MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

MONDAY 5TH DECEMBER, 2016

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

Councillor Val Duschinsky
Councillor Gabriel Rozenberg
Councillor Alison Moore
Councillor Caroline Stock
Councillor Philip Cohen
Councillor Laurie Williams
Councillor Ammar Naqvi

Substitute Members

Councillor Shimon Ryde
Councillor Maureen Braun
Councillor Daniel Thomas
Councillor Kath McGuirk
Councillor Anne Hutton
Councillor Barry Rawlings

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is Wednesday 30th November at 10AM. Requests must be submitted to Edward Gilbert, edward.gilbert@barnet.gov.uk, 020 8359 3469

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

Andrew Charlwood – Head of Governance

Governance Service contact: Edward Gilbert, edward.gilbert@barnet.gov.uk, 020 8359 3469

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 16
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)	17 - 20
7.	Legal Highs	21 - 30
8.	Eating Disorders & Body Dysmorphia	31 - 40
9.	Cover Report for Quality Accounts - Mid Year Review	41 - 66
10.	Update Report: Cricklewood Walk-in Centre Service	67 - 76
11.	Health Overview and Scrutiny Forward Work Programme	77 - 84
12.	Any Other Items that the Chairman Decides are Urgent	

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Decisions of the Health Overview and Scrutiny Committee

6 October 2016

Members Present:-

AGENDA ITEM 1

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

Councillor Val Duschinsky	Councillor Ammar Naqvi
Councillor Arjun Mittra	Councillor Barry Rawlings (as substitute)
Councillor Gabriel Rozenberg	Councillor Laurie Williams
Councillor Caroline Stock	

Also in attendance:-
Councillor Helena Hart

Apologies for Absence:-
Councillor Philip Cohen

1. MINUTES (Agenda Item 1):

The Chairman highlighted the following corrections to the minutes:

- That in the second resolution of Agenda Item 9 (Adults Audiology, Wax Removal and Community ENT Service) the date, 2016, be changed to 2017.
- That in the sixth paragraph of Agenda Item 12 (Healthwatch Barnet Update Report) the word, "if" be deleted so the sentence now reads *"…, and if so, ~~if~~ it could be…"*
- That in paragraph two of Agenda Item 13 (Forward Work Programme) the word "the" be added to the first sentence so it reads *"…two GP Practices move onto <u>the</u> site"*
- That in paragraph two of Agenda Item 13 (Forward Work Programme) the word "it" be removed from the following sentence so it reads *"…she had been advised ~~it~~ would be in place"*

The Chairman referred to Agenda Item 6 which was a Member's Item received in the name of Councillor Philip Cohen and noted that a response from CLCH had been sent to the Committee with the agreement that Members would provide further instruction to the Governance Service should they wish for any further information. The Chairman noted that no Members had requested further information.

Referring to Agenda Item 9 (Adults Audiology, Wax Removal and Community ENT Service) the Chairman noted that the Committee had not yet received a response on the number of ENT sites run by Concordia Health in Haringey and requested that this information be chased.

The Chairman noted that during the consideration of Agenda Item 10 (Colindale Health Project), the report had advised that Burnt Oak Councillors had been consulted. However, the Burnt Oak Councillor on the Committee was not aware of any ward Member consultation. The Chairman asked the Burnt Oak Member if he or his ward

colleagues had subsequently been contacted for consultation on the matter. The Member advised that he was not aware of any consultation.

Referring to Agenda Item 12 (Healthwatch Barnet Update Report) the Chairman noted that Healthwatch Barnet had provided further information to the Committee. However, the Committee noted that the request for comment on the 6% of the maternity survey respondents who had reported that their baby had a tongue-tie condition, which they felt had not been taken seriously or recognised, was still outstanding. The Governance Service undertook to chase this information.

Referring to Agenda Item 13 (Forward Work Programme) the Chairman noted that Dr. Andrew Howe, Director of Public Health (Harrow and Barnet Councils), had advised that he would be would be taking forward with Public Health England the Committee's suggestion regarding writing to specific cohorts about the dangers of MMR.

Subject to the amendments outlined above, the Committee:
RESOLVED that the minutes of the last meeting be agreed as a correct record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from Councillor Philip Cohen, who was substituted by Councillor Barry Rawlings.

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

Councillor Caroline Stock declared a non-pecuniary interest in relation to Agenda Item 10 (Health Tourism) by virtue of her husband being an Elected Public Governor of the Council of Governors at the Royal Free London NHS Foundation Trust.

Councillor Alison Cornelius declared a non-pecuniary interest in relation to Agenda Item 9 (Barnet CCG Update Report) by virtue of being a Council appointed Trustee/Director of Eleanor Palmer Trust which owns Sheltered Homes and also 'Cantelowes' Care Home in High Barnet.

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 - 10TH JUNE 2016 (Agenda Item 7):

The Chairman introduced the minutes of the North Central London (NCL) Joint Health Overview and Scrutiny Committee (JHOSC) from the meeting of 10 June 2016.

The Chairman noted that the JHOSC had made reference to a lack of GP provision for care homes across the NCL area and that the Committee would receive an update on this issue during Agenda Item 9 (Barnet CCG Update Report)

The Chairman informed the Committee that following the consideration of the NCL Sustainability and Transformation Plan and Estates Devolution Pilot, Councillor Anne Marie Pearce had undertaken to write to the Minister for Health expressing concern at the disparity in the provision of funding in Enfield and Barnet for mental health, as compared to other boroughs in the NCL region. The Committee noted that a response had not yet been received.

The Chairman advised the Committee that the JHOSC had received an update on the London Ambulance Service Quality Improvement Plan and the JHOSC had also noted that demand for the service has risen significantly; in 2015/16 the LAS attended 20,000 more incidents than in 2014/15.

The Chairman noted that the JHOSC would be considering a report on health tourism at their meeting in March 2017.

The Vice Chairman commented that the STP had so far had minimal political involvement.

RESOLVED that the Committee noted the minutes on the North Central London (NCL) Joint Health Overview and Scrutiny Committee (JHOSC) from the meeting of 10 June 2016.

8. DEVELOPMENT IN MENTAL HEALTH CARE; THE REIMAGINING MENTAL HEALTH PROGRAMME: EXPLORING SOLUTIONS TOGETHER (Agenda Item 8):

The Chairman invited Neil Snee, Interim Director of Commissioning, Barnet CCG, and Dr. Charlotte Benjamin, GP Board Member, Barnet CCG, to the table.

Dr. Benjamin provided the Committee with details of the work that had been undertaken in relation to the development of mental health care including the following points:

- In 2014, Barnet CCG and the London Borough of Barnet separately reviewed their Mental Health services. The key findings of both reviews highlighted:
  - The lack of effective crisis planning and community services
  - The lack of “early intervention for wellbeing” approaches
  - More calls to work in partnership in the community
  - The need to use resources more effectively
- From May 2015, Barnet CCG undertook a full engagement and consultation process with statutory providers, voluntary sector providers, people with “lived” experience and wider stakeholders to ‘reimagine’ mental health provision within a phased approach focussing on:

  - A co-production model to deliver better, more targeted health and social care services through a community–based approach;
  - Directing resources more appropriately through better collaboration between all organisations
  - Continued involvement of people with mental health needs and their carers as a key to shaping future services

- Extensive consultation was undertaken in transforming Mental Health services through a series of Co-design “Breakfast Clubs” and action learning Trailblazers with people with “lived” experience of mental health problems, the voluntary sector, the statutory sector including Public Health/ Barnet Enfield and Haringey MHT, as well as many others.
- A Needs Assessment was then undertaken with expert colleagues from UCL, which allowed for the determination of a vision for more integrated mental health provision in Barnet and to support commissioning intentions to deliver pathway remodelling as part of the programme.

Dr. Benjamin advised the Committee that she was very pleased with the new way of working with patients and noted that the challenge was the need to extend the system to the West and North of the Borough. The Committee noted that Dr. Benjamin wished for social workers to be embedded within the model.

A Member questioned the impact of the programme on younger and teenage patients. Mr. Snee replied that although the model being presented to the Committee was an 18 plus model, the Health and Wellbeing Board had recently received a paper on the Tier 4 service which highlighted the pressure on young people.

Dr. Benjamin informed the Committee that the model was evidence based and therefore not “new”. She noted that it was strategically very difficult for a Trust to change its way of working in one go, which was why it was decided to undertake the pilot in smaller parts of the Borough as opposed to borough wide.

A Member questioned if the model worked as a partnership. Dr. Benjamin advised the Committee that the model was very much about partnership working and that she felt that colleagues were unaware of the potential resources in Barnet. She added that previously it could take weeks to refer a patient to appropriate services, during which time the patient could deteriorate. Dr. Benjamin commented that the approach was about the patient being seen at the right place and at the right time.

Mr. Snee informed the Committee that he had been very impressed with how the team had brought together available resources and looked at what was available and that the prospect of working with Local Authority colleagues and bringing social workers into the model was very exciting. In many ways, the model was more a social model than a clinical one.

A Member referred to a section of the report which noted that *“for example, in Camden, complexity accounts for greater use of the highest cost services than in Barnet, but where the investment nearly doubles across all modalities”* and questioned what this meant in practice. Dr. Benjamin advised the Committee that Barnet and Camden were very different areas, with different needs and that whilst Camden invests more, the outcomes aren’t necessarily better.

A Member commented that the Committee had been invited to visit the Dennis Scott Unit earlier in the year and that it had made her realise the importance of patients being seen quickly and that the implications of a patient having to wait for treatment could be extremely serious.

A Member commented that often people with mental health issues can be upset by the lack of sympathy with their condition, especially when combined with the stigma around mental health issues. Dr. Benjamin advised that experts would be used to provide

training and that patients and service users would be consulted on their views concerning the most appropriate training.

Responding to a question from a Member on the difference between services for those with mental health issues and for those with learning disabilities, Dr. Benjamin advised that the two were distinct, but there could be an overlap in certain cases. The Committee noted that the CCG had identified Autism as an area for improving the Barnet offer.

RESOLVED that:

1. **That the Committee noted the current development and possible future developments set out in this paper - Reimagining Mental Health: Exploring Solutions Together;**

2. **That the Committee noted the commitment from all partners to support transformation of mental health pathways;**

3. **That the Committee supported the ongoing commitment from stakeholders to continue to develop a dedicated model for sustainable service improvement in mental health pathways to well-being;**

4. **That the Committee offered comments on the recommendations for the continued development.**

THE CHAIRMAN ANNOUNCED A VARIATION IN THE AGENDA, WITH THE HEALTH TOURISM ITEM BEING CONSIDERED NEXT.

9. HEALTH TOURISM (Agenda Item 10):

The Chairman introduced the report, which provided the Committee with an update from Barnet Clinical Commissioning Group on the issue of Health Tourism. The Chairman invited Leigh Griffin, Director of Strategic Development, Barnet CCG, to the table. Mr. Snee remained at the table.

Mr. Griffin noted that the report provided the outline approach for charging patients from overseas. The Committee noted that the CCG were pursuing further data from the Royal Free London NHS Foundation Trust and the Royal National Orthopaedic Hospital (RNOH) which would be provided to the Committee when it became available.

The Committee noted the following information in relation to the treatment of people not ordinarily resident in the UK:

Hospital Care:

NHS Trusts are required to invoice any patients who are not entitled to free NHS treatment. Where possible, the Overseas Visitor Team (OVT) takes payment prior to, but without delaying, treatment. Otherwise payment is requested immediately after treatment and before the patient leaves hospital. Both the Royal Free London NHS Foundation Trust and RNOH employ debt collectors to pursue outstanding debts. Any debts which are deemed non-recoverable are transferred to the responsible CCG within whose boundaries the Trust is located.

A Member noted the following statistics in relation to the Royal Free London NHS Foundation Trust as set out in the report:

Royal Free Hospital Overseas Visitors April 2016 – September 2016

Total no of invoices raised	Total monetary value	Paid	Outstanding
311	£725,156	£128,800	£596,356

The Member questioned if the figures provided in the paper were unusual. Mr Griffin informed the Committee that he did not consider the figures as set out above to be abnormal for London and the South East and noted that the issue of outstanding payments would be an issue for the whole NHS.

The Member commented that the Royal National Orthopaedic Hospital (RNOH) was on the border with Harrow. Mr. Griffin noted that whilst it was on the border, Barnet was the responsible CCG. The Member questioned if all outstanding invoices would be re-paid by NHS England. Mr. Griffin informed the Committee that some outstanding money would continue to be pursued.
The Member requested to be provided with the following information from Barnet CCG:

- How much outstanding debt is re-paid to the RNOH by NHS England (NHSE)
- How many beds on average are occupied at the RNOH by patients not ordinarily resident in the UK
- How much money Barnet CCG is currently owed as a result of unpaid invoices from overseas visitors treated at the RNOH

The CCG undertook to provide this information to the Committee.

Primary Care:

There is a duty on GPs to provide care to all patients who have been in the country for more than 24 hours. The Chairman invited Dr. Charlotte Benjamin to provide the Committee with her perspective as a local GP of treating those patients who are not ordinarily resident in the UK. Dr. Benjamin informed the Committee that previously GPs were able to ask for people's passports and visas to see if they were eligible for treatment and that receptionists had a list of reciprocal treatments provided to UK patients in other countries. Dr. Benjamin informed the Committee that, since then, guidance had changed and that she had experienced an increase in patients not ordinarily resident in the UK who had required emergency treatment. Dr. Benjamin expressed concern about the issue of resourcing such treatment and commented that she felt demand was higher than appreciated. The Committee noted that GPs were duty bound to register presenting patients and make necessary subsequent referrals as appropriate.

The Chairman informed the Committee that Dr. Debbie Frost, Chair of Barnet CCG, had given her apologies for the meeting, but had provided the following statement to be read out at the Committee:

“GP Practices are required to see patients who are residing in their practice area for over 24 hours. So if, for example, an American is on holiday and stays in Mill Hill where I am a GP for more than 24 hours with family, then we would be expected to treat him/her as any other patient that we have as far as GP services are concerned (Consultations and prescriptions). But, if they need to be seen in secondary care, then they need to pay. So even if someone has medical insurance and presumably is covered to pay for the service, we (GPs) should still see them on the NHS”

A Member expressed concerns about the pressure on resources that the treatment of those not ordinarily resident in the UK would put on General Practice and suggested that the Committee write to the Secretary of State for Health in order to outline their concern.

The Chairman informed the Committee that she had once attended a Barnet Hospital Board Meeting and that a Gynaecologist had been in attendance who had been asked to inform the Board about the issue of health tourism in his department. The Gynaecologist had advised that he had employed an officer who was responsible for ensuring receipt of payment from overseas visitors. The Gynaecologist had noted that the officer was very effective, but was only employed during office hours and so was not on duty to collect payment from patients at other times. He also stated that maternity departments probably had one of the highest incidents of ‘health tourism’ in hospitals.

The Chairman questioned the cost and method of debt collection and Mr Griffin advised that he would contact the Royal Free in order to ask for an estimate of their collection costs.

The Chairman noted that there are around 1400 hospitals in the UK and expressed her concern at the huge cumulative amount for outstanding treatment costs across the UK.
Mr. Snee informed the Committee that CCG Officers were public servants and were employed to implement national policy.

A Member advised that whilst he felt some treatments should be chargeable to people not ordinarily resident in the UK, the NHS had been set up so that it was free at the point of access. The Member also expressed concerns about patients with particular medical conditions, such as heart attacks, maternity care, or infectious diseases, not receiving treatment. He said he would prefer to have to pursue a debt rather than sending a patient in need away.

The Chairman expressed concern about instances when pregnant women intentionally fly to the UK either to give birth or come into the country with pre-existing complex maternity conditions, such as foetal heart conditions, and deliberately leave the country afterwards without paying for the expensive treatment they have received. A Member commented that he felt that in the instance of a baby being born with a heart condition, there were two people needing treatment and that the cost was worth paying so that the principles of the health system were not lost.

A Member questioned if it would be possible to receive information on how much money the CCG charged back to European Union Countries. Mr. Snee advised that he believed there was a reciprocal agreement and undertook to provide the Committee information on the cost of treatment of EU citizens coming into the country.

A Member of the Committee noted that the NHS was founded on the principle of compassion and advised that he had not enjoyed the debate on the issue. The

Chairman commented that most non-UK residents entering the country would do so with travel insurance and therefore should be covered for any healthcare treatment.

The Chairman noted that the Committee had agreed to write to the Secretary of State for Health on the issues raised. She commented that the letter to the Secretary of State would be sent out in the name of the Chairman, but that a draft of the letter would be provided to Committee Members for comment prior to it being sent. Councillor Arjun Mittra advised that he did not wish to have his name associated with the letter. The Governance Officer in attendance advised the Committee that the letter would contain all Committee Members' names, except for the one Member who had specifically requested to be disassociated from it.

The Chairman MOVED to the recommendations as set out in the report. Votes were recorded as follows:

For:	8
Against:	1
Abstentions:	0

RESOLVED that:

1. **The Committee noted the report.**
2. **The Committee requested to be provided with information from Barnet CCG as set out above.**
3. **That the Committee agreed, with the exception of Councillor Arjun Mittra, to write to the Secretary of State for Health.**

10. BARNET CCG UPDATE REPORT (Agenda Item 9):

The Chairman advised the Committee that she had invited Mr. Snee to provide the Committee with a verbal update on matters of interest relating to the CCG. Mr. Snee provided the update as follows:

East Barnet Health Centre: Mr. Snee noted that the issue of a number of services moving out of the health centre had already been considered by the Committee and advised that the CCG were very disappointed that the services had not been repatriated. Mr. Snee reported that after considerable discussion and, despite the issue between the landlord and Central London Community Healthcare, there was in principle now a way forward. He also advised that once the issues had been resolved, the services will be repatriated.

A Member commented that NHS Property Services were the landlord of East Barnet Health Centre and questioned if the GPs had been charged rent for the entire building. Mr. Snee advised the Committee that he was unable to comment on direct commercial factors, but noted that there has been a change in national policy to move to market funding.

The Chairman sought clarity as to whether progress was being made in respect of the repatriation of services. Mr. Snee advised that the issue appeared to be moving forwards.

The Chairman suggested that the Governance Officer contact CLCH to ask for an update from their point of view on the repatriation of services and that it be circulated to Committee Members.

Primary care related support for Care Homes: Mr. Snee informed the Committee that there were 2900 plus beds available for care across Barnet. The Committee noted that primary care support for care homes also benefitted from an integrated Quality in Care team, which was funded by the Better Care Fund. Mr. Snee highlighted the importance of best practice in primary care in care homes and noted the use of prevention tools and integration between multidisciplinary teams. The Committee noted that the CCG had put in place the first phase of providing an enhanced support service to care homes. Mr. Snee informed the Committee that the CCG also had a rolling programme of training in clinical care, including dementia and end of life care, available to all staff. The Committee noted that Barnet is in the upper quartile of people dying where they choose to.

Mr. Snee informed the Committee that Workforce Training and Development was a key deliverable in the Barnet Integrated Care Home Strategy (2015) and that a training needs analysis was carried out in Quarter 1 in collaboration with London Borough of Barnet. This resulted in key training being identified for delivery. The areas identified were: Dementia Awareness, End of Life Care (including Advanced Care Planning) and Communication Skills. The training programme will be delivered to all staff in the Care Sector in Barnet in order to improve their competence in care delivery.

Mr. Snee also commented on the Significant Seven (S7), a training tool which has been implemented in Barnet to support staff in the early identification of deterioration in the patient. The Committee noted that Barnet CCG, through collaborative working with the Local Authority Integrated Quality Team in Care Homes, is piloting the tool in ten Care Homes. The Committee noted anecdotal evidence suggesting that positive feedback has been received from the homes already trained in improving staff confidence and competence.

The Vice Chairman noted that the North Central London Joint Health Overview and Scrutiny Committee (JHOSC) had received an item on primary care in care homes at their meeting on 30 September 2016.

The Chairman expressed her delight that the “Significant Seven” was being implemented in Barnet. The Chairman referred to Care Homes Enhanced Support Service (CHESS), which is an integrated care model intended to deliver timely care to older people in care homes, reduce avoidable hospital admissions, reduce the need for unplanned care and improve the quality of care for the patients. The CHESS is made up of a multi-disciplinary team which consists of a geriatrician, pharmacists, nurses, a physiotherapist and a GP as the accountable clinician. Mr. Snee commented on the functionality of the CHESS team, with every patient having the right to access a GP.

The Chairman commented that there is a longer life expectancy in Barnet than in, for example, Islington and, as a consequence, there is a higher incidence of Dementia and Alzheimer’s in Barnet.

A Member questioned if people were tending to stay in care homes for longer or shorter amounts of time. The Chairman advised that theoretically, the stay is on average only three years because people now tend to go into care homes when they are significantly

older. Mr. Griffin advised the Committee that nationally the average length of a care home stay is decreasing.

Finchley Memorial Hospital: Mr. Snee informed the Committee that the Audiology service at Finchley Memorial Hospital was now confirmed to open on 10 October 2016, as opposed to the planned date of 1 October 2016, due to an issue with the audiology booth.

Mr. Snee advised the Committee that the mobile breast screening unit will remain at Finchley Memorial Hospital until the indoor breast screening unit is in situ. The Committee noted that there was a need to reconfigure the Walk in Centre at Finchley Memorial Hospital in order to accommodate the permanent, indoor breast screening unit and so the overall plans are more complex than the CCG expected. Mr. Snee advised that the CCG had mobilised their own Project Manager and that the unit would be in place as soon as possible. The Committee were informed that this was a top priority for the commissioning strategy this year.

The Committee noted that the CCG were continuing to pursue with local GPs as to how primary care could be brought into Finchley Memorial Hospital. The Committee noted that this was a difficult issue due in part to complexities surrounding payment refunding routes. Mr. Snee noted that the CCG had made a concerted effort to look at further options for primary care on site, such as via satellite or hub.

The Chairman requested that the CCG provide an update on the Older Persons' Assessment Unit (OPAU) Mr. Snee advised the Committee that the OPAU had been paused but not cancelled as it had been felt that the way it was originally intended to be configured was too stand-alone and that the design should take into account the frailty pathway. The Committee were informed that the pause would allow commissioners to consider what more could be done for the population from a frailty point of view.

The Chairman expressed her disappointment that the breast screening facility was still being delivered through the mobile unit and that the empty ward on site was still not in use and was costing a considerable amount every month. Mr. Snee commented that he had taken the time to visit the building and understood the disappointment. Mr. Snee further said that the focus this year would be to deliver on things in the building that provide health and social care for the population.

A Member advised that she had been informed that the blood testing unit at the Finchley Memorial Site might be closed. Mr. Snee advised that he was not aware of this but would look into the matter and respond to the Committee.

Mr. Griffin informed the Committee that Barnet was the best performing CCG in terms of Cancer survival rate but noted that the CCG would not become complacent and would seek to improve the rate further.

RESOLVED that:

1. **The Committee noted the report**
2. **The Committee requested that the Governance Service contact CLCH to ask for an update from their point of view on the repatriation of services to East Barnet Health Centre and that, once received, it be circulated to Committee Members.**

3. **The Committee requested that the CCG provide clarification as to the future of the blood testing unit at Finchley Memorial Hospital.**

11. HEALTHWATCH BARNET ENTER AND VIEW REPORT - LADY SARAH COHEN CARE HOME (Agenda Item 11):

The Chairman invited Lisa Robins, Manager, Healthwatch Barnet, to the table. Ms. Robbins advised that the visit was undertaken by four trained Enter and View volunteers. The Committee noted that questionnaires were left by the Enter and View volunteers to allow people who were unable to be there on the day the opportunity to contribute.

A Member advised that some of the issues to do with staffing appeared to be beyond the control of the care home and commented on the need to manage the relationship with relatives in a different way. The Member commented that, if he was a relative of a resident, he would expect to meet with a member of staff at a scheduled time every eight weeks to discuss the care plan.

Ms. Robbins advised the Committee that, on the date of the visit, the manager of the care home was an interim manager but that she had now been made permanent. Since then, she had put in place procedures to provide better structure.

Ms. Robbins informed the Committee that Healthwatch had met with both the Care Home Manager and the Area Manager and that Healthwatch would go back to the home in 6 - 8 months. A Member commented on the importance of scheduling meetings with relatives to discuss care. Ms. Robbins agreed and commented that one of the recommendations to the care home was about how relatives can be involved in the development of care plans.

Responding to a comment from the Vice Chairman, Ms. Robbins advised that it would be interesting to do some further work around the recruitment of staff.

A Member expressed concern that a resident had reported that the GP was lacking in empathy and was unapproachable.

A Member commented on a quote made by staff, which was *"when I started half the residents could walk on their own or with a frame – now it is three out of forty".* The Member commented that it was not just management but staff who needed to realise that patients have needs.

The Chairman commented on the importance of ensuring that residents are kept properly hydrated and noted that one resident had reported that they had had to wait until lunchtime for a drink. The Chairman noted the importance of hydration in avoiding Urinary Tract Infections (UTIs) and commented that she was aware of one home that provided jellies and ice lollies during hot spells as an additional way to give residents extra liquids.

The Chairman requested that Healthwatch Barnet provide the Committee with a copy of the report following their next visit and noted that, if it was not satisfactory, the Committee could request attendance from both Healthwatch Barnet and Jewish Care at a future meeting.

RESOLVED that:

1. **The Committee noted the report.**
2. **The Committee requested that Healthwatch Barnet provide the Committee with their Enter and View report following their next inspection of Lady Sarah Cohen House.**

12. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 12):

The Chairman invited Councillor Helena Hart, Chairman of the Barnet Health and Wellbeing Board, and Natalia Clifford, Consultant in Public Health, to the table. The Committee noted that Dr. Andrew Howe, Director of Public Health (Harrow and Barnet Councils), had sent his apologies.

Councillor Hart provided the Committee with an update on the Shisha campaign, noting that Environmental Health had been visiting Shisha establishments to make sure that they were compliant with their licensing requirements. Cllr. Hart informed the Committee that the campaign was not about banning Shisa, but about getting across the health messages associated with it.

The Chairman commented that she thought the campaign was excellent.

A Member questioned if the Council employed enough enforcement officers to ensure the compliance of Shisha establishments. Councillor Hart informed the Committee that the Shisha campaign ran across Council departments and that Shisha establishments had been informed that if they did not comply with legislation, then they would be taken to court. Councillor Hart informed the Committee that the Health and Wellbeing Board would receive a report on the Shisha campaign at their meeting in January 2017.

The Chairman referred to the Forward Work Programme as set out in the report and noted that the report on the Sustainability and Transformation Plan might need to be received by Committee in February 2017, alongside the report on the Colindale Health Project.

RESOLVED that the Committee note the Forward Work Programme.

13. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 13):

None.

The meeting finished at 10.00 pm

AGENDA ITEM 6

	Health Overview and Scrutiny Committee **5 December 2016**
Title	**Member's Item in the name of Councillor Philip Cohen – NHS Property Services Ltd charging market rents**
Report of	Head of Governance
Wards	All
Key	No
Urgent	No
Status	Public
Enclosures	None
Officer Contact Details	Edward Gilbert, Governance Team Leader Email: edward.gilbert@barnet.gov.uk Tel: 020 8359 3469

Summary

The report informs the Health Overview and Scrutiny Committee of a Member's Item and requests instructions from the Committee.

Recommendations

1. **That the Health Overview and Scrutiny Committee's instructions in relation to this Member's item are requested.**

1. WHY THIS REPORT IS NEEDED

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

NHS Property Services Ltd charging market rents

"I request that the Health Overview and Scrutiny Committee receive a report on the implications for Barnet residents of the NHS Property Services Ltd charging market rents for services at all NHS premises such as GP surgeries and health centres. The organisation clearly says on its website that in many cases this will mean higher rents, and already in East Barnet services such as a baby clinic and post-natal care have been discontinued at the health centre in East Barnet Road because of this move, and dispersed elsewhere."

2 REASONS FOR RECOMMENDATIONS

2.1 No recommendations have been made. The Committee are therefore requested to give consideration and provide instruction.

3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Post decision implementation will depend on the decision taken by the Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 As and when issues raised through a Member's Item are progressed, they will need to be evaluated against the Corporate Plan and other relevant policies.

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

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 The Council's Constitution (Meeting Procedure Rules, Section 6) states that a Member, including appointed substitute Members of a Committee may have one item only on an agenda that he/she serves. Members' items must be within the term of reference of the decision making body which will consider the item.

5.3.2 The Health Overview and Scrutiny Committee terms of reference includes:

1. *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.*

2. *To make reports and recommendations to Council, Health and Well Being Board, the Secretary of State for Health and/or other relevant authorities on health issues which Chairman, Vice- Chairman, Members and substitutes to be appointed by Council which may affect or may affect the borough and its residents.*

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

5.4 Risk Management

5.4.1 None in the context of this report.

5.5 Equalities and Diversity

5.5.1 Members' 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.

5.6 Consultation and Engagement

5.6.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 None.

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AGENDA ITEM 7

Barnet Health Overview and Scrutiny Committee

5 December 2016

Title	Legal Highs
Report of	Barnet Clinical Commissioning Group/Commissioning Director, Children and Young People
Wards	All
Status	Public
Key	No
Urgent	No
Enclosures	Appendix A – New Psychoactive Substances (Public Health Report) Appendix B – Information from the London Ambulance Service
Officer Contact Details	Edward Gilbert, Governance Service Team Leader (Acting) Edward.gilbert@barnet.gov.uk 020 8359 3469

Summary

This report provides an overview of the use of and health implications of legal highs in the London Borough of Barnet. Appendix A (written by Barnet & Harrow Joint Public Health Service) to this cover report provides a national overview of the use of psychoactive substances, and some information in relation to the borough. In addition to this, the appended report provides information about the work that is done with schools to raise awareness about the use and effects of legal highs.

Appendix B provides data from the last 3-4 years relating to the impact legal highs can have on the London Ambulance staff injured by patients under the influence of legal highs over the last 3-4 years. This report is listed in the committee's work programme for this meeting.

Recommendations

1. **That the Committee note the report.**

1. WHY THIS REPORT IS NEEDED

1.1 As stated in the committee's forward work programme, the committee is receiving a paper on the use and effects of legal highs in Barnet.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be briefed on this matter and provide the CCG and Commissioning Director, Children and Young People, with any comments.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The views of the Committee in relation to this matter will be considered by the CCG and Commissioning Director, Children and Young People.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.11 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)

5.2.1 There are no financial implications for the Council.

5.3 Social Value

5.3.1 Not applicable.

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 There are no risks.

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.

5.6.3 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 be updated in the future plans for the continuation of services at Cricklewood GP Health Centre.

6. BACKGROUND PAPERS

6.1 None.

APPENDIX A – New Psychoactive Substances

Report submitted by:

Bridget O'Dwyer Senior Commissioning Manager - Substance Misuse Service - Barnet & Harrow Joint Public Health Service

Date: 9.11.2016

The Psychoactive Substances Act came into force on 26.5.16 which bans new psychoactive substances (NPS) also known as 'legal highs'. NPS mimic the effects of traditional controlled drugs such as cannabis, cocaine, amphetamine and MDMA (ecstasy). For example; synthetic cannabis is cheaper and quicker to grow as it takes 3 months to cultivate marijuana and only 4 hours to produce the synthetic type. However, it is also becoming increasingly clear that 'NPS' are far from harmless and the chemicals in these substances can be incredibly dangerous - possible side effects are reduced inhibitions, drowsiness, excited or paranoid states, seizures, coma and even death. Using NPS with alcohol or other drugs can also increase risk.

The use of NPS is found among all races and social groups and there is about 2:1 male/female ratio for regular users. Currently the known main users of NPS are:

- Clubbers (Mainly young adults and students)
- Psychonauts (all ages – main interest is hallucinogens)
- Poly-drug users (ex cocaine/speed and heroin users)
- Main age range of 16-45yrs, peak age rang of 20-29yrs
- Gay men use (& initiate use) more than heterosexuals (chemsex)

Although national treatment data on NPS is currently limited, what is available shows that NPS and club drug users respond well to treatment and that successful completion of treatment is comparatively high.

Nationally, Cannabis remains the drug for which young people are most likely to seek help and this is currently reflected in Barnet's Young People's Drug and Alcohol Service's (YPDAS) data returns. However there is a challenge as the number of individuals citing use of NPS nationally has been increasing and this is not currently reflected in Barnet YPDAS (or Barnet's Adult Substance Misuse Service) data. It can be difficult to ascertain the scale of the NPS problem as an individual may not actually be aware they are taking a NPS as it could be added or mixed with the traditional controlled drug they are using. Also if an individual requires help following the use of a NPS, the chances are it will be because they have developed an acute NPS-related problem (i.e. agitation, palpitations, and seizures) and they will probably first present at an A&E Department. The use of NPS can also cause problems in the event of treating a symptom as it may not be known what synthetic substance the individual has taken and therefore what antidote is required.

Barnet YPDAS have deliver educational and preventative programmes to young people's services i.e. schools and social care and a teaching session has recently

been delivered to Barnet A&E in the event of a young person attending with alcohol or drug use.

On 1st September 2016, Barnet 's new YPDAS commenced and is delivered by WDP with the focus:

- Identify and educate
- Prevent and deter
- Treat

The new Service has a designated Education Lead who is developing a Barnet Schools Network and will oversee training on a wide range of areas including: substance misuse and safeguarding, NPS, assessing substance use risk in young people and overdose response training for parents & carers. There is also an on-line Education Portal for teachers and other professionals.

A priority of the new Barnet YPDAS is to ensure young people are seen where they feel more comfortable and a number of satellite sites have already been agreed across Barnet agencies i.e. Leaving Care Team, Libraries, Youth Offending Service. There is also on-going discussion with CAMHS to develop joint working alongside their Outreach Service.

Please see below details of the launch of the new Barnet YPDAS:

Date: 5th December 2016

Time: 14.00 – 16.30

Venue: Hendon Town Hall, The Burroughs, Hendon, London NW4 4AX

London Ambulance Service NHS Trust

Information requested for Barnet Health Overview and Scrutiny Committee, to be held 5th December 2016

1. **What was the total number of London Ambulance Staff who were injured by patients per year for the past 3-4 years?**

Financial Year	Physical Assaults
2011/12	501
2012/13	395
2013/14	399
2014/15	391
2015/16 (unaudited)	447
2016/17 (to 22/07/2016)	105

2. **Out of the total number, can we have a breakdown of the number of staff injured by people who had taken legal highs, alcohol etc - again per year over the past few years?**

We don't specifically record the number of staff injured by 'legal highs', but we can provide a breakdown where drugs / alcohol was a factor. At the time of writing, this information had not been fed back from the relevant information team.

Key Facts

- Last year **439** London ambulance crew were assaulted (1st April 2015 to 31st March 2016), an **increase of 14%** on the previous year.
- On average **one staff member is assaulted each day** in London.
- Staff working in our control room also experience **abuse over the phone**. We do not tolerate abuse of any kind, physical or verbal.
- We **work closely with the police** to secure the most severe sentence for anyone who assaults our staff.

Drugs / Alcohol

- We do not tolerate any form of violence against our staff and alcohol and drugs are not an excuse for assaulting our staff.
- Historically, alcohol has been reported as the biggest contributory factor in assaults against paramedics / ambulance crews, but this isn't the case in every assault.

Legal Highs

- Illegal substances like these can be extremely dangerous and have potentially very harmful side effects and we would urge people not to take them.
- Substance misuse can pose a big problem for our Service especially at large public events where we treat many people who present symptoms having taken these types of drugs.
- Side effects can include seizures and people suffering injuries as a result of falls.

	Legal Highs**		
Financial Year	Calls	Incidents	Conveyed to Hospital
2011/12	12	11	9
2012/13	16	15	13
2013/14	61	50	37
2014/15	148	129	97
2015/16	329	271	178
Apr - Jun 2016	76	69	38

**Please note that we do not have an illness-code to record “Legal High” or “NPS” on the Patient Report Form (PRF) so a text search has been used to obtain these figures as this provides a more accurate reflection of the number of both calls and incidents. However, this may not have captured all such occurrences.

Measures we are taking to support staff

- Attacking our ambulance crews as they go about saving lives in the capital will not be tolerated.
- We work closely with the police to secure the most severe sentence for anyone who assaults our staff.
- All of our frontline staff receive training about what to do in a potentially confrontational situation. They are also equipped with stab vests to wear if they choose to. All staff have personal digital radios they carry with them at all times and can call for help if they need it. There is also an emergency button, which automatically requests police help.
- One of the measures we have introduced this year is spit kits. Around fifty members of our staff are spat on each year. The introduction of spit kits means that the police can process samples recovered from staff and send them for DNA analysis to help identify offenders and bring them to justice.
- We take patient confidentiality incredibly seriously. We are in a position of trust with our patients, and feel that cameras on our crews or ambulances would undermine that trust. However, we will continue to review how we protect our staff going forward.
- All staff are offered counselling and support following an assault. Each individual is different and the level of support required varies according to individual need. Everyone can access the same level of support, but not everyone needs it.

High risk register

- We put addresses on a flagged addresses list if there is evidence of a previous assault or threat of violence against our staff. This helps to protect our staff from being sent into a potentially dangerous situation.
- In 2015, 298 addresses were flagged as requiring police attendance with the crew. For this year, the number of addresses on the list is 218.

- We advise staff when they are sent to one of these addresses in order to help to protect them from being sent into potentially dangerous situations.
- Staff submit a report detailing the assault or abuse they experienced. A senior manager then reviews it and a decision is then made whether to put the address on the list or not. A letter will be sent to inform the person at the address that it has been added to the register and why. The information is also collated centrally.
- In all incidents, staff will carry out a risk assessment at the scene and make a judgement about whether to go into the property.

EOC Staff

- Staff working in our control room also experience abuse over the phone. We do not tolerate abuse of any kind, physical or verbal.

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AGENDA ITEM 8

Barnet Health Overview and Scrutiny Committee

5 December 2016

Title	Eating Disorders & Body Dysmorphia
Report of	Barnet Clinical Commissioning Group/Commissioning Director, Children and Young People
Wards	All
Status	Public
Key	No
Urgent	No
Enclosures	Appendix A – Eating Disorders & Body Dysmorphia
Officer Contact Details	Eamann Devlin – CAMHS Joint Commissioning Manager (interim) Eamann.devlin@barnetccg.nhs.uk 0203 816 2655

Summary

This report provides to the report on Eating Disorders presented to the committee on 16th May 2016 and an overview of Body Dysmorphia in the borough. Specifically, the report includes:

- Update on engagement with schools and GP practices regarding Eating Disorders
- The context for Body Dysmorphia in the wider Child and Adolescent Mental Health Agenda;
- An overview of Body Dysmorphia as clinical condition;
- An overview of the Barnet context for Body Dysmorphia with local and national data where available;
- An overview of current commissioning arrangements, provision and development works for the local CAMHS Transformation Programme in respect of Body Dysmorphia.

Recommendations

1. **That the Committee note the report.**

1. WHY THIS REPORT IS NEEDED

1.1 As stated in the committee's forward work programme, the committee is receiving a paper on Eating Disorders and Body Dysmorphia in the borough.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be briefed on this matter and provide the CCG and Commissioning Director, Children and Young People, with any comments.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The views of the Committee in relation to this matter will be considered by the CCG and Commissioning Director, Children and Young People.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.11 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)

5.2.1 There are no financial implications for the Council.

5.3 Social Value

5.3.1 Not applicable.

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 There are no risks.

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.

5.6.3 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 be updated in the future plans for CAMHS Transformation.

6. BACKGROUND PAPERS

6.1 Item 7, Health Overview and Scrutiny Committee, 16th May 2016: https://barnet.moderngov.co.uk/documents/s31721/Eating%20Disorders%20-%20Children%20and%20Young%20People.pdf

Appendix A - Eating Disorders & Body Dysmorphia

Introduction:

This report is a response to a request by the Health Overview and Scrutiny Committee for additional information following the report on Eating Disorders in Children 16th May 2016. The report also covers committee members questions on:

- Update on engagement with schools and GP practices regarding Eating Disorders in Children
- An overview of Body Dysmorphia as clinical condition;
- The context for Body Dysmorphia in the wider Child and Adolescent Mental Health Agenda;
- An overview of the Barnet context for Body Dysmorphia with local and national data where available;
- An overview of current commissioning arrangements, provision and development works for the local CAMHS Transformation Programme in respect of Body Dysmorphia.

Context:

In March 2015 NHS England (NHSE) and The Department of Health (DoH) published 'Future in Mind' , promoting, protecting and improving our children's emotional health and wellbeing**.** The report sets out national transformation of child adolescent mental health services (CAMHS) over a five year period.

The Barnet CAMHS Transformation Plan has been developed in response to the letter from Sir Bruce Keogh and Richard Barker in May 2015 which calls for "…a major service transformation programme to significantly reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next 5 years in line with proposals put forward in Future in Mind…."

Barnet Transformation Plan identifies five areas for priority development across all services including Eating Disorders

- Improving access to effective support
- Care for the most vulnerable
- Promoting resilience, prevention and early intervention
- Accountability and transparency
- Developing the workforce

Update on engagement with schools and GP practices regarding Eating Disorders

The Royal Free Hospital Eating Disorder Service is providing a series of engagement and training seminars to school staff and GP practices beginning on 18th November 2016. The training for schools provided by expert clinical staff is tailored for school nurses, SENCO staff, Education Psychologists and other educational staff. It covers advice on prevention, early identification, managing risk, making referrals and working together with CAMHS.

In addition a training session for GP's and practice nurses will offer an overview of Eating Disorders, classification, causes, complications, incidence and prognosis. The Eating Disorders clinicians will also advise primary care staff on screening, assessment, referral processes, community management and specialist treatment. These sessions will be open to all North Central London localities as the eating Disorder Service is jointly commissioned. At the time of writing 8 schools staff and 8 GP staff are confirmed attendee's but further publicity is being undertaken to increase these numbers.

The specialist Eating Disorder service continues to develop strong links with Barnet schools and a review of referrals suggests that Barnet has better systems than most areas for early identification and referral. The number of referrals in the first six months of 2016.17 continues to be significantly higher than surrounding CCG's. RFL clinicians believe this is a reflection of good awareness and willingness to make referrals by local professionals in Barnet, although as previously highlighted other factors may also contribute.

An overview of Body Dysmorphia as clinical condition

Body Dysmorphic Disorder (BDD) is an anxiety disorder that causes a person to have a distorted view of how they look and to spend a lot of time worrying about their appearance. For example, they may be convinced that a barely visible scar is a major flaw that everyone is staring at, or that their nose looks abnormal. For someone with BDD, the thoughts are very distressing, do not go away and have a significant impact on daily life.

The person believes they are ugly or defective and that other people perceive them in this way, despite reassurances from others about their appearance. It's estimated that up to one in every 100 people in the UK may have BDD, although this may be an underestimate as people with the condition often hide it from others. BDD has been found to affect similar numbers of males and females.

The condition can affect all age groups, but usually starts when a person is a teenager or a young adult. It's more common in people with a history of depression or social phobia. It often occurs alongside obsessive compulsive disorder (OCD) or generalised anxiety disorder, and may also exist alongside an eating disorder, such as anorexia or bulimia.

BDD can seriously affect daily life, often affecting work, social life and relationships. A person with BDD may:

- constantly compare their looks to other people's
- spend a long time in front of a mirror, but at other times avoid mirrors altogether
- spend a long time concealing what they believe is a defect
- become distressed by a particular area of their body (most
- commonly their face)
- feel anxious when around other people and avoid social situations
- be very secretive and reluctant to seek help, because they believe others will see them as vain or self-obsessed seek medical treatment for the perceived defect

They may have cosmetic surgery, which is unlikely to relieve their distress, excessively diet and exercise. Although BDD is not the same as OCD, there are some similarities. For instance, the person may have to repeat certain acts, such as combing their hair, applying make-up etc

No one knows exactly what causes BDD. However research suggests that there are a number of different risk factors that could mean that an individual is more likely to experience BDD (NHS Choices), risk factors include:

- abuse or bullying
- low self-esteem
- fear of being alone or isolated
- perfectionism or competing with others
- genetics
- depression or anxiety

The context for Body Dysmorphia in the wider Child and Adolescent Mental Health Agenda;

BDD and eating disorders share similar symptoms, such as:

- having poor body image
- worrying excessively about your physical appearance
- developing compulsive behaviours to try to deal with these worries

However, BDD and eating disorders are not the same. When a person is experiencing an eating problem, such as anorexia nervosa, they are mainly concerned about their weight and shape. Someone experiencing BDD is likely to experience other concerns around body image – for example, they may also have concerns about a particular facial feature.

Some people with BDD experience an eating disorder but not all people with eating disorders have BDD.

There are also a range of symptoms in common with Obsessive Compulsive Disorders (OCD). Common compulsive behaviours include:

- obsessively checking your appearance in mirrors or avoiding them completely
- using heavy make-up to try to hide the area you're concerned about
- changing your posture or wearing heavy clothes to disguise your shape
- exercising excessively, often targeted at the area you're concerned about
- frequent body checking with your fingers
- picking your skin to make it smooth
- excessive use of tanning products
- frequent weighing
- brushing or styling your hair obsessively
- constantly comparing yourself with models in magazines or people in the street

BDD has a high rate of co-morbidity, which means that people diagnosed with the disorder are highly likely to have been diagnosed with another psychiatric disorder; most commonly associated disorders are major depression, social phobia, or obsessive compulsive disorder (OCD), alcohol/substance misuse or eating disorders. According to the NICE guidelines, co-morbidity also includes people with mild disfigurements or blemishes attending dermatology clinics or seeking cosmetic surgery.

Other conditions that frequently exist in combination with BDD or are confused with BDD include Anorexia Nervosa: This is a disorder where individuals are more preoccupied by self-control of weight and shape but still have anxiety regarding their image.

An overview of the Barnet context for Body Dysmorphia with local and national data where available;

We have contacted clinicians within the Barnet CAMHS system including RFL Eating Disorder Service. There is no specific consultant expertise dedicated to BDD within the CAMHS system. The view among clinicians is that BDD is such a wide ranging condition that unlike Eating Disorders, it would entail a substantial programme of deep dive work to provide a more detailed description of needs in Barnet. Such a programme of work would not add significant value to CAMHS Transformation at this stage. As described above this disorder manifests itself in a diverse number of ways. In addition patients often present initially with other symptoms or concurrent conditions. The majority of patients showing signs of BDD would be treated for anxiety or depression with community CAMHS. Those with concurrent Anorexia Nervosa or Bulimia are treated with the Eating Disorder Services.

According to the NICE guidelines, it is estimated that approximately 0.5-0.7% of the UK population have BDD. Clinical samples tend to have an equal proportion of men and women across all age groups. In children and young people, body dysmorphic disorder usually has an early-adolescence onset at about age 13.

Although symptoms can be found in children as young as 5, it is rare for children under 12 to be diagnosed with BDD. While the causes remain unconfirmed some

risk factors mentioned above such as bullying are more likely to occur in young people during adolescence. This may precipitate the onset of BDD and may exacerbate low self-esteem. There may be a significant time lag between a trigger event and when an individual seeks help.

Some people with BDD have high aesthetic standards and an impossible ideal. There seems to be certain environmental triggers which contribute to the disorder and an individual's personal psychology. Alternatively researchers have argued that there is a genetic link and possibly genes which predispose someone to BDD, hence the large number of individuals who have family members also suffering the same disorder or a related one.

Barnet CAMHS does not specifically collect data on the number of BDD referrals as the symptoms often occur simultaneously with other conditions. We believe that the prevalence rate is similar to national levels. Local clinicians have been consulted and do not report any evidence of levels of need being higher in the locality.

An overview of current commissioning arrangements, provision and development works for the local CAMHS Transformation Programme in respect of Body Dysmorphia.

Children and Young People experiencing Body Dysmorphic disorder are usually treated within the general CAMHS services or the specialist Eating Disorder Service. BDD as discussed above, often presents as an aspect of a broader set of symptoms within Obsessive Compulsive Disorders (OCD) or one or other of the spectrum of Eating Disorders, although BDD can take a very wide range of forms.

Barnet CCG CAMHS leads have made contact with leading specialists for BDD in children and have arranged to meet and discuss how the current re-modelling of CAMHS can be shaped to meet the needs of this cohort. As is noted above Cognitive Behavioural Therapy has a strong evidence based for this condition and our current services do offer this type of therapy. We will be considering how to expand access to CBT to a greater proportion of the local population including via webinars and e-counselling in order to make support more accessible and less stigmatising.

A focus for CAMHS transformation over the next year includes programmes for resilience building in schools and this should have a positive impact on levels of anxiety associated with higher risks of onset of BDD.

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AGENDA ITEM 9

Barnet Health Overview and Scrutiny Committee

5 December 2016

Title	NHS Trusts Quality Accounts – Mid Year Review
Report of	Governance Service
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – Comments submitted by the Barnet HOSC for Inclusion within CLCH's Quality Accounts 2015-16 Appendix Ai: Six Month Update from CLCH Appendix B: Comments submitted by the Barnet HOSC for Inclusion within North London Hospice's Quality Accounts 2015-16 Appendix Bi: Six Month Update from North London Hospice Appendix C: Comments submitted by Barnet HOSC for Inclusion within the Royal Free Quality Account 2015-16 Appendix Ci: Six Month Update from Royal Free Appendix D: Update from the Royal Free on parking
Officer Contact Details	Edward Gilbert, Governance Officer edward.gilbert@barnet.gov.uk 0208 369 3469

Summary

At their meeting on 16th May 2016, the committee considered the Quality Accounts from NHS Trusts for 2015/16. 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 the 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 Trusts in respect of those comments.

Appendix D provides updates from the Royal Free in respect to parking. An update on winter pressures at the Royal Free will also be given to the committee.

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)

5.2.1 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.

5.6.3 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.

5.6.4 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 Consultation and Engagement

5.6.1 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.

5.7 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

6.1 Agenda of the meeting held on 16th May 2016, Item 9: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=179&MId=8377&Ver=4

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APPENDIX A - Comments submitted by the Barnet HOSC for Inclusion within CLCH's Quality Accounts 2015-16

The Committee scrutinised the Central London Community Healthcare NHS Trust's Quality Account 2015-16 and wish to put on record the following comments:

- The Committee were pleased to note that CLCH had appointed Angela Greatley OBE as their new Board Chair and that they were currently recruiting a new Chief Executive.
- The Committee congratulated the Trust on being ranked 'Outstanding' in the first annual 'Learning from Mistakes' league which was published in March 2016 and noted that the Trust is one of only eighteen providers in the country that has achieved this ranking in one of the latest quality initiatives launched by NHS Improvement.
- The Committee noted that when scrutinising a previous Quality Account, they had requested a response to the patient stories. The Committee were pleased to note that this had been done in this year's Quality Account under the heading of "Learning from the Story".
- The Committee congratulated the Trust on their "good" rating from the CQC.
- The Committee welcomed Quality Priority 1 – Positive Patient Experience, Preventing Harm – Developing a Quality Alert Process for Stakeholders. The Committee were pleased to note that the Trust would develop a mechanism by which clinicians in other organisations will be able to quickly alert CLCH to issues within their service. The Committee noted that a secure e-mail system would be established to assist with this.

However:

- The Committee had expressed their concerns about pressure ulcers to the Trust during the consideration of last year's Quality Account. The Committee noted that CLCH was a large Trust, with patients being treated across many areas, both at home and on wards. The Committee welcomed the new initiative on pressure ulcers which would involve input from nurses and healthcare providers.
- The Committee also expressed concern that there were several areas in which CLCH was failing to hit its KPIs in relation to pressure ulcers and that that there was a lack of a specific section on pressure ulcers within the Quality Account. The Committee noted that the issue of pressure ulcers was an area of concern for the Trust and welcomed the re-launch of another pressure ulcer working group and making pressure ulcers part of staff appraisals.
- The Committee commented that Graph 17, which showed the proportion of patients who did not have pressure ulcers could be clearer and that it did not match the Key Performance Indicator.

- The Committee noted that there had been complaints about staff communication which the Trust felt could be down to waiting times at Walk in Centres.
- The Committee noted that in October and November 2015, the number of complaints the Trust received had spiked. The Committee noted that the Trust believed this was down to the onset of the winter season and requested to be provided with further information on this.
- The Committee expressed concern at the staff survey results showing the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. The Committee noted that the score for 2015 was 24%, down from 28% in 2014. Whilst the Committee appreciate that this is an improvement of 4% within one year, the Committee noted that this figure is above the national average for community Trusts which is 21%.
- The Committee noted that in relation to "End of Life Care", CLCH had received "requires improvement" markers in the respect of the care being: Safe, Effective, Well Led, and Overall. The Committee welcomed however, that the overall rating was "Good". The Committee were pleased to note the recent recruitment to an End of Life care post
- The Committee noted that a percentage for the number of complaints upheld was not included in the Quality Account and suggested that it would be a useful statistic.
- The Committee commented that not many members of the public would know what the term "cold chain incidents" meant and suggested that an explanation be included in the final version of the Account.
- The Committee expressed their concern that there were 58 incidents reported (5.0%) resulting in severe harm, which was higher than the cluster rate of 0.7%. The Committee were very concerned to note that there was one incident which resulted in the death of a patient whilst in the Trust's care.
- The Committee requested that the Trust define the acronyms "MUST" and "AGULP" within the Account because they would not be clear for members of the public who might be reading the document.

The Committee noted the achievements of the Trust against the Commissioning for Quality and Innovation (**CQUIN**) payment framework goals for 2015/16, and expressed concern at the forecast drop in income for dementia, value based commissioning and children's safe transition into adult services. The Committee noted that the figures within the draft Quality Account were not the final figures.

APPENDIX A - Comments submitted by the Barnet HOSC for Inclusion within CLCH's Quality Accounts 2015-16. The Committee scrutinised the Central London Community Healthcare NHS Trust's Quality Account 2015-16 and wish to put on record the following comments:

The Committee were pleased to note that CLCH had appointed Angela Greatley OBE as their new Board Chair and that they were currently recruiting a new Chief Executive.

1. CLCH Response

CLCH has now appointed a new Chief Executive, Andrew Ridley. He commenced work with the Trust on 1st October 2016.

The Committee congratulated the Trust on being ranked 'Outstanding' in the first annual 'Learning from Mistakes' league which was published in March 2016 and noted that the Trust is one of only eighteen providers in the country that has achieved this ranking in one of the latest quality initiatives launched by NHS Improvement.

The Committee noted that when scrutinising a previous Quality Account, they had requested a response to the patient stories. The Committee were pleased to note that this had been done in this year's Quality Account under the heading of "Learning from the Story".

The Committee congratulated the Trust on their "good" rating from the CQC.

2. CLCH Response

We are pleased to inform the Committee that (at the time of writing) NHS Improvement has proposed that CLCH be categorized as a 'Segment 1' Trust. That is a Trust, NHSI considers as requiring the least amount of support.

The Committee welcomed Quality Priority 1 – Positive Patient Experience, Preventing Harm – Developing a Quality Alert Process for Stakeholders. The Committee were pleased to note that the Trust would develop a mechanism by which clinicians in other organisations will be able to quickly alert CLCH to issues within their service. The Committee noted that a secure e-mail system would be established to assist with this.

3. CLCH Response

This system has now been set up and red flag reporting has been incorporated into both Trust wide and divisional performance reports.

However:
The Committee had expressed their concerns about pressure ulcers to the Trust during the consideration of last year's Quality Account. The Committee noted that CLCH was a large Trust, with patients being treated across many areas, both at home and onwards. The Committee welcomed the new initiative on pressure ulcers which would involve input from nurses and healthcare providers. The Committee noted that the issue of pressure ulcers was an area of concern for the Trust and welcomed the re-launch of another pressure ulcer working group and making pressure ulcers part of staff appraisals.

4. CLCH Response
Further information about the way the Trust deals with pressure ulcers was incorporated into the quality account at page 18.
http://www.clch.nhs.uk/media/216821/ml3976_clch_quality_account_2016_fin_web_v2.pdf

In addition to the information that was provided in the account, committee members may wish to know that there is a Trust wide pressure ulcer action plan which is monitored at the monthly pressure ulcer working group, and the monthly meeting of the patient safety and risk group. There is pressure ulcer policy which has been revised and the training element is being reviewed. In accordance with the action plan, representatives of the Trust work with Imperial College Health Partners, the CWHHE pressure group and the NWLPU Training Group across various pressure ulcer work streams.

The Committee also expressed concern that there were several areas in which CLCH was failing to hit its KPIs in relation to pressure ulcers and that that there was a lack of a specific section on pressure ulcers within the Quality Account.

5. CLCH Response
As described above, further information on pressure ulcers was provided within the account. Furthermore, the Trust is pleased to report that for the previous 12 months (until the end of September 2016) the proportion of patients who did not have a new (CLCH acquired) pressure ulcer was 99.3% which exceeded the Trust target of 98%.

Also the incidence of CLCH acquired pressure ulcers across the Trust has decreased again this month with no individual teams showing any significant increase in incidence.

The Committee commented that Graph 17, which showed the proportion of patients who did not have pressure ulcers could be clearer and that it did not match the Key Performance Indicator.

6. CLCH Response
The KPI is the aggregated data for the whole year, however the graph presents it monthly hence the information would not match. However in future we will provide a more detailed commentary to explain this.

The Committee noted that there had been complaints about staff communication which the Trust felt could be down to waiting times at Walk in Centres.

7. CLCH Response
Following further review it became clear that although a few of the complaints received concerned waiting times within the walk in centre, there were also some issues with communication – in particular regarding patients' expectations as to what services the Walk In Centres were able to provide. Information posters have now been provided within the service explaining that it is a nurse lead service. This is also explained to patients when they register.

The Committee noted that in October and November 2015, the number of complaints the Trust received had spiked. The Committee noted that the Trust believed this was down to the onset of the winter season and requested to be provided with further information on this.

8. CLCH Response

The Trust reviewed the complaints received for both months and there did not appear to be any particular trend. However it maybe that the increase in complaints was because the Trust had just updated the complaints leaflet and was ensuring that leaflets were made available across the Trust. Posters were also supplied to all services at this time so it may be that more people were aware of how to complain and acted upon this.

The Committee noted that a percentage for the number of complaints upheld was not included in the Quality Account and suggested that it would be a useful statistic.

9. CLCH Response

The CLCH complaints manager has agreed that this can be included in future annual complaints reports.

The Committee expressed concern at the staff survey results showing the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. The Committee noted that the score for 2015 was 24%, down from 28% in 2014. Whilst the Committee appreciate that this is an improvement of 4% within one year, the Committee noted that this figure is above the national average for community Trusts which is 21%.

10. CLCH Response

Further information on this issue was provided to the committee clerk on the 23rd May 2016. It is also attached as an appendix to this document.

The Committee noted that in relation to "End of Life Care", CLCH had received "requires improvement" markers in the respect of the care being: Safe, Effective, Well Led, and Overall. The Committee welcomed however, that the overall rating was "Good". The Committee were pleased to note the recent recruitment to an End of Life care post

11. CLCH Response

Following the CQC assessment, specific aspects relating to end of life care were outlined as needing improvement including the need to review the leadership between the Trust and the Specialist Palliative Care Service. Following this, the Trust has now developed and implemented a more robust governance structure and there are now both an operational and a strategic end of life groups that monitor the EOLC action plan. CLCH has also ensured that our specialist end of life service at The Pembridge Palliative Care Centre has become more integrated within CLCH and this has enabled better shared knowledge and expertise across the Trust.

The Committee commented that not many members of the public would know what the term "cold chain incidents" meant and suggested that an explanation be included in the final version of the Account.

12. CLCH Response

A definition of `Cold chain' was included in the glossary to the Account (at page 74)

The Committee requested that the Trust define the acronyms “MUST” and “AGULP” within the Account because they would not be clear for members of the public who might be reading the document.

13. CLCH Response

Explanations of these and other acronyms were provided in the final account (at page 41).

The Committee expressed their concern that there were 58 incidents reported (5.0%) resulting in severe harm, which was higher than the cluster rate of 0.7%. The Committee were very concerned to note that there was one incident which resulted in the death of a patient whilst in the Trust’s care.

14. CLCH Response

The final quality account was amended to make clear that this related to a death in custody at HMP services.

The Committee noted the achievements of the Trust against the Commissioning for Quality and Innovation (CQUIN) payment framework goals for 2015/16, and expressed concern at the forecast drop in income for dementia, value based commissioning and children’s safe transition into adult services. The Committee noted that the figures within the draft Quality Account were not the final figures.

15. CLCH Response

It should be noted that CQUIN schemes are not funding for services. They are non-recurrent incentive schemes on top of normal funding, designed to support a quality improvement and not the delivery of a service. It is not correct that income has dropped for these schemes; it is simply the case that extra income has not been achieved.

In the case of the children’s transition to adult care CQUIN, the non-achievement of the CQIN was mainly due the service lead having been on long term sick leave as well as vacancies within the physiotherapy and occupational therapy services. In respect of the dementia training this is now monitored via the trust wide dementia forum. It has now been added to the trust wide statutory mandatory training booklet. The dementia screening targets were met in quarters and 4. In the case of value based commissioning there were ongoing discussions with commissioners regarding the nature and requirements of the CQUIN.

Appendix 1 - Information provided re bullying and harassment to Anita Vukomanovic on 23rd May.

Further to your question to me on the CLCH quality account as to why CLCH was above average in the number of staff that reported bullying and harassment I have now received information from our HR department and so am able to respond to you.

The HR department have informed me that there could be a number of reasons why the reports of bullying and harassment has gone up but they are not as yet able to confirm any one single reason.

Possible reasons include the fact that the overall response rate (to the survey) has increased. Separately the increase may also be due to the increase in vacancy rates and an increase in stress levels. It possible that the forms may not have been completed correctly.

The HR department are of course aware of the issue and are now taking the following steps to deal with the problem:

In any case the following actions are being taken:

- Mediation and team interventions have been put in place to ensure early interventions
- Wellbeing champions are being put in place
- Mentoring & coaching is now available for all staff - with a targeted offer for BME Staff *
- Staff are being encouraged through communications to report issues by using success stories

Finally the Trust has now set up a Wellbeing Task and Finish Group which has formulated a strategy to respond to the issue. This is being taken to the Executive Leadership Team so a final version is not available yet.

Of course we will keep monitoring this particular key indicator and we will report on this again in the future.

Best wishes

Kate Wilkins

***** Further to this e mail, a BME staff conference will be held on Wednesday, 16th November. It will be addressed by Yvonne Coghill, Director of Workforce Race Equality Standard (WRES) for NHS England. She will talk about the WRES and what it means for BME staff. It is also a unique opportunity to network with BME staff and take part in round table discussions to share ideas and explore avenues for growth and progression.

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APPENDIX B – Comments submitted by the Barnet HOSC for Inclusion within North London Hospice's Quality Accounts 2015-16

The Committee scrutinised the Draft Quality Account from the North London Hospice for the year 2015-16 and wish to put on record the following comments:

- The Committee welcomed the fact that the North London Hospice would be trying to reduce the length of their Quality Account which would make the document more public friendly.
- The Committee welcomed the "easy read" literature produced by the Hospice and noted the pertinence of having "easy read" literature for people with learning disabilities. The Committee were pleased to note that a number of staff employed at the Hospice had previously worked with people with learning disabilities and were able to bring those skills into providing palliative care. The Committee were also pleased to note that people with learning disabilities are invited to visit the Hospice before they stay in order to make them more comfortable with the environment.
- The Committee welcomed the significant reduction in closed bed days from 116 in 2013-14 to 30 in 2015-16.
- The Committee welcomed the use of "Hello, my name is…" badges.
- The Committee welcomed the actions taken to improve the personal safety of patients, which included the access code number being changed more frequently, printing of paper being undertaken in secure areas, and confidential waste being stored in secure bins before collection for destruction.
- The Committee welcomed the "Come and Connect" scheme which was available for registered patients as well as those who had been discharged from Outpatients and Therapy, which provides a means of meeting socially which can be compromised by illness.
- The Committee were pleased to note that Key Performance Indicator 1, *"Did you feel / the patient was referred to the hospice at the right time"* would be changed to *"Do you feel staff treat you with compassion; understanding; courtesy; respect; dignity?"*
- The Committee noted that there had been an increase in "minor" category clinical incidents from 68 in 2014-15 to 153 in 2015-16. However the Committee acknowledged that the Hospice had introduced a new risk management database and that this increase could likely be down to an increase in reporting.
- The Committee were pleased to note that patients did not contract any of the following infections whilst in the care of the North London Hospice Inpatient Unit: C.Diff, Pseudomonas, Salmonella, ESBL or Klebsiella pneumonia; MRSA.

- The Committee welcomed the fact that “Oyster” training to volunteers to help develop emotional competence and resilience was taking place and would be continuing.
- The Committee welcomed the inclusion of user feedback and noted that the feedback was very moving.

However:

- Whilst the Committee applauded the efforts of staff working at the Hospice, the Committee expressed concern about staff working with patients being required to “tick boxes” and suggested that project outcomes were clearly defined.
- The Committee noted that the Hospice was continuing offer free “Sage and Thyme” training but thought it would be helpful to define the term more clearly so that members of the public reading the document would understand.
- The Committee expressed concern at the fact that the Handwashing Audit at the Winchmore Hill Site had seen a significant decrease in compliance since the first audit. The Committee expressed their disappointment in noting that 2015-16 compliance was 61% compared with 77% for the first audit. The Committee noted that the developments at Winchmore Hill had also seen an increase in the number of staff and volunteers within the service and that despite the completion of induction training, the theory of infection control and hand hygiene is not being put into practice as much as it should be. The Committee welcomed the fact that further training has been, and will continue to be provided for staff and volunteers. The Committee were pleased to note that the audit will be completed again in 6 months to continue to monitor compliance and requested to be provided with the results.
- The Committee noted that 14 of the 15 patients who developed Grade 3 or 4 pressure sores were admitted with pressure sores which progressed under North London Hospice care but acknowledged that the Hospice client group is prone to increased incidence and vulnerability to pressure ulcers.
- The Committee expressed surprise and concern that GPs and clinicians were unaware of the extent of the Hospice’s services and the support available for those with a Long Term Condition and sought assurance that the Hospice was developing a marketing plan to get the message out.

Barnet Health Overview and Scrutiny Committee comments can be found on Page 45-46 of North London Hospices published Quality Account.

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

- Whilst the Committee applauded the efforts of staff working at the Hospice, the Committee expressed concern about staff working with patients being required to “tick boxes” and suggested that project outcomes were clearly defined. **The Priorities for Improvement 2016-17 project outcomes were reviewed following committees comments and can be seen Pages 9-11**

- The Committee noted that the Hospice was continuing offer free “Sage and Thyme” training but thought it would be helpful to define the term more clearly so that members of the public reading the document would understand. **A definition was included in the final quality account and can be seen on Page 23**

- The Committee expressed concern at the fact that the Handwashing Audit at the Winchmore Hill Site had seen a significant decrease in compliance since the first audit. The Committee expressed their disappointment in noting that 2015-16 compliance was 61% compared with 77% for the first audit. The Committee noted that the developments at Winchmore Hill had also seen an increase in the number of staff and volunteers within the service and that despite the completion of induction training, the theory of infection control and hand hygiene is not being put into practice as much as it should be. The Committee welcomed the fact that further training has been, and will continue to be provided for staff and volunteers. The Committee were pleased to note that the audit will be completed again in 6 months to continue to monitor compliance and requested to be provided with the results. **A re-audit was undertaken in July 2016. A marked improvement in performance was seen with a 91% compliance. A further re-auidt is scheduled for December 2016.**

- The Committee noted that 14 of the 15 patients who developed Grade 3 or 4 pressure sores were admitted with pressure sores which progressed under North London Hospice care but acknowledged that the Hospice client group is prone to increased incidence and vulnerability to pressure ulcers. **We continue to monitor pressure ulcers, grading ad care given by the inpatient unit. We report externally as required.**

- The Committee expressed surprise and concern that GPs and clinicians were unaware of the extent of the Hospice's services and the support available for those with a Long Term Condition and sought assurance that the Hospice was developing a marketing plan to get the message out.

  Work is ongoing to develop the new services and the related marketing plan. We continue to publicise the current services. We have appointed an Associate Director for Outpatient and Therapies who commenced in post in June 2016. Further investment into the service includes Physiotherapy, Occupational Therapy and Social Work. These new post holders are currently developing the service offer for those with a long term condition. The Associate Director is leading work on co-production with patients, carers, volunteers and both internal and external healthcare professionals.

November 2016
Fran Deane, Director of Clinical Services
Giselle Martin Dominguez, Assistant Director - Quality

APPENDIX C – Comments submitted by Barnet HOSC for Inclusion within the Royal Free Quality Account 2015-16

The Committee scrutinised the Royal Free London NHS Foundation Trust Quality Account 2015-16 and wish to put on record the following comments:

- The Committee welcomed the new £2 million endoscopy unit which opened in December 2015 at Chase Farm Hospital.
- The Committee were pleased to note that in December 2015, the Dementia Implementation Group launched a new 12 month strategy for dementia care. The Committee noted that it comprised three work streams each focussed on one of the main stakeholders in world class dementia care: the patients and their carers, the staff and the organisation.
- The Committee welcomed the following continuing actions being taken in relation to making the Trust more dementia friendly: introducing Dementia boxes; introducing tiptree tables, involvement in "John's Campaign", providing parking discounts, the "Forget-me-not" scheme being built into electronic records, and welcoming carers 24/7.
- The Committee were pleased to note that Dementia awareness is now part of the routine induction for all staff with over 850 staff having been trained.
- The Committee were pleased to note that the Trust would be looking into increasing the ability of Dementia advocates or "anchors" to care.
- The Committee were pleased to note that the Trust's goal is to reduce severe sepsis-related serious incidents by 50% across all sites (A&E and Maternity) by 31 March 2018 and welcomed the delivery of the following milestones: Staff training in sepsis recognition in Maternity and Barnet ED; Testing of improvement tools: sepsis trolley, sepsis safety cross, sepsis grab bag, sepsis checklist sticker; Introduction of sepsis improvement tools: Severe sepsis 6 protocol; Monitoring of data and PDSA cycle improvements; Review of improvement to attain 95% compliance
- The Committee welcomed the work that the Trust was doing to recruit more A&E Consultants and staff.

However:

- The Committee noted that the winter had seen unprecedented pressure on accident and emergency departments and urgent care pathways and acknowledged that the 4 hours A&E target was challenging.
- The Committee expressed concern that the Trust has reported 10 "Never Events" during 2015/16, 8 of which related to surgery. The Committee noted the Trust's new goal to improve compliance with the "5 steps to safer surgery" to 95% and to reduce the number of surgical never events by 31 March 2018. The Committee were informed that when a "never" event has taken place, often, junior Members of staff have felt something was wrong but felt unable

to speak up. The Committee requested the Trust to put measures in place to encourage staff to feel able to voice concerns.

- The Committee noted that regarding falls the Royal Free acknowledged that they were “worse than the average, so there is room for improvement”
- The Committee were concerned to note that the rate per 100,000 bed days of cases of C.diff infection that have occurred within the Trust amongst patients aged 2 or over had increased from 17.5 in 2014/15 to 20.4 in 2015/16.
- The Committee noted that the Trust would look to improve their performance in relation to Delayed Transfers of Care and welcomed closer working with colleagues in care homes and in the community.
- The Committee were concerned about the lack of data in relation to re-admissions to the Trust within 28 days of discharge.
- The Committee were alarmed that the issue of staff/colleagues reporting being bullied, harassed or abused was raised in the Quality Account again this year. The Committee wished to put on record their concern that 34% of colleagues had reported recent experience of harassment, bullying or abuse. The Committee noted the five suggestions to improve the staff experience: a strong campaign on bullying and harassment; working closely with leadership teams in the units with worst outcomes from the staff survey; setting clear expectations of managers in relation to appraisal, staff engagement and team communication activity; rapid improvement of the intranet with clear and easy ways to find policy, procedures and forms; delivering leadership training to support managers.
- The Committee wished to put on record their concern regarding the insufficient amount of patient parking at Barnet Hospital and disappointment that a quarter of the visitor/patient parking had been changed to staff parking.
- The Committee wished to put on record their shock at statistics provided by the Trust which show that a deficit of approximately £2 million as a result of unpaid invoices from overseas visitors not entitled to free NHS services. The point was made that the Committee were referring to invoices that the Trust had issued and did not take into account people accessing the hospital who had not been invoiced therefore the £2 million deficit could be much greater.

Feedback to Barnet Health Overview and Scrutiny Committee

This report presents a brief update to the Barnet Health Overview and Scrutiny Committee (BHOSC) on the comments submitted by the committee for inclusion within the Quality Account 2015/16.

BHOSC comments were published on **page 225** of the Annual report and quality accounts 2015/16 and revised changes outlined on **page 241**.

1. ***The Committee notes that the winter has seen unprecedented pressure on accident and emergency departments and urgent care pathways and acknowledged that the 4 hours A&E target was challenging.***

An update on winter pressure will be presented separately to the Committee.

2. ***The Committee expressed concern that the Trust has reported 10 "Never Events" during 2015/16, 8 of which related to surgery. The Committee noted the Trust's new goal to improve compliance with the "5 steps to safer surgery" to 95% and to reduce the number of surgical never events by 31 March 2018. The Committee were informed that when a "never" event has taken place, often, junior Members of staff have felt something was wrong but felt unable to speak up. The Committee requested the Trust to put measures in place to encourage staff to feel able to voice concerns.***

In May 2016, the trust held a *Never Again Symposium*. With over 70 participants, teams shared local 'never event' stories and lessons learnt, through presentations, story boards, case studies and personal accounts. We have identified a more robust observational tool for counting swabs and instruments within Maternity services (step 4). Our updated 'Swabs, instruments and needles counting policy' has been developed and dissemination of this includes a new 'peer review' of competency of scrub practitioners. The observational collection of counting swabs and instruments within Maternity services (step 4 data) now happens on three sites and has seen an average compliance increase.

The Patient Safety Programme Safer Surgery workstream has continued to test the running debrief tool (step 1 and 5) in nine theatres. Testing of this tool started in October 2015 and we have captured over 995 team debriefs. This gives all staff (including junior staff) the opportunity to raise issues and concerns and to capture these as actions in a dynamic theatre-owned process.

Following the request from BHOSC the trust revised the information presented in the Annual report and quality accounts 2015/16 to include details on the month that the Never Event occurred, a brief description of the event and the hospital site (see below).

This information was presented on **page 215** of the quality account 2015/16.

Month of occurrence	Description of never event	Hospital
May 2015	retained swab, maternity	RFH
June 2015	retained guide wire	RFH
August 2015	retained suture	RFH

October 2015	drug incident	BH
October 2015	retained swab	RFH
December 2015	wrong site biopsy	BH
January 2016	retained tampon, maternity	RFH
March 2016	wrong procedure, endoscopy	RFH
March 2016	retained needle, ENT	BH
March 2016	wrong site biopsy	RFH

The trust reported three never events in 2016/17, but there have now been over 150 days since the last never event in June 2016. From the never events, we have identified themes around retained objects and are addressing this by trialling a number of approaches via the Safer Surgery work stream. These approaches have been informed by observational audits and staff suggestions and include new boards to record swab and instrument counts, and amendment of checklists and processes to support staff.

3. ***The Committee noted that regarding falls the Royal Free acknowledged that they (RFL) were "worse than the average, so there is room for improvement.***

The Committee appear to have misunderstood the data. The national falls rate is 6.63/1,000 bed days, we are significantly better than this at 4.7/1,000 bed days and continuing to improve.

4. ***The Committee were concerned to note that the rate per 100,000 bed days of cases of C.diff infection that have occurred within the Trust amongst patients aged 2 or over had increased from 17.5 in 2014/15 to 20.4 in 2015/16.***

Monitor assesses the trust against a threshold, or maximum number of infections each year and each quarter. For 2016/17 we have been set a maximum objective of 66 infections for the year. National performance against the C. difficile indicator includes only those infections resulting from 'lapses in care'. Lapses in care infections are determined by the local clinical team who apply an assessment developed by Public Health England, with outcomes reviewed and agreed by local commissioners. Up to and including September 2016 we have had two confirmed lapses in care, both at BH, against the maximum objective of 66. In addition, there are currently 20 cases pending investigation. This compares favourably to September 2015/16 and September 2014/15 by which time there had been nine and 16 cases with lapses in care, respectively.

5. ***BHOSC would like to be kept informed about what the trust is doing around bullying and harassment (staff survey) and progress made.***

The full results of the latest 2015 NHS staff survey were released in February 2016 and a workshop for 40 members of staff (including staff governors and staff side reps) was held in March 2016. The workshop triangulated a range of staff and patient data and identified priority areas for our Staff Experience and Retention Plan (SERP). A full report on the staff survey feedback was then presented to the trust board and executive team.

The trust has adopted the approach of zero tolerance to bullying and harassment and key recommendations of the paper were approved by the trust executive committee.

Agreed priority areas:

A. A strong campaign on bullying and harassment by senior executive directors in line with the requirements of the Carter report (2016).

B. Working closely with those leadership teams in units with the worst outcomes from the staff survey – developing locally owned plans and monitoring delivery.
    - Managers have been undertaking training/refresher training to help support their people management skills. Divisional board attendees take accountability for progressing actions.

C. Setting clear expectations of managers in relation to appraisal, staff engagement and team communication activity – measuring and monitoring as part of their management.
    - Communications campaign ongoing; communications to managers as a reminder of importance of appraisals, raised monthly at divisional board meetings
    - Appraisal form has been updated to include a link to trust 'values and behaviours'
    - An online reporting tool for completed appraisals was launched in August 2016
    - The appraisal and pay progression policy has been reviewed.

D. Progressing rapid delivery of the improved intranet with clear and easy to find policy procedures and forms.
    - HR Online intranet pages are currently being reviewed to support ease of accessing guidance and tools.

E. Continuing to deliver leadership training and support to managers – with an expectation that those in poorer performing areas will undertake the training.
    - To support improvements in poorer performing areas, leadership training and world class care training has been delivered within various areas. In addition where relevant team development days, listening events, coaching, relationship awareness sessions have also been facilitated in teams such as estates, obstetrics and gynaecology, respiratory medicine, dermatology, anaesthetics and theatres and A&E.

Over the coming months, the trust will continue to review and monitor progress through the designated committees and report our performance accordingly in the Quality Account 2016/17.

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Royal Free London NHS
NHS Foundation Trust

APPENDIX D

Feedback to Barnet Health Overview and Scrutiny Committee – parking at the Royal Free Hospital

How many spaces are there in total at the RFH? 373
How many used for staff? 157
How many designated for public car parking? 106
How many of these are disabled? 30
How many drop off spaces? 5
How many ambulance spaces? 5 blue light bays/6 non-emergency patient transport ambulance bays
How many motorcycle spaces? Two locations set aside for motorcycles – no defined number of bays.

The RFH parking team are currently working on a plan to manage the reduced capacity of parking bays during 2017/18 due to the construction of the new Pears Building which will replace the existing two tier car park.

The Pears Building, which is a joint project between the Royal Free London NHS Foundation Trust, the Royal Free Charity and University College London, will be home to the expanded UCL Institute of Immunity and Transplantation (IIT), a world class research facility, which is currently situated in the main hospital building. It will also house the Royal Free Charity's offices, a car park and patient accommodation, which will be for out-patients who live some distance from the hospital and require an overnight stay.

The trust continues to encourage staff and patients that can to utilise public transport options.

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AGENDA ITEM 10

Barnet Health Overview and Scrutiny Committee

5 December 2016

Title	Update Report: Cricklewood Walk-in Centre Service
Report of	Barnet Clinical Commissioning Group
Wards	All
Status	Public
Key	No
Urgent	No
Enclosures	Appendix A – Minutes extract from 8th February 2016 meeting of the Health Overview and Scrutiny Committee
Officer Contact Details	Bhavini Shah bhavini.shah@barnetccg.nhs.uk 020 3688 1862

Summary

At the 8th February 2016 meeting of the Health Overview and Scrutiny Committee, the committee requested that an update report from the Barnet Clinical Commissioning Group (BCCG) be considered at the 5th December 2016 meeting.

At the 8th February 2016 meeting the committee noted the following:

- BCCG had decided to extend its contract with the Cricklewood Walk-in Centre (CWIC) until 31 March 2017 in order to review the emerging changes in the local and national landscape that impacted on the current provision of primary and unscheduled care in Barnet.
- NHS England (NHSE) would extend its contract for GP service.
- The CCG was in the process of reviewing its Primary Care Strategy which would be finalised in May 2016.

- It had become clear over the previous year that there had been growing demand for GP and primary care services in the Borough. In addition to this, the committee were informed there was evidence to suggest that a number of patients were attending the Cricklewood Walk-in Centre because they were unable to secure an appointment with their registered GP.

- With the current high levels of demand in A&E, the CCG were cautious about making any changes to the CWIC contract that might exacerbate the situation.

- BCCG is responsible for paying the provider for all patients that attend the CWIC irrespective of whether these patients live in Barnet or not. The CCG has in place a cross charging mechanism to recover money from neighbouring CCGs whose patients attend the walk-in centre.

This report provides an update with regards to the issues raised and discussed at the meeting held on 8th February 2016, as well an update on BCCG's current and future commissioning arrangements for the CWIC service.

Recommendations

1. **That the Committee note the report.**

1. WHY THIS REPORT IS NEEDED

1.1 At the 8th February 2016 meeting of the Health Overview and Scrutiny Committee, the committee requested that an update report from the Barnet Clinical Commissioning Group (BCCG) be considered at the 5th December 2016 meeting.

1.2 Barnet Clinical Commissioning Group (BCCG) welcomes the opportunity to provide an update to the Barnet Health Overview and Scrutiny Committee regarding the commissioning arrangements for the Cricklewood Walk-in Service, and provides responses to the questions raised at the previous meeting.

1.3 As part of the current contract payment terms, BCCG is responsible for paying the CWIC provider, Barndoc Healthcare Ltd., for all patients that attend the CWIC, irrespective of whether these patients live in Barnet or not. In accordance with NHS National Guidance 'Who Pays – establishing the responsible commissioner' guidance 2013', the CCG wrote to all CCG's in March 2015, advising them that cross charging arrangements would be

implemented and backdated 1 April 2014. Barndoc Healthcare Ltd. was commissioned to carry out this function on behalf of BCCG.

1.4 The above process highlighted some data quality issues which have resulted in delayed payments being received from some CCGs. The main data issue relates to gaps in the provider collecting the NHS number for each patient attendance.

1.5 BCCG has been working closely with the Provider to progress the work in improving data systems and ensuring appropriate processes are in place. BCCG has developed a Data Quality Improvement Plan (DQIP) to ensure demographic information is improved to support efficient and accurate data collection, this plan includes - completeness of verified NHS numbers and GP practice details, and full post codes.

1.6 Brent CCG accounts for a large proportion of the activity that flows through the CWIC, however the true volume split will be determined once the data issue is resolved. As at the end of 16/17 Q1, the debt position showed that almost all of the CCG's had paid BCCG for their respective patient's activity, except Brent CCG. Brent CCG has now agreed to pay BCCG 45% of its outstanding debt, where NHS numbers have been supplied, but they have challenged the remaining 55%, claiming these patients do not belong to their CCG catchment. This matter has been escalated and discussions are underway between senior finance and commissioning representatives at Brent and Barnet CCG, which aims to determine a single methodology for validating historical data and assigning financial responsibility for patients to the appropriate CCG.

1.7 BCCG has subsequently decommissioned the cross charging Service Level Agreement and will only pay for its own patients. Barndoc invoice the other CCG's directly for their patient's activity. Brent CCG agreed to become an associate to the Cricklewood walk in centre contract which took effect from 1 October 2016. Brent CCG are now regular attendees of CWIC contract and performance meetings and they have been in attending since July 2016.

1.8 The current contract for the provision of the Walk-in-service is set to expire on 31 March 2017. BCCG is in the process of reviewing its commissioning arrangements for the service to align with the development of the urgent and emergency care work stream which underpins the North Central London CCG's Sustainable Transformation Plans (STP). NHS England has agreed to extend the contract for the GP element of the service by two years from 1 April 2017 to allow time for the CCG to review its urgent care plans and in light of the NCL STP. Therefore, BCCG's intention for the CWIC Contract is to extend for a further two years to align contractual timelines with NHSE.

1.9 As outlined in the Primary care strategy, The CCG has commissioned the Barnet GP Federation to deliver additional access at evenings and weekends. The Federation is delivering the service at scale across the Borough and the intention is that by 1 April 2017, the service will be delivered Monday to Friday 6.30pm – 8.00pm and 12 hours per day on both Saturday and Sunday.

Barnet CCG is committed to developing the best possible services for its residents and will continue to engage with patients and stakeholders regarding the delivery of urgent and primary care services to help inform and shape our future commissioning plans.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be updated on this matter and provide the CCG with any comments.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

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

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.11 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)

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 No known risks at this time.

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.*

5.6.3 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 be updated in the future plans for the continuation of services at Cricklewood GP Health Centre.

6. BACKGROUND PAPERS

6.1 Agenda of the committee meeting held on 8th February 2016, agenda item 8: https://barnet.moderngov.co.uk/documents/g8376/Public%20reports%20pack%2008th-Feb-2016%2019.00%20Health%20Overview%20and%20Scrutiny%20Committee.pdf?T=10

6.2 Minutes of the meeting held on 8th February 2016 https://barnet.moderngov.co.uk/documents/g8376/Printed%20minutes%2008th-Feb-2016%2019.00%20Health%20Overview%20and%20Scrutiny%20Committee.pdf?T=1

6.3 Agenda of the committee meeting held on 9th February Meeting 2015, agenda item 8: https://barnet.moderngov.co.uk/documents/g7942/Public%20reports%20pack%2009th-Feb-2015%2019.00%20Health%20Overview%20and%20Scrutiny%20Committee.pdf?T=10

6.4 Agenda of the meeting held on 6th July 2015, agenda item 12: https://barnet.moderngov.co.uk/documents/g8371/Public%20reports%20pack%2006th-Jul-

2015%2019.00%20Health%20Overview%20and%20Scrutiny%20Committee.pdf?T=10

6.5 Barnet CCG, Strategic Framework for Primary Care (draft), May 2016: http://www.barnetccg.nhs.uk/Downloads/boardpapers/20160526/Paper%2015.0%20Barnet%20CCG%20-%20Strategic%20Framework%20for%20Primary%20Care%20FINAL%20DRAFT%20-%20V8.4%2020%2005%202016.pdf

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Appendix 1 –

Minutes extract from 8th February 2016 meeting of the Health Overview and Scrutiny committee

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 preempt 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.**

AGENDA ITEM 11

Health Overview and Scrutiny Committee

5th December 2016

Title	Health Overview and Scrutiny Committee Work Programme
Report of	Chairman of the Health Overview and Scrutiny Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A - Committee Work Programme – December 2016 - May 2017
Officer Contact Details	Edward Gilbert, Governance Service Team Leader (Acting) Email: edward.gilbert@barnet.gov.uk Tel: 020 8359 3469

Summary

The Committee is requested to consider and comment on the items included in the 2016 work programme

Recommendations

1. **That the Committee consider and comment on the items included in the 2016-17 work programme**

1. WHY THIS REPORT IS NEEDED

1.1 The Health Overview and Scrutiny Committee Work Programme 2016-17 indicates forthcoming items of business.

1.2 The work programme of this Committee is intended to be a responsive tool, which will be updated on a rolling basis following each meeting, for the inclusion of areas which may arise through the course of the year.

1.3 The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

2. REASONS FOR RECOMMENDATIONS

2.1 There are no specific recommendations in the report. The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 N/A

4. POST DECISION IMPLEMENTATION

4.1 Any alterations made by the Committee to its Work Programme will be 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 2015-20.

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

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 The Terms of Reference of the Committee is included in the Constitution, Responsibility for Functions, Annex A.

5.4 Risk Management

5.4.1 None in the context of this report.

5.5 **Equalities and Diversity**

5.5.1 None in the context of this report.

5.6 **Consultation and Engagement**

5.6.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 None.

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Health Overview and Scrutiny Committee Forward Work Programme December 2016 - May 2017

Contact: Edward Gilbert, edward.gilbert@barnet.gov.uk, 020 8359 3469

Title of Report	**Overview of decision**	**Report Of** *(officer)*	**Issue Type (Non key/Key/Urgent)**
5 December 2016			
Eating Disorders & Body Dysmorphia	Following a Member's Item in the name of Councillor Trevethan, the Committee received a report on Eating Disorders at their meeting in May 2016. The Committee have resolved to request a further report on the matter from Barnet CCG.		Non-key
NHS Trust Quality Accounts: 6 Month Review	Committee to receive and consider an update report from NHS Trusts six months on from their last review.		Non-key
Cricklewood GP Health Centre	Following the report on 6 July 2015, the Committee have requested to receive an update report on services at the Cricklewood GP Health Centre.		Non-key
Legal Highs	Committee to receive a report regarding Legal Highs.		Non-key
6 February 2017			
Update Report on Dementia Care	To provide an update on the support work being provided by the London Borough of Barnet.		Non-key

Title of Report	**Overview of decision**	**Report Of** *(officer)*	**Issue Type (Non key/Key/Urgent)**
Homestart Barnet Report - Dental experience for Barnet families	Report from a partner of Healthwatch (Homestart) on the dental experience for Barnet families.		Non-key
Diabetes in the London Borough of Barnet	Committee to receive a report regarding work being done in the borough on diabetes.		Non-key
Sustainability and Transformation Plan (STP)	Once the North Central London Sector Joint Health Overview and Scrutiny Committee has received the latest report on the STP, the Barnet HOSC have requested to receive an update report.		Non-key
Colindale Health Project	At their meeting in July 2016, the Committee noted that business cases for the project would be reviewed by NHSE in Autumn 2016. Following the review of the business case by NHSE, the Committee have requested to receive an update report from NHSE and LBB.		Non-key
15 May 2017			
NHS Trust Quality Accounts	Committee to consider and comment upon NHS Trust Quality Accounts		Non-key

Title of Report	**Overview of decision**	**Report Of** *(officer)*	**Issue Type (Non key/Key/Urgent)**