

MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

MONDAY 6TH FEBRUARY, 2017

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 Caroline Stock

Councillor Laurie Williams

Councillor Gabriel Rozenberg

Councillor Philip Cohen

Councillor Amnar Naqvi

Councillor Alison Moore

Substitute Members

Shimon Ryde

Daniel Thomas

Anne Hutton

Maureen Braun

Kath McGuirk

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 at 10AM. Requests must be submitted to Abigail Lewis, abigail.lewis@barnet.gov.uk, 020 8359 4369

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

Andrew Charlwood – Head of Governance

Governance Service contact: Abigail Lewis, abigail.lewis@barnet.gov.uk, 020 8359 4369

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 12
2.	Absence of Members	
3.	Declaration of Members' Interests a) Disclosable Pecuniary Interests and Non Pecuniary Interests b) Whipping Arrangements (in accordance with Overview and Scrutiny Procedure Rule 17)	
4.	Report of the Monitoring Officer	
5.	Public Question Time (If Any)	
6.	Members' Items (If Any)	
7.	Diabetes in the London Borough of Barnet	13 - 22
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9.	Update on Dementia Support in Barnet	39 - 50
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11.	Update on Winter Pressures	To Follow
12.	Health Overview and Scrutiny Forward Work Programme	57 - 60
13.	Any Other Items that the Chairman Decides are Urgent	

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Decisions of the Health Overview and Scrutiny Committee

5th December 2016

Members Present:-

AGENDA ITEM 1

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

Councillor Val Duschinsky
Councillor Gabriel Rozenberg
Councillor Caroline Stock
Councillor Anne Hutton (substitute)

Councillor Philip Cohen
Councillor Ammar Naqvi
Councillor Alison Moore

Also in Attendance:-
Councillor Helena Hart

Apologies for Absence:-
Councillor Laurie Williams

1. MINUTES

The Chairman welcomed Councillor Alison Moore to the Committee and thanked Councillor Arjun Mittra for his contribution to the Committee as a former member.

The Chairman then congratulated the Governance Service Team Leader who had previously supported meetings of the Committee, Anita O'Malley, on the arrival of her baby, William Patrick O'Malley.

The Chairman also welcomed Edward Gilbert, Governance Service Team Leader and Abigail Lewis, Governance Officer to the Committee meeting.

The Chairman provided the Committee with the following update from Healthwatch Barnet in regard to the tongue tied issue which was raised at the last meeting of the Committee:

"There is a need to review the training of both midwives and junior medical staff cross-site regarding the recognition and management of tongue ties within the Royal Free London. This will be incorporated into the training programme." – Mai Buckley, Director of Midwifery, Royal Free London, 23 August 2016

The Chairman informed the Committee that they were awaiting a response from Mr Leigh Griffin, Director of Strategic Development Barnet CCG, in respect of the outline approach for charging patients from overseas. At the last meeting Mr Griffin stated that he would pursue this data from the Royal Free London NHS Foundation Trust and the Royal National Orthopaedic Hospital (RNOH).

2. ABSENCE OF MEMBERS

Councillor Laurie Williams was absent and was substituted by Councillor Anne Hutton.

3. DECLARATION OF MEMBERS' INTERESTS

Councillor Caroline Stock declared a non-pecuniary interest in relation to item 9 by virtue of her husband being an Elected Public Governor of the Council of Governors at the Royal Free London NHS Foundation Trust.

4. REPORT OF THE MONITORING OFFICER

None.

5. PUBLIC QUESTION TIME (IF ANY)

None.

6. MEMBERS' ITEMS (IF ANY)

Councillor Phil Cohen introduced his Member's item in relation to NHS Property Services Ltd charging market rents.

The Committee expressed the following concerns in relation to the issue:

- Uncertainty over how many services would be affected in any new negotiations of rental agreements;
- Uncertainty over whether GPs and other health providers are aware of the 2016 change to the market rent system;
- Uncertainty over whether the public is aware of the new rent system in operation.

The Chairman invited Mr Neil Snee, Interim Director of Commissioning Barnet CCG, Debbie Frost, Chairman of the Barnet CCG and Councillor Helena Hart to the table to discuss the issues.

Mr Snee informed the Committee that the East Barnet Centre, CLCH and the landlord had come to an agreement whereby the services had been reinstated that morning.

Mr Snee informed the Committee that the only impact on the local area from the new rental system was in respect of East Barnet Health Centre. He stated that discussions are ongoing with Finchley Memorial Hospital in respect of charging arrangements under the new system and how these will be dealt with.

He informed the Committee the reason behind the changes was due to unfair competition of some NHS services over the open market, which could leave the NHS open to challenge and that this new system was a standard method of charging in the property industry.

Ms Frost updated the Committee on rents at Finchley Memorial Hospital and stated a more detailed plan would be confirmed in the New Year. She stated that CCG are still committed to filling the vacant spaces as soon as possible.

During the course of discussion, Councillor Alison Moore declared a non-pecuniary interest in relation to the item by virtue of the fact that her GP service is at Squires Lane, Finchley. Further to this, Councillor Anne Hutton then declared a non-pecuniary interest in relation to item 6 by virtue of the fact that Finchley Memorial Hospital is within her ward.

Councillor Graham Old inquired about the rates of vacancy and under-utilisation of space and requested a report be brought to a future Committee about this issue as resources do not appear to be being used as effectively as they should be.

Councillor Hutton stated that transport issues regarding Finchley Memorial Hospital continue to be a concern for constituents in her ward. Mr Snee informed the Committee that an experienced programme manager had been appointed to look at the detailed plans, and these included transport issues and conversations with TfL (Transport for London). Mr Snee said he was willing to return to a future Committee to provide an update on the plans.

RESOLVED – The Committee noted the report

RESOLVED – That a report be brought back to a future meeting of the Committee with an update on the issue.

7. LEGAL HIGHS

The Chairman invited the following officers and representatives to the table::

- Bridget O'Dwyer, CCG Senior Commissioning Manager (Substance Misuse Service, Barnet and Harrow Public Health Team)
- Sophia Cassettari, Substance Misuse Service, Barnet and Harrow Public Health Team
- Bob Ryan, Assistant Director at Barnet, Enfield and Haringey Mental Health Trust (BEHMHT)
- Devika Boodram, Head of High Intensity Ward at the BEHMT
- Alex Ewings, Quality, Governance and Assurance Manager at the London Ambulance Service
- Chris Munday, Commissioning Director (Children and Young People), London Borough of Barnet.

The Chairman introduced the report.

Ms O'Dwyer and Ms Cassettari gave a presentation to the Committee on the topic, concerning prevalence, origins and issues that legal highs present. The Committee requested that the presentation be circulated to them after the meeting.

The Chairman asked about the difficulties the London Ambulance Service had experienced as a result of legal high use. Mr Ewings said one of the biggest problems was the uncertainty around the 280 plus permutations of the substances contained within legal highs, making it hard to treat patients. Mr Ewings mentioned that Barnet CCG receive two or three reports a month about verbal or physical abuse but it is not known how many of these reports related to new psychoactive substances (NPS). He informed the Committee that many are associated with other conditions such as mental health. The Chairman thanked the ambulance service for all their hard work.

Ms Boodram informed the Committee that many of the patients who come to the unit at BEHMHT have displayed very aggressive behaviour whilst in the Trust's care. She clarified that the incidences of patients being admitted as a result of NPS use had risen

but noted that it is hard to distinguish between genuine mental health issues and issues arising from the use of NPS. She informed the Committee that there is currently no screening available for NPS in the way that illegal drugs can be tested for. The uncertainty concerning exactly what patients have taken also makes it difficult to medicate.

Ms O'Dwyer told the Committee that work was being done to try and tackle the problem. A more streamlined referral system and one point of contact were some of the solutions. Also, she thought a higher emphasis on educating people about the dangers of taking these substances.

Mr Ryan agreed that education was the key to tackling the problem but pointed out some individuals are not willing to engage with help offered to them. Services are now being more proactive in promoting care, approaching individuals rather than waiting for them to seek help themselves.

Mr Munday stressed that it was important to ensure schools were engaged with such services as part of an overall programme rather than it being treated as an isolated topic. Ms O'Dwyer and Ms Cassettari explained that Middlesex University and Barnet College had been approached in order to help raise awareness of the problem.

Councillor Anne Hutton asked whether there was a tie-up across other London Boroughs. Ms O'Dwyer said that other boroughs such as Harrow were doing the same work as Barnet. They also have links with the North Central London Network.

Councillor Graham Old asked how it was possible for the London Ambulance Service to state '*we do not tolerate abuse of any kind?*', as mentioned in the appendix they provided with the cover report. Mr Ewings explained that cases of abuse had been taken to the Magistrates Court and the individuals successfully prosecuted. The service also works closely with the Metropolitan Police with several prosecutions having occurred.

RESOLVED – The Committee noted the report.

8. EATING DISORDERS & BODY DYSMORPHIA

The Chairman invited the following officers and representatives to the committee table:

- Chris Munday, Commissioning Director, Children and Young People, London Borough of Barnet.
- Eamann Devlin, CAMHS Joint Commissioning Manager (Interim)
- Dr Berelowitz, Lead Clinician for the Eating Disorder Service at the Royal Free NHS Foundation Trust.

Mr Munday informed the Committee that on the 18th November 2016 schools and colleges in the Borough held an event on eating disorders in order to improve communications. He noted that the event was a success in terms of engagement.

Mr Devlin told the Committee the event had been held for both schools and primary care and that the feedback from the event had been positive. They were happy with the content of the seminar however; they felt that the advanced publicity of the event could have been improved. He noted that although five schools in total had attended, there are nevertheless difficulties with getting staff at schools and GPs to attend. He noted that

several seminars will be held over the coming year to target different schools including topics such as depression and anxiety, which are common issues for young people.

The Chairman asked if Governors could be involved in attending and helping to publicise these events where possible. Mr Munday agreed that the role of Governors is important and said that they were willing to broaden the seminars to include Governors and Councillors.

Councillor Caroline Stock asked whether the seminars could be opened up to private schools and whether they would accept requests from schools to do free seminars. Dr Berelowitz said that they do already go to private schools.

Councillor Anne Hutton inquired whether there is any literature from the seminars that could be circulated to the councillors. Dr Berelowitz said that literature will be made based on the seminars and that he would circulate this to members following the meeting.

Councillor Phil Cohen asked whether access to Cognitive Behavioural Therapy (CBT) could be expanded, as he believed that this is the main therapy for those with Body Dysmorphia Disorder (BDD).

Councillor Graham Old asked whether BDD involved people being concerned with their appearance or whether there was also a sexual element (for instance size of sexual organs) and whether those with BDD could be referred to other specialist services such as plastic surgery practitioners or sexual health clinics.

Dr Berelowitz informed the Committee that there were very few experts in the country on BDD. He noted that CBT is currently insufficiently available and that he is unsure whether a specialist service would be possible due to the co-morbidity of the condition with depression and anxiety.

Councillor Val Duschinsky asked how many residential places are available for people living locally with eating disorders. Dr Berelowitz said that recent changes mean that there is no local provision. Places are allocated nation wide on a first come first serve basis although place of residence is taken into account as far as possible. Councillor Duschinsky asked if there is any funding for private beds locally. Dr Berelowitz commented that the NHS England does commission some beds but only a limited amount and he is unsure of the cost of such beds to the NHS.

RESOLVED – The Committee noted the report

9. REPORT FOR QUALITY ACCOUNTS - MID YEAR REVIEW

The Chairman gave an overview of the report and thanked the Trusts for listening to the Committee's comments earlier in the year.

Royal Free NHS London Trust

The Chairman then invited James Mountford, Director of Quality at the Royal Free NHS Foundation Trust, to the table:-

- Mr Mountford updated the Committee on the winter pressures and challenges around the 5% increasing demand on A&E.

- He further noted that on 19th December 2016, the new adults and surgical assessment centre will open which will increase the number of available beds and will also increase capacity for ambulance arrivals and GPs. He informed the Committee that the Royal Free Hampstead site has ongoing A&E redevelopments and the children's department has now opened. The developments will be ongoing until January 2018, and will increase the number of beds at the site from eight to 22.
- Mr Mountford updated the Committee on the Safer, Faster, Better programme. This will involve a better discharge programme and which should improve the flow of patients through the hospital.

The Committee asked for a written report on the winter pressures to be submitted to a future meeting. Councillor Alison Moore asked that the potential for rehabilitation spaces also be included within this report.

Councillor Gabriel Rozenberg asked about a new technology available called 'Streams', he requested more information be provided from the Royal Free about this innovation and that the item be brought to a future Committee. The Chairman proposed it be a future item on the Committee's forward work programme.

Centre London Community Health Care (CLCH)

The Chairman then invited Kate Wilkins, Interim Assistant Head of Quality and Cathy Morgan, Divisional Director for Operations in Barnet CLCH to the table.

Councillor Anne Hutton raised a point in regard to point 14 in the Trust's written update regarding services provided by the Trust to prisons. The Committee were informed that this contract was discontinued in March 2016.

Councillor Graham Old then inquired about the incidents that resulted in harm; Ms Wilkins said she would write to Councillor Graham Old regarding this issue, as she did not have the relevant information to hand.

Councillor Graham Old inquired about the success stories that had been included within the report and how these were relevant to bullying and harassment. Ms Morgan informed the Committee that these were anonymous real life stories collected from staff which were used for training and development.

Councillor Phil Cohen asked whether the high proportion of ethnic minorities feeling bullied and harassed from the results of the previous survey had been looked into. Ms Morgan informed the Committee that the results had been incorporated into training. The Committee were also informed there are no pre-booking systems available at CLCH walk-in centres, although patients may have scheduled follow-up appointments.

North London Hospice

The Chairman then invited Ms Fran Deane, Director of Clinical Services from the North London Hospice Trust to the table.

The Chairman asked for the results of the Handwashing Audit to be sent to the Committee as soon as they were ready in December 2016; Ms Deane said that she would circulate this information when possible.

Ms Deane informed the Committee that a co-production model is currently being used to provide patients with better quality services.

The following was then **RESOLVED**:

- **That a report from the Royal Free NHS Foundation Trust on winter pressures be considered at a future Committee meeting.**
- **That a report on the 'Streams' programme be added as a future item on the work programme**
- **The Committee noted the reports.**

10. UPDATE REPORT: CRICKLEWOOD WALK-IN CENTRE SERVICE

The Chairman welcomed Mr Neil Snee, Interim Director Clinical Commissioning Barnet CCG to the table. He provided an update on the report and informed the Committee that there has been an extension to the contract until March 2019.

Councillor Graham Old queried whether the hours of provision at the Cricklewood Centre (as outlined on page 70 of the agenda pack point 1.9) were accurate or just a snapshot of what is currently available somewhere in the Borough. Mr Snee said he would provide an answer to the Governance Officer to clarify this so that the information could then be circulated to the Committee.

11. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME

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

Councillor Helena Hart commented that she would have liked there to have been more involvement from the schools in regard to the youth drugs and alcohol briefing.

Councillor Helena Hart then gave her views on issues concerning the Sustainability and Transformation Plan (STP) views which she had previously expressed to a recent Policy and Resources Committee (P&R).

- The lack of public and residential engagement about the project and also the lack of engagement with Barnet Council Members;
- There does not appear to be a commitment to obtaining adequate social care or an explanation about the resources that will be made available to the Local Authority;
- Changes to commissioning and delivery models should only be made for clinical reasons and not as a way to cut costs;

- Does not do enough to explain the effects on existing services and how these will be kept adequately up and running during these changes.

The Chairman said members of the Joint Health Overview and Scrutiny Committee (JHOSC) had written a letter to the Secretary of State raising these concerns and the JOHSC was holding an additional meeting about the STP on 9th and 14th December 2016.

Councillor Helena Hart told the Committee that the Health and Wellbeing Strategy Plan had been discussed at the last HWBB. Topics of particular concern which had been raised included TB, STIs, childhood obesity and an increase in violent crime.

Dr Andrew Howe addressed the Committee on the following points:-

- An MMR campaign from Public Health England targeting women of child bearing age and teenagers would commence in the New Year.
- The need for more emphasis on alcohol issues within the STP as alcohol related incidents now account for a third of all hospital admissions and should be reflected in the STP.
- Barnet was still worse than average for TB but numbers were coming down due to testing for latent TB.
- Childhood obesity was still a big issue and it was essential that Barnet focused on educating families.
- Barnet is currently procuring new sexual health services as Barnet had higher rates in comparison to the rest of London
- Work was being done concerning the Gangs to try and reduce the number of violent crimes. He also added the fear of violence is a significant contributor to poor health and wellbeing.

RESOLVED: The Committee noted the work programme.

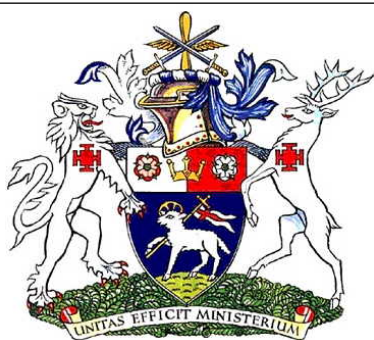
12. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

The Chairman wished everyone a Happy Christmas, Hanukkah and Festive Season.

The meeting finished at 22.00

Barnet Health Overview and Scrutiny Committee

6th February 2017



Title	Diabetes in the London Borough of Barnet
Report of	Head of Primary Care Commissioning
Wards	All
Status	Public
Key	No
Urgent	No
Enclosures	Appendix 1 - Overview of Diabetes Care in Barnet – January 2017
Officer Contact Details	Beverley Wilding: beverley.wilding@barnetccg.nhs.uk

Summary

The report provides an update on the work being done in the borough on diabetes.

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 Diabetes in the London Borough of Barnet.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The report provides the Committee with the opportunity to be briefed on this matter and provides an update on the work being done on diabetes within the London Borough of Barnet, 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 Health Overview and Scrutiny Committee.

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 1

Overview of Diabetes Care in Barnet – January 2017

Introduction

Diabetes is a chronic and progressive disease caused by excessive glucose in the bloodstream. It is estimated that currently some 3.4 million people in England suffer from diabetes. There are two main types:

Type 1 diabetes develops if the body is unable to produce insulin, and affects about 1% of the population who require lifelong treatment.

Type 2 can often manifest in patients over 40 years old and is therefore known as “late onset” diabetes. Type 2 diabetes makes up approximately 90% of cases and occurs when the body does not respond properly to insulin and is unable to keep blood sugar levels within the normal range.

If diabetes is left untreated or is poorly controlled, it will impact many organs of the body, for example the heart, kidneys, neurological system and eyes. This can result in serious complications such as increased risk of heart attack, kidney failure, and blindness. Inadequate blood supply to the extremities of the body, notably the feet, can result in ulceration and gangrene, sometimes requiring amputation.

Barnet has Lower prevalence than London and England

In 2015 there were 18,783 people aged 17 years or older who had been diagnosed with diabetes and included in GP registers in NHS Barnet CCG. This equals 6% of this age group. In England, the diagnosed diabetes prevalence is 6.4%. In London, the diagnosed diabetes prevalence is 6.1%.

Detection rates are not as good as England as whole

The expected prevalence of diabetes in Barnet is 7.8%. This means that 77.1% of expected numbers of diabetics in Barnet have been diagnosed. In England as a whole this figure is 85.6%.

Diabetics in Barnet appear to suffer more heart attacks but fewer strokes than those nationally but the differences are not statistically significant

People with diabetes are at a higher risk of having a heart attack or stroke. In this area, people with diabetes are 131.1% more likely than people without diabetes to have a heart attack. This is higher than the figure for England which is 108.6%. People with diabetes are also 76.3% more likely to have a stroke. This is lower than the figure for England where there is a 81.3% greater risk.

Management of diabetes

People with diabetes whose last HbA1c is 59mmol/mol or less was 63.2% in 2015. This is better than that for England as a whole at 60.4%. Management of cholesterol (5mmol/L or less) was also better (72.4% as compared 70.4%). Blood pressure control (140/80 or less) was not as good though, 70.2% in Barnet as compared 71.2% for England.

Barnet has fewer major amputations but more minor ones as a result of diabetes

Among people with diabetes in NHS Barnet CCG, the additional risk of a major amputation during the three-year follow up of the 2009/10 audit was 251.5% compared to 445.8% for England and for a minor amputation was 1074.1% compared to 753.5 % for England.

Performance on prevention measures is mixed

Comparative analysis (appendix) shows that Barnet has a higher proportion of residents who meet recommendations for consumption of 5 or more portions of fruit and veg each day and a lower rate of obesity in children at reception year. Obesity at year 6 and amongst adults is similar to other areas though as is average consumption of fruit and veg. Health checks performance is poorer.

Variation in quality of care

At GP practice level in NHS Barnet CCG, the percentage of patients receiving all eight care processes ranged from 8.6% to 70.6%. For three treatment targets, the percentage ranged from 32% to 47.4%.

Barnet CCG Expenditure on Diabetes (Programme Budget data)

Data available from the 2015/16 Programme Budgeting return (attached appendix A) indicates that expenditure on the whole Diabetes patient pathway is heavily weighted towards medication prescribed by GPs to control the early symptoms of Type 2 diabetes and to avoid the use of injectable insulin. Primary Care Prescribing represents 12.2% of all Diabetes expenditure in Barnet. The CCG's medicines management team is working with primary community and secondary care colleagues, to reduce the overall spend by at least 3% over the next two years.

National Pre-Diabetes Programme 2017/18

The "Healthier You" NHS Diabetes Prevention Programme (NDPP) is a joint initiative with Public Health England and Diabetes UK which aims to deliver services, at a large scale, which works with those with non-diabetic hyperglycaemia (i.e those at high risk of developing type 2 diabetes) and offers them a lifestyle intervention to reduce weight and increase physical activity.

The national programme started in 2016 with a [first wave of 27 areas](#) covering 26 million people, half of the population, and making up to 20,000 places available. This will roll out to the whole country by 2020 with an expected 100,000 referrals available each year after.

Barnet and Enfield CCGs working with our Public Health colleagues have jointly been successful in the second wave. The local NDPP service will commence **May 2017**. Barnet has been awarded 1500 places in year 1 and 2000 places in year 2. Barnet CCG will be implementing a Locally Commissioned Service with GPs in Barnet in order to provide sufficient referrals into the NDPP. This is a joint initiative between the CCG and Public Health Harrow.

Development of Community Diabetes Multidisciplinary Team 2016/17

During 2016/17 the CCG has invested an additional £300,000 recurrent funding to develop and enhance the management of Diabetes within Community and Primary Care. The new funding builds on the work of the existing diabetes Community team, but provides greater capacity through increased investment in a consultant and specialist nursing, plus additional allied healthcare professionals ie Podiatry and Dietician. The enhanced team is linking with general practice to improve and support education, review the delivery of the NICE care

processes, as well as providing better assurance of clinical quality and governance across the whole patient pathway.

The funding has encouraged greater collaboration between Central London Community Health Services (CLCH) and the Royal Free NHS Trust (RFL), with RFL providing consultant oversight and supervision to the community team. The new service is also offering additional structured education programmes for newly diagnosed diabetics, including access to an on-line e-learning programme.

National Diabetes Transformation Fund

The North Central London CCGs are bidding against the national transformation fund offered by NHS England. The bids must be strategically linked to the Sustainability and Transformation Plans (STP) for North Central London.

The Fund focuses on 4 key areas

- | | |
|--|------|
| • Improving uptake of structured education | £10m |
| • Improving the achievement of the NICE recommended treatment targets | £17m |
| • New or expanded multi-disciplinary foot care teams (MDFTs) | £8m |
| • New or expanded diabetes inpatient specialist nursing services (DISNs) | £8m |

The funding is available in 2017/18 and provisionally in 2018/19. We will know if the NCL bid has been successful by the end of February 2017.

National Diabetes Audit 2015/16

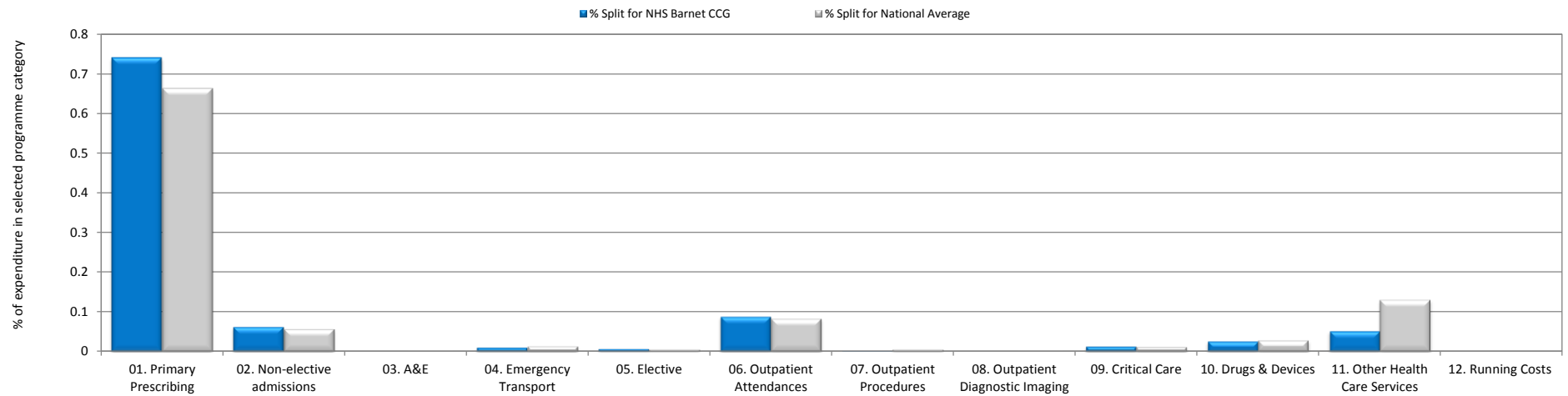
In previous years the uptake of the GP National Diabetes Audit has been poor. During 2014/15 only 6 Barnet practices participated, but we are pleased to report that 90% (56) of Barnet practices participated in the 2015/16 Audit and we are hoping to achieve 100% uptake in the 2016/17 audit.

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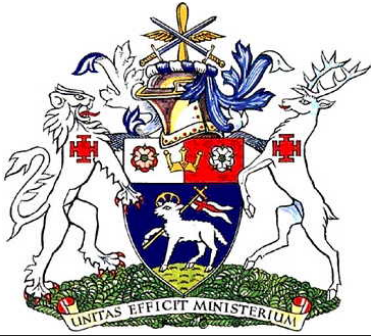
APPENDIX A

Area	£'000s
Primary Prescribing	6193
Non-elective admissions	520
A&E	-
Emergency Transport	83
Elective	58
Outpatient attendances	738
Outpatient procedures	9
Outpatient Diagnostic Imaging	-
Critical Care	101
Drugs & devices	216
Other Health Care Services	432
Running Costs	-
	8350

Area	% of Total spend
Primary Prescribing	12.2%
Non-elective admissions	0.9%
A&E	-
Emergency Transport	0.7%
Elective	0.1%
Outpatient attendances	1.9%
Outpatient procedures	0.1%
Outpatient Diagnostic Imaging	-
Critical Care	0.8%
Drugs & devices	2.5%
Other Health Care Services	0.2%
Running Costs	-
	1.9%



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	<p align="center">Barnet Health Overview and Scrutiny Committee</p> <p align="center">6th February 2017</p>
<p align="center">Title</p>	<p>Dental Care in Barnet</p>
<p align="center">Report of</p>	<p>Manager Healthwatch Barnet</p>
<p align="center">Wards</p>	<p>All</p>
<p align="center">Status</p>	<p>Public</p>
<p align="center">Key</p>	<p>No</p>
<p align="center">Urgent</p>	<p>No</p>
<p align="center">Enclosures</p>	<p>Appendix A - Dental Care in Barnet (a report on family attitudes and Experience)</p>
<p align="center">Officer Contact Details</p>	<p>Lisa Robbins Lisa.robbins@healthwatchbarnet.co.uk 020 8364 8400</p>

<h2>Summary</h2>
<p>Healthwatch Barnet has commissioned Home Start Barnet to capture the views of young parents and families with young children on their experiences and attitudes toward dental health services in the area.</p> <p>The report, as appended, outlines the results of the survey conducted by Home Start Barnet.</p>

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

1. WHY THIS REPORT IS NEEDED

- 1.1 As stated in the committee's forward work programme, the committee is receiving a paper on Dental Care in Barnet.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The report provides the Committee with the opportunity to be briefed on this matter and provide and update on family attitudes and experiences to dental health in Barnet, 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 Health Overview and Scrutiny Committee.

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.

Dental Care in Barnet

**A Report on Family Attitudes
and Experience**



Background

Healthwatch Barnet has commissioned Home Start Barnet to capture the views of young parents and families with young children, on their experience of how they access dental services.

Healthwatch Barnet

Healthwatch Barnet is an independent local organisation, and part of the national network led by Healthwatch England. Healthwatch aims to help local people get the best out of their health and social care services, to enable residents to contribute to the development of quality health and social care services, and to provide information on local services in Barnet. It was formed in April 2013.

Home Start Barnet

Home Start Barnet's mission is to support vulnerable Barnet families with young children who are experiencing difficulties. Home Start Barnet recruit volunteers with parenting experience from the local community and train them to make home visits to families who often are at crisis point. They offer time, practical support and friendship, thereby, building parents' confidence and improving the lives of their children.



Methodology

A survey was designed to explore the effectiveness of dental services, and whether these services fulfil the needs of service users. A wide range of methods was used to engage with families and young parents. This included online social media, newsletters, focus groups and one-to-one interviews. The parents of 96 young children completed 56 questionnaires, representing 56 families. Feedback collated provides vital information on the attitude of young local families towards dental health, and their experience with dental services in Barnet, whether dental services fulfil their needs.

The survey was circulated among Home Start Barnet network including:

- One-to-one volunteer home-visiting family support
- Family Group in Grahame Park, Colindale
- Women's Support Groups at Parkfield and Newstead Children Centres
- Parenting courses and play therapy programmes
- Money Smart programme for volunteers, run by Home Start Barnet
- The Loft charity shop in East Barnet Village
- Social media: Facebook, Twitter and Home Start Barnet website

Please see Appendix 1 for survey detail

Findings

- 26% of children and 9% of adults do not regularly visit a dentist currently
- One third of parents find it difficult to make an appointment with a dentist
- **More than 20% of respondents claim that they do not have access to an NHS dentist within a walking distance of their home (less than a mile). This may be of an issue for families with young children who may find it difficult to use public transport or may not own a car.**
- Nearly 10% of respondents find it difficult to find an NHS dentist who is willing to accept new patients

Current dental care guidance

NICE suggests that local authorities consider supervised tooth-brushing and fluoride varnishing programmes in nurseries and primary schools in areas where children are at high risk of poor oral health (Oral Health Improvement, NICE, 2014)

NHS Choices guidance recommends parents to start brushing their children’s teeth as soon as their first tooth appears which could be at the age of six months or older (Children’s Teeth, NHS Choices, 2015).¹ The guidance specifically advises parents to supervise their children while brushing, as follows:

- To brush children’s teeth for two minutes
- To use fluoride toothpaste
- To not rinse with lots of water

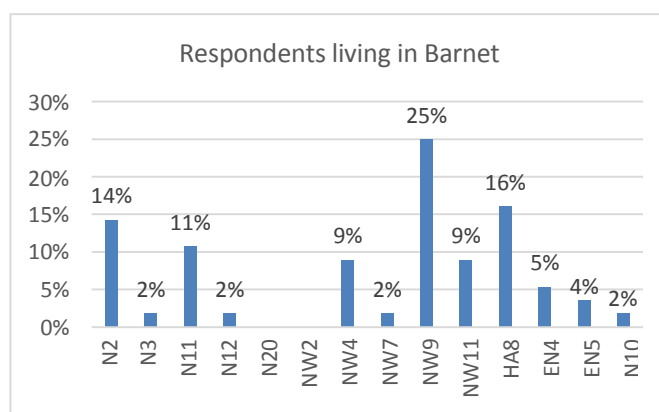
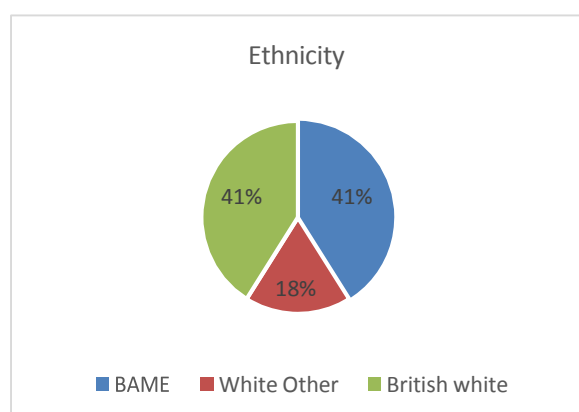
The guidance also advises parents to have the following dental care for their children:

- To take their child to the dentist when their first milk teeth appear, and then take the child for dental check-ups as per the dentist’s advice
- To apply fissure sealants (i.e., plastic coating to keep germs and food particles out of the grooves), by a dentist, to the child’s back teeth to protect them from decay
- To apply fluoride varnish, by a dentist, to the child’s teeth, when they are three years old, to prevent decay
- To use sugar-free medicines, and to reduce the amount of sugar in food and drinks, particularly for children 0-6 years old (Oral Health Improvement, NICE, 2014)

Survey results

Key facts about respondents (parents)

- 56 parent respondents took part in the survey
- 61% of parents were in receipt of benefits
- 65% are entitled to free NHS dental treatment
- 20% are smokers
- Nearly 25% live in Grahame Park/Colindale area of Barnet
- More than 50% of respondents are from Black, Asian Minority Ethnic (BAME) and White Other groups



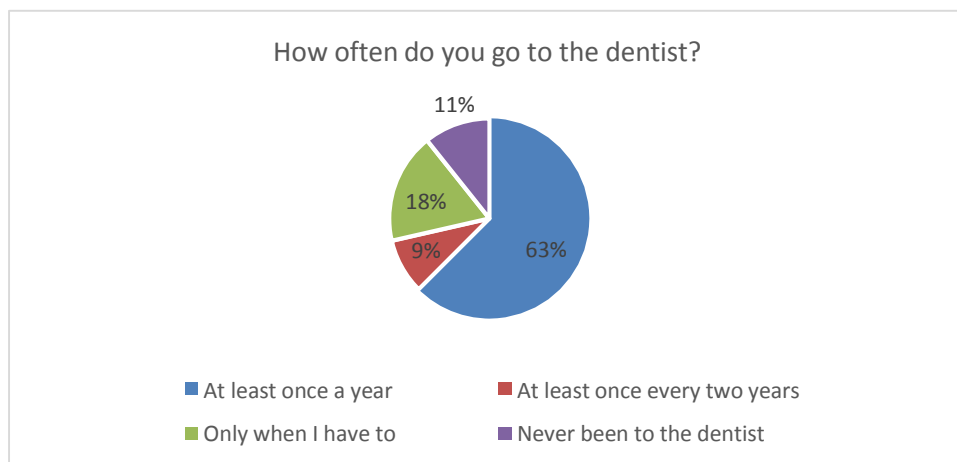
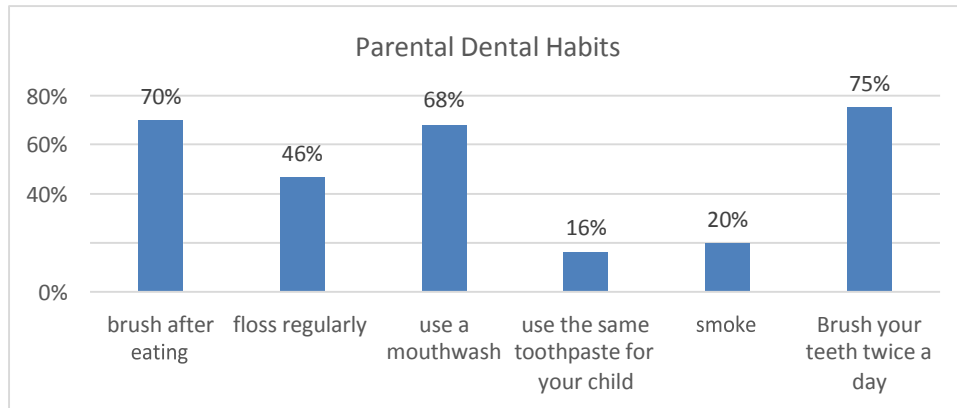
¹Children’s Teeth. www.nhs.uk/Livewell/dentalhealth/Pages/Careofkidsteeth.aspx. Accessed on 15 August 2016

Family Dental Habits

The survey focused on how often parents visited a dentist, what their experience had been, and what their perception of their daily dental hygiene is.

Overall

- 63% of parents valued dental care and had regular checks at least once a year
- 75% brush their teeth twice a day
- 68% use a mouthwash regularly



Those who never – or only when absolutely necessary – visit their dentist, commented:

Cost

- Cost is a prohibiting factor
- Could not find an NHS dentist to accept them

Experience

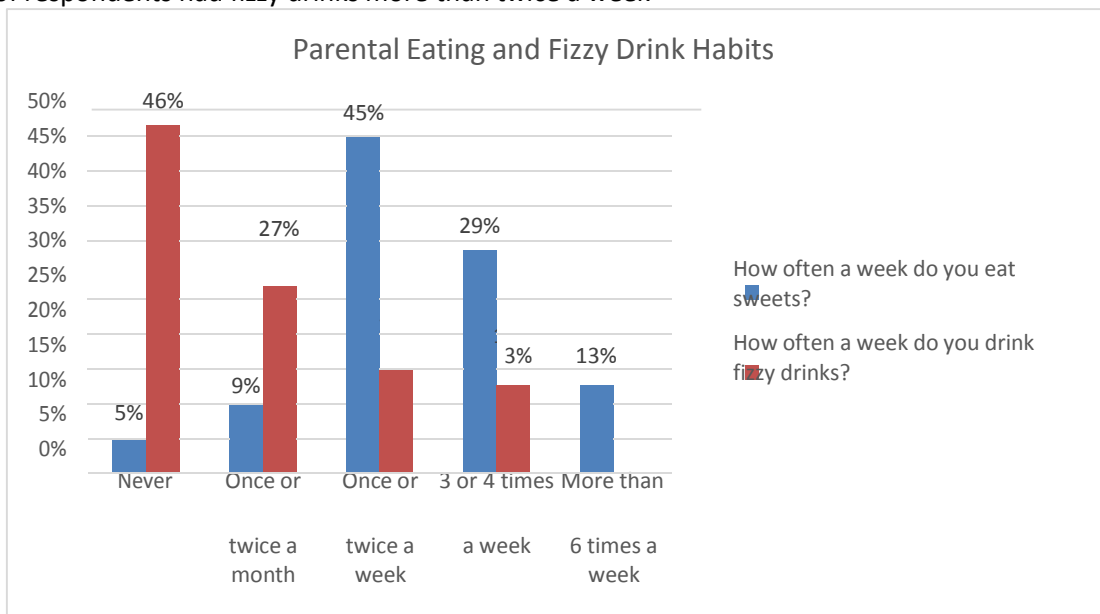
- Had a bad experience with dental health
- Embarrassed to go to a dentist because of poor dental hygiene
- Their teeth were fine and they felt it unnecessary to visit

Children's dental habits

- 77% of children are helped to brush their teeth at least twice a day by their parents
- 15% of children had first visited the dentist by their first birthday. More than 40% had first visited the dentist by the age of three. Of those registered, 60% had regular checkups
- 20% of children needed dental treatment

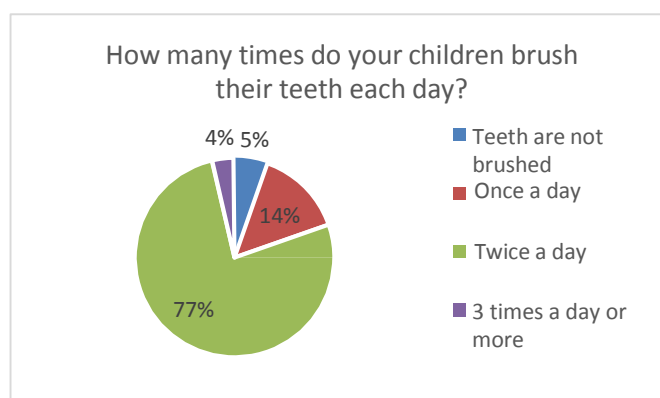
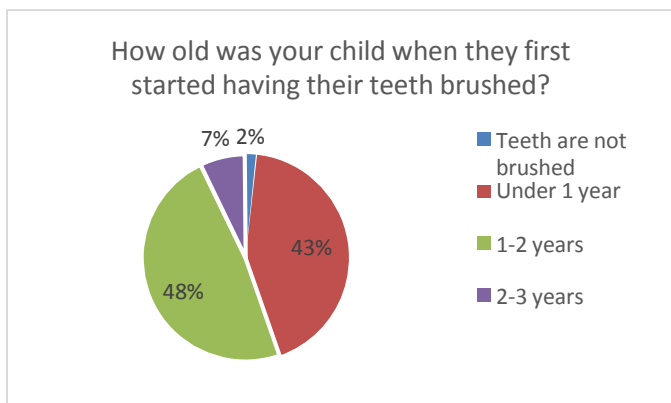
Parents' attitude towards snacking and fizzy drinks

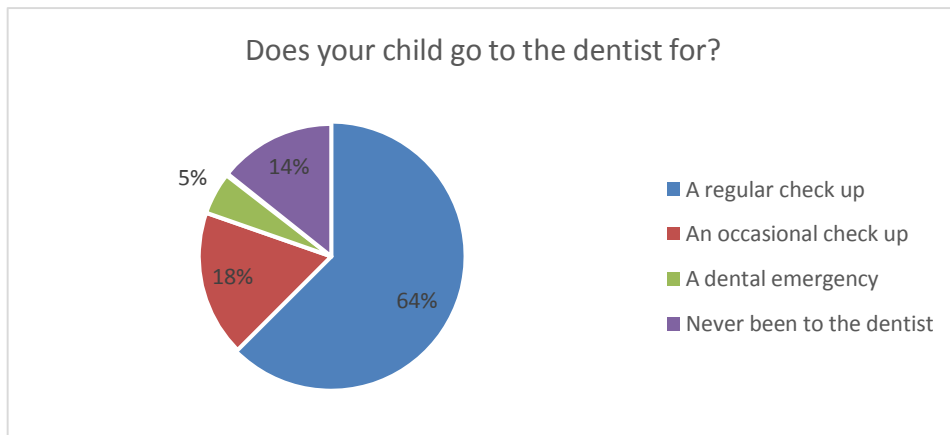
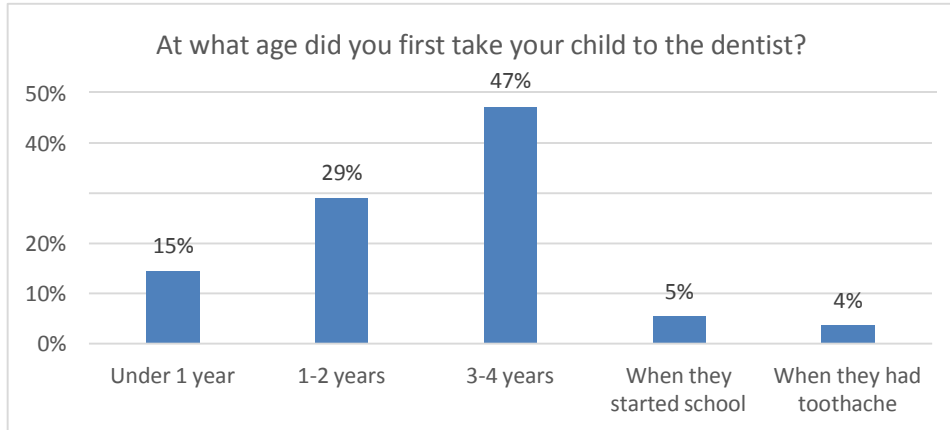
- 45% of parents admit to snacking on biscuits, chocolates and sweets once or twice a week; 29% admit to snacking 3 or 4 times per week
- 13% snack on sweet food almost every day.
- 46% of respondents never had a fizzy drink per week
- 14% of respondents had fizzy drinks more than twice a week



Children's Dental Habits

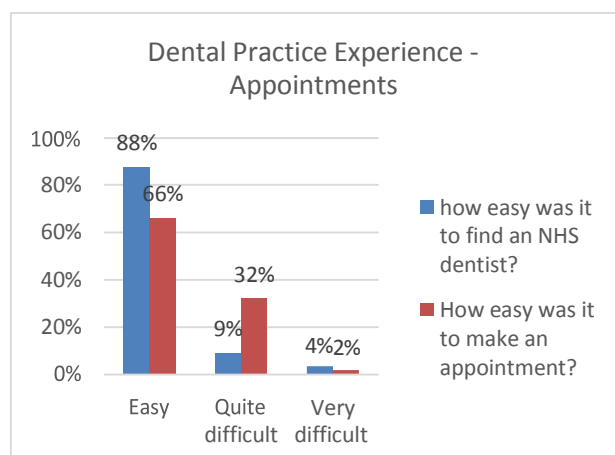
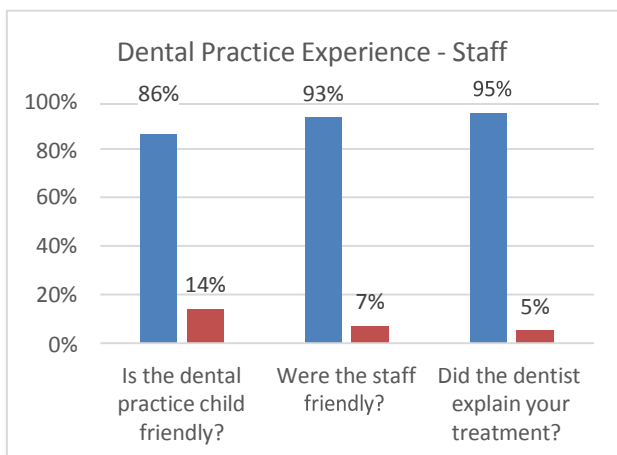
- 43% of children start brushing their teeth when they are younger than their first birthday, and 48% start brushing at the age of one to two years old.
- 77% of the children are helped to brush their teeth at least twice a day by their parents.
- 15% of the children in our questionnaire had visited a dentist by their first birthday
- 47% of children first visited a dentist at the age of 3 or 4
- Over 60% of children went for regular checkups.
- However, almost 20% of the children in the questionnaire currently needed dental treatment





Dental Practice Experience

- 86% of parents think that their dental practice is child-friendly, and more than 90% think that staff are friendly.
- 95% of parents say their dentist took the time to explain their treatment
- 13% of parents find it difficult to find an NHS dentist
- 34% of parents think that it was difficult to make an appointment with a dentist



Observations

The following observations have been gathered on some wider dental care issues. Therefore, further research is needed to evidence these observations.

During the research period, it has been noted that dental clinics have varying degrees of care quality as follows:

- Parents' perception of the access criteria for dental braces, is seen as complex and strict, which may hinder some parents and children trying to access the service
- Dental practices do not all have child-friendly facilities e.g., areas allocated for buggies inside the practice
- New migrant and transient families do not see dental care as a priority, and therefore, they do not visit a dentist, unless it is a medical emergency
- Private dental care is sometimes offered in the first instance to patients, rather than NHS dental care

Recommendations

- To explore avenues on how to raise awareness of good diet particularly among hard-to-reach parents and communities, and to ensure that sufficient appropriate services supporting this are commissioned.
- To explore how to make NHS dental services more visible and accessible among low-income and ethnic minority families and communities
- To ensure that all providers offer child-friendly facilities in their practices.
- To ensure that parents are encouraged to ensure that their children access a dentist at an earlier age.

Conclusion

The questionnaire highlighted that the majority of parents valued annual dental checks and regular brushing of teeth, thereby modelling positive dental habits. Once attending a local dentist, our findings show that most dental clinics are child friendly. We also found that parents need more education in the link between the dangers of sugar on poor dental health and the risk to children from an early age, as well as the importance of taking their children to the dentist as early as possible so that regular checkups take place preventing tooth decay and other dental issues later on in life.

Commissioner's Response: the London Region of the Dental, Optometry and Pharmacy Commissioning Team of NHS England

Distance to dental services

Dental access has been addressed in our previous report earlier this year

<http://barnet.moderngov.co.uk/documents/s29343/-%20Dentistry%20in%20Barnet.pdf>

It would not be possible to commission dental services with a mile radius of each home and nor would it be necessary as it has already been highlighted in the report provided earlier this year and last year.

Dental Health Promotion

As part of a Dental Access initiative last year, NHS England London Region hosted dental health promotional events for patients in the Barnet Borough. The London region has been working closely with the Oral Health Promotion teams and the Local Authority (LA) across London.

Family Dental Habits and Dental Health Checks

Whilst for some people it may be customary to have 6 monthly or annual check-ups, the NICE guidelines as attached link advise that attendance should match patient's individual assessment of risk

<https://www.nice.org.uk/guidance/CG19/chapter/introduction>

The 'recall interval debate' has also coincided with an important period of change in the NHS dental services in England and Wales, designed to encourage these services to move towards a more preventive oriented and clinically effective way of meeting patient needs. This means that a comprehensive Oral Health Assessment should be conducted when a patient first visits a practice and will involve taking full patient histories, carrying out thorough dental and head and neck examinations and providing initial preventive advice. The dentist and patient will discuss the findings and then

agree a personalised care plan and a 'destination' for this particular journey of care. Therefore, patient recall is not simply every 6 months or every year, but in accordance with clinical need which could be between 3 months to 2 years.

Dental Practice Experience

The London region can share the Healthwatch report with NHS dental providers and the Local Dental Committee to enable them to learn from the findings and take appropriate action.

Orthodontic Treatment

Eligibility criteria apply for orthodontic treatment and the system is called IOTN – Index of Orthodontic Treatment Need. The IOTN is a measure for the necessity of orthodontic treatment for any child under the age of 18. Further details as per attached link:

<http://www.bos.org.uk/Public-Patients/Orthodontics-For-Children-Teens/Fact-File-FAQ/What-Is-The-IOTN>

Public Engagement:

NHS England will engage with the local authorities, to ensure the hard-to-reach and migrant groups are included in oral health promotion activities. The London region can share Healthwatch report with NHS dental providers and the Local Dental Committee to enable them to learn from the findings and take appropriate action. A reminder will also be sent about the need for providing clear information on treatment options and charges, including the provision of a treatment plan.

Conclusion:

NHS England would be happy to work with and support Healthwatch Barnet and the local authority with any joint initiatives to support the uptake of NHS dental services in Barnet.

Useful Resources:

1. Patients who find it difficult to access NHS dental services can contact NHS Choices for the nearest practice by calling NHS 111 or NHS England customer contact centre (Tel: 0300 311 22 33)
<https://www.england.nhs.uk/contact-us/>
2. Some people on low income may be entitled to help with costs. See attached:
<http://www.nhs.uk/NHSEngland/Healthcosts/Pages/help-with-health-costs.aspx>
3. Orthodontic Treatment: Eligibility criteria apply for orthodontic treatment called Index of Orthodontic Treatment Need. This measures the necessity of orthodontic treatment for any child under the age of 18. Further details: <http://www.bos.org.uk/Public-Patients/Orthodontics-For-Children-Teens/Fact-File-FAQ/What-Is-The-IOTN>
4. Guidance on dental services in Barnet:
http://www.healthwatchbarnet.co.uk/sites/default/files/healthy_teeth_healthy_smiles_barnet_finding_nhs_dentist_-_2015.pdf

Appendix

Dental Health Survey

Child's Name:	Age:
----------------------	-------------

Are you registered with an NHS dentist?

YES	NO
YES	NO

Is your child registered with an NHS dentist?

If yes, how easy was it to find an NHS dentist?

Easy	Quite difficult	Very difficult
------	-----------------	----------------

How easy was it to make an appointment?

Easy	Quite difficult	Very difficult
------	-----------------	----------------

How far is the dentist from your house? Is it:

Walking distance?	Less than a mile	More than a mile
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How do you travel to the dentist?

On foot?	By car?	Public transport?
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When did your child last visit the dentist?

Never		Within the last year	
Within the last 3 months		Within the last 6 months	
Over a year ago			

At what age did you first take your child to the dentist?

Under 1 year		When they started school	
1-2 years		When they had toothache	
3-4 years			

Does your child go to the dentist for?

A regular check up		A dental emergency	
An occasional check up		Never been to the dentist	
Has your child ever needed to have any dental treatment?	YES	NO	

How often do you go to the dentist?

At least once a year		Only when I have to	
At least once every two years		Never been to the dentist	

If never, how come?

No need to, teeth are fine		I can't find a NHS dentist	
NHS charges are too costly		I'm afraid of the dentist	
It's difficult to get to		I've had a bad experience	
I'm embarrassed to go		None of the above	

Is the dental practice child friendly?	YES	NO
Were the staff friendly?	YES	NO
Did the dentist explain your treatment?	YES	NO

Do you brush after eating?	YES	NO
Do you floss?	YES	NO
Do you use a mouthwash?	YES	NO
Do you use the same toothpaste for your child?	YES	NO
Do you smoke?	YES	NO
Are you entitled to free dental care?	YES	NO
Are you currently in receipt of benefits?	YES	NO
How many children do you have?		

Does your child do any of the following?

Suck their thumb		Sleep with a bottle	
Bite their nails		Grind their teeth	
Use a pacifier (dummy)			

How old was your child when they first started having their teeth brushed?

Teeth are not brushed		2-3 years	
Under 1 year		3 years or over	
1-2 years			

How many times a week do you eat sweets/chocolates/biscuits/cake?

Never		Less than once a week	
Once or twice a week		3 or 4 times a week	
More than 6 times a week			

How many times a week do you drink fizzy drinks?

Never		Less than once a week	
Once or twice a week		3 or 4 times a week	
More than 6 times a week			

How many times do you brush your teeth each day?

Teeth are not brushed		Twice a day	
Once a day		3 times a day or more	

How many times do your children brush their teeth each day?

Teeth are not brushed		Twice a day	
Once a day		3 times a day or more	

Do they get help when brushing their teeth?

YES	NO	Sometimes
-----	----	-----------

Does your child use toothpaste for children or adults?

CHILDREN	ADULTS
----------	--------

What brand of toothpaste does your child most commonly use?

Do you go to the dentist?

YES	NO
-----	----

Ethnicity

Asian or Asian British				Black or Black British			Chinese or Other Ethnic		Mixed	White		
Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic	Any mixed	British	Irish	Other White

Postcode										
N2	N3	N11	N12	N20	NW2	NW4	NW7	NW9	NW11	HA8

Do you have any concerns about your child's teeth?

YES	NO
-----	----

If yes, please state your concerns:

	AGENDA ITEM 9 Health Overview and Scrutiny Committee Monday 6th February 2017
Title	Update on Dementia Support in Barnet
Report of	Adults and Health Commissioning Director, London Borough of Barnet Interim Director of Commissioning, Barnet Clinical Commissioning Group
Wards	All
Status	Public
Urgent	No
Key	No -
Enclosures	Appendix A
Officer Contact Details	Caroline Chant caroline.chant@barnet.gov.uk ; 0208 359 4259

<h3>Summary</h3>
<p>This report is a response to a request to update the committee on matters relating to dementia support in Barnet. The report covers the context of dementia in Barnet, the dementia services provided in Barnet and an overview of current commissioning arrangements and performance.</p>

<h3>Recommendations</h3>
<p>1. That the committee notes the content of this report.</p>

1. WHY THIS REPORT IS NEEDED

- 1.1 This report is a response to a request to update the committee on matters relating to dementia support in Barnet.

2. REASONS FOR RECOMMENDATIONS

- 2.1 Dementia is a condition which is more prevalent with age. In Barnet the growth rate of the number of people with dementia is increasing, suggesting that dementia and the resultant care and support required, will become an increasing pressure for Barnet. Early diagnosis of dementia is a government priority, and early provision of support at home can decrease institutionalisation by 22%. The report allows the committee to be informed and updated on dementia support in Barnet

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None in the context of this report.

4. POST DECISION IMPLEMENTATION

- 4.1 Following the consideration of this report the committee will be able to determine if they require any future reports or information.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The dementia services support the council's 2015 - 2020 Corporate Plan in relation to:

5.1.2 its vision of adult social care focused on personalised, integrated care with more residents supported to live in their own home

5.1.3 its strategic objective of Barnet being a place where people are helped to help themselves, recognising that prevention is better than cure

5.1.4 its objective for health and social care making a step change in the council's approach to early intervention and prevention as a means of managing demand for services.

5.1.5 The services also supports BCCG's vision in relation to:

5.1.6 We will continue to improve the health and wellbeing of the local population by focussing on preventative services, reducing health inequalities, and enabling the population to take responsibility for its own health

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

5.2.1 There are no financial implications for the council in receiving this report

5.3 Social Value

5.3.1 The Public Services (Social Value) Act 2013 required 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 service they are going to buy, or the way they are going to buy them, could secure these benefits for those areas or stakeholders.

5.3.2 There is no specific reference to Social Value act relevant issues within this report but the Barnet Dementia pathway has been commissioned with social value as one aspect of the commissioning principles specifically the use of voluntary and community sector agencies operatives and resources to inform, co-produce and deliver specific strands of the pathway.

5.3.3 Elements of the service will deliver significant social value through:

- utilisation of volunteers
- working in an environmentally responsible manner
- progressing work on developing Barnet as a dementia friendly community
- services contracts, include any Social Value considerations relevant to the decision - in accordance with the guidelines below}

5.4 Legal and Constitutional References

5.4.1 The report outlines current and planned activity and service context and specific responses to the member's item only. No decisions are being called for.

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

5.4.3 The Council's Constitution (Responsibility for Functions) sets out in 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 on the residents of 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 other areas.

5.5 Risk Management

5.5.1 There are no risks identified in the report itself.

5.6 Equalities and Diversity

The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to **have due regard** to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

The protected characteristics are: age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

The dementia services in Barnet will assist the council in meeting its duties under the Equality Act 2010, particularly with regard to age and race:

- Dementia incidence increases with age, and Barnet has an ageing population: Dementia incidence is much higher in older age groups, and increases markedly with age. Amongst the 65+ age group, estimated prevalence ranges from 7.8% to 8.7%, and amongst those aged 85 or over, prevalence is nearly 1 in 4. The Barnet over 65 population is forecast to grow 3 times faster than the overall population between 2015 and 2030, and the rate increases more in successive age bands. For instance, the 65+ population will grow by 34.5% by 2030, whereas the 85 and over population will increase by 66.6% (Joint Strategic Needs Assessment 2015 to 2020)
- Barnet's ageing population will become increasingly diverse and thus a greater proportion of people with dementia in the borough will be from Black and Minority ethnic groups in the future. By age, in Barnet the highest population of the population from White ethnic backgrounds is found in the older age groups, whereas the highest proportion of people from Black, Asian, and Minority Ethnic groups is found in the younger age groups. Barnet's population is projected to become increasingly diverse as the White British population is projected to decrease in proportion to the total population (from 61.3% in 2015 to 58.4% in 2021 and 56.4% in 2030) (Joint Strategic Needs Assessment 2015 to 2020)

5.7 Consultation and Engagement

- 5.7.1 The re-modelled dementia pathway was developed from a series of workshops and focus groups with stakeholders, including professionals and the public (2012 and 2013).
- 5.7.2 Ongoing changes have been shaped by conversations with older citizens via Partnership Boards, reference groups, events, interviews with professionals, Barnet Health Watch, interviews with carers.
- 5.7.3 Consultation was undertaken with a range of stakeholders in relation to the recent procurement for the support services, which showed strong support for the services and for the service model.
- 5.7.4 The development of the service specification for care and support for the Extra Care Scheme involved a variety of consultation activities including carer

and service user involvement in good practice research including scheme visits (in and out of borough), focus groups with existing residents and drafting of good practice report.

5.7.5 A 'Dementia Information in Barnet Working Group' will be set up in January; the focus will be to look at the sort of information people would like to receive and what formats are best placed. Members of the group will be drawn from Barnet's People Bank and will be in partnership with Alzheimer's Society and Barnet Healthwatch. As part of this work will be engaging with local community groups to ensure that appropriate information is available to Black and Ethnic Minority and other minority groups.

5.8 **Insight**

5.8.1 A variety of information resources have informed this paper.

6. **BACKGROUND PAPERS**

6.1 Appendix A

Appendix A Update on Dementia Support in Barnet

1.Context

It is estimated that there are over 4,300 people with dementia living in Barnet and by 2021 this figure is expected to increase by 24%. Dementia presents a significant health and social care challenge to the borough.

Barnet Council (the council) and Barnet Clinical Commissioning Group (BCCG) are committed to supporting people with dementia to live a full and active life, enabling them to live at home for longer and ensuring that carers are empowered and supported in their daily lives. The council and BCCG commission dementia support services focusing on early and timely diagnosis, improving information and supporting people with dementia and their carers in the early stages.

The services provided through the dementia pathway are a key component of the council's prevention and early intervention initiatives, forming important components of Tier 2 of the integrated health and social care model being implemented through the Barnet Better Care Fund Plan. The services also play a key role in implementing the Dementia Manifesto for Barnet.

2.Key facts about Barnet and Dementia

The Barnet over 65 population is forecast to grow three times faster than the overall population between 2015 and 2030, and the rate increases more in successive age bands. For example, the 65+ population will grow by 34.5% by 2030, whereas the 85 and over population will increase by 66.5%.

In 2015 about 14% of Barnet's population was over 65, which represents over 51,000 people.

It is currently estimated there are over 4300 people with dementia in Barnet, and by 2021 an estimated increase of 24%.

Barnet has one of the largest numbers of care homes in Greater London, with the highest number of care homes registered for dementia.

The Dementia Diagnosis rate is 77.6% for Barnet as at 30th November 2016. The estimated national rate is 68%. According to the latest figures Barnet has the highest recorded number of dementia diagnoses in London.

3.Barnet's Integrated Dementia Pathway

Working with partners in the public and voluntary sector, Barnet has developed local dementia services with a focus on improving information and advice and supporting people mainly in the early stages of the condition, as research suggests that people have a better quality of life if they receive an early diagnosis followed by support.

Over the past 3 years a number of changes have been made at different stages of the pathway in order to ensure a more joined up approach between health and social care and also to prepare for the challenges ahead. This has been achieved through:

- improved access to memory assessment and building capacity and support in the community.
- working with primary care to improve the Dementia Diagnosis rate
- utilising the Better Care Fund - Dementia is included in Barnet's Integrated Care Model tier 2 Health and Well Being and tier 3 Access services, and is also a theme across all tiers
- an existing network of services, now joined by newly commissioned services

4.Components of the Barnet Services

A Remodelled Memory Assessment Service (MAS) is commissioned by Barnet Clinical Commissioning Group (BCCG) and provided by Barnet Enfield and Haringey Mental Health Trust (BEHMHT). Early diagnosis of dementia is a government priority and the National Dementia Strategy 2009 describes the value of early diagnosis and intervention. The then Prime Minister was committed to ensuring the Memory Services were established in all parts of the country. Prior to 2013 Barnet had no specific memory service and there were long waits for patients to be seen by the nurse led memory treatment clinics. The establishment of a memory service also followed NICE/SCIE guidance, and NHS Mandate 2012.

The service was fully operational by summer 2014. This provides:

- early holistic assessment for people with memory problems
- a multi-disciplinary service, follows NICE guidelines and has now achieved Memory Service National Accreditation programme (MSNAP) standards (Oct 16)
- integrated community support for people with dementia (PWD) and their carers, at the point of diagnosis, working closely with the Alzheimer's society
- increased capacity, the waiting list has reduced and people receive a diagnosis within 12 weeks of referral to the MAS by their GP, meeting one of the Barnet Health and Well Being Board (HWBB) targets.

Investment in wellbeing, prevention, and support to carers; a Dementia Day Opportunities service and carer support, has been established for a number of years. A dementia advisor service, with one advisor, was established in April 2014. An additional 2 advisors were added in May 2015. The Dementia café service commenced in summer 2013. All these services were provided by the Alzheimer's Society.

LBB commissioned a new contract commencing April 2016 with Alzheimer's Society for dementia support services in the community. The National Dementia Strategy 2009 recommended the provision of better and local information for people with dementia and their carers, that allows them to manage the condition more effectively and remain at home for longer. The new service is similar and comprises:

- Dementia Advisors - work with people at an early stage, helping them at the point at which they are diagnosed to make the choices which will let them live as independently as they possibly can. Dementia cafes - an informal social point at which PWD and their carers can come together, sharing views,

obtaining mutual support and gathering information and participating in arts and crafts activities.

- A dementia Day Opportunities service and carer support, the day experience will now also offer half day slots at different venues across the borough.
- In addition to the above the Alzheimer's Society will also develop a Dementia Hub in Hendon, providing a visible presence for the integrated dementia support services and a central focus for the further development of the Barnet Dementia Network.

A Dementia Action Alliance Co-ordinator (DACC), will be resourced by the Alzheimers Society outside of the tender. The DACC will help to initiate a Dementia Action Alliance, recruiting stakeholder members and working towards Barnet becoming a dementia friendly community.

5.The Barnet Dementia Manifesto

Below is a brief summary of progress against commitments in the Manifesto, which was approved by the Barnet Health and Well Being Board in November 2016.

Barnet continues to improve its diagnosis rate which is currently 77.6% as at 30th November 2016.

The MAS continues to meet the target for people to receive a diagnosis within 12 weeks of referral.

Barnet supported Dementia Awareness week in 2015 and 2016, various events took place across Barnet and a number of staff from LBB and BCCG became Dementia Friends. Awareness events have been held in Brent Cross Shopping Centre– led by a Barnet elected Member.

Following a successful event in May 2016, 18 organisations have signed up to join the Barnet Dementia Action Alliance; this will enable Barnet to progress towards becoming a 'Dementia Friendly Community'.

Barnet libraries partnership with BEHMHT for 'Books on Prescription' is progressing well, a large number of dementia support materials having been successfully delivered to Barnet's care homes, Carer's Centre and GP surgeries. A recent health information sharing event at Chipping Barnet Library proved very successful and a follow up event is planned for Spring 2017. BEH has scheduled a series of promotional events for mental health professionals and community groups for January and February. A variety of titles from the 'Pictures to Share' collection are now available in Barnet libraries.

One of the Mayor's two charities this year is a Dementia club UK, which is led by Cllr Lisa Rutter and provides Dementia Club sessions at a range of venues in Barnet. The Saracens support a Dementia Club held at Finchley Memorial Hospital three times each month. In addition to this Dementia Clubs UK run 9 clubs across the borough.

The council have also commenced a support service which utilises innovative support for carers and client. This service offers psychological support sessions,

activities such as art therapy and ongoing care throughout the pathway linking with the services from both the Alzheimer's Society and the MAS.

The Dementia Advisor Service is also running regular advice and support sessions in a GP surgery, Barnet Carers Centre, and the Phoenix Cinema in addition to having a presence at the MAS. One off events and/or talks information stalls include: Spurs Foundation, Almshouses Trust, Practice Nurse Event, altogether Better Barnet, Age UK and Jewish Care.

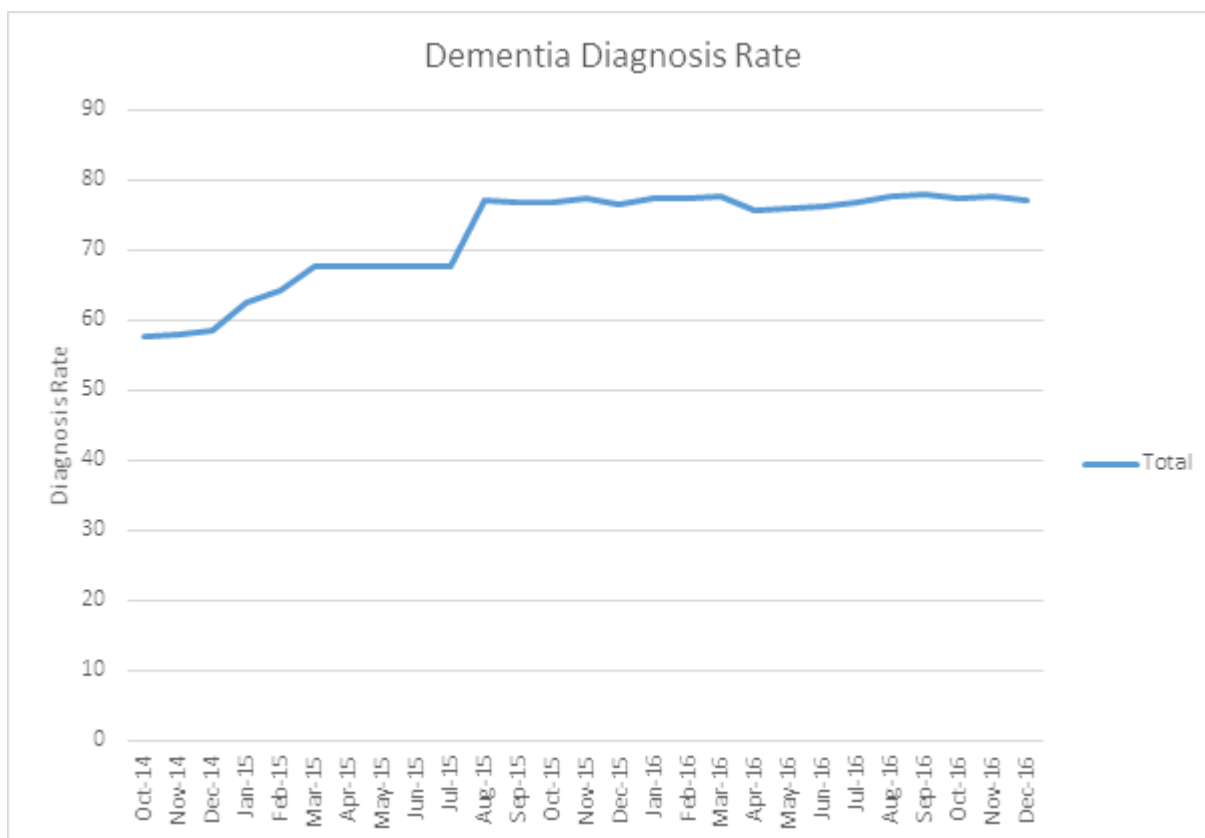
The subject of dementia in hospitals has been covered in previous HOSC meetings (May 2016) via consideration of the Royal Free London's Quality Account which details work undertaken in relation to dementia.

Care homes, both residential and nursing, are an essential part of care provision for people with dementia. A number of services and training modules have been developed by BCCG and LBB to support the care sector in Barnet. Two dementia training modules, linked to QCF, are being offered to all care staff in Barnet, along with End of Life training.

6. Performance Summary

The London Borough of Barnet and Barnet CCG together have made a pledge to ensure dementia remains a key focus for future activities, this includes the launch of our Dementia Manifesto. Barnet has a dementia diagnosis rate of 77.6% (November 2016 data) which is in excess of Barnet's own target of 75% and the national target of 67%.

The table below shows progress in Barnet's improving diagnosis rate, from October 2014 which is when the DH commenced monitoring. In March 2015 Barnet's rate was 67.7 which exceeded the government target of 67%. The rate has continued to improve as the graph demonstrates.



The Barnet Memory Assessment Clinic has a referral to assessment time of six weeks with a low non-attendance rate of 2-5%. This has been achieved through alterations to the procedure within the unit. Patients and carers are called prior to the appointment to ensure attendance. The MAS have also recently gained MSNAP accreditation October 2016.

During 2015/2016 642 patients were seen in the Memory service with 389 new cases of dementia diagnosed. At the end of the year out of 184 patients surveyed 97% were happy with the service.

The London Borough of Barnet have commissioned the Alzheimer’s Society for a further 3 plus 2 years to deliver a support programme which includes the development of a dementia hub, provision of three dementia advisors, and 4 dementia cafes across the borough.

2015/2016 Performance Data for Dementia Support Service:

	Total number of Activities	Total number of service users
Dementia advisor	808	212
Dementia support	424	40
Information provision	N/A	357

Marillac Day services	2805	60
Four dementia café's	592	128

A number of organisations have signed up to form a Dementia Action Alliance (DAA), which is recognised as the building block to for Barnet to become a dementia friendly borough (DFB). The Dementia Action Alliance will be formally constituted in February 2017. The DAA will develop its own action plan and targets and assist individual organisations to develop their own action plans. This will include a definition of what will be in place by 2019 which will define Barnet as being a DFB. The aim is to work towards a DFB by 2019.

The Dementia Fingertips tool from the Department of Health and the Dementia Atlas provided by Shapeatlas.net utilising data from a range of services including DH fingertips, Alzheimer's Society and dementia friends. Both Fingertips and the atlas are very similar and publicly accessible. Key figures from a brief analysis of this data is shown here:

Headline	Barnet figure	National and London comparison where available	Source/dates
Diagnosis	77.6%	National 68%	NHSE November 2016
Emergency admissions for people with dementia	3,856 per 100,000 on Fingertips tool	National 3306 London 3721	Fingertips tool
Rates for Dying in normal place of residence	56.6%	67.5% nationally 56.1% London	Fingertips tool

7.Plans for 2017 and Beyond

The Barnet Dementia Action Alliance will be formally constituted early in the new year, and an Action Plan developed.

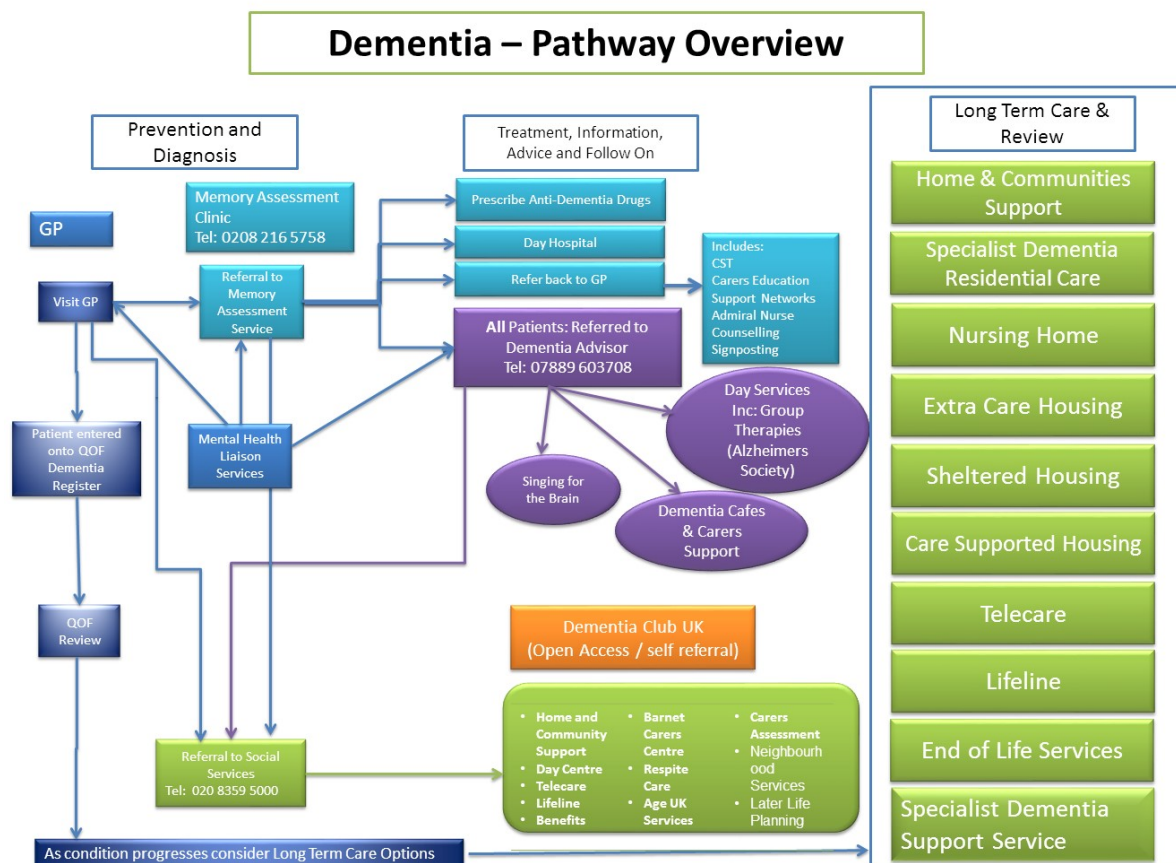
The council is commissioning an innovative dementia focused extra care housing (ECH) scheme at Moreton Close comprising 51 flats opening in spring 2018. ECH is a popular and cost effective alternative to residential care, located within local communities so that residents can continue to participate in local activities. ECH has been shown to reduce unplanned hospital and/or care home admissions, and enable people with dementia to remain living for longer in the community. The scheme will reflect best practice in terms of design and the delivery of flexible person centred care.


The Barnet Dementia Hub in Hendon will be launched in March 2017. This will provide 'Day Experience' - a range of activities; cognitive, physical and social for people with dementia in a safe and welcoming environment with trained staff and volunteers. Individuals will be encouraged and supported to maintain their skills and remain a part of their communities. The Day Experience offer will also be run in half

day slots at different venues across the borough. The Hub will include a resource element and individuals can access support and the resource either by telephone or visiting the Hub where there will be a Dementia Advisor present during opening hours.

A 'Dementia Information in Barnet Working Group' will be set up in January 2017; see under 5.7.5 Consultation and Engagement.

Again the council and the BCCG will be participating in Dementia Awareness Week in May 2017



	<p align="center">Barnet Health Overview and Scrutiny Committee</p> <p align="center">6th February 2017</p>
<p align="center">Title</p>	<p align="center">Colindale Health Project Update</p>
<p align="center">Report of</p>	<p>LB Barnet, NHS England and Barnet CCG</p>
<p align="center">Wards</p>	<p>Colindale, West Hendon</p>
<p align="center">Status</p>	<p>Public</p>
<p align="center">Urgent</p>	<p>No</p>
<p align="center">Key</p>	<p>No</p>
<p align="center">Enclosures</p>	<p>None</p>
<p align="center">Officer Contact Details</p>	<p>Neil Taylor – Strategic Lead, Development and Regeneration Neil.Taylor@barnet.gov.uk</p> <p>Neil Snee Neil.Snee@barnetccg.nhs.uk</p> <p>Anthony Davis Anthony.Davis@barnetccg.nhs.uk</p>

<h2>Summary</h2>
<p>At their meeting in July 2016, the Barnet Health Overview and Scrutiny Committee were informed that an Outline Business Case for the replacement of the Grahame Park Health Centre, together with a Full Business Case for a new start-up Practice in Beaufort Park would be going through the internal governance processes for NHS England and Barnet CCG in autumn 2016.</p>
<p>The Committee requested an update report following the business cases being reviewed by NHSE. This report will provide an update on the business cases.</p>
<p>The Committee requested details on the timing of providing additional GP capacity in the Beaufort Park area. The Committee sought assurance that a new GP service would be in operation within a year, or that it would be imminent and in conjunction with increased GP capacity in the area too.</p>

This report provides details on the NHSE procurement process to date and the timing of providing additional GP capacity in the Beaufort Park area.

Recommendations

1. That the Committee note the report.

1. WHY THIS REPORT IS NEEDED

1.1 The Barnet Health Overview and Scrutiny Committee requested an update report following the business cases being reviewed by NHSE in autumn 2016. The Committee requested details on the timing of providing additional GP capacity in the Beaufort Park area.

1.2 Updates in relation to matters previously raised by the Committee

1.2.1 Update following business cases being reviewed by NHSE in autumn 2016

- The submission of business cases for new health centre in Grahame Park and Central Colindale was postponed until outcome of ETTF (Estates and Technology Transformation Fund) Bids was known. The reason for this is that the final level of capital contribution achievable into the project from the different sources needed to be established to inform the financial modelling within the business case(s). The greater the capital contribution the lower the potential rental will be and this will impact in turn on the rental reimbursement to the GP practice(s) occupying the building. ETTF bids were submitted in June 2016 and the outcome of the bids became known in November 2016.
- Update on ETTF Bids outcome:
 - The CCG submitted 3 bids for capital through the NHS England Estates and Technology Transformation Fund. The bids were as follows:
 - For capital in relation to the re-provision of Grahame Park (successful)
 - For capital in relation to securing temporary accommodation for a new Central Colindale APMS (Alternative Provider Medical Services) primary care contractor (not successful, deemed an enabler and not transformative in and of itself)
 - For capital to contribute to permanent estate solution for new APMS contractor (not successful – completion date of 2024 outside of the 2016-2021 timeframe for the scheme – the same timeframe as the GP Forward View).
 - The ETTF programme was massively over-subscribed for the funding being made available.

- Successful Grahame Park ETTF bid (value £950k) is now going through due diligence. NHSE are expecting an Outline Business Case to be submitted ASAP and have informed parties that this value is not yet fixed, i.e. can go up or down. The exact ETTF amount will be determined at Outline Business Case.
- Potential section 106 health monies (up to circa £1.9m) are also being sought for the delivery of new Grahame Park Community Hub (contribution towards health component of build). Report(s) are being taken to ARG (Asset, Regeneration and Growth) and Health and Well-Being Board in March 2017 to confirm spend. Therefore, Outline Business Case for Grahame Park cannot be submitted to NHSE until section 106 contributions are confirmed.
- LBB is to retain Freehold of new Grahame Park Community Hub (co-locating health centre, children's centre, nursery, community centre and café). LBB Property Services are presently drafting Heads of Terms (lease arrangements and service charge assumptions) for health tenants of new Grahame Park Community Hub and engaging with existing health tenants, namely Everglade Practice and CLCH, as well as engaging with other health, community health, children's health providers interested in occupying space in the new hub.
- The relocation of Parkview Practice (consolidating Parkview satellite service in the existing Grahame Park Health Centre with its main practice in Cressingham Road) will be included in Outline Business Case being put forward for new Grahame Park Health Centre. The re-location of the Parkview Practice enables the Everglade Medical Practice to increase its capacity in the Grahame Park Community Hub and accommodate the increasing demand arising from population growth in the area.
- In addition to enabling an increase in GP capacity to meet the projected local population growth, the new Grahame Park Community Hub will also facilitate greater integration of local health and social care services.

Planning application for new Grahame Park Community Hub is to be submitted March 2017 with planning consent anticipated in September 2017. Replacement health facilities in Grahame Park are to be completed (ready for occupational use) late 2019 prior to demolition of existing health facilities (anticipated early 2020).

1.2.2 Timing of providing additional GP capacity in the Beaufort Park area

- The zero list procurement for Central Colindale has commenced and providers will be invited to bid for the tender. The tender process should be concluded in summer 2017 with a planned contract start date in autumn 2017. The procurement team at NHSE are continuing to support the project in terms of the premises and relocation. Work is progressing to secure a temporary site and a business case will be submitted under the NHS Premises Cost Directions.

- NHSE have confirmed that a business case will be presented for temporary and permanent site in Central Colindale, once the final premises solutions have been confirmed.
- There is risk in not securing temporary site on time for APMS contract, that is, if a suitable temporary site is not found or an alternative solution identified, it will impact on whether a new APMS contract can be awarded as part of the 5th wave APMS procurement in 2017/18.

2. REASONS FOR RECOMMENDATIONS

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

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None in the context of this report.

4. POST DECISION IMPLEMENTATION

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

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

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)

This report is asking Committee to note the up-date for the Colindale health project, and provides an up-date following the review of business cases by NHSE. There are no additional financial implications at this point. .

5.3 Social Value

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

5.4 Legal and Constitutional References

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

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

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

5.5 Risk Management

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

5.6 Equalities and Diversity

5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.6.3 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.7 Consultation and Engagement

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

5.8 Insight

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

6. BACKGROUND PAPERS

None.

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

Contact: Abigail Lewis Abigail.Lewis@barnet.gov.uk 020 8359 4369

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

Title of Report	Overview of decision	Report Of (<i>officer</i>)	Issue Type (Non key/Key/Urgent)
Update on Winter Pressures	The Committee asked for a written report on the winter pressures to be submitted to a future meeting. Councillor Alison Moore asked that the potential for rehabilitation spaces also be included within this report.		Non-Key
15 May 2017			
NHS Trust Quality Accounts	Committee to consider and comment upon NHS Trust Quality Accounts		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

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