

MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

MONDAY 7TH DECEMBER, 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 | Councillor Caroline Stock | Councillor Amy Trevethan |
| Arjun Mittra | Councillor Barry Rawlings | Councillor Laurie Williams |
| Gabriel Rozenberg | | |

Substitute Members

| | | |
|--------------------------------------|-------------------------------------|--------------------------|
| Councillor Philip Cohen | Councillor Daniel Thomas | Councillor Maureen Braun |
| Councillor Shimon Ryde BSc (Hons) | BA (Hons) Councillor Anne Hutton | Councillor Kath McGuirk |

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

Andrew Charlwood – 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 | 1 - 12 |
| 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 | |
| 5. | Public Question Time (If Any) | |
| 6. | Members' Items (If Any) | |
| a) | Member's Item - Councillor Amy Trevethan | 13 - 16 |
| 7. | NHS Trust Quality Accounts 2014/15 - Mid Year Review | 17 - 42 |
| 8. | Update report on the East Barnet Health Centre from NHS England and NHS Property Services | 43 - 48 |
| 9. | Adult Audiology, Wax Removal and Community ENT Service | 49 - 56 |
| 10. | Public Consultation: Colindale Health Project | 57 - 74 |
| 11. | Health Overview and Scrutiny Forward Work Programme | 75 - 82 |
| 12. | Any Other Items that the Chairman Decides are Urgent | |

FACILITIES FOR PEOPLE WITH DISABILITIES

Hendon Town Hall has access for wheelchair users including lifts and toilets. If you wish to let us know in advance that you will be attending the meeting, please telephone Anita Vukomanovic 020 8359 7034 anita.vukomanovic@barnet.gov.uk. People with hearing difficulties who have a text phone, may telephone our minicom number on 020 8203 8942. All of our Committee Rooms also have induction loops.

FIRE/EMERGENCY EVACUATION PROCEDURE

If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by Committee staff or by uniformed custodians. It is vital you follow their instructions.

You should proceed calmly; do not run and do not use the lifts.

Do not stop to collect personal belongings

Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions.

Do not re-enter the building until told to do so.

This page is intentionally left blank

Decisions of the Health Overview and Scrutiny Committee

13 October 2015

Members Present:-

AGENDA ITEM 1

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

| | |
|------------------------------|----------------------------|
| Councillor Val Duschinsky | Councillor Caroline Stock |
| Councillor Arjun Mitra | 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 permanent 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 Manager at NHS England, and Dr. Debbie Frost, Chair of Barnet CCG to the table.

At the invitation of the Chairman, Ms. Webb informed the Committee that London was considered "over budget" for the population and noted how this was a challenge for NHSE, as NHSE felt that London does not receive the same in primary care budgets as the rest of the country because of this. Ms. Webb noted that this challenged with the primary care budgets when combined with regeneration programmes made the provision of GP services and primary care very difficult.

Ms. Webb informed the Committee that Barnet does not have Prime Minister's Challenge Fund, which can be used to improve access to General Practice Wave 2 schemes.

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 one-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 became 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 to 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 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

| | |
|---|---|
|  | AGENDA ITEM 6a |
| | <h2>Health Overview and Scrutiny Committee</h2> <h3>7 December 2015</h3> |
| Title | Member's Item – Councillor Trevethan |
| Report of | Head of Governance |
| Wards | All |
| Status | Public |
| Urgent | No |
| Key | No |
| Enclosures | None |
| Officer Contact Details | Anita O'Malley – Governance Team Leader anita.vukomanovic@barnet.gov.uk – 0208 359 2205 |

| |
|--|
| <h3>Summary</h3> |
| The report informs the Committee of a Member's Item and requests instruction from the Committee. |

| |
|---|
| <h3>Recommendations</h3> |
| <ol style="list-style-type: none"> 1. That the Health Overview and Scrutiny Committee's instructions are required on whether to bring a detailed report to a future meeting, receive a written briefing or take no further action. |

1. WHY THIS REPORT IS NEEDED

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

Member's Item: Eating disorders in children and young people

In light of the continued squeeze on mental health budgets, and the deeply worrying findings of a Youth Select Committee Report on Young People's Mental Health (17 November 2015), including the figure of 75% of adult mental health problems excluding dementia commencing by the age of 18, I request that HOSC is provided with the following information:

- 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?*

Youth Select Committee Report on Young People's Mental Health:

<http://www.parliament.uk/business/news/2015/november/youth-select-committee-report/>

2. REASONS FOR RECOMMENDATIONS

- 2.1 The Committee are requested to give consideration to the Member's Item and provide instruction as to whether they wish to receive a detailed report on the issue raised at a future meeting.

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, such as the Health and Wellbeing Strategy, and the Barnet Joint Strategic Needs Assessment.

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

5.2.1 None in the context of this report.

5.3 Social Value

5.3.1 Members Item's provide an avenue for Members to request Officer reports for discussion within a Committee setting at a future meeting.

5.4 Legal and Constitutional References

5.4.1 The Council's Constitution (Meeting Procedure Rules, Section 6) notes that a Member (including Members appointed as substitutes by Council will be permitted to have one matter only (with no sub-items) on the agenda for a meeting of a Committee or Sub-Committee on which s/he serves. Members items must be within the term of reference of the decision making body which will consider the item.

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

5.5 Risk Management

5.5.1 None in the context of this report.

5.6 Equalities and Diversity

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

5.7 Consultation and Engagement

5.7.1 None in the context of this report.

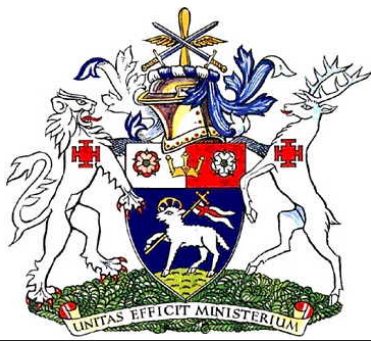
5.8 Insight

5.8.1 The process for receiving a Member's Item is set out in the Council's Constitution, as outlined in section 5.4 of this report. Members will be requested to consider the item and determine any further action that they may wish in relation to the issues highlighted within the Member's Item.

6. BACKGROUND PAPERS

6.1 E-mail to Governance Officer dated 24 November 2015.

This page is intentionally left blank



Barnet Health Overview and Scrutiny Committee

7 December 2015

| | |
|--------------------------------|--|
| Title | NHS Trusts Quality Accounts – Mid Year Review |
| Report of | Governance Service |
| Wards | All |
| Status | Public |
| Urgent | No |
| Key | <i>None</i> |
| Enclosures | <p>Appendix A – Comments submitted by the Barnet HOSC for Inclusion within CLCH’s Quality Accounts 2014-15</p> <p>Appendix Ai: Six Month Update from CLCH</p> <p>Appendix B: Comments submitted by the Barnet HOSC for Inclusion within North London Hospice’s Quality Accounts 2014-15</p> <p>Appendix Bi: Six Month Update from North London Hospice</p> <p>Appendix C: Comments submitted by Barnet HOSC for Inclusion within the Royal Free Quality Account</p> <p>Appendix Ci: Six Month Update from Royal Free</p> |
| Officer Contact Details | Anita O’Malley – Governance Team Leader anita.vukomanovic@barnet.gov.uk 0208 369 7034 |

Summary

At their meeting on 11 July 2015, the Committee considered the Quality Accounts from NHS Trusts for 2014/15. Health providers are required by legislation to submit their Quality Accounts to Health Scrutiny Committees for comment. NHS Trusts have a requirement to report to their Quality Accounts to the Committee. At their July meeting, the Committee was asked to scrutinise the Quality Accounts and to provide a statement to be included in the Account of each health service provider.

The Committee have requested the three NHS Trusts to provide a response as to how they have acted following the submission of their Comments for inclusion within the final draft of their Quality Accounts last year.

The appendices contained within the report set out a) the comments made by the

Committee to the Trust last year, followed by b) the response from the Trust in respect of those comments.

Recommendations

1. That the Committee note the report.

1. WHY THIS REPORT IS NEEDED

- 1.1 Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide, mirroring providers' publication of their financial accounts. All providers of NHS healthcare services in England, whether they are NHS bodies, private or third sector organisations must publish an annual Quality Account. The Committee have requested that the three Trusts that submitted their Quality Accounts last year provide an update on how they have actioned the comments made by the Committee.
- 1.2 The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer, and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness. The visible product of this process – the Quality Account – is a document aimed at a local, public readership. This both reinforces transparency and helps persuade stakeholders that the organisation is committed to quality and improvement. Quality Accounts therefore go above and beyond regulatory requirements which focus on essential standards.
- 1.3 If designed well, the Accounts should assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services, concentrating on those that need the most attention.
- 1.4 Quality Accounts will be published on the NHS Choices website and providers will also have a duty to:
 - Display a notice at their premises with information on how to obtain the latest Quality Account; and
 - Provide hard copies of the latest Quality Account to those who request one.
- 1.5 The public, patients and others with an interest in their local provider will use a Quality Account to understand:
 - Where an organisation is doing well and where improvements in service quality are required;
 - What an organisation's priorities for improvement are for the coming year; and
 - How an organisation has involved service users, staff and others with an interest in the organisation to help them evaluate the quality of their services and determine their priorities for improvement.

- 1.6 Commissioners and healthcare regulators, such as the Care Quality Commission, will use Quality Accounts to provide useful local information about how a provider is engaged in quality and tackles the need for improvement.

2. REASONS FOR RECOMMENDATIONS

- 2.1 By receiving this update, the Committee will be able to see how NHS Trusts have responded to the comments that the Committee asked to be included within the Quality Accounts.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None in the context of this report.

4. POST DECISION IMPLEMENTATION

- 4.1 Once the Committee has scrutinised the report, they are able to consider if they would like to make any recommendations to the NHS Trusts.

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.

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)

- There are no financial implications for the Council.

5.3 Social Value

The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 Legal and Constitutional References

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

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

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

5.4.3 NHS bodies and certain other bodies who provide health services to the NHS are required by legislation to publish Quality Accounts drafts of which must be submitted to the Health OSC for comment in accordance with section 9 of the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended.

5.5 Risk Management

5.5.1 Not receiving this report would present a risk to the Committee in that they would not have the opportunity to scrutinise the provision of Health Services in the Borough.

5.6 Equalities and Diversity

5.6.1 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.

5.6.2 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.

5.6.3 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.

5.6.4 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.

5.7 Consultation and Engagement

5.7.4 The Barnet Health Overview and Scrutiny Committee are taking the opportunity to engage with the NHS Trusts in relation to their actions following the Committee placing their comments on the Quality Accounts on record.

5.8 Insight

5.8.1 None in the context of this report. Upon considering the report, the Committee will determine if they require further information or future updates.

6 BACKGROUND PAPERS

6.6 None.

This page is intentionally left blank

Appendix A

Barnet Health Overview and Scrutiny Committee: Draft Comments on NHS Trust Quality Accounts for the Year 2014-2015

Central London Community Healthcare NHS Trust:

The Committee scrutinised the Central London Community Healthcare NHS Trust Quality Account 2014/15 and wish to put on record the following comments:

- The Committee noted that the Trust had undertaken their external Monitor Quality Governance Assurance Framework (QGAF) assessment in September 2014 as part of the application for Foundation Trust status. The Committee was pleased to note that the Trust was required to achieve a score of 3.5 in the assessment and actually achieved a score of 3.0. The Committee commented that it would be helpful for the Trust to explain within the Quality Account that a score of 3.0 was actually better than a score of 3.5.

However:

- The Committee felt it would be beneficial to include maps within the final draft of the Quality Account.
- The Committee felt that given that the Trust had received 44 complaints in 2012/13 regarding communication / staff attitude, which reduced to 29 complaints for 2014/15, that an objective of a 10% reduction in complaints of this nature was not ambitious enough.
- The Committee noted the objective in relation to the Quality Strategy Campaign – Preventing Harm - which aimed to ensure that 95% of incidents will be reviewed by the handler within 7 days, and 100% within 14 days. The Committee commented that this target should be made more ambitious.
- The Committee noted that the target of training 80% of staff to be able to give smoking cessation education was an NHS target and suggested that this should be made clearer.
- The Committee noted the current goals for the Trust's participation in research for 2014/15 and suggested that completion dates for each research goal should be included.
- The Committee commented that it would be helpful to include the actions that the Trust had taken in response to the patient story and to include that within the Quality Accounts.
- The Committee considered the Trust's performance in relation to Incident Reporting and expressed concern that severe harm cases were "CLCH attributable grade 3 and 4 pressure ulcers". The Committee was pleased to note that, whilst pressures ulcers were a problem for the Trust, the Trust had a task force in place to address the issue.
- The Committee noted that the Trust had included milestones in last year's Quality Accounts and noted that this was an effective way to draw attention as to whether they were being achieved and to provide an explanation if not. The Committee suggested that milestones be included in next year's Quality Account.

This page is intentionally left blank

Quality Account Priorities - half year update

The CLCH Quality Account can be found at: <http://www.clch.nhs.uk/about-us/publications.aspx>

The Barnet OSC comments can be found at page 49

1. Positive Patient Experience

Patient engagement

We will improve patient engagement in relation to working together in partnership to change/improve quality

Our Quality Stakeholder Reference Group meets regularly and we have developed and drafted a new Carers Strategy based on the NHS England Commitment to Carers 2015 with support from our members. Once this has been reviewed by the Patient Experience Group and Learning Disability Steering group, the trust will set up a specific Carers Forum including carers and key stakeholders on order to take forward the Strategy and subsequent action plans.

The Trust continues to undertake 15 Step Challenge visits every month looking for clues and impressions that suggest high quality care is being delivered and identifying anything that might be improved. We recently visited our Specialist Dental service and they have identified some actions around patient care guides, reading materials for patients, and providing drinking water. Actions are taken forward by the service and are reported to our Quality Stakeholder Reference Group.

Long term conditions SPA

We will work to support a single point of access for patients with long term conditions

We have delivered single points of access in local geographies for patient requiring specialist long-term condition services.

Referrals for specialist services are clinically triaged for need and patient are offered clinical interventions accordingly. Where patients are receiving specialist LTC services we provide these in a co-ordinated way based on need, and deliver through specialised teams.

We aim to deliver the following changes as part of our transformation agenda for LTC services

- Co locating specialist services within a single hub in Barnet, maximising clinical interaction. limiting duplication and increasing shared clinical skills
- Allocating link specialist team workers to each locality we serve, increasing support to our community nurses and therapists and developing robust internal pathways.
- Continue to work with our acute and primary partners to extend specialisms offered within community setting, creating holistic MDTs and maximising the prevention agenda through education and proactive care planning
- We will develop all our staff to support patients in end of life care! maximising choice for patients and access to specialist services (provided by us or our partners) when required

2. Preventing Harm

User involvement

We will improve service users' involvement in service improvement projects and safety campaigns

In May 2015, four listening events were held in the principle boroughs where we deliver care, Barnet, Hammersmith and Fulham, Kensington and Chelsea and Westminster. All our members were invited to attend along with a random sample of patients who have used our services. The theme for the events was 'a positive patient experience'; finding out what aspects of the patient experience are so important we should always get them right. The purpose of the listening events was to:

- Share information about health related issues and CLCH
- Ask what matters to patients most
- List to feedback about what is working well and what could be improved
- Open up discussion about health matters and services to as wide an audience as possible to contribute

Through this engagement activity CLCH involved 105 patients, service users, carers and members of the public (i.e. members) mostly through in-depth discussion either at events or in telephone interviews. The topics gave participants the opportunity to think about what good quality healthcare looks like and the extent to which they found this in CLCH's services.

The summary from the events and interviews included universal praise for CLCH HCPs who seem to be "doing everything right" in terms of the way they deal with patients and the treatment they provide. This was true across different specialisms, and also reception staff at the clinics. It was also notable that waiting times are generally regarded as being short. The interviews did, however, find a couple of areas where improvement is desirable in order for CLCH to operate more efficiently and provide patients with an entirely positive experience that is not limited to their face to face communications with, and treatment from, HCPs. These improvements predominantly related to administrative systems and to telephone communications, which patients often felt is a weakness within CLCH.

Following the events, a report was written outlining the feedback that our patients and stakeholders gave us and key themes that emerged. The paper was taken to the Trust board in July 2015 with a brief outline of our action plan which is to develop practical Always Events to provide clarity about what should happen for every person, every time they encounter our teams in CLCH. The aim is that Always events will be developed over time with Divisional Teams around the feedback we have received and once developed, it is recommended that they will be included in our new Trust Quality Strategy.

The Trust is also planning a range of Listening Events during November 2015 across all four Boroughs, with the focus on understanding the views of younger people who use our services.

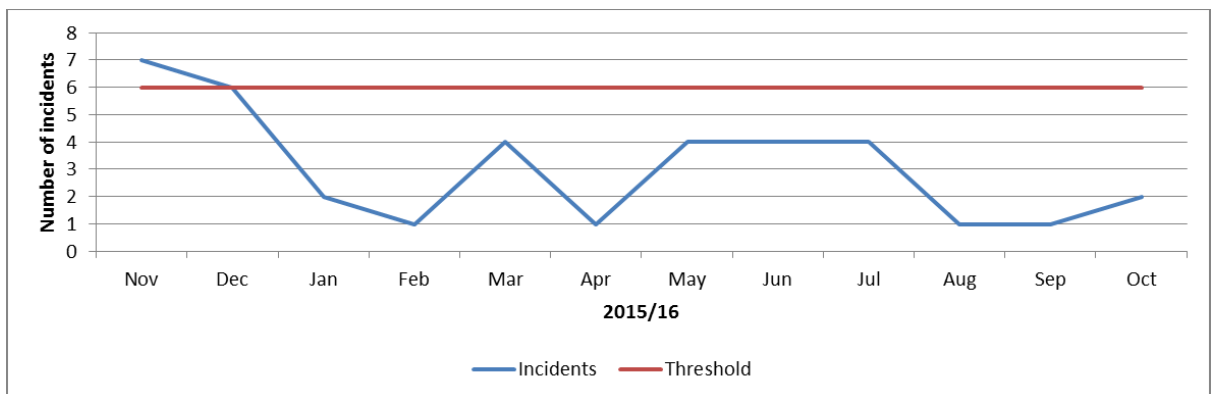
Medication Errors

We will continue to reduce medication errors in practice

We are committed to reducing the harm that can occur from medication errors and to achieve this we are undertaking several projects within medicines management in the Trust. This is

monitored by the Medicines Management Group which is chaired by our medical director, Dr Jo Medhurst. Some of the projects we are currently working on are:

- A training package has already been developed and is being rolled out across the Trust regarding Cold Chain (medication transportation and storage)
- Medicines Optimisation Service (MOpS) which helps to keep patients safe in their homes and prevent avoidable medicine-related hospital admissions by undertaking medication reviews in patient's homes
- A 'Care Home Project' has been commissioned which provides clinical medication reviews to residents to keep them safe in the community
- A Safe and Secure Handling of Medicines Audit programme has been commenced for 2015/16 to include a total of approximately 200 audits across the Trust, and related training covering bedded services, clinics and services newly acquired by CLCH.
- Clinical Pharmacy services to bedded service areas continue
- Stronger links with Trust Patient Safety Managers are to be made for reviewing medicines incidents reported by staff so that appropriate actions are taken to prevent them from happening again
- A review of our some of our medicines management processes to ensure they are as good as they can be.



3. Smart Effective Care Quality Information

The Trust will work to provide improved information publically for people to be able to make an assessment about how Central London Community Healthcare NHS Trust performs on quality

The Trust will work to provide improved information so the public can make their own assessment about how Central London Community Healthcare NHS Trust performs on quality. We are awaiting the delivery of the new Qlikview quality dashboard and that will be available on the Trust website. One in-patient ward now has a quality board in place that gives members of the public information on patient experience and safety. The Deputy Chief Nurse is involved in the national open and honest care initiative.

NICE clinical guidelines

We will improve the percentage of relevant NICE clinical guidelines that have been assessed by eligible clinical teams.

10 NICE guidelines were identified by the NICE Core Group, as being relevant to the Trust in Q2 2015 and were circulated for assessment to 15 eligible services. By the end of the quarter, 10

(67%) had undertaken and completed guideline assessment by means of a gap analysis tool using the NICE Baseline Assessment Form (NBAF) electronic system.

During Q1, 13 NBAFs (57%) out of the 23 requests for NBAF completion were completed. The remaining 10 were successfully completed in Q2.

Although still requiring robust monitoring and evaluation, the innovative systems and processes set up by the NICE Core Group to ensure NICE guidance compliance have been showing steady progress. These include a recently agreed proposition where the Clinical Effectiveness Team sends a divisionally aggregated report to Divisional Directors of Operations (DDOs) indicating NBAF completion or inaction each month. These reports are then discussed in divisional meetings where actions are agreed. The first reports were sent in September 2015. Additionally, the Group maintains a relatively current CBU manager, professional and clinical leads database that is updated at each meeting which enables targeted and relevant NICE guideline circulation.

Barnet Health Overview and Scrutiny Committee: Draft Comments on NHS Trust Quality Accounts for the Year 2014-2015

Central London Community Healthcare NHS Trust:

The Committee scrutinised the Central London Community Healthcare NHS Trust Quality Account 2014/15 and wish to put on record the following comments:

- The Committee noted that the Trust had undertaken their external Monitor Quality Governance Assurance Framework (QGAF) assessment in September 2014 as part of the application for Foundation Trust status. The Committee was pleased to note that the Trust was required to achieve a score of 3.5 in the assessment and actually achieved a score of 3.0. The Committee commented that it would be helpful for the Trust to explain within the Quality Account that a score of 3.0 was actually better than a score of 3.5.

CLCH Response - this has now been superseded by the Well Led Framework and the Trust will report its progress against this in the next year's accounts.

However:

- The Committee felt it would be beneficial to include maps within the final draft of the Quality Account.

CLCH Response – these will be included in future years at time of publication maps for CLCH were being updated due to more services joining the Trust.

- The Committee felt that given that the Trust had received 44 complaints in 2012/13 regarding communication / staff attitude, which reduced to 29 complaints for 2014/15, that an objective of a 10% reduction in complaints of this nature was not ambitious enough.

CLCH Response – this was a Quality Strategy objective not a Quality Account priority and these targets were set as part of a 3 year plan – the Trusts new 3 quality strategy is currently being written and we will take comments into account.

- The Committee noted the objective in relation to the Quality Strategy Campaign – Preventing Harm - which aimed to ensure that 95% of incidents will be reviewed by the handler within 7 days, and 100% within 14 days. The Committee commented that this target should be made more ambitious.

CLCH Response – this was a Quality Strategy objective not a Quality Account priority and these targets were set as part of a 3 year plan – the Trusts new 3 quality strategy is currently being written and we will take this into account.

- The Committee noted that the target of training 80% of staff to be able to give smoking cessation education was an NHS target and suggested that this should be made clearer.

CLCH Response – the information referred to was in the section on CQUIN payments.

There was some explanation regarding CQUINs at the beginning of the section and the target referred to was listed in the table under the target for NHSE (i.e. an NHS target). However we accept that the NHSE reference and table could be better explained and we will improve the explanation next year.

- The Committee noted the current goals for the Trust's participation in research for 2014/15 and suggested that completion dates for each research goal should be included.

CLCH response - the research goals incorporated into the Quality Accounts were taken from the Trust's policy for research governance. This policy covers the period April 2014 – 2016 and so the aspiration was that the goals would be met over this period.

- The Committee commented that it would be helpful to include the actions that the Trust had taken in response to the patient story and to include that within the Quality Accounts.

CLCH response – there were various patient stories that appeared throughout the Quality Accounts. In some cases the patients themselves describe the actions that CLCH took in response to their conditions and these actions were included within the stories. For future years, we will consider asking the relevant services what actions were taken in respect of the situations that were highlighted by patients.

- The Committee considered the Trust's performance in relation to Incident Reporting and expressed concern that severe harm cases were "CLCH attributable grade 3 and 4 pressure ulcers". The Committee was pleased to note that, whilst pressure ulcers were a problem for the Trust, the Trust had a task force in place to address the issue.

CLCH response - Pressure ulcers are a major cause of harm to patients in the NHS. CLCH is committed to reducing the numbers of pressure ulcers and has a range of measures in place to facilitate this e.g. Pressure Ulcer Summits; Pressure Ulcer Working Group; 2-day comprehensive training for all clinicians who have contact with patients at risk of pressure ulcers; competency assessment (Observed Structured Clinical Examination); e-assessment; regular publication of lessons learnt from pressure ulcer serious incidents in CLCH 'Spotlight on Quality'; participation in Imperial Health Partners/ BUCKS New University research project.

We have set our target as zero for grade 3-4 pressure ulcers in our bedded units and have not had a grade 3 - 4 ulcer for 4 months

We continue to work with partners on PU reduction in the community setting, including residential and nursing homes.

- The Committee noted that the Trust had included milestones in last year's Quality Accounts and noted that this was an effective way to draw attention as to whether they were being achieved and to provide an explanation if not. The Committee suggested that milestones be included in next year's Quality Account.

CLCH response – we will consider how best we can do this in the Quality Account and next reiteration of the Quality Strategy

Barnet Health Overview and Scrutiny Committee: Draft Comments on NHS Trust Quality Accounts for the Year 2014-2015

North London Hospice:

The Committee scrutinised the North London Hospice Quality Account 2014/15 and wish to put on record the following comments:

- The Committee commended the positive impact of the “Living Room Project” on the experience of patients.
- The Committee welcomed the work that had been done to develop the garden, which has improved patient experience and suggested that this should be included within the Quality Account. The Committee also complimented the bedrooms that looked out onto the gardens.
- The Committee welcomed the decrease in the number of falls at the Hospice.
- The Committee noted that the hospice now had 18 bedrooms, compared to 17 last year and welcomed the refurbishments that had been made such as new hard floors which allow for a faster turnaround of rooms.
- The Committee commended the success of the “Fund a Bed” campaign which had provided both new beds and new linen.
- The Committee noted that the community teams cared for a total of 1299 patients in their own homes and welcomed the fact that 59% of these patients were supported to die at home where this was their preferred place of care.
- The Committee were pleased to note that a new caterer who also provides meals for other hospices was now being used by the North London Hospice. The Committee commented that the caterer had experience in producing meals suitable for the client group and welcomed the increased menu now being offered.
- The Committee noted that this year, the Hospice had joined a newly formed partnership to provide specialist palliative care services to people living in Haringey and that as part of this, the Hospice now employ the Haringey Community Specialist Palliative Care Team and provide a triage service for referrals. The Committee welcomed the fact that the North London Hospice’s education department has trained 223 staff of external organisations including Care Homes, Community Nursing Services and trainee Doctors. The Committee was pleased to note that this year it has provided new training in communications skills and as part of Hospice’s Dementia Care Project, has delivered dementia training to 83 staff.

However:

- The Committee commented that they would like to see further benchmarking data in the final draft of the Quality Account, especially in relation to pressure sores and falls.
- The Committee expressed concern at the results of the hand washing audit, which was recorded at a self-monitoring compliance rate of 77% at the Enfield site. The Committee welcomed the Hospice’s intention to improve upon the statistic. The Committee noted that hand washing compliance was better at the Finchley site.
- The Committee expressed concern at the high cost of an emergency Out of Hours GP home visit which costs approximately £500 and is provided by BarnDoc.
- The Committee suggested that the Quality Account should be consistent in the portrayal of statistics through percentages and raw figures.
- The Committee welcomed the fact that less grade 3 or 4 pressure ulcers were reported in 2014/15 compared to 2013-14, but commented that it would be helpful to have further benchmarking information on pressure sores contained within the Quality Account.

This page is intentionally left blank

Barnet Health Overview and Scrutiny Committee comments can be found on Page 55 of North London Hospices published Quality Account.

The actions taken on the committees comments are highlighted in bold below:

- The Committee commented that they would like to see further benchmarking data in the final draft of the Quality Account, especially in relation to pressure sores and falls- **added where available from Hospice UK Benchmarking Project to pages 24,38,39,40**
- The Committee expressed concern at the results of the hand washing audit, which was recorded at a self-monitoring compliance rate of 77% at the Enfield site. The Committee welcomed the Hospice's intention to improve upon the statistic. The Committee noted that hand washing compliance was better at the Finchley site – **repeat hand washing audits will take place this year at both sites**
- The Committee expressed concern at the high cost of an emergency Out of Hours GP home visit which costs approximately £500 and is provided by BarnDoc.
- The Committee suggested that the Quality Account should be consistent in the portrayal of statistics through percentages and raw figures – **final version amended accordingly**
- The Committee welcomed the fact that less grade 3 or 4 pressure ulcers were reported in 2014/15 compared to 2013-14, but commented that it would be helpful to have further benchmarking information on pressure sores contained within the Quality Account – **included in final version Page 40**

Priority for Improvement Update

We would also like to advise the Committee that we have needed to amend the Clinical Effectiveness Priority for Improvement. We had originally intended to undertake a scoping exercise to map the local services that currently exist in the Borough of Barnet, Enfield and Haringey for those living with and beyond chronic illness in order to understand opportunities for service development within our Outpatients & Therapies Service. The postholder who was to lead on the project has left the organisation and another member of staff could not be identified to undertake the scoping forward within the timeframes required.

The Hospice is however undertaking a scoping exercise to assist us in identifying and understand the needs of patients with long term conditions in our three Boroughs and we are taking this forward as our Clinical Effectiveness Priority for 2015-16

November 2015

Fran Deane, Director of Clinical Services

Giselle Martin Dominguez, Assistant Director - Quality

This page is intentionally left blank

Appendix C

Barnet Health Overview and Scrutiny Committee: Draft Comments on NHS Trust Quality Accounts for the Year 2014-2015

Royal Free London NHS Foundation Trust:

The Committee scrutinised the Royal Free London NHS Foundation Trust Quality Account 2014/15 and wish to put on record the following comments:

- The Committee noted that it had been an exceptionally busy year for the Trust, and wished to congratulate the Trust in taking a successful lead role in the UK management and treatment of the Ebola virus.
- The Committee congratulated the Trust on successfully combining three hospitals and 10,000 staff as a result of the acquisition of the Barnet and Chase Farm Hospitals NHS Trust and highlighted the role that staff played in achieving this success.
- The Committee welcomed the news that Enfield Council had given Planning Permission for the redevelopment of Chase Farm Hospital.
- The Committee welcomed the work done in relation to falls and, in particular, to setting the following milestones:-
 1. Identifying a falls Champion in each clinical service line across all sites.
 2. Introducing a Falls Screening Tool and Falls Prevention Plan by Division across all sites.
 3. Continuing staff education and development on falls prevention.
- The Committee welcomed the fact that falls had been reduced by 25% but requested that the actual figure for the number of falls be included in the final draft of the Quality Account.

However:

- Whilst the Committee welcomed the fact that a Patient Information Manager post had been created, the Committee expressed concern that, despite three recruitment campaigns, the Trust had not been successful in making an appointment.
- The Committee expressed concern that the most recently published report from the National Inpatient Diabetes Audit demonstrated that whilst 78% of patients were always, or almost always, able to choose a suitable meal at the Chase Farm site, only 64% of patients had reported that they were able to do so at the Hampstead Site. The Committee was also concerned that just 62% of patients reported that meals were always, or almost always, provided at a suitable time at Royal Free Hampstead, compared to 80% at Chase Farm.
- The Committee expressed concern in relation to performance for patients with diabetes receiving a documented foot risk assessment within 24 hours to

assess the risk of developing foot disease. The Committee noted 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 Committee also noted that the Trust has made the improvement in the use of foot risk assessment a priority for next year.

- The Committee welcomed improvements in medication management for diabetes at both the Hampstead and Chase Farm sites but again expressed concern that the National Diabetes Inpatient Audit Report reported that, in 2014, the Royal Free site reported errors in medication management of 27.5%, whereas across England, Trusts reported an average of 22.3% errors in diabetes medication management.
- The Committee noted that whilst ward movement can be more complex at the Royal Free Hospital, the number of specialist units within the Hospital meant that a high proportion of patients with diabetes were treated on a variety of wards. On this basis, the Committee felt that further attention should be given to diabetes and the management of foot assessments, meal appropriateness and timeliness and medicine management.
- The Committee expressed concern that in 2014 a local audit identified that 30% of discharge summaries contained some incorrect information regarding the patient's medication list. The Committee noted that the Trust was undertaking work to address the issue.
- The Committee expressed concern about the figures for MRSA being five cases in total, one at the Royal Free and four at Barnet and Chase Farm.
- The Committee noted that the Royal Free had a very significant reduction in C. Diff. compared with the previous year, whilst the number of cases at Barnet and Chase had increased.
- The Committee welcomed the fact that the Trust has asked for an independent review to take place by a national expert on infection control processes.
- The Committee commented that the Key Quality Objectives for 2015/16 were inconsistent in the way that they were written and suggested that it would be helpful to set more specific targets within each objective in next year's Quality Account.
- The Committee suggested that the phrase "*deterioration of the unborn baby to 2, between 01/01/15 and 31/03/18*" be changed.
- The Committee expressed concern that staff working in hospitals at the Trust were not screened for MRSA.
- The Committee expressed concern that the Quality Account highlighted that the Acute Stroke Unit at Barnet had admitted an unexpectedly high number of patients. The Committee welcomed the fact that the Trust was investigating why some of these patients had not been referred to the relevant Hyper Acute

Stroke Unit and would be working with external partners to ensure patients were referred to the appropriate unit in the first instance. The Committee also noted that the Sentinel Stroke National Audit had applied many of the standards applicable to Hyper Acute Stroke Units to the Acute Stroke Unit at Barnet and that the Trust believes the deterioration in their performance reflects these inappropriate standards and incorrect referral patterns for these patients.

- The Committee expressed disappointment that they had raised a number of issues when they had considered the 2013/14 Quality Accounts which had not been specifically referred to when the 2014/15 Quality Accounts had been drawn up (including the issues of staff feeling bullied, stressed or discriminated against).
- The Committee expressed concern that there was a lack of information about complaints and no analysis of complaints, which they would have liked to have seen within the report.
- The Committee noted the position of the Trust in comparison to other teaching hospitals in England regarding the percentage of last minute cancellations. The Committee commented that last minute cancellations contributed adversely to the patient experience. Members requested that the actual number of cancellations was shown, rather than just the percentage.
- The Committee noted that the performance against the “Friends and Family Test” was slightly down from last year and that they would hope to see an improvement next year.
- The Committee commented that car parking was an extremely important part of the patient experience. The Committee noted that the Chairman had written to the Chief Executive of the Trust in November 2014 expressing the Committee’s concerns about the new automated parking system at Barnet Hospital. The concerns included whether disabled badge holders were aware that they had to register their number plate at reception in order to park in the hospital car park and also whether the signposts were clear and also at an appropriate height. The Committee expressed their dissatisfaction that, despite being informed that these concerns would be rectified by the end of December 2014, the work was still outstanding.

This page is intentionally left blank

Appendix Ci: Comments Submitted to the Royal Free London NHS Foundation Trust with the Responses

Barnet Health Overview and Scrutiny Committee: Draft Comments on NHS Trust Quality Accounts for the Year 2014-2015

Royal Free London NHS Foundation Trust:

The Committee scrutinised the Royal Free London NHS Foundation Trust Quality Account 2014/15 and wish to put on record the following comments:

- The Committee noted that it had been an exceptionally busy year for the Trust, and wished to congratulate the Trust in taking a successful lead role in the UK management and treatment of the Ebola virus.
- The Committee congratulated the Trust on successfully combining three hospitals and 10,000 staff as a result of the acquisition of the Barnet and Chase Farm Hospitals NHS Trust and highlighted the role that staff played in achieving this success.
- The Committee welcomed the news that Enfield Council had given Planning Permission for the redevelopment of Chase Farm Hospital.
- The Committee welcomed the work done in relation to falls and, in particular, to setting the following milestones:-
 1. Identifying a falls Champion in each clinical service line across all sites.
 2. Introducing a Falls Screening Tool and Falls Prevention Plan by Division across all sites.
 3. Continuing staff education and development on falls prevention.
- The Committee welcomed the fact that falls had been reduced by 25% but requested that the actual figure for the number of falls be included in the final draft of the Quality Account.
 - *RFL response: We have revised information in our accounts to provide an overview of the actual numbers of falls in the final accounts.*

However:

- Whilst the Committee welcomed the fact that a Patient Information Manager post had been created, the Committee expressed concern that, despite three recruitment campaigns, the Trust had not been successful in making an appointment.
 - *RFL response: We have now successfully appointed to this role.*
- The Committee expressed concern that the most recently published report from the National Inpatient Diabetes Audit demonstrated that whilst 78% of patients were always, or almost always, able to choose a suitable meal at the Chase Farm site, only 64% of patients had reported that they were able to do so at the Hampstead Site. The Committee was also concerned that just 62% of patients reported that meals were always, or almost always, provided at a suitable time at Royal Free Hampstead, compared to 80% at Chase Farm.
- The Committee expressed concern in relation to performance for patients with diabetes receiving a documented foot risk assessment within 24 hours to assess the risk of developing foot disease. The Committee noted 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 Committee also noted that the Trust has made the improvement in the use of foot risk assessment a priority for next year.


- The Committee welcomed improvements in medication management for diabetes at both the Hampstead and Chase Farm sites but again expressed concern that the National Diabetes Inpatient Audit Report reported that, in 2014, the Royal Free site reported errors in medication management of 27.5%, whereas across England, Trusts reported an average of 22.3% errors in diabetes medication management.
- The Committee noted that whilst ward movement can be more complex at the Royal Free Hospital, the number of specialist units within the Hospital meant that a high proportion of patients with diabetes were treated on a variety of wards. On this basis, the Committee felt that further attention should be given to diabetes and the management of foot assessments, meal appropriateness and timeliness and medicine management.
 - **RFL response:** *While we have made progress in improving care for patients with diabetes, we want to do better. Our 2015/16 objectives describe the intended actions we will prioritise for our diabetes improvement programme to all three hospitals. More information can be found on page 153 of the annual report. We will monitor progress through the clinical performance committee.*
- The Committee expressed concern that in 2014 a local audit identified that 30% of discharge summaries contained some incorrect information regarding the patient's medication list. The Committee noted that the Trust was undertaking work to address the issue.
- The Committee expressed concern about the figures for MRSA being five cases in total, one at the Royal Free and four at Barnet and Chase Farm.
- The Committee noted that the Royal Free had a very significant reduction in C. Diff. compared with the previous year, whilst the number of cases at Barnet and Chase had increased.
- The Committee welcomed the fact that the Trust has asked for an independent review to take place by a national expert on infection control processes.
- The Committee commented that the Key Quality Objectives for 2015/16 were inconsistent in the way that they were written and suggested that it would be helpful to set more specific targets within each objective in next year's Quality Account.
- The Committee expressed concern that staff working in hospitals at the Trust were not screened for MRSA.
 - **RFL response:** *The four cases of MRSA at Barnet Hospital and Chase Farm Hospital represent a reduction of two cases on the previous year. Two of these four cases were preventable. We look in detail at the causes of all cases and identify an action plan to prevent future lapses in care. Barnet Hospital and Chase Farm Hospital reported 33 cases of clostridium difficile in 2014/15 and 34 cases were reported in 2013/14. The Department of Health national guidelines on MRSA specifically state that staff screening is not to be a routine process. Unless there is an outbreak, staff screening has not yielded any benefits as staff are predominantly temporary carriers of bacteria such as MRSA. It is important to emphasise once a staff member has changed uniform/clothes and had bath/shower at the end of each shift, any bacteria*

has been removed. This is the position taken by all trusts, but we do keep the possibility of staff screening under review.

- The Committee suggested that the phrase “*deterioration of the unborn baby to 2, between 01/01/15 and 31/03/18*” be changed.
 - **RFL response:** We have changed the wording in our accounts.
- *The Committee expressed concern that the Quality Account highlighted that the Acute Stroke Unit at Barnet had admitted an unexpectedly high number of patients. The Committee welcomed the fact that the Trust was investigating why some of these patients had not been referred to the relevant Hyper Acute Stroke Unit and would be working with external partners to ensure patients were referred to the appropriate unit in the first instance. The Committee also noted that the Sentinel Stroke National Audit had applied many of the standards applicable to Hyper Acute Stroke Units to the Acute Stroke Unit at Barnet and that the Trust believes the deterioration in their performance reflects these inappropriate standards and incorrect referral patterns for these patients.*
- The Committee expressed disappointment that they had raised a number of issues when they had considered the 2013/14 Quality Accounts which had not been specifically referred to when the 2014/15 Quality Accounts had been drawn up (including the issues of staff feeling bullied, stressed or discriminated against).
 - **RFL response:** We have revised information in our accounts to provide an overview of the actions we are undertaking to support staff who report feeling bullied, stressed or discriminated against.
- The Committee expressed concern that there was a lack of information about complaints and no analysis of complaints, which they would have liked to have seen within the report.
 - **RFL response:** We have revised information in our accounts to provide an overview of the actions we are undertaking to manage complaints.
- The Committee noted the position of the Trust in comparison to other teaching hospitals in England regarding the percentage of last minute cancellations. The Committee commented that last minute cancellations contributed adversely to the patient experience. Members requested that the actual number of cancellations was shown, rather than just the percentage.
 - **RFL response:** Nationally, last-minute cancellations are reported as percentages in order to provide benchmarking. We do not believe that reporting numbers would enable meaningful comparisons between different sized trusts.
- The Committee noted that the performance against the “Friends and Family Test” was slightly down from last year and that they would hope to see an improvement next year.
 - **RFL response:** The friends and families test was monitored by the trust with monthly submissions to NHS England. The overall response rate achieved the national commissioning for quality and innovation target of 40%.
- The Committee commented that car parking was an extremely important part of the patient experience. The Committee noted that the Chairman had written to the Chief Executive of the Trust in November 2014 expressing the Committee’s concerns about the new automated parking system at Barnet Hospital. The concerns included whether disabled badge holders were aware that they had to register their number

plate at reception in order to park in the hospital car park and also whether the signposts were clear and also at an appropriate height. The Committee expressed their dissatisfaction that, despite being informed that these concerns would be rectified by the end of December 2014, the work was still outstanding.

- ***RFL response:** The trust has recently installed new signage at Barnet Hospital which includes windscreen-height signs showing bays for disabled users as well as wayfinding.*

| | |
|---|---|
|  | <p align="center">Barnet Health Overview and Scrutiny 7 December 2015</p> |
| <p align="center">Title</p> | <p align="center">East Barnet Health Centre Update Report</p> |
| <p align="center">Report of</p> | <p>Governance Service</p> |
| <p align="center">Wards</p> | <p>All</p> |
| <p align="center">Status</p> | <p>Public</p> |
| <p align="center">Urgent</p> | <p>No</p> |
| <p align="center">Key</p> | <p>No</p> |
| <p align="center">Enclosures</p> | <p>Appendix A – Update Report from NHS Property Services and NHS England</p> |
| <p align="center">Officer Contact Details</p> | <p>Anita O’Malley – Governance Team Leader anita.vukomanovic@barnet.gov.uk</p> |

| |
|---|
| <h2>Summary</h2> |
| <p>At their meeting on 6 July 2015, the Committee considered a report from NHS England and NHS Property Services on the East Barnet Health Centre, which was temporarily relocated to Vale Drive Primary Care Centre while refurbishment works were being undertaken.</p> <p>Following refurbishment works, the East Barnet Health Centre was reopened on 19 October 2015. The report attached at Appendix A provides the Committee with an update on the Health Centre in respect of:</p> <ul style="list-style-type: none"> • The refurbishment of the Health Centre • The removal of Asbestos • The termination of the shuttle bus now that the East Barnet Health Centre has reopened • The installation of a lift into the property • An update in respect of the process of negotiating the lease between the GPs and NHS Property Services. <p>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.</p> |

Recommendations

1. That the Committee note the report.

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.
- 1.2 The Committee then requested to receive an update report at their December 2015 meeting. This report will provide the Committee with an update in respect of the re-opening of the Health Centre and the refurbishment works that have been undertaken on site and the signing of the lease between the GPs and NHS Property Services.

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

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

5.2.1 There are no financial implications for the Council.

5.3 **Social Value**

5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 **Legal and Constitutional References**

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

5.4.2 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."

5.5 **Risk Management**

5.5.1 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.

5.6 **Equalities and Diversity**

5.6.1 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.

5.6.2 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.

5.6.3 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.

5.6.4 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.

5.6.5 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.

5.7 Consultation and Engagement

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

5.8 Insight

5.8.1 None in the context of this report.

6 BACKGROUND PAPERS

None.

Appendix A

Report to London Borough of Barnet Health Overview and Scrutiny Committee

The wholesale refurbishment of East Barnet Medical Centre is now complete. The asbestos removal process was complete prior to the refurbishment works starting on the site. The three East Barnet GP Practices moved out of Vale Drive and back into East Barnet Health Centre on 16 October 2015.

NHS PS extended the shuttle bus service contract to its termination date 16 October 2015.

East Barnet Health Centre was successfully reopened to patients on Monday, 19 October as scheduled. The telephones, reception switchboard and the Jayex patient checking in system, were all working on 19th October 2015, ready for the patients.

The installation of the new passenger lift will commence on Monday 23 November and its completion is planned for 4 December.

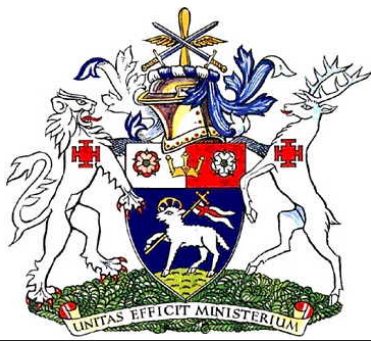
Except for one room, which the GP Practice staff occupy, the remaining first floor is vacant due to Central London Community Healthcare (CLCH) having not moved in yet. All furniture is in place on the first floor ready for CLCH to move in.

NHS PS and the three East Barnet GP practices have entered into a legally binding process for agreeing lease terms at the premises. This process should see lease terms agreed and in place by March 2016.

END

**Issued by
NHS Property Services and NHS England**

This page is intentionally left blank



Barnet Health Overview and Scrutiny Committee

7 December 2015

| | |
|--------------------------------|---|
| Title | Ear, Nose and Throat (ENT) Adult Audiology and Wax Removal Service Redesign |
| Report of | Barnet Clinical Commissioning Group |
| Wards | All |
| Status | Public |
| Urgent | No |
| Key | None |
| Enclosures | Appendix A – Submission from Barnet CCG. |
| Officer Contact Details | Theresa Callum, Barnet Clinical Commissioning Group Teresa.Callum@barnetccg.nhs.uk |

Summary

This report provides the Committee with an update on the CCG’s planned service redesign and procurement of the Ear, Nose and Throat (ENT) Adult Audiology and Wax Removal Service. The Committee will be asked to comment upon the proposals and will be able to provide their views to Barnet CCG who will be in attendance on the evening.

The Paper attached at Appendix A sets out:

- *An overview of the existing ENT, audiology and wax removal services provided*
- *The clinical case for change*
- *Stakeholder engagement*
- *The agreed clinical model for the new service*

Recommendations

1. That the Committee note the report.

1. WHY THIS REPORT IS NEEDED

- 1.1 The Barnet Clinical Commissioning Group has requested that the Barnet Health Overview and Scrutiny Committee receive an item on redesign of the Ear, Nose and Throat Adult Audiology and Wax Removal Service.

2. REASONS FOR RECOMMENDATIONS

- 2.1 By receiving this update, the Committee will be kept up to date on the issues relating to the provision of ENT services which will affect the residents of Barnet.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None in the context of this report.

4. POST DECISION IMPLEMENTATION

- 4.1 Once the Committee has scrutinised the report, they are able to consider if they would like to make any recommendations to Barnet 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.

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)

- There are no financial implications for the Council.

5.3 Social Value

The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these

benefits for their area or stakeholders.

5.4 Legal and Constitutional References

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

5.4.2 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."

5.5 Risk Management

5.5.1 Not receiving this report would present a risk to the Committee in that they would not have the opportunity to scrutinise the provision of ENT services within the Borough.

5.6 Equalities and Diversity

5.6.1 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.

5.6.2 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.

5.6.3 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.

- 5.6.4 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.

5.7 Consultation and Engagement

- 5.7.4 Barnet CCG are taking the opportunity to engage with the Barnet Health Overview and Scrutiny Committee by submitting this report and attending the Committee meeting.

5.8 Insight

- 5.8.1 None in the context of this report. Upon considering the report, the Committee will determine if they require further information or future updates.

6 BACKGROUND PAPERS

- 6.6 None.

Title: Community ENT, Wax Removal and Adult Audiology Service redesign and Procurement – Update

Date: 7th December 2015

Submitted to: Health Overview and Scrutiny Committee

Author: Ahmer Farooqi – GP Clinical Lead
Teresa Callum – Head of Demand Management

1. Purpose

The purpose of this paper is to provide the Overview and Scrutiny Committee with an overview of the future commissioning arrangements for the above services and a summary of the stakeholder engagement undertaken and planned.

2. Brief overview of existing services

Community ENT service – Provided by UCLH

A consultant-led community ENT service was commissioned jointly by Barnet and Enfield CCGs in January 2013 and is provided by the The Royal National Throat Nose and Ear Hospital (UCLH). The service is currently provided on three sites, Edgware Community Hospital, Finchley Memorial Hospital and the RNTNE, Grays Inn Road. The referral form allows patients to choose the location most convenient for them. Patients access this service through referral via their GP.

Adult Audiology Service (including the provision and fitting of hearing aids) – Provided by a range of AQP Providers

The audiology service is provided by several providers under an “Any Qualified Provider” (AQP) arrangement. Patients access this service through referral via their GP. This service is aimed at patients over the age of 55 who have experienced gradual hearing loss in both ears.

Current providers of this service are:

- Spec Savers
- Scrivens
- Outside clinic
- RFH
- UCLH
- Inhealth

Services are provided across a range of locations in Barnet, located on the high street, as well as Edgware Community Hospital and Finchley Memorial Hospital.

Microsuction Service – Provided by Barnet Hospital, UCLH and the Community ENT service

There is currently a microsuction service provided at Barnet Hospital and at UCLH as part of the main acute contract, as well as two microsuction clinics per week provided by the community ENT service at Edgware. The cohort of patients accessing this service can be mixed, with some needing microsuction prior to hearing tests, and unable to access ear syringing through their GP practices, some patients needing microsuction as opposed to ear syringing for clinical reasons (i.e. a perforated ear drum, or significant wax build up that cannot be treated through ear syringing). Access is via a GP referral

3. Clinical Case for Change

The CCG has had lots of feedback from GPs regarding the confusion they and patients experience when accessing this group of services. Many patients in this group will need to access one or more of these services currently, and have to navigate a range of service providers and locations, each one providing one or more “steps” of the patient pathway. This can be confusing for patients, confusing for GPs, and creates unnecessary multiple appointments for patients. This results in a poor patient experience as well as poor value for money.

One of the reasons why problems are experienced is that it is not always obvious when the patient starts their journey which services they need to access. Typical examples which are not uncommon include:

- A patient needing a hearing test attends their appointment, only to be sent away again to have their ears cleaned, before reattending for their hearing test.
- Patients attending the Community ENT service could end up with a diagnosis requiring a hearing test and the fitting of a hearing aid. They then are discharged from one service, back to their GP for referral through the AQP route. The same patient may also need their ears cleaned, involving a third separate visit.

Patients and GPs alike would benefit from a more streamlined service, with all services being co-located, across several sites, enabling patients to move seamlessly between the various service elements that they need in a single visit. This would vastly improve the patient experience, improve continuity of care and be a better, more effective use of resources. It would also mean that for GPs there would be a single point of entry into the system.

The proposed new service model is that all three services are provided side by side in two/three locations across Barnet on a one stop shop basis. This means that irrespective of the reason for the patients referral, they will be able to access any combination of these services as part of the same appointment should they need to.

4. Stakeholder Engagement

There have been several types of stakeholder engagement, listed below.

- A patient representative from Healthwatch, has fed into the service specification, and will also be part of the panel who score, moderate, and interview potential bidders.
- Another service user who expressed an interest but was not able to commit to being the patient representative on the panel was also interviewed and her views recorded for the project team.
- A patient survey has also been undertaken. 200 surveys were sent out and we have had 30 responses.
- Feedback was sought from GPs through an ENT educational event on their views of the best model of service from their perspective for the patient.
- A visit is scheduled to both Age UK and the West Locality Patient Participation Group (this is a group of 40 patients who are currently registered to GPs on the west side of the borough) to gain further patient feedback.

The engagement activities outlined above will be supplemented by ongoing engagement through patient surveys which will be a contractual requirement.

Feedback so far from both the patients groups and GPs is that they are in favour of the proposed new service model. When balancing the convenience of multiple locations with potentially multiple appointments, against a model with fewer locations but a “one stop” model, where all three services can be accessed as part of the same appointment, the vast majority are in favour of the one stop model.

5. Conclusion

The redesign and future procurement of these three services as a single seamless service will benefit patients and GPs by

- Providing a single point of access
- reducing the steps in the patient pathway by providing a one stop shop service

The proposed new model is supported by Barnet GPs and patients

The Overview and Scrutiny are asked to note and provide any comment on the contents of this paper

This page is intentionally left blank

| | |
|--|---|
| | <p align="center">Barnet Health Overview and Scrutiny Committee</p> <p align="center">7 December 2015</p> |
| <p align="center">Title</p> | <p align="center">Public Consultation: Colindale Health Project</p> |
| <p align="center">Report of</p> | <p>NHS England</p> |
| <p align="center">Wards</p> | <p>Colindale, West Hendon</p> |
| <p align="center">Status</p> | <p>Public</p> |
| <p align="center">Urgent</p> | <p>No</p> |
| <p align="center">Key</p> | <p>No</p> |
| <p align="center">Enclosures</p> | <p>Appendix A – Presentation from NHS England</p> |
| <p align="center">Officer Contact Details</p> | <p>Anita O'Malley anita.vukomanovic@barnet.gov.uk</p> |

| |
|---|
| <h2>Summary</h2> |
| <p>NHS England, who are responsible for the provision of GP Services have requested that the Barnet Health Overview and Scrutiny Committee receive a presentation at their December meeting on the Colindale Health Project.</p> <p>The presentation attached at Appendix A sets out the proposed changes to health services in Colindale and West Hendon and outlines the approach that will be taken for the provision of primary health care in these regeneration areas.</p> <p>The presentation at Appendix A sets out the approach that will be taken by health partners and also provides an opportunity for the Committee to engage with NHS England on the matter.</p> |

| |
|--|
| <h2>Recommendations</h2> |
| <p>1. That the Committee note the report.</p> |

1. WHY THIS REPORT IS NEEDED

- 1.1 As part of their engagement plan, NHS England (NHSE) has requested that the Barnet Health Overview and Scrutiny Committee receive a presentation on the provision of health services in the Colindale area.
- 1.2 An Option's Appraisal study was completed which investigated the requirements for primary care facilities in Colindale and West Hendon, this included exploration of population growth projections, existing provision of GP services and patient registration choices, plans for patient growth from existing practices, and available information about practices and service quality.
- 1.3 Public consultation on the proposals began on 16th November 2015 and will run until 31st January 2016. The Option's Appraisal study and a survey questionnaire are both available from www.engage.barnet.gov.uk. The direct weblink for the Option's Appraisal report is:
https://engage.barnet.gov.uk/commissioning-group/colindale-health/user_uploads/colindale-and-west-hendon-option-s-appraisal.pdf
- 1.4 The direct weblink to the Consultation Webpage is:
https://engage.barnet.gov.uk/commissioning-group/colindale-health/consult_view

2. REASONS FOR RECOMMENDATIONS

- 2.1 By receiving this update, the Committee will be kept up to date on the issues surrounding primary care provision in the Colindale area.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None in the context of this report.

4. POST DECISION IMPLEMENTATION

- 4.1 Once the Committee has scrutinised the report, they are able to consider if they would like to make any recommendations to NHS England.

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.

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)**

- There are no financial implications for the Council.

5.3 **Social Value**

The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 **Legal and Constitutional References**

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

5.4.2 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."

5.5 **Risk Management**

5.5.1 Not receiving this report would present a risk to the Committee in that they would not have the opportunity to scrutinise the provision of primary care facilities within the area.

5.6 **Equalities and Diversity**

5.6.1 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.

5.6.2 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.

5.6.3 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.

5.6.4 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.

5.7 Consultation and Engagement

5.7.4 NHS England are taking the opportunity to engage with the Barnet Health Overview and Scrutiny Committee by submitting this report and attending the Committee meeting.

5.8 Insight

5.8.1 None in the context of this report. Upon considering the report, the Committee will determine if they require further information or future updates.

6 BACKGROUND PAPERS

6.6 None.

This page is intentionally left blank

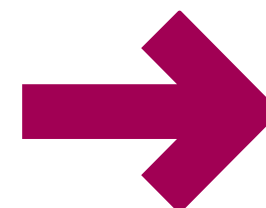
Public Consultation Colindale Health Project

Barnet Health Overview
and Scrutiny Committee

Monday 7 December 2015

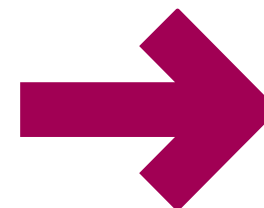
Contents

| Section | Slide |
|--|-------|
| Consultation event at Beaufort Park | 3 |
| Proposed changes to health services in Colindale and West Hendon | 4 |
| Why change is needed | 5-6 |
| Summary of New Building Proposals | 7 |
| Grahame Park Health Centre | 8-9 |
| Proposed new Health Centre at the Peel Centre Site | 10 |
| What you can do to have your say | 11 |
| What Happens Next? | 12 |



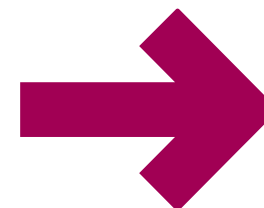
Consultation event at Beaufort Park

- Introductions and purpose of meeting
- Representatives present from NHS England will be in attendance on the evening.
- This meeting is part of the public and patient consultation running from 16th November 2015 to 31st January 2016
- Following a short presentation, opportunity for you to ask questions
- A note will be taken at the meeting to record the points raised
- These will be included in the information being gathered from your responses to the online survey which can be found at: engage.barnet.gov.uk
- The results of this survey will be available on Engage Barnet in Spring 2016



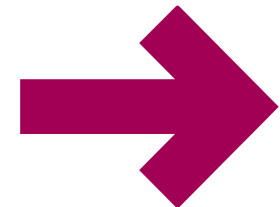
Proposed changes to health services in Colindale and West Hendon

- We will be covering three points:
 - Why change is needed
 - A summary of the building proposals
 - What you can do to have your say



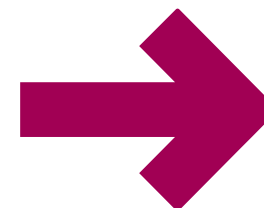
Why change is needed (1)

- Major regeneration is planned for the area
- Over the next 10 to 15 years the number of people in the area will grow considerably
- Earlier we conducted a study to understand the impact that this population growth will have on health services
- We need to ensure that new and existing residents have access to the health services and facilities they need
- Currently this area is reasonably well served by existing GP practices



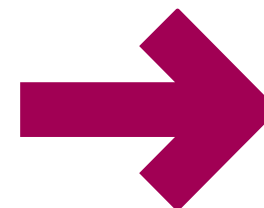
Why change is needed (2)

- The current inflow of new residents has been accommodated in local practices
- However there is limited capacity to accommodate all the potential growth
- The West Hendon area is met currently by the balance in demolition and new build up to about 2026 when further consideration will be needed
- Most population growth is planned for the Colindale area near the Colindale tube station and bordering Aerodrome Road
- Consequently we have identified the need for new facilities and health services in Colindale



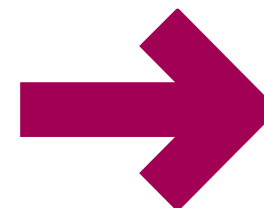
Summary of New Building Proposals

- There are two proposals we are seeking your feedback on:
 - 1. A replacement for the existing Grahame Park Health Centre which currently houses the Everglade Medical Practice and also the branch practice of Parkview Surgery
 - 2. A new-build health centre proposed to be located at the Peel Centre (near to Colindale Tube station)



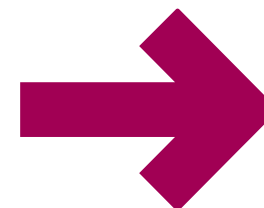
Grahame Park Health Centre (1)

- The plan is to demolish the existing health centre around 2018
- It is proposed to build a new modern facility on a nearby site
- The new facility will be state of the art
- Have enough space to accommodate all patients currently registered at this location
- It will also have the space to register additional patients



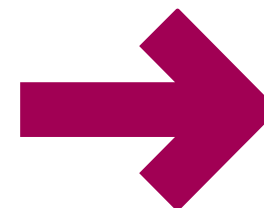
Grahame Park Health Centre (2)

- This in conjunction with the existing GP services will be designed to meet the overall growth in population moving into the area
- This will also provide integration with the Wingfield Children's Centre
- The timing of the development programme is being designed to enable patients to move from the existing facility to the new build without the need for a temporary site arrangement
- You should be aware that these are our plans, but there may be issues to resolve that may require a short-term temporary facility. This is also part of out contingency planning



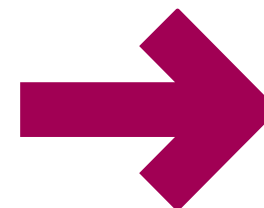
Proposed new Health Centre at the Peel Centre Site

- The proposal is to build a new health centre at the Peel Centre near to the Colindale Tube station
- This is planned to be completed by 2023
- This will be a new health centre capable of registering up to 15,000 new patients
- Prior to this we intend to establish a smaller scale temporary service in Beaufort Park, commencing some time in 2016 or early 2017
- Services will be developed as the number of registered patients and their needs increase



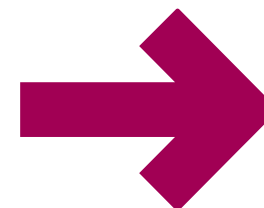
What you can do to have your say


- Complete the online survey we have developed, which can be found on engage.barnet.gov.uk
- Complete the paper copy available from your GP practice in this locality or the Grahame Park library
- Give us your view at this consultation event.
- We will take a note of the questions raised today – you can also write your question(s) on the form provided at this event, which we will add to the feedback we will receive from the online survey



What Happens Next?

- NHS England, Barnet Council and Barnet CCG are working together in partnership to make sure Barnet residents have good quality local health services that meet their needs
- There are two further consultation events:
 - 12th January, 6.00pm to 8.00pm at Grahame Park library
 - 20th January, 10.00am to 12.00 noon at Grahame Park library
- Please note that all responses need to be received by 31st January 2016
- Results of the consultation will be available on Engage Barnet in Spring 2016
- Final proposals will be developed over the next 12 months. These will be published on Engage Barnet late in 2016



| | |
|---|--|
|  | <p align="center">Health Overview and Scrutiny Committee 8 December 2015</p> |
| <p align="right">Title</p> | <p>Health Overview and Scrutiny Committee Work Programme</p> |
| <p align="right">Report of</p> | <p>Governance Service</p> |
| <p align="right">Wards</p> | <p>All</p> |
| <p align="right">Status</p> | <p>Public</p> |
| <p align="right">Urgent</p> | <p>No</p> |
| <p align="right">Key</p> | <p>No</p> |
| <p align="right">Enclosures</p> | <p>Appendix A – Committee Forward Work Programme</p> |
| <p align="right">Officer Contact Details</p> | <p>Anita O'Malley, Governance Team Leader Email: anita.vukomanovic@barnet.gov.uk Tel: 020 8359 7034</p> |

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 This approach allows the Committee to respond to Health related matters of interest in the Borough.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 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.

4. POST DECISION IMPLEMENTATION

4.1 Any alterations made by the Committee to its Work Programme will be published on the Council's website.

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 Social Value

5.3.1 N/A

5.4 Legal and Constitutional References

5.4.1 The Terms of Reference of the Health Overview and Scrutiny Committee is included in the Constitution, Responsibility for Functions, Annex A.

5.5 Risk Management

5.5.1 None in the context of this report.

5.6 Equalities and Diversity

5.6.1 None in the context of this report.

5.7 Consultation and Engagement

5.8 Insight

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

**London Borough of Barnet
Health Overview and Scrutiny
Committee Forward Work
Programme
November 2015 - May 2016**

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

| Title of Report | Overview of decision | Report Of (<i>officer</i>) | Issue Type (Non key/Key/Urgent) |
|------------------------------------|---|------------------------------|---------------------------------|
| 7 December 2015 | | | |
| Quality Accounts - Mid Year Review | <p>At their meeting on 11 May 2015, the Committee reviewed the Quality Accounts for 2014-15 for the Following NHS Trusts:</p> <ul style="list-style-type: none"> • The Royal Free London NHS Foundation Trust • Central London Community Healthcare NHS Trust • The North London Hospice. <p>As is usual practice, the Committee formally commented on the draft Quality Accounts, and submitted their comments for inclusion within the final reports.</p> <p>The Committee have requested to scrutinise the progress made over the last six months against the comments submitted to each NHS Trust.</p> | NHS Trusts | Non Key |

| Subject | Decision requested | Report Of | Contributing Officer(s) |
|---|--|---------------------------------------|-------------------------|
| Update report on the East Barnet Health Centre from NHS England and NHS Property Services | <p>At their meeting on 6 July 2015, the Committee considered a report which was submitted by NHS Property Services and NHS England in relation to the East Barnet Health Centre.</p> <p>The Committee noted the report, and resolved to request that NHS England and NHS Property Services attend the meeting of the Committee in December 2015 to provide an additional update on the matter.</p> | NHS England and NHS Property Services | Non Key |
| Adult Audiology, Wax Removal and Community ENT Service | Committee to receive a report from Barnet Clinical Commissioning Group on Adult Audiology, Wax Removal and Community Ear, Nose and Throat Service. | Barnet Clinical Commissioning Group | Non Key |
| Public Consultation: Colindale Health Project | NHS England have requested to present a report to the Committee in the Colindale Health Project. | NHS England | Non Key |

| Subject | Decision requested | Report Of | Contributing Officer(s) |
|--|---|---|-------------------------|
| 8 February 2016 | | | |
| Update Report: Cricklewood GP Health Centre | At their meeting on 6 July 2015, the Committee received a report from Barnet Clinical Commissioning Group which outlined options for the continuation of services at Cricklewood GP Health Centre. The Committee resolved to request a further report from the Clinical Commissioning Group at their meeting on 7 December 2015. | Barnet Clinical Commissioning Group | Non Key |
| Dentistry in Barnet | Following consideration of a report at their October meeting, the Committee have requested attendance from NHS England in relation to the provision of Dentistry within the Borough, and an update report from Healthwatch Barnet on their “mystery shopping” exercise on Dentistry. | NHS England and Barnet Healthwatch | Non Key |
| 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) | Non Key |
| 16 May 2016 | | | |
| NHS Trust Quality Accounts | Committee to consider and comment upon the Quality Accounts of NHS Trusts for the year 2015/16. | NHS Trusts | Non Key |

| Subject | Decision requested | Report Of | Contributing Officer(s) |
|--|--|---|-------------------------|
| Finchley Memorial Hospital - Update Report | Committee to receive a further update on the provision of health facilities at Finchley Memorial Hospital | NHS England and Barnet Clinical Commissioning Group | Non Key |
| North West London, Barnet & Brent Wheelchairs Service Redesign | Following consideration of the North West London, Barnet & Brent Wheelchairs Service Redesign at their meeting in October 2015, the Committee have requested to receive a further report updating on the progress of the project at their May meeting. | NHS West London Clinical Commissioning Group | Non Key |
| 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. | TBC | Non Key |

This page is intentionally left blank