

## **Decisions of the Health Overview and Scrutiny Committee**

8 February 2016

Members Present:-

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

Councillor Val Duschinsky	Councillor Caroline Stock
Councillor Anne Hutton	Councillor Philip Cohen
Councillor Gabriel Rozenberg	Councillor Laurie Williams

Also in attendance  
Councillor Helena Hart

Apologies for Absence

Councillor Arjun Mittra	Councillor Amy Trevethan
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### **1. MINUTES (Agenda Item 1):**

The Chairman welcomed Councillor Philip Cohen as a Member of the Committee following his appointment by Full Council.

On behalf of the Committee, the Chairman asked to put on record their enormous thanks to Councillor Barry Rawlings who would now serve as a substitute Member of the Committee. The Chairman noted Councillor Rawlings' excellent contribution to the Committee and dedication to reading the agenda packs for both the Barnet Health Overview and Scrutiny Committee and the Joint Health Overview and Scrutiny Committee.

The Chairman noted that as set out in the minutes of the last meeting, Central London Community Healthcare NHS Trust (CLCH) had been unable to send an officer to present their Quality Account Update Report due to sickness, but they had offered to respond to any questions raised outside of the Committee. The Chairman noted that CLCH had responded to the points raised at the meeting and that the response had been circulated to Committee Members. Councillor Hutton, who was present at the Committee as a substitute Member, requested to be provided with the document in the next few days.

The Chairman welcomed pupils from several Barnet schools who were present to observe the meeting as part of the Barnet Governance Service Democratic Engagement Programme:

- The Jewish Community Secondary School
- The Hasmonian Girls School
- The Archer Academy

The Chairman noted the following amendments to the minutes as set out in the agenda pack:

1. Page Two – Change the word “Helen” to “Helena”
2. Page 5 – Change the word “recoded” to “recorded”
3. Move Paragraph 3 on page 8 to paragraph 2 and delete the heading “ Family and Friends Test”.

Subject to the above amendments, the Committee:

**RESOLVED that the minutes be agreed as a correct record.**

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

Apologies for absence were received from Councillor Arjun Mittra, who was substituted for by Councillor Anne Hutton.

Apologies for Absence were received from Councillor Amy Trevethan.

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

Councillor Caroline Stock declared a non-pecuniary interest by virtue of her husband being an Elected Public Governor of the Council of Governors at the Royal Free London NHS Foundation Trust:

Agenda Item 9 - Annual Report of the Director for Public Health  
Agenda Item 10 – London Sexual Health Transformation Project  
Agenda Item 11 – Dentistry in Barnet  
Agenda Item 12 - Health Tourism

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

The Chairman introduced the minutes of the meeting of the North Central Sector London Joint Health Overview and Scrutiny Committee (JHOSC) and noted that the meeting of 27 November 2016 had been held in Barnet.

The Chairman informed the Committee that the JHOSC had received a report on the Lower Urinary Tract Symptom Clinic (LUTs) at The Whittington Hospital which had

attracted large public interest and attendance. The Committee noted that the Medical Director, Dr. Jennings, had suspended services at the LUTs clinic due to two incidents. The Chairman reported that a large number of patients had spoken at the JHOSC meeting and that the JHOSC Chairman had asked Members to support her in writing to the Secretary of State to have the decision to suspend the clinic reviewed. The Chairman commented that it appeared that most of the patients who attended the LUTs clinic were not from Barnet and that Barnet residents had not made any representations at the JHOSC meeting.

The Chairman noted that the JHOSC would next meet on 11 March 2016 in Camden.

**RESOLVED that the Committee notes the minutes of the North Central Sector London Joint Health Overview and Scrutiny Committee.**

## **8. UPDATE REPORT: CRICKLEWOOD GP HEALTH CENTRE (Agenda Item 8):**

The Chairman introduced the report and noted that the Committee had received a number of updates on this item, most recently, at their meeting on 6 July 2015.

The Chairman invited William Redlin, Director of Operations and Delivery, Barnet CCG, to the table.

Mr Redlin informed the Committee that Barnet Clinical Commissioning Group (CCG) indicated in February 2015 that they wished to give notice to terminate the services at the Cricklewood Walk-in Centre. Mr Redlin noted that since then, the CCG had held a number of discussions and had now changed its view and decided to extend the contract until 31 March 2017. The Committee also noted that NHS England (NHSE) will extend its contract for GP services. Mr Redlin advised the Committee that the CCG would now complete their work in reviewing primary care and urgent care in Barnet.

The Chairman asked Mr Redlin if the CCG would be prepared to come back in December 2016 to update the Committee on the status of the matter. Mr. Redlin advised that the CCG would be happy to attend.

A Member welcomed the fact that the contract had been extended but expressed concern over continuous extensions. The Member questioned that if it was agreed that a service was valued, how would commissioners be able to provide security through contracts and funding. Mr Redlin informed the Committee that the CCG couldn't pre-empt a future decision and that a 12 month extension was required to allow the necessary time to conclude a review.

Responding to a question from a Member, Mr Redlin informed the Committee that if it was considered appropriate to make the service provided at the Cricklewood Walk in Centre more secure, then a contract would be drafted. The Committee noted that contracts for primary care tend to be multi-year in order to give stability.

A Member questioned what had changed in the past six months that meant that the CCG had changed its mind and decided to extend the contract. Mr Redlin informed the Committee that it had become clear over the past 12 months that there had been a growing demand for GP and primary care services. Mr Redlin noted the need to improve access to primary care and commented that the evidence suggested that a significant number of patients are attending the Cricklewood Walk in Centre because they are

unable to secure an appointment with their registered GP. Mr Redlin also noted that, with the current high levels of demand in A&E, the CCG was cautious about taking any action that might exacerbate the situation. The Member noted that these points could have been considered six months ago.

The Chairman commented that she had been informed that although there is a transient population moving through the Cricklewood area, more people are registering with GPs. The Chairman also expressed concern that people are coming from other Boroughs to use the service and that Barnet CCG is having to pick up the bill for their care. Mr Redlin informed the Committee that about 60% of the Walk in Centre patients are not from Barnet. Mr Redlin also noted that the CCG was working to resolve the financial issues by recovering money from neighbouring CCGs whose patients were attending the walk in centre.

Responding to a question from a Member, Mr Redlin informed the Committee that the CCG intended to publish their primary care strategy by May 2016 and that they expected to be in a position to confirm future arrangements by late 2016.

**RESOLVED that:-**

1. **The Committee notes the report.**
2. **The Committee requests to receive an update report from Barnet CCG at their meeting in December 2016.**

**THE CHAIRMAN ANNOUNCED A VARIATION IN THE ORDER OF THE AGENDA TO ALLOW THE HEALTH TOURISM ITEM TO BE CONSIDERED NEXT.**

**9. HEALTH TOURISM (Agenda Item 12):**

The Chairman introduced the report which had been provided by Barnet CCG. The report covered the local implementation of Overseas Visitor Hospital Charging regulations published by the Department of Health in 2015 with specific reference to:

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

Mr William Redlin remained at the table. He emphasised that the rules for charging for NHS treatment were complex, but essentially based on the concept of the patient being “ordinarily resident” in the UK and not on their nationality.

The Chairman questioned if it was possible to be provided with data showing the total amount invoiced to non-British patients and that the data be broken down into:

1. What had been invoiced;
2. What had been paid;
3. If the payment had been received, was it i) on the spot or ii) afterwards.

Mr Redlin informed the Committee that a fee would apply to non-UK patients for hospital care but that for most other forms of care, including primary care, there is no charge. He

emphasised that the charging regime applies to hospital care only. The Committee noted that it would not normally be possible for a GP to refuse to see a patient purely on the grounds of their overseas status. Mr Redlin informed the Committee that individuals not necessarily entitled to free secondary care, would be able to access free primary care.

The Committee noted that rules relating to the use of the European Health Insurance Card (EHIC) mean that, in some circumstances, European citizens could access free NHS care. He also noted that there were circumstances where British Nationals may not be able to access free NHS care e.g. where they were living abroad in a country without a reciprocal agreement. The Committee noted that in the case of planned care the expectation was that the hospital or NHS Trust would seek to secure payment prior to carrying out treatment but, if treatment was required immediately, they may need to proceed without first securing payment. The Committee noted that there was clear guidance not to delay care in these circumstances even if the patient made it clear that they were unable to pay.

Mr Redlin informed the Committee that the Royal Free London NHS Trust had provided the following information in respect of invoices for the nine month period April 2015 – December 2015:

Total Number of invoices raised:	357
Total Value of invoices raised:	£1,539,000
Total Value of Invoices Paid:	£398,000

Members of the Committee expressed their shock that the figure for outstanding care was well over £1 million. Mr. Redlin informed the Committee that the Royal Free London NHS Foundation Trust had also been surprised that such a huge amount was still outstanding.

The Chairman noted that assuming there was one invoice per patient, the figures broke down to a mean average cost of approximately £4,300 per patient.

Responding to a question from a Member, Mr Redlin informed the Committee that the Royal Free had been unable to break the figures down by department, but that it would be fair to assume that most elective care is paid for and that he therefore expected the outstanding money to relate to emergency care.

The Chairman suggested that the Committee should receive a further report on the matter and requested that the CCG work with the Royal Free London NHS Foundation Trust to produce a more detailed report on the matter.

**RESOLVED that:-**

- 1. The Committee notes the report.**
- 2. The Committee requests to be provided with data showing what the Royal Free had invoiced out to non-British patients as set out above.**
- 3. The Committee requests to be provided with a further report from Barnet CCG and The Royal Free London NHS Foundation Trust.**

**10. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH (Agenda Item 9):**

The Chairman introduced the report of the Director of Public Health which is a “call to action” on the issue of mental health in Barnet. The Chairman invited Councillor Helena

Hart, Chairman of the Barnet Health and Well-being Board, Dr. Andrew Howe, the Director of Public Health (Harrow and Barnet Councils) and Rachel Wells, a Senior Consultant in Public Health (Barnet and Harrow Councils), to the table.

Councillor Helena Hart stressed the importance of the issue of Mental Health. She informed the Committee that the Health and Wellbeing Board had put Mental Health at the top of the agenda for the Joint Health and Wellbeing Strategy. The Committee noted that the strategy went across all ages and covered from pregnancy to old age. Councillor Hart informed the Committee that when the Board had considered the report, they had heard from three residents who had shared their experiences of mental health problems and how they had been helped back into work.

Councillor Hart noted the “Five Ways to Mental Health”, as set out in the report, which were:

1. Connect
2. Get active
3. Take Notice
4. Learn
5. Give

Councillor Hart also informed the Committee that earlier that day, the Adults Substance Misuse Service had been launched. The Committee noted that it was a fully integrated treatment and recovery service.

Ms. Wells noted that the “Five Ways” could be promoted in a number of ways in both formal and informal settings. She noted that such settings could be gardening, learning to cook or through children’s centres.

A Member of the Committee complimented the quality of the report and welcomed the theme of early intervention throughout.

A Member questioned what the Committee could do to raise the profile of mental health. Dr. Howe commented that there was an increasing number of campaigns such as anti-stigma which got people talking about the issue which is in turn good for changing societal attitudes. Dr. Howe emphasised the need to look at future communication campaigns, getting the community involved and considering what families can do to improve mental health.

A Member noted that Barnet has a large number of parks and open spaces and questioned how their use could be better promoted. Ms. Wells advised that work had been taking place on the Parks and Open Spaces Strategy to see how different parks could be used at different times. She also commented on how having access to a park or open space can help to improve a person’s mental wellbeing.

The Vice Chairman informed the Committee that following the last meeting of the Health and Wellbeing Board, he had attended a meeting on 28 January 2016 about peer support. He stressed the important link between peer support and mental wellbeing. He also informed the Committee that, whilst at the meeting, he had met an Officer from the Barnet, Enfield and Haringey Mental Health Trust who had said he would be interested in showing the Committee around the Trust’s acute unit. The Governance Officer in attendance undertook to liaise with the Officer outside of the meeting and arrange a visit.

A Member referred to the potential economic savings that could be made by interventions to treat mental disorders. Responding to a comment from a Member, Dr Howe noted that the figures were based on robust evidence from national trials and noted that approximately 50% of sickness absences were to do with either stress or mild mental health issues.

A Member questioned if there were resources to try to reduce these absences within Barnet. Dr Howe informed the Committee that there were resources for work place health and that Public Health were working with HR and would need to work with their partners and businesses in order to be successful.

A Member questioned what the Committee could do to ensure that the issue of mental wellbeing remained high on the agenda. Ms. Wells undertook to discuss this with workplace colleagues.

The Chairman noted that Councillor Stock had made her maiden speech on the issue of exercise and commented on the link with mental wellbeing.

Dr. Howe informed the Committee that the Schools Wellbeing Programme is a successful start for mental health prevention in schools and Children's Centres.

The Committee noted that the number of children with Mental Health problems had increased. Dr. Howe said that money should be spent on the prevention of mental health problems, not just the treatment.

A Member questioned if there were any particular ethnic groups associated with having common mental health problems. Ms. Wells said that mental health problems tended to affect groups in a similar way. She noted that some ethnic groups show higher incidences of mental health problems but it is not clear if it is as a result of misdiagnosis.

Referring to the report, the Chairman noted that about a half of mental health problems are established by the age of 14 and about 10% of school-age children had a mental health problem. Ms. Wells commented on the importance of intervening with the family.

The Chairman referred to the section of the report that outlined the costs of mental ill health and noted that the report stated that ...*"in context London Boroughs spend £550 million a year on social care to treat mental disorders and £960 million on benefits to support people with mental health issues"* The Chairman noted that this was a vast sum of money and commented on how good it had been to hear from people with mental health conditions about how getting back into work had led to them being less isolated.

A Member referred to the report and commented that the proportion of 16 to 18 year olds not in employment, education or training in Barnet was the fourth lowest nationally.

Dr. Howe informed the Committee that the Chief Executive of NHS England had visited "Boost" in Burnt Oak and was shown how the team was undertaking joined up working to help get people into work, whilst introducing them to health coaches. The Committee noted the excellent results of "Boost".

A Member referred to psychological therapies in Barnet as a way to get people into work and noted that provision was inconsistent around the country. Dr. Howe undertook to provide the Committee with information on provision within Barnet.

**RESOLVED that:-**

- 1. That the committee considers the Annual Report of the Director of Public Health 2015 (ADPHR) – The Five Ways to Wellbeing in Barnet (Appendix 1), and the proposed actions outlined in the report, and endorses the responses to the mental health challenge.**
- 2. That committee considers and comments on the recommendations of the activities / actions outlined under sections 2.1 of the report and in Appendix 1.**
- 3. The Committee requests to be provided with information regarding the provision of psychological therapies within Barnet as set out above.**

**11. LONDON SEXUAL HEALTH TRANSFORMATION PROJECT (Agenda Item 10):**

The Chairman invited Audrey Salmon, Head of Public Health Commissioning, Harrow and Barnet Councils Public Health, to the table alongside Dr. Howe and Councillor Helena Hart.

At the invitation of the Chairman, Councillor Hart introduced the report which provided an update on the collaboration between London Boroughs on Genitourinary Medicine (GUM) and set out the main findings of the market engagement developed by the pan London Sexual Health Transformation Project. Councillor Hart noted that the Council spends approximately a third of its Public Health budget on sexual health, which equates to about £3.5 million per year. Councillor Hart noted the importance of early diagnosis in respect of sexual health provision.

Ms. Salmon informed the Committee that sexual health had become a statutory part of Local Authority provision approximately two years ago. The Committee noted that the Boroughs involved in the project would be working together to contain costs, renegotiate tariffs and achieve efficiencies. The Committee were informed that some provision would be through a web based system where the internet could be used as a “front door” to see what services are available across London. For example, this would allow residents to order a sexual health self-testing kit which is a cost effective option.

The Committee noted that the project would lead to integrated sexual health services which would encourage the use of local community-based services rather than high cost acute services. Ms. Salmon informed the Committee that a service specification is being developed for London as part of the Sexual Health Transformation Programme; this would be tweaked to ensure that it meets the needs of local residents.

The Vice Chairman commented that the project for a pan London system seemed sensible. Responding to a question from the Vice Chairman, Dr. Howe commented that a pan London system would mean that all Boroughs would sign a binding document which consisted of two main parts. Firstly it would require the Boroughs to buy the same electronic services and, secondly, that Boroughs pay the same rate to providers to the best of their ability. The Vice Chairman noted the interaction between the Boroughs of Harrow and Barnet and questioned if it would be possible to create a London system of provision that broke London into sub regions. Dr. Howe commented that a lot of patients attend clinics from all over London and that clinics in Westminster and Camden had particularly high attendance.

A Member commented on the importance of confidentiality for patients, particularly for young people and for people being tested for HIV. Dr. Howe noted that confidentiality



was key for patients, particularly with sexual health services. Dr. Howe also commented on the need for patients to be able to be seen anywhere in order to be treated quickly.

A Member questioned where test kits for young people would be sent to. Ms. Salmon advised that the project would consider a range of options including sending test kits to a pharmacy or to their home.

Referring to the report, a Member noted that commissioners had agreed a tariff for 2013-2014 which cost £133 for a first appointment at a GUM (Genito-Urinary Medicine) or CaSH (Contraceptive and Sexual Health) clinic and £82 for a follow up appointment. Ms. Salmon informed the Committee that Officers would look to have a more reasonable tariff.

A Member noted that the report stated that a survey of service users had shown that only 30% had received sex education at school. Ms. Salmon commented that this was a surprising statistic. Councillor Hart noted that certain faith schools can opt out of sex education. A Committee member commented that parents can also ask for their children to opt out of sex education lessons.

A Member questioned if there were any risks of young people being deterred from accessing services because they couldn't access a drop in or face to face clinic. Dr. Howe informed the Committee that it wouldn't be the case that everybody had to use online systems but that there would be a "front door" online which would take people through a number of steps which would include them being able to book an appointment online. Dr. Howe noted that there would still be open access and face to face appointments. Dr. Howe commented on the need to make better use of resources. The Committee noted that service users had been asked what they thought would make a better model of provision.

A Member commented that he thought that whilst teenagers wouldn't have as much freedom of movement, the main way that they would access information is via the internet. The Member questioned if offering access to services online was a good first port of call. Dr. Howe advised that he thought it would be. Dr. Howe commented that the project would be a lengthy procurement and noted that there was a risk that services were used too much and that people think that they can be tested whenever they want. The Committee noted the need to make sure that patients still took appropriate steps to protect their sexual health. Dr. Howe commented that a behaviour marketing campaign was also needed. Ms. Salmon noted that commissioners were aware that there are some parts of the community, for example where English is not their first language, where there will be a need to target support to remove barriers through outreach.

A Member expressed concern that if someone had ordered a testing kit online and that the result came back positive, then the patient would need someone to talk to and questioned if it would be better for pharmacists to keep the kits. Ms. Salmon advised the Committee that they were currently trialling HIV kits with the Terrence Higgins Trust and that, whilst it had only been running for a few months, the initial results had been successful.

A Member commented that many Committee Members were School Governors and that they could ask questions as Governors as to how education programmes were working. Ms. Salmon welcomed the suggestions and advised that she would come back to Committee Members outside of the meeting with further information on the idea.

Responding to a question from a Member, Dr. Howe informed the Committee that Public Health are able to leave health information leaflets in local schools.

A Member commented that the cost of a chlamydia test was approximately £7 and questioned if students could go to the school nurse to access the test. Ms. Salmon advised the Committee that in Harrow there was a service where the CaSH went into schools and were able to provide advice, condoms and refer young people to the service if they required it. The Committee noted that Public Health were considering an outreach offer in Barnet which would include schools and youth clubs.

**RESOLVED that:-**

- 1. The Committee notes Barnet and Harrow Joint Public Health Services' plans to participate in:**
  - a. A pan-London procurement for a web-based system to include a 'front-end' portal, joined up partner notification and home/self-sampling.**
  - b. The North Central London (NCL) sub-regional arrangements with the London Boroughs of Camden, Islington, Haringey, Enfield, Hackney and City of London, for the procurement of Genitourinary Medicine (GUM) and Contraception and Sexual Health (CaSH) Services (including primary care sexual health services, outreach and prevention).**

**12. DENTISTRY IN BARNET (Agenda Item 11):**

The Chairman introduced the report which had arisen as a result of a Member's Item in the name of Councillor Mittra at the Committee's meeting in July 2015. The Chairman noted that when the Committee last considered the item in October 2015, NHS England (NHSE) had not attended and so the Committee had resolved to request their attendance again.

The Chairman invited Julie Pal, Chief Executive of Community Barnet, Mike Rich, Head of Healthwatch Barnet, Rita Patel, Regional Lead (North London) - Dental, Optometry and Pharmacy (NHSE) Services, and Claire Robertson, Consultant in Dental Public Health, to the table.

Mr. Rich informed the Committee that their initial findings had shown that half of nearly 50 Practices that they had looked at had been unable to offer adults NHS appointments. The Committee noted that Healthwatch had then decided to look at 53 practices across the Borough that actively offer treatment and check ups. The Committee noted that the practices were asked the same questions for consistency and that the Healthwatch volunteers made the mystery shopping calls by telephone between December 2015 and early January 2016.

The Committee noted the Healthwatch report had the following findings:

- 36% (19 Practices) said they could not currently offer adults an NHS appointment.
- 25% (13 Practices) could not currently offer children a NHS appointment.
- That the majority of Practices that were able to offer appointments for NHS treatment could do so within two weeks and many before this. Five practices reported that they had used up their full allocation of NHS appointments for this year and that they may be able to offer an appointment in March/April when they had received their new allowance.

- Four Practices reported that they would accept patients who were in receipt of benefits, but not NHS patients not on benefits.

Mr. Rich informed the Committee that the initial research had come from complaints so Healthwatch had decided to investigate the matter. Healthwatch reported that they had found that there are considerable numbers of NHS Dentists in Barnet who cannot offer NHS dentist appointments.

Ms. Patel informed the Committee that NHSE had considered the report from Healthwatch Barnet and had requested to be provided with a list of the Practices surveyed so that they could investigate it further. Ms. Patel commented that if the survey was undertaken in other Boroughs, she would expect to get similar results. The Committee were informed that access to Dentistry in Barnet was better than other London Boroughs.

Ms. Robertson informed the Committee that child access to appointments in Barnet was good and that all age groups have better access than the London average and that year on year access figures have been improving. She noted that access for adults was a more complex picture because adult residents don't necessarily access dentistry in the Borough that they live in and that they might, for example, attend a Dentist near to their work place resulting in patient flows in and out of the Borough.

Ms. Robertson advised the Committee that NHSE would continue to monitor access to Dentists by Ward across Barnet, particularly in areas of development such as Colindale and West Hendon.

The Committee noted that 25% of Barnet five year olds had dental decay in 2012, compared to the London average of 30%.

Ms. Patel informed the Committee that in October and November 2015, NHSE set up stalls in local shopping centres and provided tooth brushing packs, and those who visited the stalls were given vouchers.

A Member referred to the dental uptake rates for adults and children by postcode as set out in the report and noted that Hampstead Garden Suburb which was one of the more affluent areas of the Borough had a comparatively low uptake. NHSE noted that if they could be provided with the names of the Practices surveyed, then they would be able to understand the reason behind this.

Mr. Rich commented that it would be possible to provide NHSE with a list of the Practices contacted and noted that he expected that as the Commissioners, NHSE would have an understanding of where the Units of Dental Activity (UDAs) had been used up. Mr. Rich also commented that the role of Healthwatch was to represent the consumer's voice.

The Chairman questioned if it would be helpful for NHSE to provide the number of UDAs that each Practice has. Ms. Patel informed the Committee that that information was already available.

The Chairman suggested that next time Healthwatch undertakes mystery shopping, the volunteers ask if the Practice has ran out of UDAs.

A Member commented that it would be in the public interest for Healthwatch to pass on the names of the Practices that it had surveyed to NHSE.

A Member commented that 96% of Practices who responded to the initial survey were taking on new patients. Ms. Patel informed the Committee that Practices are given an annualised activity of UDAs and that, whilst it is up to them how they use them, NHSE ask that they are spread evenly throughout the year.

The Chairman suggested that NHSE and Healthwatch Barnet should liaise with each other and come back to the Committee after Healthwatch have refreshed their latest report. The Chairman requested that the Governance Officer work with NHSE and arrange for a further report.

**RESOLVED that:-**

- 1. The Committee notes the report.**
- 2. The Committee requests to be provided with a further report on the matter at a future meeting.**

**13. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME  
(Agenda Item 13):**

At the invitation of the Chairman, Councillor Helena Hart provided an update on the work of the Barnet Health and Wellbeing Board (HWBB). She informed the Committee that the HWBB had considered the motion which she had originally submitted to Full Council on 8 December 2015. The Committee noted that the motion had received the full support of the Board and that Public Health will be producing a report for a future meeting.

The Chairman invited Dr. Howe to provide an update on his work. Dr. Howe informed the Committee that NHS organisations had been required to produce individual operational plans for 2016/17. In addition, the Committee noted that every health and care system would need to work together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years. Referring to a question from a Member, Dr. Howe informed the Committee that the STP might be a suitable item for the North Central Sector Joint Health Overview and Scrutiny Committee.

A Member informed the Committee that he had become concerned about the regulation of private ambulances after he had read an article in the press. The Member suggested that the Committee could receive a report on the regulation of private ambulances in the future. The Chairman suggested that the Member liaise with the Governance Service outside the meeting.

The Chairman noted that the Committee had received information from the Royal Free London NHS Foundation Trust on dementia treatment across the Trust.

The Chairman informed the Committee that she had requested data from the Royal Free on the number of parking spaces available at Barnet Hospital. The Chairman noted that the responses to the questions were as follows:

*How many spaces are there in total at the car park at Barnet Hospital?*

*How many used for staff? 769*

*How many designated for the public car parking? 274*

The Chairman noted that she was concerned about the accuracy of these figures and advised that she would request another meeting about parking at Barnet Hospital.

**RESOLVED that the Committee notes the Work Programme.**

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

None.

The meeting finished at 10.00 pm