

Decisions of the Health Overview and Scrutiny Committee

18 October 2018

Members Present:

Cllr Alison Cornelius (Chairman)
Cllr Val Duschinsky (Vice-Chairman)
Cllr Golnar Bokaei
Cllr Geof Cooke
Cllr Saira Don
Cllr Linda Freedman
Cllr Anne Hutton
Cllr Alison Moore
Cllr Kath McGuirk (Substitution)

Also in attendance

Dr Tamara Djuretic – Director of Public Health, London Borough of Barnet

Apologies for Absence

Cllr Paul Edwards

1. MINUTES (Agenda Item 1):

The Minutes were approved, subject to the following amendments:

Page 3 of the minutes, should refer to Sir David Sloman.

Page 9 should read 'North Central London (NCL) CCGs.'

Matter arising from the previous meeting:

- The committee had been awaiting an update on the Diabetic Alerting System mentioned in the Quality Accounts (2016-17) of the Royal Free London NHS Foundation Trust. Dr Mike Greenberg (Medical Director, Barnet Hospital) explained that this was known as the STREAMS system and that discussion surrounding the technology had taken place, but the system had yet to be rolled out. Dr Greenberg said other work around diabetes was being conducted. The Chairman asked that an update on the work being done surrounding diabetes be brought to the February meeting for the Committee to scrutinise.
- The Care Closer to Home Integrated Networks (CHINS) information had been received. The governance Officer would email this information round to Members of the Committee.

Action: Governance Officer

- The Chairman updated the Committee on the planning application in relation to Barnet Hospital parking. The Chairman read out a response from Barnet planning department which said '*The Royal Free had sought pre-application advice from Barnet planning department to redevelop the Barnet Hospital site with additional hospital facilities and some residential development on some of the existing car park land. The plans incorporated a multi-level car park which would consolidate*

all of the existing car parking on the site along with additional car parking to service all the needs of the additional hospital facilities and the proposed residential accommodation.

The outline pre-application envisaged approximately 1100 parking spaces dedicated to the hospital along with approximately 400 parking spaces for the proposed residential accommodation. This number may increase or decrease subject to full assessment. Spaces would be mostly accommodated within the aforementioned multi-level car park with some limited ground level parking also proposed.

The Royal Free are awaiting the necessary board approvals to go forward with the proposals and it is currently expected that a planning application would be submitted in Spring 2019 following some public consultation on the plans in early 2019.'

Dr Steve Shaw (CEO, Barnet Hospital) had been invited to attend the November meeting to further discuss the issues.

Action: Dr Shaw

- Barnet CCG had been asked to bring a report to a future meeting on the GP Workload Collection Tool. NHS Digital is leading on the development of the GP Workforce Collection tool. The timeline for rolling out the new tool is now the first quarter of 2019.

Action: Barnet CCG

- A Member also asked that a report on the health provision plans for Cricklewood, NW2 and the impact of Brent Cross South be brought to the Committee. The CCG has a Strategic Oversight Group which oversees all Primary Care Estates projects in Barnet. The CCG agreed to bring a report back to the HOSC in the New Year.

Action: Barnet CCG

- Ms Kay Matthews (Chief Operating Officer, Barnet CCG) was asked to provide the void costs for Finchley Memorial Hospital up to August 2018. She said she would have to take this away and would provide the void cost information that the CCG had available.

Action: Ms Matthews

- The Committee queried what was causing the delay in bringing a GP practice into Finchley Memorial. Ms Matthews explained that there had been a challenge to the process which was currently being reviewed and that further comment couldn't be made until the outcome of this is known. She explained that dealing with the challenge was a lengthy process. Ms Matthews said the GP practice would be a good community resource and the increased number of patients attending FMH would also benefit the pharmacy and café which provide a valuable community service. The Committee asked how much remaining void space there would be at

Finchley Memorial. Ms Matthews said 95% of the site had now been leased and there were no plans to lease any further space as the 5% was needed to allow flexibility.

Members asked whether TfL had been consulted about improving the transport to the Royal Free Hospital. Ms Matthews said that they were not currently working with TfL in this regard. She recognised it would be really helpful to improve the transport links to FMH and said she welcomed support from all parties to work towards achieving this. The Chairman suggested that once the hospital was close to its maximum footfall, then conversations with Ward Councillors could be held and also with the local MP and Assembly Member. Ms Matthews agreed this was a sensible approach and that an update would be brought back to the Committee once it was known if it was possible to move a GP practice into the hospital and there was further information regarding the anticipated footfall. Kay Matthews drew the attention of the HOSC to the important point that there is a detailed due diligence process which has to be completed before it can be confirmed that a GP Practice can move into FMH which is over and above the phase of the process which is currently being undertaken.

Action: Ms Matthews

- The Chairman confirmed that a representative from the Community Health Partnerships (CHP) would be attending the November meeting and the recent update that she had received would be circulated by the Governance Officer to the Committee.

Action: Governance Officer

- Dr Debbie Frost (Chairman, Barnet CCG) Confirmed that the CCG monitored its Extended Access Contract and it's Out of Hours service through its normal contractual processes which included performance metrics and agreed KPIs.

Action: Dr Frost and Governance Officer

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies were received from Councillor Paul Edwards. Councillor Kath McGuirk substituted for him.

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

Councillor	Agenda Item(s)	Declaration
Councillor Cooke	7	Non-Pecuniary interest by virtue of his daughter being employed by UCLH.

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

None.

5. PUBLIC QUESTIONS AND COMMENTS (IF ANY) (Agenda Item 5):

None.

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

None.

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

The Chairman informed the Committee that Will Huxter (Director of Strategy, NCL CCGs) had been invited to the next meeting to provide an update on the STP.

8. BARNET BREASTFEEDING PEER SUPPORT SERVICE (Agenda Item 8):

The Chairman invited the following to the table:

- Ms Clare Slater-Robbins – Senior CYP Commissioner, Joint Commissioning Unit LBB
- Ms Audrey Adamah – CBU Lead, Central London Community Healthcare Trust NHS Trust

Ms Slater-Robbins introduced the Breastfeeding Peer Support Service report including user feedback. She explained the service had been commissioned until April 2020 on a contract extension. Ms Adamah told the Committee there was currently a mix of paid and volunteer support workers, with currently five volunteers and two paid peer support workers. However, recruitment and training was taking place with the hope of having fully recruited by January 2019.

Ms Slater-Robbins explained that best practice in other areas, with similar demographics, had been considered when developing the new service model and this had resulted in a more joined up approach with professionals and engagement with schools and children centres. She said they were looking to find spaces within town centres that could be used to encourage mums to feel more comfortable Breastfeeding in public areas. Feedback on the model had so far been positive; the home visiting aspect had been particularly praised.

The Committee commented that it was pleased to see user involvement in the service model. The Committee queried when the new birth data would be available and were told this was anticipated to be early June.

The Committee enquired as to how professionals giving breast feeding advice were trained and whether this was consistent across all centres and staff. Ms Slater-Robbins explained that volunteers were trained on the UNICEF accreditation at Level 2, which is an internationally recognised course and therefore advice from anyone trained through this course should be consistent. She said it was difficult to ensure everyone, including nurses, had been on this training as they are often provided training by their own co-ordinator. There was also a complexity around ensuring there is a consistent message due to cultural differences. Ms Slater-Robbins explained the solution did not sit within

one Service alone and that social media was helping change the attitude towards breast feeding.

Ms Slater-Robbins said that there would be no major update on the service for a while, but the Committee would be updated on the co-design work and any developments with the contract later next year. The focus would continue to be on spreading the Service's support reach, joined up working with the Early Years System and ensuring consistency of advice on breastfeeding from all professionals.

The Chairman asked how the model would become linked with family hubs. Ms Slater-Robbins explained that Health Services had been aligned with family locality hubs and that volunteers would be recruited and assigned to these areas. She said this added advice capacity into the service as it reduced taking up health visitor time when advice on breastfeeding could be sought via peer support instead.

The Committee thanked the officers for the positive report and commented on how much work had gone into it.

RESOLVED that the Committee noted the report.

9. UPDATE ON INTEGRATION BARNET CCG (Agenda Item 9):

The Chairman invited the following to the table:

- Ms Ruth Donaldson – Director of Commissioning, Barnet CCG
- Ms Kay Matthews - Chief Operating Officer, Barnet CCG
- Dr Jeff Lake – Consultant in Public Health, London Borough of Barnet

Ms Donaldson explained that the Clinical Commissioning Group was currently in the process of developing two key programmes to support integration locally. These programmes were the development of new approaches to commissioning which support a move toward commissioning on outcomes and the implementation of Care and Health Integrated Networks (CHINS), as the place based delivery model for services. Commissioning on outcomes and integrating where appropriate ensures that there is a greater focus on prevention, and aims to remove the perverse incentives that are currently in place in acute and community contracts.

The Committee queried the cost of implementing these changes. Ms Donaldson said that the key driver in the integration programme was to improve the quality of services that patients receive and to reduce fragmentation. There may also be financial rewards if a focus on prevention and self care results in fewer emergency admissions to hospital.

The Committee acknowledged the importance of getting Primary Care right and the cost benefit attached to this. Ms Djuretic said the aim was to mobilise the whole system and ensure a fully integrated approach. Although there were financial constraints, finding a way to work together on joint delivery was important in order to improve patient experience and both efficiency and value from the Health Care system. Dr Lake said fragmentation needed to be tackled and integrated networks was a way to do this, allowing greater co-ordination and continuation of care, particularly for elderly patients who frequently have chronic conditions. He said there was a need for both Individual and community resilience, with more of an emphasis on how people are involved in their own care. He felt that Members also had a role in driving innovation in their areas.

The Committee asked what risk management process had been followed and had learning from other areas been sought. Ms Donaldson said learning from successful areas such as Manchester and Surrey had been done. CHINS allowed early interventions to be identified and the ability to link this into the wider community and acute services.

The Committee asked what front-line services for young people's mental health were available. Ms Donaldson said that a resilient schools programme was available. Ms Djuretic said that 16 schools had signed up and a programme of activities had been held to support parents, teachers and children which included mental health training. Ms Djuretic said there was a digital site available called Kooth, which provides online peer support and counselling. She said the mental health pathway for young people sits within Public Health and is run by the Local Authority.

Ms Matthews explained that five Care and Health Integrated Networks were now up and running and the plan was to have six integrated programmes across Barnet. She said locally commissioned services had been introduced to encourage the last few GP Practices to sign up and by December nearly all should be covered. The Chairman enquired whether the Patient Participation Group with a focus on outcomes for Frailty had been established. Ms Donaldson said that there was an overarching one looking at patients across the Borough from various GP practices.

Ms Matthews commented that there was a significant amount of transformation involved which required engagement with health and social care staff as well as local care professionals. Ms Donaldson said that they had met with CLCH and the Royal Free and both were working toward the same approach. Ms Matthews informed the Committee that they were at the early stages of change and that some programmes of integration were more progressed than others, but the aim was to spend money wisely across all organisations.

The Committee asked how the voluntary sector was being engaged. Dr Djuretic said that voluntary organisations participated in the Health and Wellbeing Board and contributed towards these programmes. Ms Matthews proposed returning to update the Committee in approximately nine months' time.

RESOLVED that the Committee noted the report.

10. WINTER PRESSURES PLANNING 2018/19 (Agenda Item 10):

The Chairman invited the following to the table:

- Ms Kay Matthews - Chief Operating Officer, Barnet CCG
- Dr Mike Greenberg - Medical Director of Barnet Hospital

Dr Greenberg updated the Committee regarding the winter planning requirements for the Royal Free London NHS Foundation Trust. Dr Greenberg said that compared with other hospitals, it had been a good winter so far. He explained that discharge of patients had been efficient. There was also a communications plan in place which was helping to reduce attendances or redirect patients away from A&E if their needs could be managed by a GP. An escalation framework had been reviewed and amended and a plan had

been put in place for discharge arrangements from hospital either home or to another care setting.

Ms Matthews said that one of the key focuses was ensuring patients and staff understood the available alternatives to A&E and staff knew where to refer patients. She said better communication and information for the public in this area was required as well as ensuring front-line provider staff were aware of what urgent and community services are available in Barnet.

Dr Greenberg explained that Barnet Hospital was meeting the NHS national improvement target for ambulance handovers, with 30 minutes or less time being achieved. He said internal processes had led to the improvement in ambulance handover times and the 'Fit to Sit' scheme had helped with meeting this target. This in turn had improved patient flow within the hospital and freed up beds for patients requiring more urgent treatment. Dr Greenberg said waiting times for patients in the hospital had also been reduced.

Ms Matthews said that a huge amount of work had been done at Barnet Hospital since last year and the improvements were really good. Dr Greenberg said using improvement methodology had made a big impact and that any patients staying in hospital for more than seven days were regularly reviewed to investigate what was preventing their discharge. Ms Matthews said they were working with the Local Authority on discharging patients on time and that 48,000 more GP appointments had been made available which was having a positive impact.

The Committee queried the impact on EU workers in the Health Services and Adult Social Care work force. Ms Johnson said transformation boards were monitoring the situation and they were looking at sharing the work force and working with providers across many community organisations. Dr Greenberg said the risk had been recognised and work towards recruitment and retention groups was ongoing. He said research was being conducted to establish what makes staff enjoy their work and build on this to retain employees. Dr Greenberg said that some success in areas had been seen at the Royal Free after the introduction of a coffee room for staff.

RESOLVED that the Committee noted the report.

11. WINTER COMMUNICATIONS IN BARNET (Agenda Item 11):

The Chairman invited the following to the table:

- Dr Jeff Lake – Consultant in Public Health, London Borough of Barnet

Dr Lake told the committee that the national NHS campaign had been split into various phases which would be implemented locally. He explained that coordinated communications would focus on promoting flu immunisations in October and November followed by self-care and service advice from December to March. He said this would include advice in Barnet First, posters at bus shelters around the Borough and targeted social media. These campaigns would be a collaboration between the CCG and the Local Authority. The bus shelter graphics were to be agreed and printed soon so that the advertisements could be put up in bus shelters in early November.

The Committee suggested that literature on self-care and service advice could also be placed in shelters for the homeless, supermarkets and on GP noticeboards to ensure the

message was passed to as many people in the borough as possible. Dr Lake confirmed that GP noticeboards were already on the list but he thanked the Committee for the other suggestions and would take these back to the team. The Committee also suggested infographics rather than text are used where possible to ensure those not fluent in English could understand the messages. Dr Djuretic confirmed that the CCG were working with the communications department to ensure the messages going out were clear and to seek guidance on the best ways of doing this.

The Committee suggested that a longer-term plan could incorporate the use of an App which could direct people to the nearest centre for care. Dr Djuretic said that currently there was no proposal to develop an App; however, Facebook could possibly be used in the future to target specific areas with relevant messages. She said that the results of the campaign would be evaluated and shared with the Committee.

Dr Lake said that NHS England have created a website called 'One You' which is aimed at promoting self-care. The website address is www.nhs.uk/oneyou. He said that in future there was an opportunity for an App through this development.

RESOLVED that the Committee noted the report.

UPDATE FROM THE CHAIRMAN OF THE HEALTH AND WELLBEING BOARD

The Chairman invited to the table:

- Councillor Caroline Stock – Chairman of the Health and Wellbeing Board, London Borough of Barnet.

Councillor Stock informed the Committee that a report on homelessness would be coming to the next Health and Wellbeing Board (HWBB) meeting. The report would outline what could be done to prevent people getting to the stage where they become homeless.

Councillor Stock also said that diabetes prevention and awareness was still a priority, with 23 people having been diagnosed with diabetes at the Brent Cross Diabetes Awareness Week event who were previously completely unaware they had the disease. Another 21 people were diagnosed as pre-diabetic and were offered advice on how to prevent this escalating to full diabetes. She said the high numbers reflected the obesity issues within the population which needed to urgently be addressed.

The Committee acknowledged the issues surrounding diabetes and commented that a change in lifestyle could often reverse the effects and therefore Members should work as ambassadors to promote such changes. Councillor Stock agreed and said that there were multi-factors that contributed towards diabetes and it was not a simple problem to solve.

The Committee asked whether there was a possibility of routine blood testing being done annually to pick up un-diagnosed residents.

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

The Chairman informed the Committee that Will Huxter (Director of Strategy, NCL CCGs) had been invited to the next meeting to provide an update on the North Central

London's Sustainability and Transformation Partnership (STP) programme and that Dr Shaw had confirmed his attendance to discuss winter pressures.

The Chairman suggested, as there was no December HOSC meeting this year when the Committee would usually have a half-year review of the Quality Accounts, that the Governance Officer be asked to contact the Royal Free London NHS Foundation Trust, CLCH NHS Trust and the North London Hospice and ask them to address the concerns that the Committee had raised at the HOSC meeting on 24 May 2018 regarding their 2017/18 Quality Accounts. Responses from these three Organisations would then be circulated to the members.

Action: Governance Officer

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

None.

The meeting ended at 21.39.