

## Decisions of the Health Overview and Scrutiny Committee

4 December 2017

Members Present:-

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

Councillor Philip Cohen  
Councillor Rohit Grover  
Councillor Alison Moore  
Councillor Ammar Naqvi

Councillor Caroline Stock  
Councillor Laurie Williams  
Councillor Shimon Ryde

Also in attendance:

Councillor Helena Hart

Apologies for Absence:

Councillor Val Duschinsky

### 1. **MINUTES (Agenda Item 1):**

The Chairman introduced the minutes of the last meeting and noted that the Committee had been e-mailed a copy of the Enforcement Notice relating to the land adjacent to Finchley Memorial Hospital.

The Chairman noted that the Committee would receive a further update from the Royal Free on parking at Barnet Hospital during the meeting.

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

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

Apologies for absence were received from Councillor Val Duschinsky who was substituted by Councillor Shimon Ryde.

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

Councillor Alison Moore declared a non-pecuniary interest in relation to Agenda Item 8 (Children and Young People's Oral Health in Barnet) by virtue of being the Chair of the East Central Early Years Locality Advisory Board.

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

None.

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

None.

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

At the invitation of the Chairman Councillor Cohen introduced his Member's Item. He noted that the item suggested that future papers produced by the Council on policy matters should have a section which specifically considered Health and Wellbeing. He explained that a housing policy paper could, for example, also consider wider Health and Wellbeing matters such as GP services and leisure. Councillor Cohen suggested that the Committee could receive a paper on how this could work. The Vice Chairman informed the Committee that he was sympathetic to the points that Councillor Cohen raised and noted that, as the matter had cost implications and was cross cutting, Policy and Resources Committee should be asked to consider it.

Following the consideration of the Member's Item, the Committee:

**RESOLVED to ask Policy and Resources Committee to consider the issue contained in the Member's Item as set out above.**

**7. NHS TRUST QUALITY ACCOUNTS: 6 MONTH REVIEW (Agenda Item 7):**

The Chairman introduced the report which provided a mid-year update on the progress made following the receipt of the Committee's comments on the Quality Accounts for the following organisations:

- North London Hospice
- Central London Community Hospital
- The Royal Free London NHS Foundation Trust

The Governance Officer advised the Committee and the representatives of the organisations listed above:

*"The National Health Service (Quality Accounts) Regulations 2010 is the relevant piece of law that outlines the requirements for the management of Quality Accounts. It says that HOSCs are required to submit their comments on Quality Accounts for inclusion prior to the Account being published. The deadline for this is 30 June.*

*Ordinarily, Barnet's HOSC has always sought to send the Committee's comments to the organisations as early as possible. We understand that it is a complex and timely process to produce a Quality Account and that organisations also need to make allowances for their own internal deadlines. However, in May 2018, all Members of the Council will be up for re-election and, as such, they cannot be appointed to Committees until the first meeting of the Full Council. In Barnet's case, this is scheduled to be on Tuesday 22 May. We expect that Barnet HOSC will meet on Thursday 24 May to consider the Quality Accounts, which means that we can draft the comments the following day and ask to Members to review them over the Bank Holiday weekend. We can provide the comments to the Organisations at around lunchtime on Tuesday 29 May. This is later than we would normally submit comments for inclusion within the Accounts, although technically comments submitted up to 30 June are required to be included.*

*Please be advised therefore that we will be unable to provide you with comments at the usual earlier date.*

*This is something that will affect all HOSCs in London and so I wanted to take the opportunity to flag this in front of senior Health colleagues from all relevant organisations six months in advance, so that you have time to prepare.*

*I will contact each organisation outside the meeting about this information. However, I wanted to put this on record at this meeting for the purposes of good governance.”*

#### North London Hospice:

The Chairman invited the following to the table:

- Miranda Fairhurst - Assistant Director Quality
- Fran Deane - Director of Clinical Services

Ms. Deane referred to the Hospice’s “Hard to Reach Groups” programme, which aims to promote equal access to services for all potential users. Ms. Deane noted that this was a priority for improvement and that the Hospice had been receiving data within all three Boroughs that the Hospice serves.

Ms. Deane noted the when the Committee had reviewed the Hospice’s Quality Account last year, they had been informed about the introduction of an “Outcome Star”, currently named the “End of Life Star”. Ms. Deane informed the Committee that this work had been slightly delayed as the Hospice was waiting for NHS Ethics approval but it was hoped to obtain approval in the new year.

Ms. Deane advised the Committee that a multi-professional group comprised of all hospice professions had been doing work to map their current provision against the Hospice UK Document on Hospice Enabled Dementia Care to inform its Dementia Strategy.

The Chairman asked what proportion of patients at the Hospice had Dementia at any one time. Ms. Deane informed the Committee that the Dementia rate was lower at the In-Patient Unit as the approach for Dementia patients tended to be about providing care at home as it was normally a more suitable environment. The Committee noted that about 7% - 8% of Hospice patients had Dementia at any one time.

The Chairman noted that last year the Committee had expressed concern about the large number of staff leaving the Hospice. Ms. Deane advised the Committee that some clinical staff were retiring and that the Hospice looked for ways to promote staff internally. Ms. Deane also informed the Committee that an Assistant Director for the Inpatient Unit had been recruited to post.

Responding to a question from the Chairman, Ms. Deane advised that when a member of staff left the Hospice, they would complete a face to face interview with HR.

The Chairman questioned what action the Hospice had taken on avoidable pressure ulcers. Ms. Deane informed the Committee that the Hospice identifies both inherited and acquired Stage 1 pressure ulcers, as well as Stage 2, 3 and 4, which allowed the Hospice to understand how ulcers have been obtained. Ms. Deane advised that the

Hospice was also looking at sourcing alternative pressure-relieving mattresses following feedback from patients.

#### Central London Community Healthcare:

The Chairman invited to the table:

- Kate Wilkins - Assistant Lead for Quality

The Vice Chairman commented that the North Central London Joint Health Overview and Scrutiny Committee had become aware that one of the strands of the Sustainability and Transformation Plan (STP) is for health providers and organisations to work closer together on recruitment and retention strategies. The Vice Chairman noted that CLCH covered four STP areas and asked if that made recruitment and retention more complex for the Trust. Ms. Wilkins advised that recruitment is a huge problem across London and that CLCH is part of the Capital Nurse Programme. Ms. Wilkins explained the role of the Capital Nurse Programme in attracting new nurses. The Committee noted that the Trust was able to offer rotation around different areas of nursing and then provide a job offer at the end. She offered to provide the Committee with further information on the Capital Nurse Programme.

A Member commented that some factors impacting on recruitment and retention would be out of the control of the Trust and asked if retention would be a cheaper option that the Trust would have more control over. Ms. Wilkins agreed.

A Member asked what the Trust's biggest challenge was in terms of retaining staff. Ms. Wilkins said that the organisation had vacancies. Boroughs such as Barnet only pay the outer London weighting rather than the higher inner London weighting, making it harder to recruit and retain staff. Ms. Wilkins undertook to provide the Committee with statistics on nurse retention.

The Chairman noted that Barnet, Enfield and Haringey Mental Health Trust went to Middlesex University to recruit and questioned if CLCH worked with universities. Ms. Wilkins advised that the Trust did.

The Chairman noted that last year the Committee suggested that face to face exit interviews be offered to all members of staff when they leave and that CLCH are now reporting that exit interviews are offered to outgoing staff either with their manager or with HR. The Chairman asked if the Committee could be provided with the percentage of staff that took up the option to either attend an interview or complete a questionnaire. Ms. Wilkins undertook to see if this information was available.

The Chairman noted that the Quality Account for last year had reported that the Trust had not taken part in the Diabetes Footcare Audit due to administrative reasons. She inquired if this had been dealt with. Ms. Wilkins advised the Committee that the Audit had not taken place last year due to a member of staff leaving. Ms. Wilkins reassured the Committee that the Audit would definitely take place this year.

#### Royal Free London NHS Foundation Trust:

The Chairman invited to the table:

- Professor Powis - Chief Medical Officer, Royal Free London Group

The Chairman congratulated Prof. Powis on his recent appointment as the Medical Director of NHS England and noted that he would take up the post in January 2018.

The Vice Chairman welcomed the work undertaken by the Trust on Cardiotocography (CTG) and said that he would be keen to see further information on this in the Trust's next Quality Account.

A Member questioned how the Trust was performing in relation to four hour waits at A&E. Prof. Powis reported that Barnet Hospital had been performing very well over the last four weeks and was recently tracking around 85% to 90%. Prof. Powis praised the work of the new Executive Team at Barnet and the new work being done by Social Care colleagues to discharge patients. The Committee were pleased to note that Barnet Hospital's performance had improved upon last year's figures. Prof. Powis informed the Committee that recently the Royal Free Hospital had not performed as well and had seen statistics in the lower 80s percentage wise. The Committee noted that the Royal Free Hospital had had significant building work in the last couple of months which was likely to have affected this result to some extent.

A Member noted the Trust's priorities for 2017/18 included the recruitment of 30 patient and family experience partners and questioned the role of a "partner" Prof. Powis undertook to provide further information on this.

A Member asked what more could be done to prevent patients going to A&E unnecessarily. Prof. Powis noted that GPs are also under a huge amount of pressure and if patients could not access their GP then they would go to A&E. Prof. Powis stressed the importance of educating people about different pathways, such as using the 111 Service.

The Chairman noted that the Committee had received a report on the use of "Streams" at their last meeting and congratulated the Royal Free on their excellent work in that area.

The Chairman noted that the Trust had stated that they needed to do work to compare the numbers of C.Diff. cases with other hospitals with similar complex cases and inquired if this work had been done yet. Prof. Powis advised that work was ongoing.

Responding to a question from the Chairman, Prof. Powis noted that as of the end of October 2018, there had been 47 cases of C.Diff. across the Trust against a target of 39 cases. Prof. Powis undertook to provide the Committee with the C.Diff. root cause analysis.

Responding to a question from a Member on the priority for 2017/18 of "To systematically analyse the experience of bereaved families and friends", Prof. Powis undertook to provide further detail of the web-based survey which is going to be launched.

The Chairman noted that the Committee had received an encouraging update on the parking situation at Barnet Hospital from Dr. Steve Shaw at their last meeting. The Chairman advised that the Portacabins were due to be removed which would free up additional space for parking.

The Chairman informed the Committee that there was a plot of land on site which she believed could accommodate 80 – 100 parking spaces and that also there was a section

of waste land and some grass verges that she believed could accommodate additional parking. She informed the Committee that she was still receiving complaints and that the matter would not improve unless serious attention was given by the Management to provide additional parking spaces on site.

**RESOLVED that the Committee noted the three reports and requested the information as set out above.**

**8. CHILDREN AND YOUNG PEOPLE'S ORAL HEALTH IN BARNET (Agenda Item 8):**

The Chairman invited to the table:

- Councillor Helena Hart – Chairman, Barnet Health and Wellbeing Board
- Natalia Clifford - Consultant in Public Health
- Selina Rodrigues - Manager, Healthwatch Barnet

Councillor Hart introduced the report which provided information on the oral health of children and young people in Banet and which also outlined opportunities to decrease rates of decay in children. Councillor Hart informed the Committee that the report highlighted two key issues, which were prevention and treatment.

Councillor Hart informed the Committee that NHS Practices rarely recall patients in order to monitor their dental health as Practices would need to have a sufficient number of unused Units of Dental Activity (UDAs) available to do so. She highlighted the importance of dental ill-health in being an indicator in safeguarding matters. She regretted that patients no longer register with an individual Practice but present for treatment wherever they can find a Practice willing to treat them. This could lead to the loss of the background knowledge so necessary for good safeguarding. Councillor Hart expressed concern that sufficient UDAs are not uniformly available across the Borough.

Referring to the Report, Councillor Hart noted the “Starting Well: A Smile4Life” programme initiated by NHS England to reduce oral health inequalities and improve oral health. NHS England (London Region) would also be working with Public Health England to identify five Boroughs to promote dental access. Councillor Hart suggested that the Committee work with the Council’s Public Health department to assist in the Borough being chosen as one of the five pilot Boroughs. Members of the Committee expressed their support for Barnet putting itself forward as a pilot Borough.

Ms. Rodrigues welcomed the report and advised that Healthwatch Barnet would be very happy to support any such work. She informed the Committee that mystery shopping had shown that it was very hard for patients to get an NHS dental appointment within two weeks. She advised that this also created a barrier for parents with one year old children.

Ms. Clifford informed the Committee that one of the challenges facing dental care is that level of UDAs had not been increased for many years despite the significant increase in the population.

The Chairman noted that NHS England confirmed that Barnet utilised 98.5% of their UDAs and so utilisation is not an issue in Barnet. Councillor Hart advised that one of the problems is that there is no mechanism to move unused UDAs between Practices.

A Member asked if it would be possible to write to NHS England to request a change in the policy so that unused UDAs can be transferred between Practices.

A Member suggested ensuring that Children's Centres and Health Visitors are informing pregnant and new mothers of their entitlement to free NHS Dental care.

Responding to a question from a Member, Ms. Clifford noted that the requirements for the pilot included a need within the Borough, buy-in, and leadership and that Barnet had all three. She informed the Committee that it would cost £59,000 to fund the service and that, subject to receiving approval from Policy and Resources Committee on 5 December, it could be funded.

A Member suggested that Public Health should consider the possibility of commissioning mobile dental units to go into schools and learning centres. She informed the Committee that a dental bus programme was sponsored by Colgate in California where a bus went to schools.

A Member expressed concern about the impact of sugary drinks being sold in schools on young people's dental health.

The Chairman suggested that the Barnet Health Overview and Scrutiny Committee write to NHS England in order to:

1. Welcome the fact that five Boroughs will be chosen as Pilot Boroughs and put the case for Barnet to be one of them.
2. Suggest that NHS England consider the impact of population change on the level of UDAs and suggest that, in addition to the number being increased, they should consider allowing unused UDAs to be transferred between Practices.

A Member suggested that the letter should focus on supporting the bid that Barnet would make, as well as stressing the multidisciplinary work that had been done and the deep dive.

The Chairman suggested that Ms. Clifford draft a letter in collaboration with Ms. Rodrigues and Councillor Hart and that, once it is drafted, Governance circulate the letter to the Committee to review before it is sent.

**RESOLVED that the Committee noted the report and provided its instructions as set out above.**

## **9. FINCHLEY MEMORIAL HOSPITAL - UPDATE REPORT (Agenda Item 9):**

The Chairman invited the following to the table:

- Dr. Debbie Frost - Chair, Barnet CCG
- Kay Matthews - Chief Operating Officer, Barnet CCG
- Alan Gavurin - FMH Programme Manager, Barnet CCG

Ms. Matthews introduced her report and noted that when Barnet CCG had last attended Committee, they had outlined their progress in relation to five key strategic pieces of work to make Finchley Memorial Hospital what it should be: a centre for excellence and a key strategic asset.

Ms. Matthews provided an update on the key pieces of work, which included:

#### Adams Ward:

- Adams Ward had opened on 4 December 2017 and the first five patients would be admitted in the first week rising to the full complement of seventeen patients within the first two weeks. The Committee noted that CLCH had assisted in opening Adams Ward by putting in staff and services.

#### Breast Screening Unit:

- Significant work has been undertaken in order to develop and open the new breast screening facility. The CCG has been working with Community Health Partnerships (CHP) and the Royal Free Hospital (RFL) which runs the North London Breast Screening Service. The main issues had been whether CHP would provide the capital costs and if NHS England would support this move. The CCG is optimistic about opening the facility but is still awaiting final confirmation by all parties before confirming that development of the new unit is going ahead. The CCG and RFL are aiming to open the new Breast Screening Unit in May 2018.
- During the discussion of the above, the Chairman asked if it would be helpful for the Committee to intervene or to invite CHP to a future meeting of the Committee. Ms. Matthews advised that she would contact the Chairman if she considered that it would be useful.

#### Develop and open the new CT scanner facility:

- Agreements had been reached on the cost of transformation work for a new CT scanner as part of a UCLH research project and that the CCG was waiting on signatures to finalise arrangements. The Committee was advised that the CCG is optimistic about this project and hopes the facility will be opened in May 2018 as planned.

#### General Practice:

- Since the Committee's last meeting, the CCG's new Director of Care Closer to Home is developing a strategy to attract a General Practice into FMH. The Committee noted that the project was running according to the timeline set out in the report.

#### Movement of the CCG headquarters from North London Business Park to FMH:

- The CCG have been scoping the possibility of moving the CCG's Headquarters to vacant office space on the 2<sup>nd</sup> floor at Finchley Memorial Hospital and will report back on the progress of this piece of work when they next attend the Committee.

#### Improving Utilisation:

- Finchley Memorial Hospital has been identified by CHP to be the site of a pilot project to develop a new centre management service, which will combine new technology and building management systems to collect more accurate utilisation and usage information.
- A Member welcomed the update and inquired if there was a strategy for attracting a General Practice to the site. Ms. Matthews advised that the CCG was at the early stages of a strategy. Responding to a question, Ms. Matthews informed the Committee that the CCG would be looking to bring more services into the community and wrap them around the GP services. The Committee noted that a highly performing GP Practice would be needed.
- Referring to an earlier part of the update, the Chairman noted that Adams Ward had been opened in time for winter pressures and asked if the Ward would now be kept open permanently. Ms. Matthews confirmed that it would.

The Chairman commented that this latest update from the CCG had been a more positive one.

A Member noted that the Government was announcing new targets for access to mental health services and questioned how challenging this would be for the CCG to meet. Dr. Frost informed the Committee that the CCG would be asking Barnet, Enfield and Haringey Mental Health Trust to make early interventions in Psychosis. Ms. Matthews noted that the target focused around waiting time targets and that it would be a hard, but good, target.

**RESOLVED that the Committee noted the report.**

## **10. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 10):**

The Chairman invited to the table:

- Selina Rodrigues, Manager - Healthwatch Barnet.

Ms. Rodrigues informed the Committee that Healthwatch Barnet had been undertaking some work with their charity partners on adult social care and also a review on mealtimes at the Royal Free Hospital. The Committee noted that Healthwatch Barnet had just finished their first year on a piece of work with Patient Participation Groups. The Chairman requested that Healthwatch Barnet bring a report to the February 2018 meeting to cover:

- Patient Participation Groups
- Cancer Screening
- Mealtimes at the Royal Free Hospital.

A Member noted that the Committee was due to receive a report on the STP in the context of key worker housing and requested it was received at the next possible meeting. The Governance Officer in attendance undertook to arrange for the report to be received as soon as possible.

**RESOLVED that the Committee noted the Forward Work Programme.**

**11. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 11):**

The meeting finished at 21:54