MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

THURSDAY 18TH OCTOBER, 2018

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 Val Duschinsky

Councillors

Councillor Golnar Bokaei
Councillor Geof Cooke
Councillor Saira Don
Councillor Paul Edwards
Councillor Linda Freedman
Councillor Anne Hutton
Councillor Alison Moore

Substitute Members

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 public questions or comments is Monday 15th October 2018. Requests must be submitted to Abigail.Lewis@barnet.gov.uk

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

Andrew Charlwood – Head of Governance

Governance Services contact: Abigail.Lewis@barnet.gov.uk 020 8359 4369

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ORDER OF BUSINESS

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Decisions of the Health Overview and Scrutiny Committee

12 July 2018

Members Present:-

AGENDA ITEM 1

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 Ammar Naqvi (substitution)

Also in attendance

Ms Dawn Wakeling – Strategic Director for Adults, Communities and Health
Dr Tamara Djuretic – Director of Public Health

Apologies for Absence

Cllr Paul Edwards

1. MINUTES (Agenda Item 1):

The minutes were approved.

Matters arising from the previous meeting:

- Diabetes Awareness week update: The Chairman reported that the Diabetes Awareness event held at Brent Cross Shopping Centre on 7 June had been a great success. Diabetes UK had been involved and the event had included GPs, diabetic nurses, dieticians, representatives from Greenwich Leisure, Saracens Sports Foundation and retinal screening services. It was noted that Public Health Barnet had its own diabetes questionnaire and advice on how to prevent diabetes. On the day, 25 people were diagnosed as pre-diabetic and 23 people as diabetic. In all, 97 people were tested.

- The Chairman noted that the Committee was still awaiting an update on the diabetic alerting system that had been mentioned in the previous Quality Account (2016-17) of the Royal Free London NHS Foundation Trust (Minutes of 24 May, P.10). Dr Shaw agreed to take this back to the Royal Free Hospital (RFH). **Action: Dr Shaw**

- A Member referred to the Minutes of 24 May, P.2 and mentioned that the Care Closer to Home Integrated Networks (CHINs) information was still awaited from the HOSC meeting of 5 February 2018. The Governance Officer would request this. **Action: Governance Officer**

- The Chairman reported that she had contacted Cllr Paul Edwards following the meeting on 24 May 2018 in relation to Health and Adult Social Care Integration (Minutes of 24 May, P.3). Cllr Cornelius had reiterated that this was within the remit of the Health and Wellbeing Board (HWBB) and was discussed at their meetings which he was welcome to attend. However, if he wished to scrutinise a specific aspect, then the HOSC could add it to their Agenda.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies were received from Councillor Edwards. Councillor Naqvi substituted for him.

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

Councillor	Agenda Item(s)	Declaration
Councillor Cooke	9	Non-pecuniary interest by virtue of his daughter being employed by UCLH
Councillor Hutton	9	Non-pecuniary interest by virtue of Finchley Memorial Hospital being within her Ward

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

There was no report.

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

There were none.

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

There were none.

7. "FRONT DOOR" AT BARNET HOSPITAL AND ROYAL FREE HOSPITAL (Agenda Item 7):

The Chairman invited the following to the table:

Dr Steve Shaw – Chief Executive Officer of Barnet Hospital, Royal Free London NHS Foundation Trust
Ms Kay Matthews - Director of Commissioning, Barnet CCG
Dr Debbie Frost - Chairman, Barnet CCG
Ms Sarah de Souza - Director of Commissioning, Barnet CCG
Ms Lisa Robbins – Manager, Healthwatch Barnet

Dr Shaw explained that further to the Royal Free Hospital (RFH) achieving Foundation Trust status in 2012 and acquiring BH in 2014, in 2017 the Royal Free Group (RFG) had been set up as part of the NHS Vanguard Programme. This model involved groups of

providers sharing services in order to reduce unwarranted variation in patient care and to increase efficiency.

Dr Shaw noted that Mr Dominic Dodds is Chairman of the RFG and Sir David Slomon is CEO. Ms Kate Slemeck had been appointed Chief Executive of the Royal Free Hospital (RFH) in January 2018 and Ms Natalie Forrest is Programme Director for the redevelopment of Chase Farm Hospital.

Dr Shaw reported that the past winter at the RFH and BH had been challenging, but an improvement on the previous year, despite severe weather. The national target currently requires that 90% of patients who attend A&E are seen within four hours and then either admitted or discharged. This target will increase to 95% in 2019.

Dr Shaw explained that there were increasing pressures on both A&E and Ambulance Trusts but targets were being met at BH and the RFH was close to meeting them (87% of patients seen within 4 hours in 2017/18). Ambulance handovers were an important aspect of the target and huge improvements had also been made, whereas in some parts of the country ambulances queued for several hours to get patients through the Front Door. BH was in the top five Trusts in London for ambulance handovers.

The RFH had a new A&E which was at least five times the size of its former one.

Both hospitals had seen increased A&E attendance. The average was 340 patients a day at BH and 320 at the RFH. This was a national problem and the solution was complex and needed to include GPs and Adult Social Care. However, new mechanisms had been put in place within the hospital to encourage staff to be more alert to slow 'processing' regarding patient care. BH was also undergoing a major digital programme to incorporate paperless records.

National Emergency Care teams had been set up to help share best practice around the country and help to release beds earlier in the day to help with the typical surges into A&E in the evening. One tool was the 'Red2Green' campaign introduced by NHS England – a visual management system which reduced wasted time in a patient's journey through the hospital. Culture change across the entire hospital was also needed to achieve A&E targets by helping the flow in and out of the hospital.

Ms Matthews added that a pilot scheme had been carried out at the Front Door of Barnet Hospital (BH) which involved redirecting patients to GPs where appropriate. Appointments were offered directly into nine GP Hubs and this had proved successful. This was due to become 'business as usual' at BH. The same pilot scheme had recently been set up at the Royal Free Hospital (RFH).

An additional 38,000 Primary Care appointments had been introduced at the Hubs and the GPs had access to full patient records. Ms Matthews would forward a map of the Hubs to the Committee after the meeting. The sites had extended hours, with two of them open from 8am-10pm. **Received by Governance Officer**

Ms Matthews noted that patients from areas outside the Borough were also using Barnet's A&E and Walk-In Centres and the CCG was liaising about finance with colleagues particularly in Herts Valleys CCG and Camden CCG.

The Care Closer to Home Integrated Networks (CHINs) had been the driving force behind the Hubs, but detailed data on the reasons for people attending them for Primary

Care Services as opposed to elsewhere were not currently collated. However it had been found that there was variation in how patients from certain GP practices were accessing services and this was important for GPs to understand e.g. it could be related to telephone accessibility, or GP opening times, as well as demographics.

The CCG was also working closely with Local Authority colleagues to ensure that patients had the support they needed to enable them to leave hospital. Dr Shaw expressed thanks to the CCG and Barnet Adult Social Care colleagues as they had been important in helping BH and RFH achieve their objectives. Regular dialogue with Herts Valleys CCG had also been instrumental in improving transfer of care.

Ms Matthews noted that the RFH had been ranked 8 out of 18 in London for Winter performance in 2017/18.

Barnet Hospital Parking Update

Dr Shaw reported that a development master plan had been presented to the Barnet Planning Team as a Pre-Planning Application, which included a 1300-space multi-storey car park at BH. This had been well received and the Trust had procured a professional team to work up a formal masterplan to take forward a Planning Application for the entire Barnet site. This was likely to be submitted in Spring 2019.

Dr Shaw added that the car park was likely to take around three years to complete once the Planning Application had been approved. The Chairman noted that there were already problems accessing the hospital due to lack of parking spaces and that the problem would be exacerbated when further roads around the hospital went into the CPZ in September 2018. A Member stated that the RFH was much better served by public transport. She suggested approaching TfL to discuss possible improved bus routes to BH. Dr Shaw would feed this back. **Action: Dr Shaw**

Dr Shaw would keep the Committee updated on progress including the final number of car parking spaces agreed. He would also try to ascertain what would happen to the wasteland behind the 200 spaces at the current Barnet site. The Chairman would also ask Barnet's Planning Officers to keep the Committee informed. **Action: Dr Shaw, Chairman**

RESOLVED that the Committee noted the verbal report on the Front Door at Barnet Hospital and the Royal Free Hospital.

8. PRIMARY CARE ACCESS AND PRIMARY CARE WAITING TIMES (Agenda Item 8):

The Chairman invited the following to the table:

Dr Debbie Frost – Chairman, Barnet CCG
Ms Kay Matthews – Director of Commissioning, Barnet CCG
Ms Lisa Robbins – Manager, Barnet Healthwatch

Ms Colette Wood – Director, Care Closer to Home
Dr Steve Shaw – CEO of Barnet Hospital, Royal Free London NHS Foundation Trust

A report from Barnet CCG on waiting times for GP appointments in Barnet and utilisation of extended access (8am-8pm) services was received. Dr Debbie Frost spoke to the report. She noted that various mechanisms were being used to cope with the increased demand on Primary Care. She explained that it was difficult to offer appointments to such high volumes of patients in the traditional way. The pressure was being relieved by input from skilled nurses, pharmacists and others. 'Patient First' was a triage system which ensured that every patient phoning in received a response the same day. Dr Frost added that Barnet was fortunate in terms of Primary Care, with good services in place and good access to patient records. The nine GP Hubs were open either 7.30am-6pm or 8am-8pm. Most of the GP practices also offered extended hours appointments and electronic prescribing was also helpful.

Barnet has 55 GP Practices and a GP-registered population of 424,000. There is good continuity of care and all Practices use the same IT system. The Hubs are currently being used to 80% capacity and feedback from patients is positive. However there is a 10% Did Not Attend (DNA) rate. The Committee discussed the possibility of implementing ways to improve the DNA rate and also to increase usage of the Hubs.

The Chairman noted that the British Medical Association had previously voted against charging for missed appointments. Cllr Don would forward a transcript of a NHS reminder text message she had received, which the Governance Officer would include in the minutes (see below):

We hope to see you at Royal Free Hospital, Clinic 1, on (insert date) at (insert time) for an outpatient appointment. Each missed appointment loses the NHS £160. If you are unable to attend, please reply 'RE-BOOK 9909' or 'CANCEL 9909' if appointment is no longer needed. Reply STOP to opt out.

The Committee agreed it would be worth using similar messages in Barnet to remind the public of the value of the service and cost to the NHS when appointments are missed.

A Member enquired about progress on the GP Workload Collection Tool. Ms Wood noted that this was being developed by NHS Digital and that data would be available soon. The CCG would bring details back to a future meeting. This would include details such as the total number of appointments offered and scheduled, times of these appointments, modes of appointments, healthcare professional types, number of appointments cancelled and demographic details. This would enable the CCG to support GP Practices to reduce unwarranted variation in waiting times. The Vice Chairman noted that Councillors received many complaints from residents about inaccessibility of GP appointments.
Action: Barnet CCG

A Member enquired about the Brent Cross South development and the likely increase in population and how this might impact on the Cricklewood Walk-In Centre. Ms Matthews noted that the Walk-In Centres had been set up prior to the GP Hubs. There was no plan to grow the Cricklewood Walk-In Centre as it was not anticipated that this would be needed, given the presence of GP Hubs. The CCG was currently working through its commissioning strategy for the Walk-In Centres.

Ms Wood added that Barnet CCG and the Council were jointly leading the CHINs programme and working with community partners to wrap community services around GP Practices, as well as harnessing the voluntary sector. In addition, services were being tailored according to the patient; for example some people were happier with online consultations whereas others preferred to see a GP in the traditional way. The CCG was committed to continuing to improve access to Primary Care.

A Member asked how Barnet compared to other CCGs in terms of GPs per capita. Ms Matthews noted that Barnet was the largest CCG in London and was lucky to have a good GP to patient ratio. The CQC ratings had all been positive, with only two Practices being given improvement plans, which was low for a London CCG.

A Member enquired whether patients who turned up at BH and RFH were asked to prove eligibility to use the services. Dr Shaw responded that there was a registration process and patients who were not entitled to use the NHS were sent invoices. The Chairman stated that a significant amount of money had been written off in the last year by the RFH, as many invoices had not been paid.

Ms Robbins commented that a lot of patients reported being confused about the purpose of the Walk-In Centres and where they could access a routine GP appointment. Many thought that the Walk-In Centres were for urgent appointments, so it would be helpful to communicate with the public about this. The Chairman suggested including an article in *Barnet First* with details of the location of the nine Hubs. Other suggestions from the Committee were: leaflet drops through every house, bus stop posters, GP notice boards, Finchley Memorial Hospital Walk-In Centre's and Barnet Hospital A&E's notice boards and Facebook. Ms Wakeling agreed to discuss further with Dr Djuretic and coordinate a plan.
Action: Ms Wakeling, Dr Djuretic

The Chairman asked Ms Matthews and Dr Frost also to consider where it might be appropriate to inform the public about the Hubs.
Action: Ms Matthews

Ms Robbins explained that one of the roles of Healthwatch was to help different groups, especially people new to the UK, to understand how the health system works. It was funded by the Department of Health (DH) but managed by the Local Authority. Ms Robbins also represented Healthwatch at the Health and Wellbeing Board (HWBB).

Ms Robbins reported that Healthwatch had found, through a piece of work with Middlesex University, that many young people did not understand the health system and some were therefore attending A&E unnecessarily. Healthwatch had put together a list of current services: Ms Robbins suggested using this as a starting point to inform people of GP Hubs. Ms Robbins would liaise with the CCG on this and also share it with Dr Shaw and Dr Djuretic.
Action: Ms Robbins

Ms Robbins noted that a useful way to disseminate this information was through community groups, refugee groups and schools/sixth form.

A Member asked how the problems regarding GP recruitment could be alleviated. Dr Frost agreed that it was harder to recruit GPs than before and this was partly due to long hours and heavy workload as well as other factors. Systems such as electronic

prescribing would alleviate the burden, as well as input from other Healthcare professionals. She added that Barnet attracted sufficient numbers of GPs at present.

RESOLVED that the Committee noted the written and verbal reports.

9. UTILISATION OF FINCHLEY MEMORIAL HOSPITAL (Agenda Item 9):

A written report was received.

Ms Matthews reported that FMH had been under-utilised since it was built and, a year ago, it was operating at 73% capacity. 'Adam's Ward' had been opened in December 2017, increasing use to 89%. The Breast Screening Unit would be moved inside the building around the end of July and also a CT scanner had been placed in FMH as part of a London-wide University College London Hospital (UCLH) research project on lung cancers, increasing usage of the building to 92%.

Plans were still underway for a GP Practice to be brought into the building – the CCG had received three expressions of interest which would be evaluated the following week. The remaining free capacity following this would be 5%, which would remain as 'bookable space'.

The Vice Chairman enquired how GP Practices had been incentivised to move their Practices into FMH. Ms Matthews responded that the use of the building was complex since the CCG picks up any void costs (£1.5million last year) and this would reduce to £200k when a General Practice was in place. It was worth the CCG incentivising GP Practices to set up in FMH. Also, service charges were substantially higher than in any other Healthcare Centre. Benchmarking with other Practices had shown that this was the case and so the CCG had offered to pick up this difference. GP Practices had not wanted to move to FMH without this incentive as the costs were higher than elsewhere. Ms Matthews was asked to provide void costs up to August 2018 and she would follow this up.
Action: Ms Matthews

A Member congratulated the team and asked about the sort of activities that could be carried out in the 'bookable space'. Ms Matthews responded that health-related services could use the space, e.g. the Dementia Café. There was flexibility in how the space could be used and the CCG was keen to collaborate with the Local Authority on this.

A Member enquired about making a better case for improved public transport to the site given the projected higher footfall. Ms Matthews agreed that this would be a good idea, adding that the footfall should rise from the current 200,000 to 300,000 a year. A Member enquired whether the CCG or the NHS was currently liaising with TfL about public transport access. Ms Matthews noted that this had not yet been revisited as there would be a stronger argument when the final footfall had been arrived at. It was anticipated that a GP Practice would be on site by the end of December. She would update the Committee on the situation in either October or November, depending on the information available.
Action: Ms Matthews

A Member enquired whether the chosen GP Practice would have preferential access to the facilities within the FMH compared to other GPs in the area. Ms Matthews stated that she would prefer not to answer the question at this stage in the process but she would respond when the situation became clearer in the near future. It depended to an extent on the bids submitted.
Action: Ms Matthews

A Member enquired whether the CT scanner would be used generally for diagnosis and treatment, rather than purely for the research programme. Dr Frost responded that the CT scanner was needed for patients at higher risk of lung cancer. University College London Hospital (UCLH) would be screening smokers or ex-smokers over 55 for early diagnosis. The facility could be used by others when not in use for the research project as it was part of a national lung cancer project. GPs typically had limited access to CT scanning in any case as the radiation was fairly high. UCLH Partners would pay full rent and the full cost of setting up the facilities.

A Member asked for an update on the land around FMH as he was aware that Barnet Council was in a partnership arrangement with national government to provide extra key worker housing as part of One Public Estate. Ms Wakeling noted that Barnet Council had been awarded funding by the Cabinet Office to run a number of 'One Public Estate' projects, including the land development at FMH. This funding had been provided for feasibility and development work in relation to finding ways of using public sector land that crossed organisational boundaries for housing and also the creation of jobs. The One Public Estate project developed a planning feasibility study for the pocket of land at the FMH site to be developed into either housing or a care facility. The developer, Community Health Partnerships (CHP) – one of the two national NHS property companies – is the owner of the land and building. It is CHP's responsibility to develop the land and secure any planning permission from Barnet Council.

Ms Wakeling said that she would enquire whether, from a Governance perspective, she could invite CHP to a meeting of the HOSC to discuss the land development plans given that this was in relation to a building project. As the land is around a health-related building it may be that it would be relevant for HOSC to invite CHP to discuss this. If appropriate, she would invite CHP to the meeting to update on their plans for FMH.
Action: Ms Wakeling

A Member noted that residents would be keen to know how/whether the site would be developed and requested an update as this situation had been ongoing for some time.

A Member reported that residents had expressed concerns about the area that was being prepared for playing fields and how this area would be managed. A Management Committee had recently been set up regarding this, involving residents a local school representative and local Councillors. There was concern that the playing fields would be chargeable and hired out to external users, which would increase traffic and parking in the area.

Another Member added that more information was required from a community health rather than a commercial point of view.

RESOLVED that the Committee noted both the verbal and written reports.

10. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME

(Agenda Item 10):

- A Member noted that point 5.5 in the 'Primary Care Access and Waiting Times' report stated: 'There are no risks'. She felt that ideally the phrase used in other reports to HOSC could be included in future reports, ie 'Not receiving this report would present a risk in that the Committee might not be properly appraised of this health-related matter'. The Governance Officer would check this with the Head of Governance.

  Note: The Head of Governance has advised that this should be decided for each report and should not be included where there was thought to be no risk.

- It was noted that Mr Will Huxter from North Central London (NCL) CCG would be attending the next meeting of the JHOSC on 20 July to update on the Sustainability and Transformation Plan (STP). The Chairman suggested inviting him to either the October or November meeting of the HOSC.

- FMH would remain on the agenda for October but may be deferred until November if the updates on the CT scanner and Breast Screening Unit were not available.

- Ms Robbins suggested that she could provide a summary report on Care Homes. Healthwatch had undertaken a series of visits on patients' meal times experiences. The Chairman asked Ms Robbins to forward this to her for consideration. **Action: Ms Robbins**

- A Member noted that written reports were important and more helpful for scrutiny. There was a lot going on at Barnet Hospital (BH) and it would be preferable to have more information in writing. Ms Wakeling noted that HOSC could ask for a report at any time from BH, providing details of what it would like to scrutinise. She recommended however inviting Dr Shaw either in October or November to update on Winter planning. This was agreed. **Action: Governance Officer**

- A Member enquired about Primary Care access and Key Performance Indicators (KPIs) - Report on Waiting Times for GP Appointments in Barnet, Agenda Item 8, P.26. Ms Wakeling noted that this referred to KPIs for Out of Hours and additional appointments through the Barnet GP Federation. She thought the CCG might share this data with the Committee, if it was approved to go into the public domain. She would ask Dr Shaw and the CCG to send in performance data to the Governance Officer for circulation to the Committee.
  Action: Ms Wakeling

  It was noted that A&E figures are available online:

  https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2018-19/

- The Chairman reported that the next meeting would be held on Thursday 18 October. She would liaise with Governance regarding the meeting on 21 November 2018 and would let the Committee know if this was going to be rescheduled.

RESOLVED that the Forward Work Programme was approved.

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

There were none.

The meeting finished at 9.30 pm

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 20TH JULY, 2018** at 10.00 am in Committee Room 1, Hendon Town Hall, The Burroughs, London NW4 4BG

MEMBERS OF THE COMMITTEE PRESENT

Councillors Tricia Clarke, Pippa Connor, Alison Cornelius, Lucia das Neves, Val Duschinsky, Alison Kelly and Samata Khatoon

MEMBERS OF THE COMMITTEE ABSENT

Councillors Huseyin Akpinar, Clare De Silva and Osh Gantly

ALSO PRESENT

Councillors

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. ELECTION OF CHAIR

Councillor Alison Kelly was nominated as Chair. There were no other nominations.

RESOLVED –

THAT Councillor Alison Kelly be elected as Chair of the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC) for the municipal year 2018-19.

2. ELECTION OF VICE-CHAIR(S)

Councillors Pippa Connor and Tricia Clarke were nominated as Vice-Chairs of the Committee.

RESOLVED –

THAT Councillor Pippa Connor and Councillor Tricia Clarke be elected as Vice-Chairs of JHOSC for the municipal year 2018-19.

3. APOLOGIES

Apologies for absence were received from Councillors Julian Fulbrook, Osh Gantly, Clare de Silva and Huseiyn Akpinar.

Councillor Samata Khatoon was attending as a substitute member on behalf of Councillor Julian Fulbrook.

4. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Connor declared that she was a member of the RCN and that her sister worked as a GP in Tottenham.

Councillor Cornelius declared that she was a trustee of the Eleanor Palmer Trust, which operated a care home in Barnet.

5. ANNOUNCEMENTS

There were no announcements.

6. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no items of urgent business.

7. TERMS OF REFERENCE

Consideration was given to the terms of reference. It was suggested that explicit mention should be made of ‘social care’ in the terms of reference; however it was noted that any changes to the terms of reference would have to be agreed by all five local authorities formally at their Full Council meetings, which would be a complex and lengthy process.

RESOLVED –

THAT the terms of reference be noted.

8. MINUTES

Consideration was given to the minutes of the meeting held on 23rd March 2018.

A Member asked whether the Green Paper on the social care workforce had been produced by the Government. Officers said that it had not.

RESOLVED –

THAT the minutes of the meeting held on 23rd March be approved and signed as a correct record.

9. DEPUTATIONS

Deputation 1:

A deputation was received from Ruth Appleton and Suzanna Mitchell. The deputees outlined their concerns about the 'signing' of the STP by CCGs (Clinical Commissioning Groups). They also expressed dismay about what they saw as the 'breaking up' of the NHS and the increasing role of private companies in it. They said that reorganisations of services were costing a great deal, and they asked that these be delayed. They objected to the sale of NHS land.

Will Huxter, the Director of Strategy for the NCL CCGs, responded to the deputation. He said that he could not comment on individual matters to do with the Royal Free or Camden & Islington Foundation Trusts. However, with regard to the North Central London sub-region, he said that different health organisations were working together in the STP as they felt that co-operation would improve health outcomes. He said that there had been improvements in mental health liaison services and perinatal mental health; and they were working on recruiting and retaining the right staff.

Officers said that there was not a formal 'signing' of the STP but that CCG boards had agreed reports that endorsed participation in it.

Members made reference to the letter sent early in 2017 by the then Leaders of the five North Central London Councils to the then Secretary of State, which had expressed reservations about the STP. They asked what communication had been received since then.

Officers said that a reply had been received from the NHS England Regional Director, but that no new money had been made available. They said that local health officers met with Council Leaders and Chief Executives to ensure they heard their concerns and shared information. They would provide members with information on the outcome of the Leaders' letter.

ACTION: Will Huxter (Director of Strategy, NCL CCGs)

Deputation 2:

A deputation was received from Kate Middleton and Kate Dwyer. The deputees were concerned about the slow pace at which the LUTS clinic had resumed following its suspension. They welcomed the appointment of a new consultant and the fact that the clinic was accepting referrals of new patients. However, they were concerned that patients had to go through a long process to be referred and that they still were not accepting paediatric patients.

With regard to adult patients, the deputees said that people were having to wait for treatment because some CCGs did not accept consultant-to-consultant referrals. People had to write directly to their CCGs in such cases to be referred to the LUTS clinic, which was difficult for those people at what was a stressful time.

With regard to child patients, the restrictions on treatment being applied meant that the children could not benefit from the full LUTS method, as this was not something that was offered by Great Ormond Street Hospital. They argued this meant that children afflicted with lower urinary tract infections were suffering pain and discomfort, when a treatment similar to the ones adults were receiving at the LUTS clinic might be able to cure them. They asked that a paediatrician be recruited to attend the LUTS treatment to approve the treatment for children.

Officers spoke with reference to the paper at item 10, and highlighted that they had been liaising with the patient group and had opened the LUTS clinic for new adult patients. The alignment with UCLH was putting the framework in place for a regional service. They highlighted that there was mixed clinical opinion on the service and, as GOSH was a children's hospital, it was the appropriate home for a service for child patients. They said that GOSH representatives had been unable to attend due to clinical commitments, but that they had met patient groups earlier in the week.

They added that patients who were 'waiting' for treatment were not on the service's waiting list as they were under the care of their own doctors. They said that consultant-to-consultant referrals should be permitted in urgent cases or where it was a natural progression in a pathway.

Members asked that information come back to a future meeting on the policy for consultant-to-consultant referrals and if it was working in NCL. They would also like an update from GOSH, and to hear from the commissioners and the patient groups.

ACTION: NCL CCGs
Great Ormond Street Hospital

10. LOWER URINARY TRACT SERVICES (LUTS) UPDATE

This item was considered at Item 9 above.

11. IMPROVING HEALTH & WELLBEING AND REDUCING INEQUALITIES - SUPPORTING CLINICAL DECISION-MAKING

This item was not considered at the meeting, as officers will be reviewing this issue in light of the recently published NICE guidelines and will be updating the Committee on this at a later date.

12. HEALTH AND CARE DEVOLUTION IN LONDON

Consideration was given to a presentation on health and care devolution.

Will Huxter, Director of Strategy for the NCL CCGs, introduced the presentation and drew the meeting's attention to the structure outlined on page 24.

Members asked who the members of each board were and if meetings were held in public and their papers were published online. Mr Huxter undertook to provide this information.

ACTION: Will Huxter (Director of Strategy, NCL CCGs)

A Member expressed concern that the Memorandum of Understanding was setting up a structure which would not have meaningful scrutiny from local authorities, public and patient groups.

Members criticised the sale of assets without a long-term assessment of property needs for health services.

As the health devolution was to London as a whole, some Members expressed the view that scrutinising it at a London-wide level should be a GLA function. If the GLA was not undertaking this, then it was suggested that it could be done by the pan-London JHOSC. However, it was noted that health scrutiny powers legally sat with boroughs not the GLA.

Members asked that information come to them about the role, purpose, membership and attendance at the boards, and case study information about where health devolution had been beneficial. The Chair also suggested that this was a matter which could be discussed further at the pan-London JHOSC.

ACTION: Will Huxter (Director of Strategy, NCL CCGs)

RESOLVED –

(i) THAT the presentation be noted;
(ii) THAT the Committee be provided with information about the role, purpose, membership and attendance at the boards responsible for London health governance and delivery.

13. ESTATES STRATEGY

Consideration was given to a paper on the estates strategy that was circulated in the supplementary agenda.

Simon Goodwin, Chief Finance Officer for the NCL CCGs, introduced the paper and said that it incorporated comments made from the informal meeting with JHOSC

members. The estates plan had had to be submitted to the London Estates Board by 13th July.

Members noted that there was no public involvement on the London Estates Board. They felt it was important that there be a public-facing summary of it, and that officers work with residents to make sure that the summary was clear.

Members queried the quantity of the surplus made from asset sales that realised more than the book valuation of them and what happened to it.

Mr Goodwin said that £102.8m was made in 'profits' from disposals. Trusts were able to spend this money as part of their general budget. Additionally, £88m of non-recurring STP money was available to the health sector in North Central London.

The Committee expressed concern that one-off capital receipts from disposals were being used for meeting the current costs of health services. They felt that this was not prudent.

Members expressed their views that councillors were not having a meaningful role in the estates strategy. Information was presented to them after the decision-making point and so they felt they were merely noting reports rather than playing an active part in the process.

The Chair highlighted the importance of the health service working in partnership with local authorities. She made reference to a case where a hospital was deciding on the location of a 'community hub'; it could not do so on its own. She said that there needed to be a set of values underpinning decisions on the sale of land and relocation of services.

Members asked for information on who was attending which meetings relating to the London Estates Board.

ACTION: Simon Goodwin (Chief Finance Officer, NCL CCGs)

The Chair asked that information on the estates strategy come back to the Committee as regularly as possible.

RESOLVED –

(i) THAT the report and comments above be noted;

(ii) THAT an update on the estates strategy come to a future meeting.

ACTION: Simon Goodwin (Chief Finance Officer, NCL CCGs)

14. STP STRATEGIC RISKS: FINANCE

Consideration was given to a report on finance in the North Central London sub-region as well as supplementary papers relating to the Royal Free Hospital's financial position.

Members noted that there was a significant deficit position at the Royal Free Hospital. The Chair wondered if the Royal Free would have such a budget gap if it was funded at the same level as UCLH.

Members asked if there was a 'recovery plan' for the Royal Free's finances and were informed that there was.

It was noted that there was a 'surplus' of £92m in the NCL region, but that this was due to one-off revenue from the disposal of assets.

Members were informed that in 2018-19, there would be a growth in funding allocation of £67m – but planned demand and cost pressures would be more than three times that sum. This required £245m of savings to be made to bring the financial position in balance.

Members noted health officers' comments that cost pressures were coming from medical advances, population growth, and an aging population.

One Member observed that, when attending a diabetes awareness day in Brent Cross, she had become aware of how many people were already diabetic or pre-diabetic. There would be an increased demand for diabetes services over the next few decades from these residents.

The Chair asked that the Committee have sight of the balance sheets for each NHS provider. Members wanted to see the sources of income of these bodies, what was happening to their disposals income – for 2017/18 and for the year-to-date in 2018-19 - and their long-term financial strategy.

Mr Goodwin stated that it was not possible to do long-term projections of finances for individual bodies as it depended on funding allocations and on NHS pay awards for staff.

Members noted that hospitals needed to have patients using them in order to receive monies. However, this conflicted with the imperative of prevention and of acting early to treat patients outside of a hospital setting.

RESOLVED –

(i) THAT the report and supplementary presentation be noted;

(ii) THAT income and balance sheet information be provided for NHS providers in the sub-region.

ACTION: Simon Goodwin (Chief Finance Officer, NCL CCGs)

15. WORK PROGRAMME

Consideration was given to the work programme report.

Members noted that the "Improving Health and Wellbeing by Supporting Clinical Decision-Making" item would be going to the October meeting.

The Committee identified lead members for the different reports. Councillor Connor would lead on the safeguarding report; Councillor Clarke on estates; Councillor das Neves on engagement, participation and health inequalities and Councillor Kelly on governance and finance.

Councillor Connor suggested that a Children's Safeguarding item go to the January 2019 meeting. This would be an appropriate time for it, particularly if the related items on the STP maternity priority theme and the 'best start in life' theme would have to be delayed from the November meeting.

Members noted these suggestions and agreed that there would be a review of items for the January and March 2019 meetings at the October meeting.

RESOLVED –

(i) THAT the report be noted;

(ii) THAT the amended work programme be agreed.

ACTION: Ally Round (Strategy & Change)

16. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no other business.

17. DATES OF FUTURE MEETINGS

It was noted that the dates of future meetings were:

- Friday, 5th October 2018 (Camden)
- Friday, 30th November 2018 (Enfield)
- Friday, 18th January 2019 (Haringey)

- Friday, 15th March 2019 (Islington)

The meeting ended at 12.40pm.

CHAIR

Contact Officer: **Vinothan Sangarapillai**
Telephone No: **020 7974 4071**
E-Mail: **vinothan.sangarapillai@camden.gov.uk**

MINUTES END

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THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 7TH SEPTEMBER, 2018** at 10.00 am in Council Chamber - Crowndale Centre, 218 Eversholt Street, London, NW1 1BD

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Tricia Clarke (Vice-Chair), Pippa Connor (Vice-Chair), Alison Cornelius, Lucia das Neves, Clare De Silva, Val Duschinsky and Osh Gantly

MEMBERS OF THE COMMITTEE ABSENT

Councillors Huseyin Akpinar and Julian Fulbrook

ALSO PRESENT

Councillor Samata Khatoon

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. APOLOGIES

Apologies for absence were received from Councillor Julian Fulbrook. Apologies for lateness were received from Councillor Clare De Silva.

2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

For reasons of transparency, Councillor Pippa Connor declared that she was a member of the RCN and that her sister worked as a GP in Tottenham. However, she did not consider this a prejudicial interest and so took part in discussion at the meeting.

Councillor Osh Gantly declared that in her paid employment she had formerly worked with Richard Gourlay (who was in attendance at the meeting as Director of Strategic Development at the North Middlesex) on an Electronic Referral Service. However, she did not consider this a prejudicial interest and so took part in discussion at the meeting.

3. ANNOUNCEMENTS

There were no announcements.

4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no notifications of any items of urgent business.

5. DEPUTATIONS

Members received a deputation from Alan Morton, Vivian Giraldi and John Lipetz on hospital transport.

The deputees were concerned about the transport difficulties that people who currently received treatment at North Middlesex would face if they had to receive treatment elsewhere. They did not feel a 'community case for change' had been made. They made particular reference to orthopaedic services that were currently delivered at North Middlesex and might take place in Chase Farm in future, following the review of orthopaedic services. They felt that any relocation of services should be paused until transport difficulties for patients travelling by public transport were resolved.

Deputees noted that health officers had said to them when these points were raised that concerns about transport were best directed to TfL. However, they felt that it was not fair to TfL to ask them to make changes solely as a result of a unilateral decision by another public service to relocate its services.

6. MINUTES

Consideration was given to the minutes of the meeting held on 20th July 2018.

Members expressed their disappointment that the information requested on page 3 of the minutes had not been provided. They noted they had received information, as requested on page 5, on the London panels but had not received information on their role and purpose.

Members were concerned that balance sheet information had not been provided, as requested on pages 7 and 8 of the minutes.

RESOLVED –

THAT the minutes be approved as a correct record.

7. JOINT WORKING BETWEEN NORTH MIDDLESEX AND ROYAL FREE HOSPITALS

Consideration was given to the presentation from North Middlesex University Hospital.

Maria Kane, the Chief Executive of North Middlesex, outlined that – following the CQC inspection which had stated that the hospital needed to improve – there had been joint working with the Royal Free Hospital Group.

The Royal Free was performing well, and so they hoped to learn from their best practice. Clinical practice groups had been formed which included staff from both organisations. There had been improvements in performance flowing from this. Progress had been made against A & E targets – which were that 95% of patients be seen within 4 hours.

Ms Kane acknowledged that the hospital had been in deficit last year. Some of the deficit was due to factors beyond their control, such as PFI charges and the clinical negligence fund. The target was to reduce the deficit to the 'control total' of £19m.

Ms Kane highlighted that there was a need to recruit and retain staff. They had faced high staff turnover, in part due to the fact they did not pay Inner London Weighting on salaries, and there had also been claims of bullying and of rivalries between departments. They were addressing the issue of bullying and these rivalries.

Ms Kane stated that the North Midds would be deciding on whether to become a full member or to move to closer collaboration with the Royal Free at its board meeting on 4th October.

Members asked what consultation had taken place on this, and were told that consultation had taken place with local authorities and CCGs.

Members expressed disappointment at the presentation and felt that it had not laid out a clear case for change.

Members heard from Caroline Clarke (Deputy Chief Executive) and Richard Gourlay (Director of Strategic Development) from the Royal Free. They echoed Ms Kane's comments about improvements in fields like paediatric and maternity care flowing from joint working. They also said that they thought the entry of Chase Farm and Hampstead hospitals into the Royal Free Group had been positive, and that this could be repeated with the North Midds.

Ms Clarke acknowledged that both organisations had deficits, and this would mean that a full merger could not take place soon. However, sharing 'back and middle' office services could deliver savings. She said that she would report back to the JHOSC at a future meeting on the measures being taken to reduce the Royal Free's deficit.

The joint working between the Royal Free and North Midds was at the 'strategic outline' stage and so a case for change had yet to be developed.

Members asked if the case for change would go to public consultation. Health officers said that it would be service alterations which would go out to consultation.

Members expressed the view that what the decision on 'full membership' of the Royal Free Group that the North Midds would be taking on 4th October meant was vague. They wanted to see greater clarity about what "full membership" meant.

Members were concerned about assets and land being sold to cover annual deficits rather than to redeploy funds into capital expenditure which would be beneficial for residents in the long-term.

The Committee noted the estimate that 30% of A & E visits resulted from people not being able to access primary care. They welcomed efforts being made to reduce this. They also noted that a physiotherapist had been arranged to assist the 9% of patients who presented with back pain.

Members recommended that the Royal Free and North Midds work with Healthwatch, particularly Healthwatch Enfield and Haringey, in ensuring that good consultation took place.

Members were of the view that the case for change had not currently been demonstrated, given the evidence before them. They asked to see a report on the case for change as soon as it was ready.

RESOLVED –

(i) THAT the presentation and comments above be noted;

(ii) THAT the Royal Free and North Midds hospitals work with Heathwatch on ensuring good consultation took place about service changes;

(iii) THAT a report come to the Committee on the case for change underlying North Midds and Royal Free joint working.

8. DATES OF FUTURE MEETINGS

It was noted that dates of future meetings would be:

- Friday, 5th October 2018 (Camden)
- Friday, 30th November 2018 (Enfield)
- Friday, 18th January 2019 (Haringey)
- Friday, 15th March 2019 (Islington)

9. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

The meeting ended at 11:35am.

CHAIR

Contact Officer: **Vinothan Sangarapillai**
Telephone No: **020 7974 4071**
E-Mail: **vinothan.sangarapillai@camden.gov.uk**

MINUTES END

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AGENDA ITEM 8

Barnet Health Overview and Scrutiny Committee

18th October 2018

Title	Barnet Breastfeeding Peer Support Service
Report of	Strategic Director for Adults, Communities and Health
Wards	All
Status	Public
Key	No
Urgent	No
Enclosures	Appendix A: Update Report from CLCH, LBB and Joint Commissioning Unit
Officer Contact Details	Abigail Lewis Abigail.Lewis@barnet.gov.uk 0208 359 4369 Clare Slater-Robins c.slater-robins@nhs.net

Summary

At its meeting on 24 May 2018, the Committee received an update on a Member's Item in the name of Councillor Alison Cornelius. Following the consideration of the update, the Committee resolved to receive a further report at their October 2018 meeting and instruct Officers to liaise with CLCH detailing the breastfeeding support services model and service user feedback. The document attached at Appendix A provides this report. Officers will be in attendance on the evening to respond to questions from Member of the Committee.

Recommendations

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

1. WHY THIS REPORT IS NEEDED

The Committee have requested to a receive a report on Breastfeeding Support Services at their October 2018 meeting.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be briefed on this matter. They are empowered to make further recommendations should they wish.

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 (Article 7) 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. Not receiving this report would present a risk in that the Committee might not be properly appraised of the breastfeeding support service.

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**

Not applicable.

5.8 **Corporate Parenting:**

Not applicable.

6. BACKGROUND PAPERS

6.1 None.

HOSC paper regarding Breastfeeding peer support service in Barnet

18 October 2018

Background

Officers presented a paper at the May HOSC committee meeting outlining progress in delivering Breastfeeding Support in Barnet. This paper is a progress update including service user feedback.

The breastfeeding peer support service has to date included a mix of paid and volunteer supporters. The service is now part of the health visiting service continuing to deliver the service to residents of Barnet. They deliver training to other professionals and run eight drop in's across the borough as well as providing a telephone support line, facebook page, support in the post -natal wards of Barnet Hospital and one to one home visits as required. This service is funded within the current Central London Community Healthcare Trust (CLCH) contract to 31 March 2020.

Breastfeeding data for Barnet has to date been poor for a variety of reasons including the current lack of 6 – 8 week review by the health visitors and so demonstrating impact for the peer supporter service has been a challenge. Discussions which have taken place as part of the Transformation of the health visiting service have agreed a new set of metrics which will better demonstrate the impact of the service. The service continues to hold UNICEF accreditation at level 2.

Developing a new service model

Following agreement to include breastfeeding support in the transformed service, the commissioner, Clare Slater-Robins, held an engagement event and a preliminary co -design event to establish a service model to meet the needs of Barnet residents now and beyond April 2020. There was good attendance from service users, stakeholders and breastfeeding supporters at these two events with 10 service users attending (7 at the engagement event and 3 at the co -design event). All the breastfeeding support team attended one or both events alongside stakeholders from the voluntary and community sector e.g. Homestart, National Childbirth Trust, Breastfeeding Network, Midwifery and the Clinical Commissioning Group; the Council services e.g. public health, children centres, early help.

The overwhelming view of service users is that they like the service they receive. Some quotes were

"Peer support service invaluable – needs to continue in current format and be expanded. Adequate funding essential for this";

"I am grateful for the breastfeeding support I received – in the long run the provision of breastfeeding support leads to longer more extended breastfeeding which in the long term saves money as you have healthier children" and

"We leave hospital so soon and if there's no breastfeeding support except health Visitors (who are very stretched) what happens?".

Most of those present agreed that more volunteers would be required to expand the service with further quotes being

"I needed support and encouragement to keep going especially after a little while when you waiver … important that it doesn't feel like it's part of the main service – not waving a red book – somewhere with neutral friendly support when needed"

"Keep Barnet Breastfeeding peer support service in its current model – paid coordinator, paid peer supporters, volunteers and invest in recruiting more volunteers and growing the service".

Stakeholders reported that the service could be better embedded within the early years context with better joined up working suggesting that there should be a coherent message across the borough from professionals such as GPs, Midwives, other Health Professionals, and Children's Centre staff. It is a service that can be referred into for advice as well as direct support which adds capacity into the system.

Key messages from the 2 events are:-

- The current model works well and is well regarded. It would be desirable to recruit more volunteers to expand its reach and become family hub linked.
- Personal support including home visits are valued
- There could be more emphasis on the antenatal period and an equal offer available at Royal Free and Barnet hospitals.
- There is a need for better data collection of breastfeeding rates to monitor progress and the success of the service
- There needs to be a more joined up approach with other professionals
- There is a need to promote breastfeeding more in the borough e.g. GPs, Cafes, libraries, bus stops, pharmacies, Children's Centres and websites / social media
- The high quality training offer needs to continue
- That it is a valuable service that adds capacity into the system for parents.

Next Steps
Within the new model for health visiting, the Health Visiting Service will lead and deliver the Healthy Child Programme through the family hubs. The breastfeeding supporter team will increase in capacity to enable paid supporters to lead and supervise the volunteers. The coordinator will lead the promotion, awareness raising and expansion of the service's reach across the borough as well as recruiting and training the volunteers. She will also oversee the mainstreaming of breastfeeding advice within Barnet ensuring that, through training, advice is consistent and evidence based.

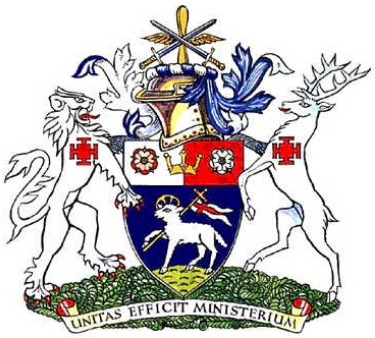
The service has now been removed from the *Better Breastfeeding campaign cuts list* (a campaign group which became active in Barnet during the period when the ending of the service was being considered). It now has further opportunity to consider what will be required and needed beyond April 2020 when the current public health nursing contract ends. The commissioners and CLCH managers will continue to lead using the co-design format with service users, the breastfeeding supporters and stakeholders. The focus will be on spreading the service's support reach, joined up working with the early years' system and consistency of advice on breastfeeding from all professionals.

Clare Slater-Robins, Senior CYP Commissioner, Joint Commissioning Unit, LBB

Audrey Adamah, CBU Lead, Central London Community Healthcare Trust

Collette McCarthy, Director of Commissioning, LBB

AGENDA ITEM 9

	**Title** **Health Overview and Scrutiny Committee** **Date** **18th October 2018**
Title	**Update on Integration Barnet CCG**
Report of	Barnet CCG
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – Update on Integration report Appendix B – Integration NCL summary
Officer Contact Details	Abigail Lewis – Governance Officer Barnet Abigail.Lewis@barnet.gov.uk Dr Debbie Frost – Chairman Barnet CCG debbiefrost@nhs.net Kay Matthews – Chief Operating Officer kay.matthews5@nhs.net

Summary

The North London Partnership was formed in 2017. The partnership published their strategic narrative the same year which highlighted the need for the system to work together to support delivery of health and care for the population of north central London.

The clinical commissioning group is in the process of developing two key programmes to

support integration locally, which relate to:

1. The development of new and innovative approaches to commissioning which support a move towards commissioning for population health, contracts where outcomes feature more prominently and where integration and quality improvement feature as a core component of how services are delivered and managed.

2. The implementation of care and health integrated networks as the place based delivery model for services. The care and health integrated network is the coming together of providers to deliver services proactively to populations. As part of the care and health integrated network model, providers will be required to support groups of GP practices in the proactive management of their combined registered practice population, usually between 30-50,000 patients.

Appendix A outlines this report and provides an overview of the way in which the clinical commissioning group intends to change the way in which we commission and most recent developments which relate to the implementation of care and health integrated networks.

Officers Recommendations

1. **That the Committee note the progress made to date on the Integration of care and health networks.**

1. WHY THIS REPORT IS NEEDED

1.1 The Committee have requested to receive a report on the progress of the Integration of care and health networks at the October meeting.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be briefed on this matter and provide scrutiny on the progress that has been made to date.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

Not applicable

4. POST DECISION IMPLEMENTATION

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

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 N/A

5.3 Social Value

5.3.1 N/A

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 (Article 7) 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 identified.

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 Corporate Parenting

5.7.1 N/A

5.8 Consultation and Engagement

5.8.1 Not applicable

5.8 Insight

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 N/A

Health Overview and Scrutiny Committee	NHS Barnet Clinical Commissioning Group

Report Title	**Update on Integration Barnet CCG**	**Agenda Item**

Governing Body Sponsor	Dr Debbie Frost, Chair	Email	debbiefrost@nhs.net
Lead Director / Manager	Kay Matthews, Chief Operating Officer	Email	kay.matthews5@nhs.net
Report Author	Kay Matthews, Chief Operating Officer	Email	kay.matthews5@nhs.net
Report Summary	The North London Partnership was formed in 2017. The partnership published their strategic narrative the same year which highlighted the need for the system to work together to support delivery of health and care for the population of north central London. The clinical commissioning group is in the process of developing two key programmes to support integration locally, which relate to: 1. The development of new and innovative approaches to commissioning which support a move towards commissioning for population health, contracts where outcomes feature more prominently and where integration and quality improvement feature as a core component of how services are delivered and managed. 2. The implementation of care and health integrated networks as the place based delivery model for services. The care and health integrated network is the coming together of providers to deliver services proactively to populations. As part of the care and health integrated network model, providers will be required to support groups of GP practices in the proactive management of their combined registered practice population, usually between 30-50,000 patients. This report provides an overview of the way in which the clinical commissioning group intends to change the way in which we commission and most recent developments which relate to the implementation of care and health integrated networks.		
Recommendation	To note progress made to date on integration		

Identified Risks and Risk Management Actions	There are no risks identified
Conflicts of Interest	Not applicable
Resource Implications	Not applicable
Engagement	Not Applicable

Equality Impact Analysis	Not Applicable

Report History and Key Decisions	
Next Steps	
Appendices	

1. Introduction

In 2016 health and care organisations across north central London came together in order to develop a Sustainability and Transformation Plan with and for the local community. This developed into the North London Partnership in 2017 when we published our 'Strategic Narrative' focusing on working together for better health and care. A significant part of the way in which we work together is through the integration of front line services. Integration is considered to bring about a range of potential benefits, which include:

- Improvements in patient experience;
- Greater efficiency and value from the health and care system;
- Reduction in fragmentation, greater co-ordination and continuation of care, frequently for an ageing population whose care is increasingly related to chronic conditions.

Barnet Clinical Commissioning Group, alongside other stakeholders, notably London Borough of Barnet, has started the process of developing plans for integrating local services at Borough level, with a specific emphasis on population health management. The Clinical Commissioning Group are also looking at how we create system wide outcomes and how we utilise integrated delivery models.

Across north central London, work is taking place at different geographical 'levels' to understand what integration might mean: neighbourhood, borough, and across the five boroughs. This is looking at how we can work in new ways to integrate services in a way that will improve the lives of our residents.

In some cases, this is making use of existing commissioning arrangements such as sections 75 agreements. In others areas it is using the larger geography to explore how we might work more effectively together on challenges such as workforce recruitment and retention across north central London.

A summary of some of the work taking place across north central London can be found in appendix 1.

2. Changes to the way we commission

Barnet Clinical Commissioning Group is committed to working with providers to move away from traditional ways of commissioning services, particularly for community services. The CCG are keen to develop a new approach to how we work with providers to support innovation, develop provider partnerships, reduce duplication and remove barriers to support better outcomes and experience for service users. Our efforts today resemble the start of a journey along a path towards how we facilitate integration locally.

Over the next three to five years we want to move towards the following approach:

- A population health approach
- An outcome based payment model with a proportion of income linked to outcomes.
- Clear set of outcomes which drive integration and are meaningful to users
- Extended 'whole person care' approach to service delivery
- Further promote the use of technology and new ways of working
- Further integration with other key providers including Acute, Mental Health, General Practice Federations, Social Care/ Local Authority providers and the Third and Voluntary Sector
- Quality Improvement methodology embedded across the services
- Promoting prevention and self-care, including social prescribing and wellbeing.

This approach will require a significant amount of transformation both in terms of the way we commission and the way in which services are delivered and will require a significant amount of engagement with health and social care staff along with the voluntary sector and local people.

3. Changes to the way in which services are delivered

3.1. Care and Health Integrated Networks

The care and health integrated network is a network of providers working together with a group of GP practices around a practice population of 30-50,000 local people to deliver integrated pathways of care for specific cohorts within the population. The care and health integrated network is not a physical hub, it is a different approach to the delivery of care, placing the responsibility for proactive management of the populations health with community providers as well as local GPs. Barnet clinical commissioning group will use the care and health integrated network delivery model as the structure for delivering integration.

By October 2018, all practices in Barnet will have the opportunity to be part of a care and health integrated network. GP practices will be provided with resources to:

- geographically align;
- form a network of practices which serve a population of 30-50,000 patients (combined practice population);
- meet minimum standards for take up on areas such as digital, and;
- have access to and work with a Quality Improvement Support Team who will support the group of practices to understand variation in outcomes and create plans for improvement.

By the end of October 2018, the clinical commissioning group expects there to be 5 care and health integrated network groupings which each have a named lead, along with a signed memorandum of understanding (MOU) and agreed governance structure to formalise their relationship as providers working together.

The clinical commissioning group has two care and health integrated networks currently operating as pilot test and learn sites. The two existing care and health integrated networks have started to develop their approach to supporting children and Diabetes (network 1) and Frailty (network 2). The learning from both test sites will be spread to the other areas once established.

3.2. Next steps

Over the next 6 months the clinical commissioning group will continue to work towards integration, with the following as key milestones:

- Commissioning intentions finalised which set out the clinical commissioning groups aspiration to commission for population outcomes
- Establish multi-stakeholder clinical pathway group with a focus on outcomes for Frailty
- Meet with patient representatives to discuss plans for Frailty commissioning and ways of involving local people in the development of outcomes
- Establish patient participation group with a focus on outcomes for Frailty
- 5 x care and health integration networks operating, led by a GP lead jointly appointed between the clinical commissioning group and GP federation
- Learning from Children’s and Frailty test and learn sites spread to the newly formed networks

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Appendix 1: Emerging integration work across North Central London

Neighbourhood	• Integration of services at a locality level through integrated networks based around neighbourhoods of ~30k ~90k (CHINS). These are integrated systems of primary, community, acute, mental health, local authority and voluntary sector services - based around the population health needs of neighbourhood. 11 of these integrated networks now live in NCL (five to go live 2018/19).
Place (borough)	• Exploring options for integration of services where this delivers improvements in outcomes e.g. use of section 75 agreements and better care fund to integrate services. • GP Federations developing as catalysts for primary care at scale including leading quality improvement teams working to reduce variation across footprint. • Looking at commissioning for populations outcomes across organisations to drive integration (e.g. Barnet focus on frailty).
System (Multi-borough)	• Haringey and Islington Wellbeing Partnership comprising NHS and LA commissioners, primary care, mental health, community and acute providers. This aims to build a broader place based approach which maximises the opportunities to impact on wider determinants of health . • Royal Free Hospital Group Model looking at taking forward work on reduction of variation across providers through clinical pathway review group.
NCL System	• Working to implement new ways of working at scale to reduce variation and drive out waste e.g. clinical advice and navigation, tele-dermatology. • System wide work looking at workforce and estates planning to underpin new models of care. • Orthopaedic review work across all acute trusts as a shared clinical programme. • All work above underpinned by a North Central wide Health and Care Information Exchange and developing a consistent approach to population health management.

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AGENDA ITEM 10

	Health Overveiw and Scrutiny Committee **2018**
Title	**Winter Pressures Planning 2018/19**
Report of	Beverely Wilding - Assistant Director Urgent and Emergency care – NHS Barnet CCG
Wards	All
Status	Public
Enclosures	Appendix 1 - Winter Planning 2018/19 Appendix 2 – Barnet Urgent and emergency Care 7 day service map
Officer Contact Details	Abigail Lewis Abigail.Lewis@barnet.gov.uk 020 8359 4369 Beverely Wilding - Assistant Director Urgent and Emergency care – NHS Barnet CCG

Summary

This paper provides an update to the Barnet Health and Overview Scrutiny Committee regarding the winter planning requirements for the Royal Free London (RFL) System 2018/19. The RFL Accident & Emergency (A&E) Delivery Board has overall responsibility for winter planning and systems resilience funding.

Recommendations

1. To note the winter planning requirements for the Royal Free London system 2018/19.

1. WHY THIS REPORT IS NEEDED

1.1 As outlined in the executive summary of Appendix 1 to this report, this reported is required in order to update the Committee on the winter planning requirements for the Royal Free London 2018/19.

NHS England (NHSE) has indicated no additional funding will be available for winter planning this year, although in previous years CCGs have been required to bid for non-recurrent funding to support winter initiatives in-year. North Central London (NCL) Sustainability Transformation Partnership (STP) has therefore agreed that if funding does become available in-year through a bidding process, it will be targeted at mental health, and community services.

Appendix 1 outlines the winter planning and resilience across the system to support the winter pressures.

2. REASONS FOR RECOMMENDATIONS

2.1 Recent years have shown that winter is a particularly challenging time for the health and social care economy both nationally and locally. This includes spikes in illnesses and increased pressure on urgent and emergency services, which leads to longer waiting times, delays in care and stretched local services.

2.2 Representatives from health, including primary and social care organisations came together in May 2018 to review how the Barnet/Royal Free London system managed over winter 2017/18 using the After Action Review (AAR) process. This report updates the Committee on what has happened since this review and the systems in place for winter 2018 and gives the Committee an opportunity to provide scrutiny on these plans.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 N.A

4. POST DECISION IMPLEMENTATION

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

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 N/A

5.3 **Legal and Constitutional References**

5.3.1 Under regulation 8 of the Local Authorities Regulations 2013, made under section 6C of the National Health Service Act 2006, local authorities have a duty to provide information and advice to relevant organisations to protect the population's health. This is reasonably taken to include advice about keeping well in winter and the availability of services when required.

5.3.2 The Council's Constitution (Article 7) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

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

5.4 Risk Management

As outlined in Appendix 1 Winter Planning 2018/19

5.5 Equalities and Diversity

5.5.1 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 have due regard to the equality duties 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.

5.5.2 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 Consultation and Engagement

N/A

6 BACKGROUND PAPERS

6.1 None

Barnet Health and Overview Scrutiny Committee

Winter Planning 2018/19

1. Executive Summary

This paper provides an update to the Barnet Health and Overview Scrutiny Committee regarding the winter planning requirements for the Royal Free London (RFL) System 2018/19. The RFL Accident & Emergency (A&E) Delivery Board has overall responsibility for winter planning and systems resilience funding.

NHS England (NHSE) has indicated no additional funding will be available for winter planning this year, although in previous years CCGs have been required to bid for non-recurrent funding to support winter initiatives in-year. North Central London (NCL) Sustainability Transformation Partnership (STP) has therefore agreed that if funding does become available in-year through a bidding process, it will be targeted at mental health, and community services.

In addition to achievement of the national A&E waiting time target (95% of patients seen within 4 hours), the STP has also submitted plans to the regulatory body, setting out how each A&E Delivery Board is supporting operational resilience over the winter months. This plan is focused on the following:

- Demand management schemes in primary care that help to reduce attendances or redirect patients away from A&E with needs that could be managed by a GP
- Community services that help to avoid an emergency hospital admission
- Internal processes that improve ambulance handover times and patient flow within the hospital
- Discharge arrangements from hospital either home or to another care setting

To support winter planning and resilience across the system the following events have been organised:

- Winter Pressures – After Action Review 2017/18 and Winter Planning 2018/19. An event hosted by The Clinical Educational Professional Network (CEPN) aimed at Barnet GPs and their practice staff, including their community nursing staff on 27 September 2018

- A NCL multi-agency winter planning workshop on 9 October 2018, which will enable organisations to explore roles and responsibilities when dealing with an increase in winter related pressures, and the strategic and operational response to mitigate risks.

- Regulatory body has organised a winter workshop for London CCGs/Trusts on 23 October 2018 to promote national best practice implementation.

- Barnet CCG patient engagement event focused on urgent and emergency care – what services are available and how to access them on 22 November 2018.

2. Governance Arrangements

The Chief Executive Officer of the Royal Free London NHS Trust (RFL) chairs the RFL A&E Delivery Board, which is responsible for ensuring that appropriate arrangements are in place to provide high quality and responsive services during Winter 2018/19.

The Board includes representatives from Barnet, Camden and Herts Valleys CCGs including GP clinical leads, Camden and Barnet Local Authorities, Central London Community Health Services, Camden Community Health Services, Barnet, Enfield and Haringey Mental Health Trust, The London Ambulance Service, NCL STP and North East London Commissioning Support Unit.

Beneath this Board, there are two Urgent and Emergency Care (UEC) Transformation Boards, that take forward and programme manage the transformation and operational requirements directed by the A&E Delivery Board.

3. Lessons Learnt From Winter 2017/18 - After Action Review

Representatives from health, including primary and social care organisations came together in May 2018 to review how the Barnet/Royal Free London system managed over winter 2017/18 using the After Action Review (AAR) process. The following issues were identified:

- Improve communication with front line clinicians about the services that are available across health and social care that support urgent care - where to find the information and how to access services.
- Better information for the Public about alternatives to A&E.
- Ensure the escalation Framework is robust between the CCG and provider organisations.
- Identify the blocks and solutions to timely discharge ie discharge to assess, deep cleans, a pathway for managing non-weight bearing patients (patients who cannot weight bear on their legs).
- Workforce opportunities across providers - consider a shared approach to the recruitment and supply of certain staff groups, e.g. Occupational Therapists, Health Care Assistants.

3.1 What has happened since the Review?

Communications

- A winter communications and outreach plan has been developed to ensure that front-line provider staff are aware of what urgent and community services are available in Barnet.
- The system will be supporting the 'Stay well this Winter' Campaign to prevent emergency admissions – awaiting details.
- Reviewing and updating current sources of public communication regarding UEC services including tweets, websites and links to stakeholder web pages.
- Working collaboratively with the communication teams from the Royal Free London, Central London Community Health Services and the London Borough of Barnet to ensure consistent messages across organisations.
- Meeting arranged with Barnet Healthwatch to agree approach to public and patient messaging.

Discharge

- Agreement that non-weight bearing patients who require a stay in hospital will be discharged to Adams Ward at Finchley Memorial Community Hospital.
- The CCG is considering options for supporting non-weight-bearing patients to go home with community therapy and enablement support.
- London Borough of Barnet (LBB) Adult Social Care is re-procuring the contract for deep cleaning to support timely discharge.
- Continue to embed discharge to assess (D2A – supporting patients to go home earlier with clinical and social care support).
- Development and Implementation of the NCL Choice Policy.

Escalation

- There is an escalation process that is well embedded across NCL Providers, including social care led, by the NELCSU Surge Team who coordinate the process across all health and social care providers within NCL.
- RFL has reviewed its Operating Pressures Escalation Scores (OPEL) – the triggers and actions taken by Trusts when there are significant pressures within A&E.
- The escalation process between Barnet CCG and NELCSU Surge team has been updated and a new NCL Mental Health escalation protocol produced.
- The CCG continues with daily, and weekly delayed transfers of care calls with Barnet and Royal Free Hospitals and Central London Community Health services to monitor patient flow pressures in hospital beds.

Workforce

- A workforce workstream will be included in UEC Transformation Plans for both Barnet and Royal Free Hospitals
- The NCL UEC Board has prioritised Workforce as a key priority with renewed focus on the standardisation of clinical pay rates across, particularly across Urgent Care Centre's, Out of Hours Services and GP Extended Access services (provision of additional GP appointments in the evenings and weekends)

4. Local System Priorities for 2018/19

RFL are currently on track to meet 95% performance by March 2019. Performance in August 2018 was 91% against a trajectory of 90%, but the urgent and emergency care system is under pressure and these pressures are likely to increase during the winter months.

The Royal Free London Trust System partners have developed transformation plans for both hospital sites that outline the initiatives being undertaken to support improved A&E performance as well as increasing resilience in preparation for winter. The key workstreams include demand management, hospital flow and multi-agency discharge work, with progress against plans overseen by the Urgent and Emergency Care Transformation Boards.

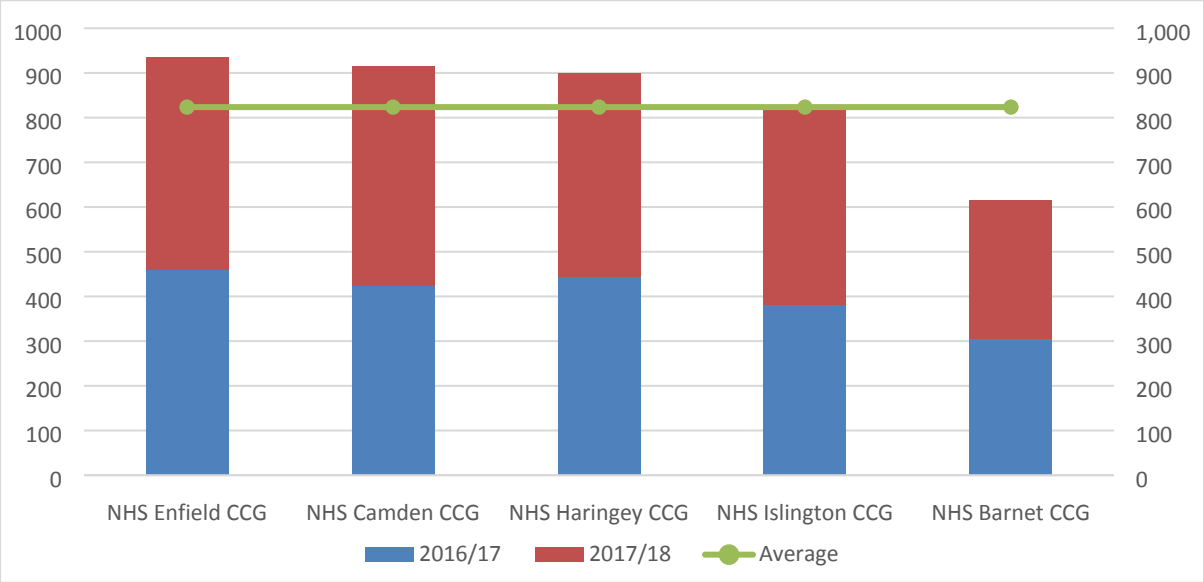
5. Walk-in Centres (WICs)

Barnet CCG commissions Central London Community Health Services to provide the Finchley and Edgware WICs. Both these services are located within Community Hospitals.

Both Walk-in Services are open 8am to 10pm 7 days a week 365 days a year and offer X-ray and minor injuries facilities.

The majority of attendances (72%) at Finchley WIC are from Barnet patients. However, in the Edgware WIC only 54% of attendances are from Barnet. The location of Edgware WIC on the borders of both Harrow and Brent, will explain the 30% attendances from these boroughs.

Both services are heavily utilised by Barnet patients that results in lower A&E attendances when compared to the other four NCL CCGs.



6. Primary Care – GP Extended Access Service (GPAS)

Primary care plays a fundamental role in managing increasing demands over the winter period. The CCG has commissioned an additional forty-eight thousand additional appointments from the Barnet GP Federation, evening and weekends; the appointments are provided at GP Practice/Hub sites across Barnet. These additional appointments will help to reduce primary care related attendances at Barnet and Royal Free Hospital A&E Departments. Up to six thousands of these appointments have been ring-fenced specifically to support patients with primary care conditions who are redirected from NHS111 and Barnet and Royal Free Hospital ED Departments.

7. NHS 111/integrated Urgent Care Service (IUC)

The five North Central London CCGs (Barnet, Camden, Enfield, Haringey and Islington) jointly commissioned a single, NHS 111 Integrated Urgent Care service (IUC) for their collective population in October 2016. The service which is provided by London & Central West Unscheduled Care Collaborative (LCW) combines 111 and GP out-of-hours' services into a single integrated service operating a "clinical hub" with GP's, nurses, and pharmacists, to offer direct access to assessment by a clinician, and a broader range of options for advice and treatment. NHS 111 is available 24 hours a day, 7 days a week, 365 days a year.

In 2017, NCL CCG's commissioned additional GP clinical assessments within the IUC service, to manage the demand from the new direct telephone lines, which were, introduced, which allow London Ambulance Service, Care Homes and Community Providers to speak directly to a GP within the IUC service. NHS 111 can now book a direct GP appointment with the Barnet GP Extended Access Service (GPAS), and into other Extended Access Services across NCL.

8. Mental Health

Currently there are a range of different services in place to support adults and children who present in urgent and emergency care settings (UEC) with mental health illness, as well as a range of mental health support services outside of UEC settings aimed at preventing avoidable admissions. These services include support via GPs, primary care link workers, the Network (social care), the Wellbeing Hub, community mental health teams, crisis resolution home treatment teams, and psychiatric liaison services. There is a particular focus on strengthening the psychiatric liaison services at both hospital sites. NCL CCGs have also implemented a pathway between their mental health providers and NHS111, which allows patients with mental health crisis to be transferred to a dedicated telephone line.

9. Healthcare Worker Flu Vaccination Programme 2018/19

Acute and Community Trusts are required to vaccinate front-line staff as part of the national flu programme to ensure they are protected and therefore reduce the risk of passing on the virus to vulnerable patients, staff and to family members. NHSE has confirmed that it will continue the social workers flu vaccine scheme, and will encourage staff in care homes, nursing homes and hospices to go to their GP or pharmacy for vaccination. The CCG will offer the vaccination to all their staff.

10. Communications – Winter 2018/19

The key messages the RFL System will seek to communicate are:

- Local NHS services are expected to be extremely busy this winter, which will increase pressure on urgent and emergency services.

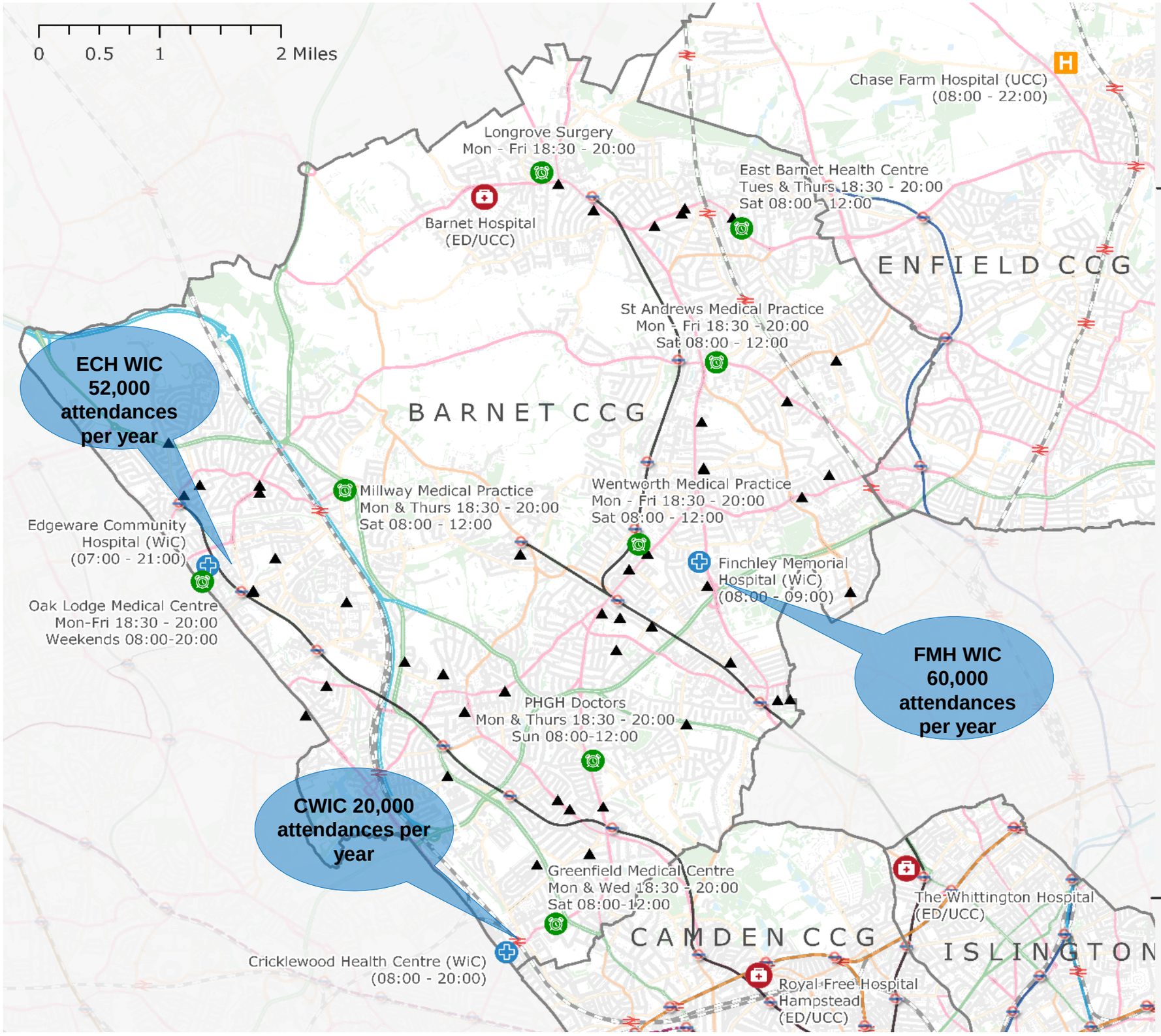
- Local residents are urged to consider which services would help them receive the most appropriate care. This includes pharmacy services, GP appointments, local walk-in centres and NHS 111.

- The public can help the local health and care system to cope with winter pressures by taking steps to keep themselves well, such as taking up the flu jab when offered and seeking help at the first sign of illness.

- Prompt discharge from hospital is an especially high priority for the local health and care system and people can support this by making sure that family/friends in hospital, are helped to return home as soon as they are fit and able to do so.

- The CCG is spearheading local efforts to increase capacity and options for local patients this winter, including additional GP appointments at evenings and weekend seven days a week.

Overview - Barnet Urgent & Emergency Care 7 day Services Map



Barnet CCG:
Urgent & Emergency Care Services and GP Extended Hours Hubs

February 2018 (v1)

Legend

- GP Practice
- GP Extended Hours hub
- Walk in Centre only (WiC)
- Urgent Care Centre only (UCC)
- Emergency Department & UCC

Sources:
NHS 111 Directory of Services

Barnet CCG

NEL Commissioning Support Unit

Specialist Business Intelligence (2018)

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AGENDA ITEM 11

	Health Overveiw and Scrutiny Committee **2018**
Title	**2018/19 winter communications in Barnet**
Report of	Director of Public Health
Wards	All
Status	Public
Enclosures	None
Officer Contact Details	Jeff Lake, Consultant in Public Health, London Borough of Barnet jeff.lake@harrow.gov.uk Tristan Garrick, Deputy Head of Communications, London Borough of Barnet Tristan.garrick@barnet.gov.uk Robyn Sandler, Communications and Engagement Manager, Barnet Clinical Commissioning Group robyn.sandler@nhs.net

Summary

The health and social care system comes under considerable strain each winter due to increased preventable mortality and morbidity of our local population. A coordinated Barnet CCG and Local Borough of Barnet communications campaign has been developed to provide advice to residents about how they can stay well in winter and where they can best access services when they need them.

Recommendations

1. To note the development of a coordinated winter pressures communications campaign

1. WHY THIS REPORT IS NEEDED

1.1. During its 12th July 2018 meeting, the HOSC noted residents' confusion about health service provision and implications for inappropriate use of emergency

services. It suggested the development of coordinated communications for the winter ahead. HOSC recommended that co-ordinated communication campaign includes information on seasonal flu vaccination, messages on self-care and also promote GP extended hours hubs and walk-in centres as an alternative to Accident and Emergency attendances.

1.3 Barnet Council and Barnet CCG communications have met to develop a coordinated communications plan for the 2018/19 season. This includes the national NHS campaign 'Help Us Help You Stay Well This Winter" and incorporates lessons from the council's previous 'Winter Well' campaigns.

The national NHS campaign sets out three objectives: Prevention – which is about changing public behaviour by helping them to understand how to use services more efficiently. Preparation – which encompasses messages to raise awareness of the efforts that the NHS and its partners are making to get ready for winter, for example, through extra GP appointments. Finally, Performance which is a more reactive objective concerned with managing reputational issues and responding to challenges (such as for example those faced during periods of snow).

These areas will be supplemented with attention to local service provision, such as the location of hubs providing extended primary care access, and with advice about self-care during the winter months.

1.4 Our core communication messages of the campaign include self-care during winter, promoting the uptake of Flu vaccination - particularly amongst vulnerable groups, encouraging the use of pharmacy services for minor ailments, details of GP extended access and Walk in Centres in Barnet, and the use of the NHS 111 telephone number.

The campaign will include both population wide messaging and more tailored communication to those groups with particular needs including for example with existing long-term conditions, the house bound, university students, pregnant women and parents with young children.

1.5. The national NHS campaign is phased as follows:

- NHS 111 campaign – 1 October 2018 – 15 October
- Flu campaign – 8 October – 29 October
- Stay well this winter campaign – 5 November – 31 December
- GP access campaign – 26 November – 31 December
- Pharmacy campaign – 19 January – March

1.6 Locally coordinated communications will focus on promoting flu immunisations in October and November following by self-care and service advice from December to March. This will include advice in Barnet First, posters at bus shelters around the Borough and targeted social media.

2. REASONS FOR RECOMMENDATIONS

2.1 Recent years have shown that winter is a particularly challenging time for the health and social care economy both nationally and locally. This includes spikes in illnesses and increased pressure on urgent and emergency services, which leads to longer waiting times, delays in care and stretched local services.

1.2 Whilst some of these issues are difficult to avoid, robust communications can help signpost local-residents and professionals to the most appropriate services, helping people to access the right care in the right care setting at the right time. It should be noted that this will help support behaviour change but on its own it won't change people's behaviours overnight.

2.2 The Royal Free conducted a review of winter pressures and communications last year and highlighted that healthcare professionals and stakeholders across the urgent and emergency care system are not always aware of commissioned services that are in place to support a reduction in A&E attendances. In order to promote greater awareness amongst staff across the health and social care economy, internal communications will be shared to ensure consistency of message.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Past campaigns concerning winter pressures have not been coordinated across local partners. The recognition of the potential added value of coordination has stimulated this work.

3.2 In reviewing options for the local campaign the potential for a single agency leading communications on behalf of all partners has been rejected because whilst there are clear areas where communication priorities and audiences are shared, there are also groups – particularly respective workforces, where each organisation is best placed to reach intended audiences.

4. POST DECISION IMPLEMENTATION

4.1 Initial communications, particularly on the promotion of flu vaccination, are already underway. A more detailed communications plans for the season is currently being finalised between council and CCG communications departments.

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

5.1.1 This work supports the Barnet Health and Wellbeing Strategy which identifies a commitment to reducing negative health outcomes and excess winter deaths and promoting better and more appropriate access to health services as well as co-ordinated approach to Care Closer to Home (CHIN).

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

5.2.1 Council bus shelters have been used for winter well messages in past years and have again been reserved for periods of this winter. Costs of printing of posters and space in Barnet First will be covered from the public health grant. Other resources are committed from NHS nationally, Barnet CCG locally and provider trusts.

5.3 **Legal and Constitutional References**

5.3.1 Under regulation 8 of the Local Authorities Regulations 2013, made under section 6C of the National Health Service Act 2006, local authorities have a duty to provide information and advice to relevant organisations to protect the population's health. This is reasonably taken to include advice about keeping well in winter and the availability of services when required.

5.3.2 The Council's Constitution (Article 7) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

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

5.4 Risk Management

5.4.1 Coordinated campaigns might be considered to risk creating further uncertainty about the responsibilities of different statutory agencies in the provision of health and social care. In this campaign local partners are moving towards shared messages placing residents and patients at the heart of planning rather than organisational responsibilities.

5.5 Equalities and Diversity

5.5.1 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 have due regard to the equality duties 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.

5.5.2 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.

5.5.3 Winter messages will be developed with attention to both ensuring equity and addressing health inequalities. Specific communications will be targeted appropriately. For example, immunisation uptake is lower in socially deprived and ethnic minorities. Winter vulnerabilities also increase with age. This is the result both of individual health status and indirectly via other issues such as social isolation or financial difficulties.

5.6 Consultation and Engagement

5.6.1 No consultation or engagement has been conducted specifically for this coordinated campaign but it draws together work from NHS and local authority partners and workstreams that have been informed by extensive consultation and engagement in particular concerning the barriers to flu immunisation and access to non-emergency health services.

6 BACKGROUND PAPERS

6.1 None

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London Borough of Barnet Health Overview and Scrutiny Forward Work Programme November 2018 - February 2019

Contact: Anita Vukomanovic anita.vukomanovic@barnet.gov.uk, 020 8359 7034

AGENDA ITEM 12

Title of Report	**Overview of decision**	**Report Of** *(officer)*	**Issue Type (Non key/Key/Urgent)**
21 November 2018			
NHS Property companies buildings in Barnet	What companies do, and their structures/key staff for Barnet. Set out what buildings are owned in Barnet and what their plans are for the major buildings in Barnet. Set out the void costs paid by the CCG to the property companies and how they are used.	Barnet CCG	**Non-key**
Progress on Finchley Memorial Hospital	Update on the plans and timescales for the development of housing on the land, the use of any capital receipt and how this will benefit health services in Barnet. If the plan is for health key working housing, then it would be good to draw into that. Update on CT Scanner and Breast Screening	Community Health Partnership	**Non-key**
Healthwatch Home Care report to HOSC.	Survey and responses from staff that work in home/domiciliary care and a previous report that asked for the clients' experience of home care. (Home care is for people that need help in their own home, for example with dressing, washing, shopping etc).	Healthwatch Barnet	**Non-key**

Title of Report	**Overview of decision**	**Report Of** *(officer)*	**Issue Type (Non key/Key/Urgent)**
21 February 2019			
Annual Report on Suicide Prevention	Committee to receive an annual report from Public Health on suicide prevention.	Director of Public Health (Barnet and Harrow)	**Non-key**