributable cases to the Trust against a threshold of 33 which was 'allowable' for that period. The Committee noted that the monitor framework however is that its governance risk rating exempts only those cases where there has been a 'lapse of care' as determined by a local team working under NHS England's guidance framework. Mr. Mitchell noted that when applying this data, the Trust had had seven lapses of care, four at the Hampstead site and three at Barnet. There is ongoing root cause analysis and microbiological audit and a new "Start, Smart and Focus" audit which will be published on the Trust intranet.

Mr. Mitchell informed the Committee that between April and October five cases of MRSA bacteraemia have been documented within the Trust. Two were assigned outside the organisation and one further case was assigned at appeal to the Trust and two were assigned to Barnet internally, one of which is known to be a contaminant. As a consequence of this there is an ongoing review of policies including:

- Blood culture taking
- Retraining and competencies
- Reviewing of training processes

Acute Stroke Unit

Mr. Mitchell referred to one of the comments submitted by the Committee on the Trust's 2014-15 Quality Account which highlighted an unexpectedly high number of patients not being referred to the relevant Hyper Acute Stroke Unit (HASU). Mr. Mitchell commented that, as a result of some patients not being referred to the HASU, the Barnet unit was being judged against inappropriate measures applicable to the HASU setting. The Committee noted that the Trust was working with the ambulance service, local general practitioners and the HASU to ensure that patients are correctly assigned at the outset of their illness. As a consequence, Mr. Mitchell reported that the audit of the Barnet Unit's work now grades the Barnet Unit as A rather than D/E.

The Vice Chairman commented that the North Central Sector Joint Health Overview and Scrutiny Committee had recently reviewed Stroke provision and noted that the Acute Stroke Unit at Barnet had been shown in a very positive light.

Friends and Family test:

Mr. Mitchell informed the Committee that NHS England had undertaken a review of the Friends and Family test (FFT) and had concluded that the characteristics of this data meant that it should not be considered as an official statistic. However, the Committee noted that it was an ongoing contractual obligation.

Mr. Mitchell commented that the methodology of data collection significantly alters the outcomes of this process. He commented that particular organisations which collect the data from patients by means of paper or tablet at the time of discharge tend to achieve much better scores than those which use a phone call to the patient within 48 hours of discharge, as is undertaken in the Royal Free Trust. Mr. Mitchell advised the Committee that the Trust was of the opinion that much of the value within the FFT process, at the

present time, lies in the “free text” comments of patients which are also fed back directly to staff.

The Chairman questioned if there were any trends in the data that had come back via the FFT. Mr. Mitchell commented that concerns had been raised around night time care, communication and the need for more control around visiting times to control noise on the wards.

The Committee noted that percentage of patients who would recommend remains within a 0.5% variation of the national average and efforts to change this centre on qualitative improvement rather than statistical manipulation. The Committee noted that the Trust was concerned at the “would not recommend” level of 6% which is considerably above the average nationally of 1.5% and makes the Trust one of the poorest nationally performing organisations in this measurement. Mr. Mitchell commented that the methodology by which data was collected, affected the results that were received. Trends arising out of this data are suggestive of patient concerns in the areas of:

- Night time care
- Attitude
- Communication
- Control over visitors

Staff Survey:

Mr. Mitchell informed the Committee that the Trust last completed a National Staff Survey in 2014, the results of which were set out in the 2014-15 Quality Account. The survey had suggested that overall the acquisition and integration of the organisation had begun without major impact on staff motivation and morale. The Committee noted that the Trust was waiting the result of the 2015 survey which closed on 30 November 2015. The organisation awaits the outcome and breakdown of these figures with interest and the Trust Board is focused on ensuring that appropriate measures are taken in relation to this area of concern.

Central London Community Healthcare NHS Trust:

The Chairman introduced the six month update report provided by the Central London Community Healthcare NHS Trust (CLCH) and noted that the officer due to present the report had suddenly been taken ill.

The Chairman noted that CLCH had offered to respond to any questions that the Committee had, following their consideration of the report.

The Committee scrutinised the report and requested that the following questions be put to CLCH on the report:

- The Committee referred to the intention to support a single point of access for patients with long term conditions and noted that CLCH would be looking to allocate link specialist team workers to each location that the Trust served. The Committee asked to be informed what was meant by the “locality” and how many link specialist teams there would be.

- The Committee noted that under the “Preventing Harm – User Involvement” section of the report, patients who had been interviewed had felt that communications and administrative systems could be a weakness within CLCH. The Committee requested to be informed as to what the problems were.
- The Committee referred to the “Medication Errors” section of the report and noted that one line within the graph referred to thresholds. The Committee commented that the significance of the threshold was not clear and requested to be provided with detail about the threshold and if it was nationally recognised.
- The Committee noted that the report referred to a “CBU Manager” and requested to be informed as to what “CBU” stood for.
- A Member questioned what mechanisms were in place to ensure that patients who were on long term medication were not receiving medicines that they did not need, particularly if they were elderly and did not go to the surgery frequently.
- The Committee noted that the Trust had planned a range of listening events during November 2015 across all four Boroughs and requested to be provided with feedback from the events.
- The Committee noted with interest that CLCH had commissioned a care home project which provides clinical medication reviews and requested to be provided with further information on the project.

The Chairman thanked CLCH for addressing the comments that the Committee had made so effectively and noted the Trust’s excellent performance in relation to pressure ulcers.

RESOLVED that:-

1. **The Committee noted the report**
2. **The Committee request that their comments be provided to CLCH to respond to.**

9 **UPDATE REPORT ON THE EAST BARNET HEALTH CENTRE FROM NHS ENGLAND AND NHS PROPERTY SERVICES (Agenda Item 9):**

The Chairman invited Fiona Erne, Deputy Head of Primary Care, NHS England (North Central and East London), Surraya Ayshea Richards, Chief Information Officer, NHS Property Services, and Robert Braham, Regional Asset Manager (London) NHS Property Services, to the table.

The Chairman referred to a letter that she had received from Tony Griffiths, Regional Director – London, NHS Property Services dated 19 October 2015 which she had previously read out at the last Committee meeting. The Chairman noted that the letter had confirmed that services at East Barnet Health Centre would resume from 19 October 2015.

Mr. Braham informed the Committee that the refurbishment was completed and that the lift had been installed on 6 December 2015. The Committee noted that the GPs were back at the Health Centre and that the return to the site had been a success.

A Member noted that there was empty space on the first floor of the Health Centre where CLCH were due to be moving in to. The Member questioned what services CLCH would be providing at the site. Mr. Braham informed the Committee that he was not sure as to the nature of the services that CLCH would provide at the site. Mr. Graham said that the

Trust had had the opportunity to come back to NHS Property Services in relation to the lease but they had not. The Member expressed concern about payments being made from public money for the space while it is empty. Mr. Braham noted the concern. The Chairman commented on the importance of finding out what plans CLCH had for their space at the East Barnet Health Centre.

The Chairman noted that the Barnet Governance Service would be contacting CLCH in order to submit the Committee's questions on the Quality Account and suggested that the Committee's questions about the empty space are also submitted.

Referring to the report, a Member noted that the terms of lease were expected to be agreed in March 2016. The Member commented that four months seemed like a long time if no problems were anticipated in the agreement of the lease. Mr. Braham informed the Committee that if the parties were unable to agree the terms of the lease by March 2016, then relevant legislation would mean that a court would set out the terms and they would have to be accepted by both parties. The Committee noted that NHS Property Service had entered into the legal process with the GPs and wished to reach an agreement without the matter going to court.

The Committee noted that when the opening date had been finalised, NHS PS had taken out adverts in the local press, placed signs outside the practice to advertise its reopening and made leaflets available at Vale Drive. NHS England had also sent out letters to the Practice's patients.

Responding to a question from a Member, Mr. Braham informed the Committee that in order to accommodate East Barnet Health Centre at the Vale Drive Practice, the previous occupiers had temporarily moved out and would be returning.

A Member questioned how NHS PS, as a national organisation, prioritised their resources. Mr. Braham advised the Committee that the key priority was safety. Therefore, when it was discovered that the East Barnet Health Centre had asbestos, the work was prioritised. The Committee noted that once the asbestos had been cleared, NHS Property Services had noted that although finances were considered on a national level, local issues were always considered.

A Member welcomed the work that NHS Property Services had done on communicating the re-opening of the Centre. The Chairman commented that whilst the free shuttle bus service between the practices had a low take up, those who had used it had been very grateful. Mr. Braham informed the Committee that if patients arrived at the wrong surgery not realising that their appointment had moved, NHS Property Services had provided private hire transport to patients who had arrived on public transport.

RESOLVED that:-

1. **The Committee notes the report;**
2. **The Committee requests that CLCH provide the Committee with information on their plans to occupy space on the first floor of the East Barnet Health Centre.**

10 **PUBLIC CONSULTATION: COLINDALE HEALTH PROJECT (Agenda Item 10):**

The Chairman invited Adam Driscoll, Commissioning Lead – Planning, Barnet Council Commissioning Group, Mike Decoverly, NHS England Officer, and Fiona Erne, Deputy

Head of Primary Care, North Central and East London NHS England (London Regional Team), to the table.

Mr. Decoverly informed the Committee that NHS England (NHSE) and Barnet Council Commissioning Group had requested to attend the Committee in order to engage with Members about the health proposals that were being considered in respect of the Colindale regeneration project. Mr. Decovely informed the Committee that officers wished to understand what information the Committee needs as representatives of the local population.

The Committee noted a postal drop of 20,000 communications had been delivered in and around the Colindale area.

Responding to a question from a Member, Mr. Driscoll advised the Committee that Officers had consulted with Colindale Ward Members. The Member suggested that Officers also contact Burnt Oak Ward Members.

A Member commented that there was a high amount of development expected near Mill Hill and questioned if this development was expected to impact on the Colindale area. Mr. Driscoll commented that whilst there could be some growth in demand, it was considered to be of a level that existing GPs would be able to manage. Ms. Erne commented that Primary Care tends to have some flexibility to deal with some population growth and that NHSE is offering grants to practices to convert non clinical space, such as records rooms, into clinical rooms to provide additional capacity for more patients.

A Member commented on the issues that were faced in getting GPs to occupy vacant space at Finchley Memorial Hospital. Mr. Driscoll commented on the importance of producing the lease structure and noted that whilst dealing with planning applications for the Colindale project, officers were also considering the types of leases that would be needed in order to avoid the problems at Finchley Memorial site.

A Member questioned how Officers were intending to publicise the new health centre near Colindale Tube Station. Mr. Waverly informed the Committee that there would be two consultation events taking place in early January and that there had been drop in sessions.

A Member noted that the process of engagement seemed a little bit late and questioned if officers felt that engagement should have taken place earlier. Ms. Erne informed the Committee that she felt that consultation could have taken place earlier, however, the reorganisation of the NHS in 2010 had delayed this. Ms. Erne noted that NHS England was trying to work closely with local authorities.

Mr. Waverly informed the Committee that Officers were working closely with two GPs in Grahame Park so that they are kept informed as to what the process will be when the current building is demolished. The Committee noted that efforts were being made to enable the two Practices to move straight into the new centre.

A Member questioned how assessments of future need were made. Mr. Driscoll informed the Committee that Officers would look at a range of data, included age groups and growth.

A Member commented on an expected development of 800 flats in Mill Hill Ward and questioned when Officers anticipated planning for any changes to health provision in the

area. Mr. Driscoll commented that this was an area that might warrant a review of provision in the future.

A Member noted that he could see the rationale as to why contracts for GP provision needed to be flexible and commented on the need to encourage existing GPs to be more flexible or to merge with other GP Practices. The Member also expressed concern about finding sufficient GPs. Ms. Erne noted that there was a workforce challenge and noted the changing needs of the population. Ms. Erne also commented on the task of training people and also then attracting them into London. The Committee noted that NHSE was having strategic discussions with their commissioning colleagues about how to make practicing in London affordable and how to aid the career progression of healthcare professionals in the capital.

The Chairman requested that the Committee consider a further update report to cover the consultation and the progress on the business case at their meeting in July 2016.

RESOLVED that:-

1. **The Committee notes the report**
2. **The Committee requests to be provided with a further update report from NHS England and the London Borough of Barnet in July 2016 as set out above.**

11 HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 11):

The Chairman invited Councillor Helena Hart, the Chairman of the Barnet Health and Well-being Board, and Dr. Andrew Howe, the Director of Public Health (Harrow and Barnet Councils), to the table.

Councillor Helena Hart informed the Committee that, since the Committee had last met, Barnet's Health and Well-being Board (HWBB) had agreed its joint Strategy and Priorities. Councillor Hart noted the significance of its being called a "joint" strategy because it demonstrated ownership by all members of the HWBB. The Committee noted that the strategy prioritises mental health and mental wellbeing from pregnancy through to later life. Councillor Hart noted that the Joint Health and Well-being Strategy for Barnet 2015-2020 also had the Barnet Dementia Manifesto appended to it. The Committee noted that the strategy also focussed on carers and the necessity of prevention and early intervention.

Dr. Howe referred to the Member's Item on eating disorders that the Committee had considered earlier in the evening and noted that there was a relevant national strategy. Dr. Howe also commented that there was new national money available to the London Borough of Barnet and Barnet CCG and that Barnet planned to bid for the money. Dr. Howe informed the Committee that a 3.9% cut to the Public Health budget had been announced and that a revised commissioning plan would be produced for the HWBB when the details were known. Councillor Hart noted that the budget had been ring fenced for the next two years, allowing time to prepare.

The Committee considered the Forward Work Programme as set out in the report. The Chairman commented that the Committee would also receive report in the next municipal year on the Colindale Health Project.

The Chairman advised that she wished to receive a report on “health tourism”. The Chairman informed the Committee that she would like the report to cover the following points:

- How local hospitals (ie Barnet, Chase Farm and the Royal Free) ensure that patients from abroad who use services are billed appropriately and that payment is received.
- What checks are made to establish the nationality of patients and if, for example, they are E.U citizens and whether their countries are being invoiced.
- What are hospitals and GPs doing if non-British patients come in requesting treatment.

RESOLVED that:-

1. **The Committee notes the Forward Work Programme as set out in the report.**
2. **The Committee requests to be provided with the reports as set out above.**

12 **ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 12):**

None.

The meeting finished at 9:40