MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

WEDNESDAY 21ST NOVEMBER, 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 Paul Edwards	Councillor Alison Moore
Councillor Geof Cooke	Councillor Linda Freedman	
Councillor Saira Don	Councillor Anne Hutton	

Substitute Members

Councillor Lachhya Gurung	Councillor Kath McGurik
Councillor David Longstaff	Councillor Ammar Naqvi
Councillor Barry Rawlings	

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore the deadline for public questions or comments is Friday16th November 10am. 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

18 October 2018

AGENDA ITEM 1

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

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

Apologies for Absence
Cllr Paul Edwards

1. MINUTES (Agenda Item 1):

The Minutes were approved, subject to the following amendments:

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

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

Matter arising from the previous meeting:

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

- The Care Closer to Home Integrated Networks (CHINS) information had been received. The governance Officer would email this information round to Members of the Committee.
  Action: Governance Officer

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

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

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

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

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

Action: Dr Shaw

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

  Action: Barnet CCG

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

  Action: Barnet CCG

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

  Action: Ms Matthews

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

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

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

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

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

2. ABSENCE OF MEMBERS (Agenda Item 2):

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

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

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

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

None.

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

None.

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

None.

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

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

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

The Chairman invited the following to the table:

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

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

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

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

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

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

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

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

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

RESOLVED that the Committee noted the report.

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

The Chairman invited the following to the table:

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

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

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

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

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

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

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

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

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

RESOLVED that the Committee noted the report.

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

The Chairman invited the following to the table:

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

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

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

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

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

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

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

RESOLVED that the Committee noted the report.

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

The Chairman invited the following to the table:

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

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

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

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

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

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

RESOLVED that the Committee noted the report.

UPDATE FROM THE CHAIRMAN OF THE HEALTH AND WELLBEING BOARD

The Chairman invited to the table:

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

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

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

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

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

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

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

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

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

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

None.

The meeting ended at 21.39.

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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, 5TH OCTOBER, 2018** at 10.00 am in 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), Huseyin Akpinar, Alison Cornelius, Lucia das Neves, Val Duschinsky and Julian Fulbrook

MEMBERS OF THE COMMITTEE ABSENT

Councillors Clare De Silva and Osh Gantly

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 Clare De Silva.

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

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

3. ANNOUNCEMENTS

There were no announcements.

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

Members were notified that a deputation from the LUTS patient group had been accepted.

5. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

The committee received a deputation from Kate Dwyer, on behalf of the LUTS patient group.

Ms Dwyer reported that the clinic could only see 8 new patients a month and so the waiting list was growing. Some doctors were refusing to refer patients, so denying those patients the chance for what could be more effective treatment.

She added that child patients at Great Ormond Street Hospital were not receiving treatment according to the pathway that had been proposed earlier, as paediatricians did not wish to prescribe the antibiotics for treatment in the way that Professor Malone-Lee did in the clinic.

The Chair said that the Committee regretted the pain and distress that patients were going through. She asked that the deputee email her with information that could then form the basis of an email to the Great Ormond Street Chief Executive.

6. MINUTES

Councillor Connor asked that more information be provided in the minutes about the back office savings that could result from joint working between the North Mid and Royal Free hospitals.

Councillor Cornelius asked that reference to “North Midds” be changed to “North Mid”.

Councillor Clarke asked that it be noted that it had been said that an increase in population would be likely to add to pressure on hospital services.

Members asked that it be noted that Enfield had stated that it wanted land sold to be used for health purposes.

Members asked that it be noted that the questions document circulated at the meeting was to be sent to the hospitals and be put online.

Members noted that there had been no response to some of the actions requested at the July meeting.

RESOLVED –

THAT the minutes be agreed, subject to the amendments above.

7. EMBEDDING PREVENTION WITHIN NORTH LONDON PARTNERS STP

Consideration was given to a presentation from North London Partners.

Julie Billett, the Director of Public Health for Camden and Islington, introduced the presentation. She highlighted that a significant amount of ill-health was preventable.

There were marked differences in life expectancy between richer and poorer areas. These included significant differences in mortality from cardiovascular and respiratory diseases.

Ms Billett said officers wished to incorporate prevention into every clinical setting. The Memorandum of Understanding on London health devolution had included a prevention component.

Councillor Cornelius commented that there should be more mention of diet as part of the prevention agenda. She added there was a particular need to reach out to the parents of children who were obese, given the increase in childhood obesity.

Councillor Fulbrook emphasised the importance of reducing smoking. He stated that some local authorities in North America imposed by-laws preventing smoking in public parks and too close to building entrances. He asked that consideration be given to similar measures by boroughs in North Central London.

Members asked that consideration be given to air quality in the sub-region. Pollution could have a negative effect on child development and worsen respiratory conditions.

Councillor das Neves asked that consideration be given to the wider social context which meant that some individuals were likely to take up smoking and drinking to excess.

Members asked for data to be collected on which public health interventions on prevention were effective, and that attention be given to lessons that could be learned from public health initiatives abroad.

Ms Billett said that officers were looking at “superzones”, areas around certain schools, and investigating what could be done to improve the environment. Members noted, however, that healthy eating was not a licensing or planning objective and hence councils could not prevent fast food outlets from being opened near schools.

It was also noted that minimum alcohol pricing might discourage excessive alcohol consumption; however this was not currently permitted by legislation in England.

RESOLVED –

THAT the presentation and comments above be noted.

8. RISK MANAGEMENT: WORKFORCE

Consideration was given to a presentation from North London Partners.

Will Huxter, Director of Strategy (North Central London CCGs), introduced the presentation. He highlighted that the presentation would not cover all workforce initiatives, as many were being done nationally, London-wide or at a local level rather than at the North-Central London level.

It was noted that the health and social care sector workforce was large. About 1 in 8 of London's workforce worked in this sector.

Mr Huxter noted that North-Central London was a high cost of living area, and this contributed to problems with recruitment and retention. The North-London CCGs were undertaking staff engagement to identify staff concerns.

Health sector employers had concerns that there would be difficulties with the continued availability of staff from the EU in the future. They were thinking of how best to use the apprenticeship levy and how it could be used to expand the workforce and improve its skills.

With regard to social care, Mr Huxter said they had worked with care home providers on structured learning and leadership courses for their managers. There was also a social care recruitment portal being developed.

There was discussion about the Capital Nurse programme. Mr Huxter said one of the issues they were investigating was the high rate of nurses over 50 leaving the profession and seeing what could be done to encourage them to stay. He offered to send out more information on the Capital Nurse programme to members.

Members said it was important for London's health system to retain the workforce that it had.

Officers agreed with the importance of staff retention. They also emphasised the importance of improving staff skills so that patients could receive advice from the most easily accessible health professional. In some cases, patients could receive an answer to their health queries from an informed pharmacist, for example.

Members emphasised the importance of paying the London Living Wage to workers in the care sector. It was demanding work and they wanted workers to be paid fairly for it.

Officers noted the desire to increase the range of workers covered by the London Living Wage, but pointed out that it was difficult to impose this requirement on private providers in many cases. Members asked that it be put into the contracts that public authorities made with private providers.

A member commented on the detrimental effects on health of working night shifts. As many health workers were having to work shifts, this could be affecting their health and making them more likely to leave the sector.

There was also discussion by members of how stress or bullying or "change fatigue" could be pushing experienced workers out of the sector.

Councillor Clarke mentioned that there was no representative of the workforce or the private sector in North London Partners. She thought that representatives of these groups should be invited to participate.

Members asked for more information on the apprenticeship levy and how it was being used. They also asked for feedback from the care home provider workshop and the evidence base for new ways of working.

RESOLVED –

(i) THAT the presentation be noted;

(ii) THAT information be provided to members on the apprenticeship levy and its use

(iii) THAT feedback from the care home providers workshop be provided

(iv) THAT the evidence base relating to the introduction of new ways of working be provided

(v) THAT the Committee recommend the London Living Wage be included as a requirement in all contracts with private providers

(vi) THAT the Committee recommend that there be a care workers' representative on the Local Workforce Board

(vii) THAT North London Partners be asked to place increased emphasis on the training and support for care workers.

9. PROCEDURES OF LIMITED CLINICAL EFFECTIVENESS (POLCE)

Members expressed disappointment with the paper received. They felt that it did not answer the questions that members had had.

Members noted that the information on page 10 of the supplementary pack was incorrect. They had not given guidance at the 6th February meeting that there not be a formal public consultation.

Members noted that it was unclear whether proposals on this constituted a service change that required engagement and consultation or were just clinical advice to clinicians on best practice to guide them in decision making. The Haringey Scrutiny Policy Officer advised that the Independent Reconfiguration Panel (IRP) advised the Secretary of State for Health in cases where HOSCs have referred contentious

proposals by NHS bodies to him/her. It can also provide informal independent advice to NHS bodies and others on service change.

Jo Sauvage, the Chair of Islington CCG, said the emphasis of the work on PoLCE was to give guidance to GPs on how best to care for patients. It was about evaluating the clinical evidence, and work was being done on this nationally and locally. There was also the need to ensure value for money in the services provided. Dr Sauvage said there was a huge variation in the numbers of certain procedures carried out throughout the country.

Members expressed concern were different numbers of procedures listed nationally, London-wide and sub-regionally. They wanted to see consistency in this process.

The Chair added there needed to be democratic accountability if decisions were being made that affected residents, and that the democratic voice for elected members in the sub-region was the JHOSC.

Councillor Akpinar expressed concern about the quality of life of patients if recommendations were being made to not carry out treatments.

Members also asked that more information be provided about the budgetary constraints facing CCGs and the cost savings from the reduction in the use of certain procedures.

Councillor das Neves echoed the concerns about potential negative impacts on the quality of life of patients. She also asked that an Equality Impact Assessment be carried out, as certain groups might be more disadvantaged than others by the PoLCE approach.

Councillor Connor asked for more information about communications with GPs.

RESOLVED –

THAT JHOSC make the following recommendations:

(i) Future reports to the Committee be delivered on time and on the subject requested

(ii) PoLCE guidance must be evidence-based

(iii) There needs to greater co-ordination between PoLCE work locally, London-wide and nationally

(iv) Information is to be provided on Equality Impact Assessments of PoLCE recommendations

(v) Information is to be provided on the financial implications of PoLCE recommendations.

(vi) Advice is to be sought by the relevant health organisations from the Independent Reconfiguration Panel on whether this is a substantial service change that requires formal consultation.

10. WORK PROGRAMME AND ACTION TRACKER 2018-19

Consideration was given to a report on the work programme of the Committee.

The Chair asked that information be provided by health officers by the next meeting on what money from NHS land sales was being used for.

With regard to the maternity services item scheduled for November, members noted that the November agenda was rather large and so agreed to move that item to January 2019.

Members asked that the integrating health and social care item include public health.

Members agreed to postpone the “Best Start in Life” priority theme update as they felt it was unclear.

Members noted that there might be an item on Moorfields coming soon. The view was expressed that it could go to the joint Camden & Islington scrutiny committee as it related to the work being done on the St Pancras site.

With regard to the Child and Adolescent Mental Health item, Councillor Connor asked that information be provided on changes to the Children’s Safeguarding Board and any financial implications.

RESOLVED –

(i) THAT the maternity services item be postponed to the January meeting

(ii) THAT the Best Start in Life item be postponed

(iii) THAT it be recommended that the Moorfields item go to the Camden & Islington joint health scrutiny committee

The meeting ended at 12pm.

CHAIR

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

MINUTES END

	**Title** **Health Overview and Scrutiny Committee** **Date** **21st November 2018**
Title	**Sustainability and Transformation Partnership (STP) Programme Update**
Report of	**Director of Strategy – Barnet, Camden, Enfield, Haringey & Islington CCG's**
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	**Appendix A – STP Programme Update slides**
Officer Contact Details	Abigail Lewis – Governance Officer Barnet Abigail.Lewis@barnet.gov.uk

Summary

This report provides an update on the North Central London's Sustainability and Transformation Partnership (STP)

Officers Recommendations

1. That the Committee note the report on the STP.

1. WHY THIS REPORT IS NEEDED

The aim of the STP is to establish a partnership of the NHS and local authorities, working together with the public and patients where it's the most efficient and effective way to deliver improvements.

This report outlines the ambitions of the STP and how it affects all the Boroughs involved, including Barnet. The five NCL CCGs now work under joint arrangements with a single accountable Officer and Chief Finance Officer.

The aim of the STP is to transform, improve and integrate care where this improves health and wellbeing outcomes and sustainability of services.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be briefed on this matter and provide scrutiny.

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 N/A

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

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STP Programme update

Barnet HOSC

21 November 2018

Will Huxter, Director of Strategy
Barnet, Camden, Enfield, Haringey & Islington CCGs

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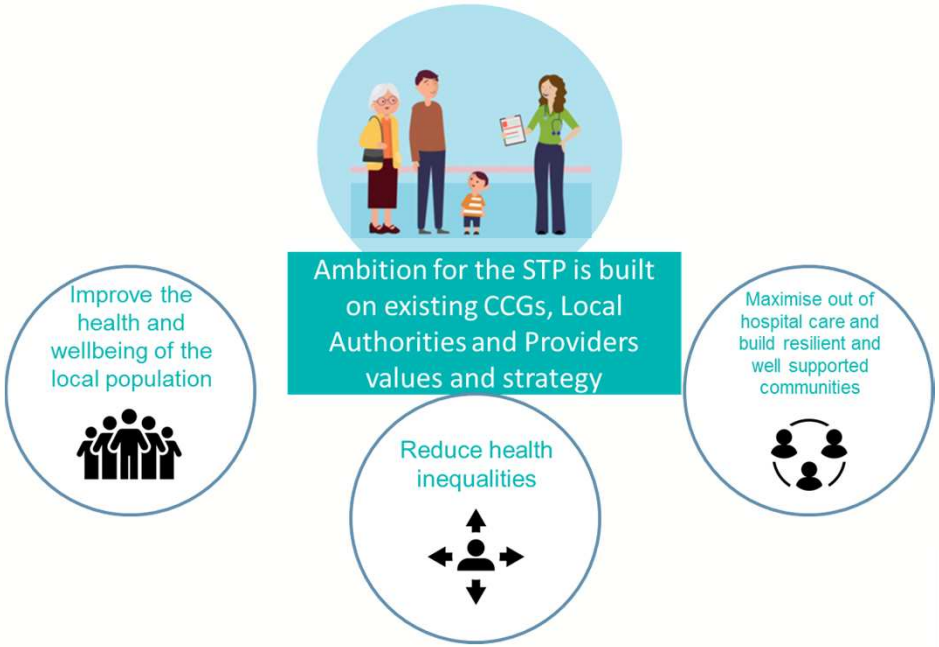
North London Partners – Context

Ambitions of the STP



A partnership of the NHS and local authorities, working together with the public and patients where it's the most efficient and effective way to deliver improvements.

1. Across North Central London, there are diverse populations with some common and some varied challenges
2. There is a complex health and social care landscape with overlaps between hospital areas and borough boundaries
3. Hospitals, other services, commissioners and local authorities all in different and difficult financial positions
4. Five NCL CCGs now working under joint arrangements with a single accountable officer and chief finance officer
5. We want to transform, improve and integrate care where this improves health and wellbeing outcomes and sustainability of services

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NCL Service provision overview

NCL is a diverse area covering five local authorities and Clinical Commissioning Groups, 12 Trusts and 209 GP practices, as demonstrated by the diagram below.

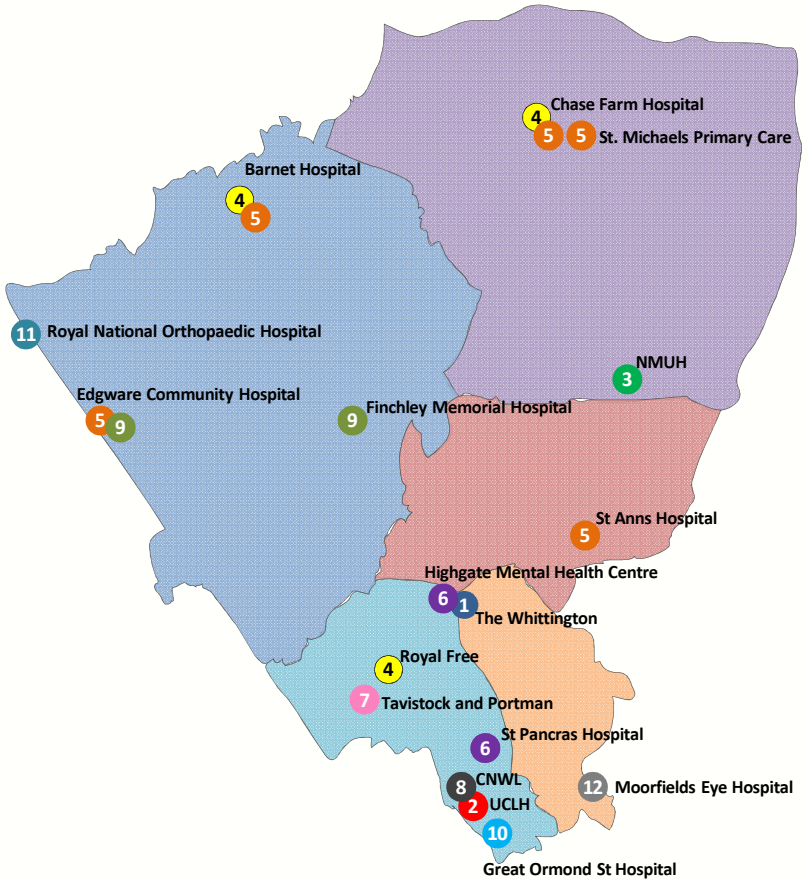
Enfield Local Authority
338,143 registered population
324,000 resident population
Enfield CCG

Barnet Local Authority
422,630 registered population
375,000 resident population
Barnet CCG

Haringey Local Authority
316,910 registered population
267,000 resident population
Haringey CCG

Islington Local Authority
251,606 registered population
221,000 resident population
Islington CCG

Camden Local Authority
283,789 registered population
235,000 resident population
Camden CCG



Local Authority

Camden · Enfield · Barnet · Islington · Haringey

Providers

1. Whittington Health NHS Trust (including Islington and Haringey Community)
2. University College London Hospitals NHS Foundation Trust
3. North Middlesex University Hospital NHS Trust
4. The Royal Free London NHS Foundation Trust
5. Barnet, Enfield and Haringey Mental Health NHS Trust (main sites, including Enfield community)
6. Camden and Islington NHS Foundation Trust (and main sites)
7. Tavistock and Portman NHS Foundation Trust
8. Central and North West London NHS Foundation Trust (Camden Community)
9. Central London Community Healthcare NHS Trust (Barnet Community)
10. Great Ormond St Hospital
11. Royal National Orthopaedic Hospital
12. Moorfields Eye Hospital

GP Practices (March 2018)

Barnet	**56**	Enfield	**48**	Islington	**33**
Camden	**35**	Haringey	**37**	**(Total 209)**	

111 Out of Hours provider

LCW is single provider across 5 CCGs

Source: North Central London Devolution Pilot Outline Business Case November 2017

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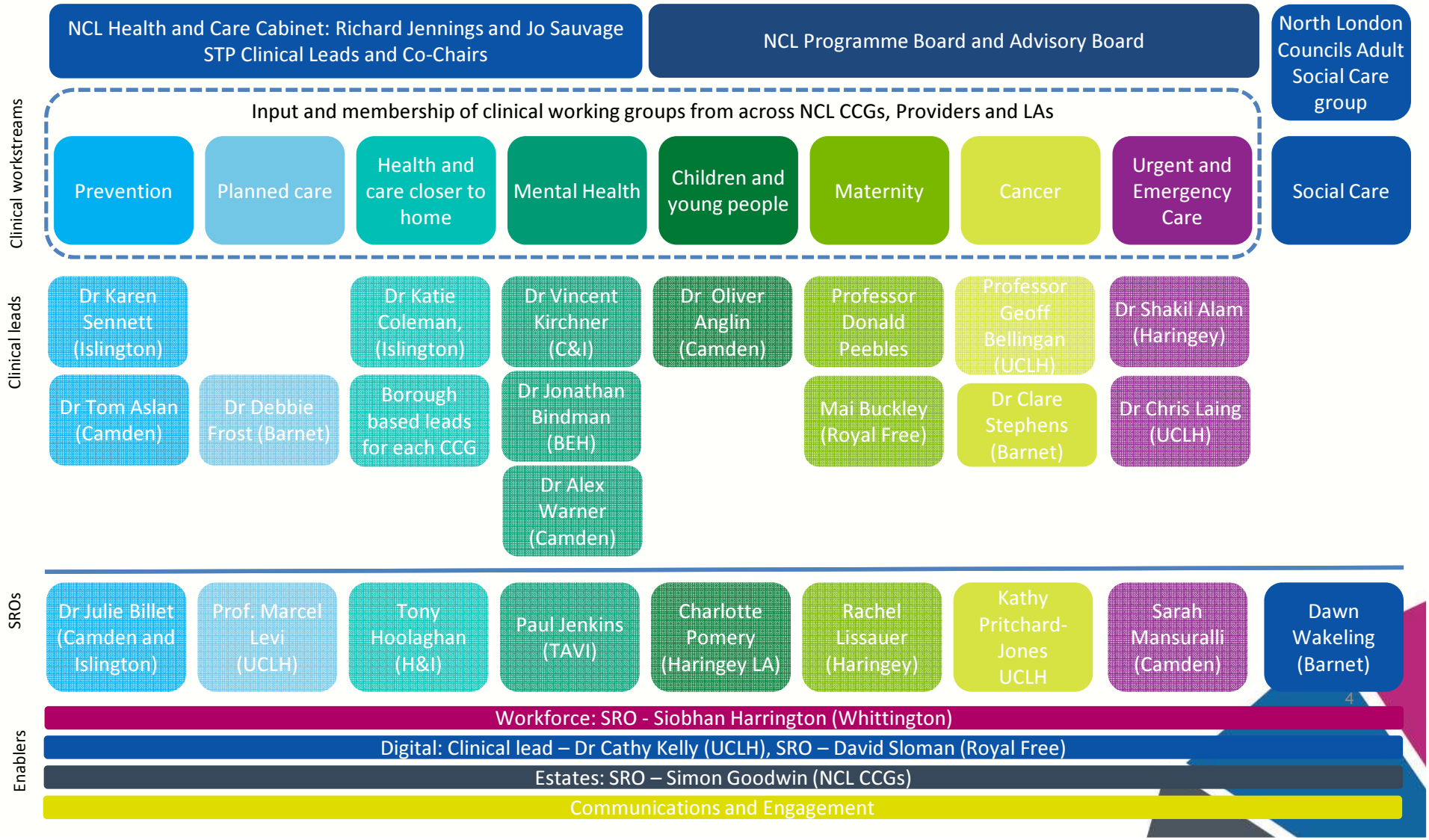
Clinical and senior leadership in place across North London Partners



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Clinical and Care workstream objectives

Workstream	High level objectives
Urgent and Emergency Care	• A consistent and reliable UEC service by 2021 that is accessible to the public, easy to navigate, inspires confidence, promotes consistent standards in clinical practice and leads to a reduction in variation of patient outcomes. Work focussing on Admissions avoidance, ambulatory care, end of life and discharge to assess.
Health and care closer to home	• A 'place-based' population health system of care base around neighbourhoods of 50-80k which draws together social, community, primary and specialist services underpinned by a systematic focus on prevention and supported self-care.
Mental Health	• Working to address inequalities for those with severe mental illness and provide consistent care. • Deliver services closer to home, reducing demand on the acute sector and mitigating the need for additional MH inpatient beds.
Adult Social Care	• Working to address care inequalities in provision and improving longer term strategic approach to workforce and care market.
Maternity	• Delivery of the National Maternity Transformation programme through improved continuity and safety of perinatal care for women, working across professional and organisational boundaries to drive better patient experience and integrated care.
Children and Young people	• Delivery of Health and social care services which are equitable, accessible, responsive and efficient, delivered locally wherever possible. Working closely with social care and council services to increase focus on promoting wellbeing, reducing health inequalities and improving social outcomes such as school readiness.
Cancer	• Focus on the delivery of improved survival, reduced variation, improved patient experience, efficiency of service delivery including services closer to home, and, reduced costs and financial sustainability.
Planned Care	• Deliver better value planned care, delivering efficiency savings and reducing unwarranted variation in planned care across providers. • Review of orthopaedic services across providers.
Prevention	• Driving system-wide approach to prevention and population health working to enable success in the overall STP strategy for care.

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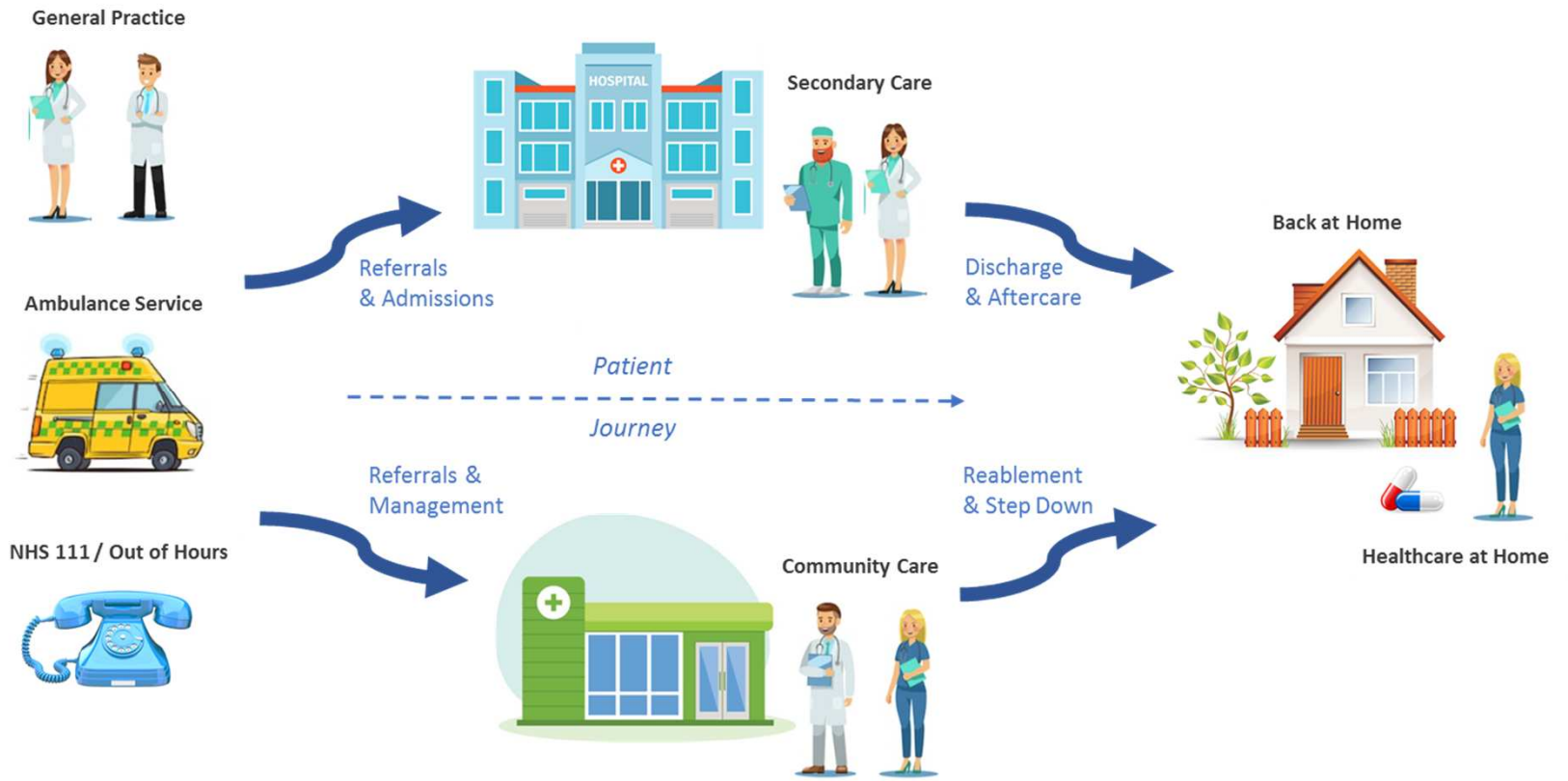
The Health & Care system



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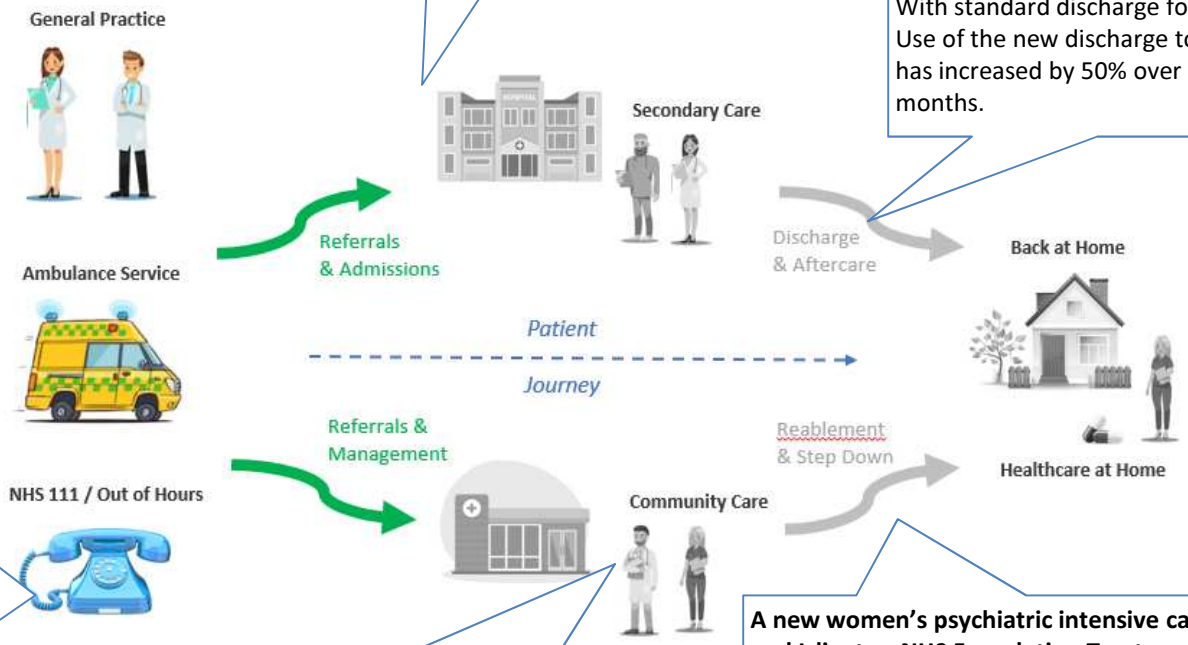
Successes so far

Integrating neighborhood services: Established the first NCL Care and Health Integrated Networks and Quality Improvement Support Teams, focusing on improving quality and reducing unnecessary variation.

Connecting hospitals with primary care: Clinical advice and navigation now live across providers in NCL in 8 specialities with further specialties going live in November 2018.

We have made it faster and safer for patients to get home from hospital: by agreeing standard ways of working and working more effectively with social care. With standard discharge forms across NCL. Use of the new discharge to assess pathways has increased by 50% over the past six months.

Extended Access across NCL Since April 2018 it has been possible for residents to access GP services 8am-8pm across the whole of NCL through extended access.



Improved NHS 111 service

- First area nationally to launch new integrated urgent care model
- 30% people now speak to a clinician
- 'Star divert numbers' enable clinical staff to get through to a clinical expert for urgent advice and support by dialling the appropriate number.

New maternity community hub at Harmood's Children's Centre in Kentish Town. – a major step towards improving maternity care for women in NW Camden postcodes who currently access services at the Royal Free and UCLH. A second centre is due to open at Park Lane Children's Centre in Haringey this year.

A new women's psychiatric intensive care unit at Camden and Islington NHS Foundation Trust service opened in November 2017. All women who require intensive care services can now be treated close to where they live. All women have been repatriated back from out of area placements (OAPs) and we currently have zero women in OAPs.

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Care and Health Integration Networks and QISTs– overview

Borough	Integration networks in place – infrastructure in place			Integration networks in plan			QIST
	No. of CHINs	Population size (k)	Clinical focus	No. of CHINs	Population size (k)	Clinical focus	
Barnet	3	CHIN 1: 48,473 CHIN 2: 50,575 CHIN 3: 86,146	CHIN 1: Paediatric Hot Clinics CHIN 2: Frailty MDT CHIN 3: Diagnostics and Near Patient Testing	3	CHIN 4: 44,618 CHIN 5: 39,154 CHIN 6: 41,324	CHIN 4: Digital and COPD CHIN 5: Dementia CHIN 6: TBC	Diabetes

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Barnet: Networks and QIST Status

Network and QIST

LIVE

Network 1	Network 2	Network 3
Clinical lead: Dr Aash Bansal **Focus:** *Diabetes* **Population:** *48,473* **Involving:** 5 *practices* **Road map:** *All system partners involved by April 2019* ***Contract with:*** *Federation* ***Contract:*** *Infrastructure LCS*	**Clinical Lead: Dr Anita Patel** **Focus:** *Frailty* **Population:** 50,575 **Involving:** 8 *practices* **Road map:** *All system partners by April 19* ***Contract with:*** Federation ***Contract:*** *Infrastructure LCS*	**Clinical Lead:** *Dr A Ingram* **Focus:** *paediatrics* **Population:** *86,146* **Involving:** *12 practices* **Road map:** *All system partners by Apr 19* ***Contract with:*** Federation ***Contract:*** *Infrastructure LCS*

QIST

Clinical lead: Dr Hayley Dawson
Focus: Diabetes
Contract with: *Federation*
Contract: *Heads of Terms*

PLANNED/developing

Network 4	Network 5	Network 6
Clinical Lead: *Dr Kavel Patel* **Focus:** *Digital* **Population:** *44,168* **Involving:** *5 practices* **Road map:** *All system partners by Apr 19* ***Contract with:*** Federation ***Contract:*** *Infrastructure LCS*	**Clinical Lead:** *Dr B Subel* **Focus:** *Dementia* **Population:** 39,154 **Involving:** 6 *practices* **Road map:** *All system partners by Apr 19* ***Contract with:*** Federation ***Contract:*** *Infrastructure LCS*	**Clinical Lead:** *Dr Leora Herverd* **Focus: TBC** **Population:** 41,324 **Involving:** 6 *practices* **Road map:** *All system partners by Apr 19* ***Contract with:*** Federation ***Contract:*** *Infrastructure LCS*

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Overview and summary of plans on workforce

Our aim is to:

'To attract people to live and to work in North London so we have the best possible workforce to deliver high quality services to our community.'

Our objectives are to:

- Improve **patient experience and outcomes** through improved staff experience and engagement
- Define and **adopt new ways of working**, enabling working across health and care settings
- Maximise workforce **efficiency and productivity**
- Create a reputation where NCL is recognised as a great place to work aiding recruitment and retention
- Promote and provide an excellent **learning environment**
- Develop, implement and embed a systematic approach to **leadership development & quality improvement**.

Our priorities for 2018-19 are:

Portability: Supporting staff to work across sites where this improves resident care
Urgent & emergency care preparation: ensuring workforce solutions are developed and in place to cope better with the pressures of winter
Place-based care: Social & Primary care/Community: developing ways of working based on residents neighbourhood's to integrate services and improve care
Temporary Staffing: To support organisations to reduce the reliance on temporary staffing
Workforce Analytics: Work to improve our ability to plan longer term as a health and care sector

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Spotlight on NCL Orthopaedic review

We are asking residents across North Central London to comment on the case for change relating to elective (planned) orthopaedic services in the area. There are no changes under consideration for non-elective/emergency orthopaedic traumatic services, which will remain as now available via each A&E.

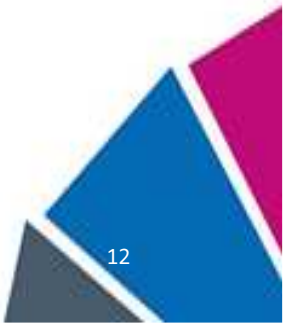
"Our ambition is to create a comprehensive adult elective orthopaedic service for North Central London (NCL), which will be seen as a centre for excellence with an international reputation for patient outcomes and experience, education and research.

Our vision is to deliver services from dedicated state of the art orthopaedic 'cold' surgical centres, not linked to an existing A&E, but collocated with HDU, with the size and scale to enable a full spectrum elective offering and a robust rota." *Draft case for change (August 2018)*

Aims of the review:

About the review

- We think there may be opportunities to improve adult elective orthopaedic surgery in north central London by consolidating services onto fewer sites
- We are undertaking a review of these services to see if these improvements can be achieved
- The review has been established by North London Partners in Health and Care
- A review group led by local clinicians is coordinating the development of how this kind of care could be delivered in the future
- Clinical commissioners will make decisions on where and how this happens
- The review covers services in Barnet, Camden, Enfield, Haringey and Islington



Stages of the review

Stage 1

Engage to get feedback on the draft case for change

Propose a service model describing how services might be delivered in future, informed by feedback

- Patients & residents
- Providers
- Clinicians
- Clinical Commissioners

engagement

Stage 2

Clinical commissioners consider the feedback from the engagement, agree a service model

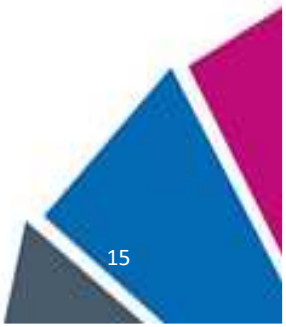
Produce a pre-consultation business

Adult elective orthopaedic surgery currently takes place at ten different hospital sites in north central London

Around 23,000 operations each year

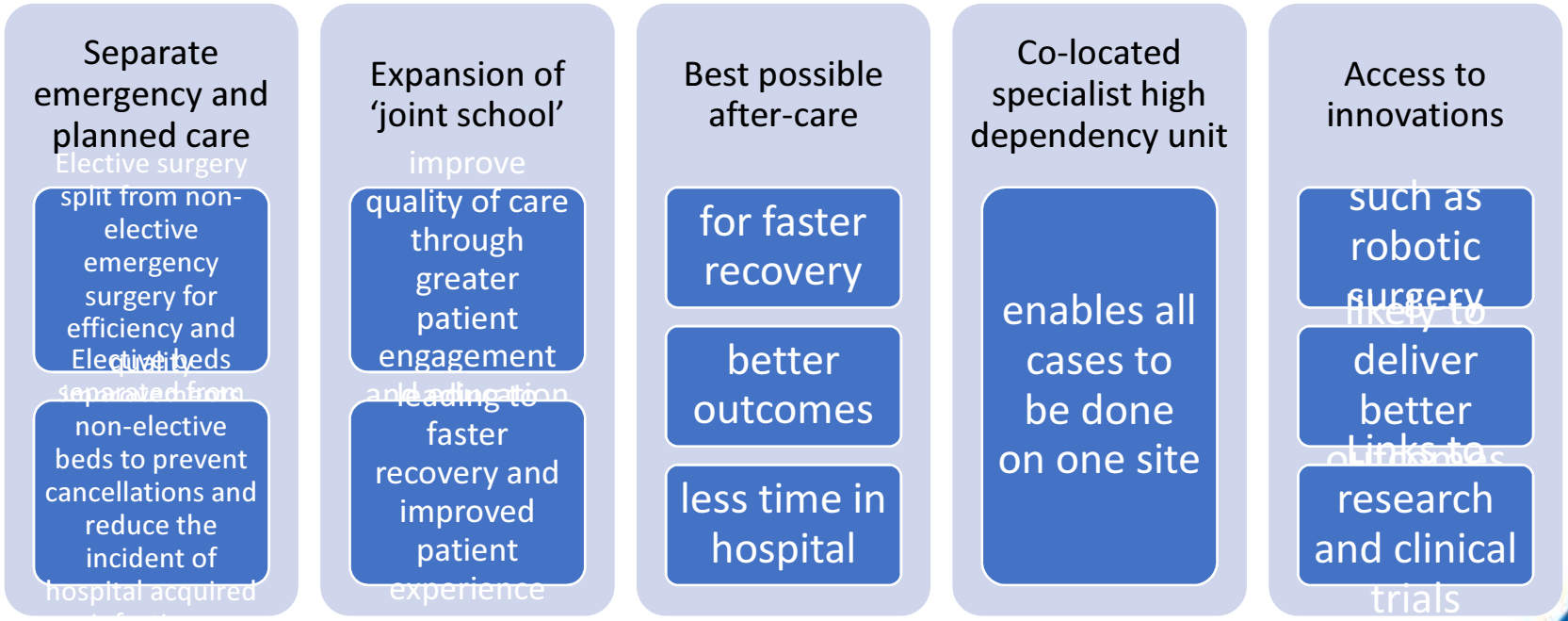
Opportunities for improvement

- Patients report different experiences and outcomes at different hospitals
- Some hospitals carry out small numbers of some operations, leading to inconsistent approaches (ie - elective knee replacements in those who had an arthroscopy)
- Variation in 'revision rates' (ie – a follow-up procedure being needed if the first one didn't work as expected)
- Variations in the length of hospital stay, following an operation
- Readmissions vary (but are low) (ie– a patient who has been discharged is admitted back to hospital)
- Infection rates vary (but are low)
- Waiting times vary and targets are being missed



Our current thinking

Learning from the best, we believe that by consolidating adult elective orthopaedic surgery from multiple hospitals to a smaller number of larger units we could further improve care.



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Adult Elective Orthopaedic Review: Barnet

- In 2017 there were **2453** planned orthopaedic procedures commissioned by Barnet CCG for Barnet residents
- **59%** of elective orthopaedic surgical interventions commissioned by Barnet CCG are day cases.
- **62%** of planned orthopaedic operations occur within the Royal Free Group (**22%** at the Royal Free Hospital and **40%** at Chase Farm); planned orthopaedic surgical procedures at Barnet Hospital have moved to Chase Farm.

Data from Hospital Episode Statistics Database 2017 (Barnet activity). Does not include private providers

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Adult Elective Orthopaedic Review: Barnet

- **1493** emergency interventions took place for Barnet Residents last year.
- **67%** of emergency procedures for Barnet residents occur at Barnet General.
- The review is not considering any changes to emergency and non-elective work. These will continue to be provided at all sites with an A&E, including Barnet General.

Data from Hospital Episode Statistics Database 2017 (Barnet activity). Does not include private providers

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Continuing to improve our plans

Work with all our partners and public to design plans	Ensure plans are clinically led and evidence based	Communicate with our stakeholders and communities about the changes ahead	Align our plans and ensure these contribute to financial sustainability	Continuing to explore scope for NCL working and greater impact

To underpin this, we will be doing more work to understand the financial to help us strengthen our approach to transformation for 2019/20 and beyond

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	Title **Health Overview and Scrutiny Committee** **Date** **21st November 2018**
Title	**Surplus Land – Options Appraisal update and next steps**
Report of	**Community Health Partnerships (CHP)**
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – Surplus Land – Options Appraisal update and next steps report
Officer Contact Details	Abigail Lewis – Governance Officer Barnet Abigail.Lewis@barnet.gov.uk Eugene Prinsloo – Developments Director

Summary

This report provides an update on the surplus land adjacent to Finchley Memorial Hospital (FMH) and options into alternative uses of the site.

Officers Recommendations

1. **That the Committee note the report on the surplus land, options appraisal and next steps.**

1. WHY THIS REPORT IS NEEDED

1.1 The Committee have requested to receive a report on the plans and timescales for the development on the land adjacent to Finchley Memorial Hospital (FMH) and how this will benefit Health services in Barnet.

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:

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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:

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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

Community Health Partnerships

Surplus Land - Options Appraisal update and next steps

31 October 2018

Introduction & Overview

- Community Health Partnerships (CHP) is the freeholder of the site adjacent to Finchley Memorial Hospital with access from Granville Road and Bow Lane.
- CHP has been working in collaboration with the Sustainability & Transformation Partnership (STP), Clinical Commissioning Group (CCG) and One Public Estate (OPE) to review the public estate needs in Barnet.
- Further to a previous options appraisal completed in March 2017, CHP have commissioned a further options appraisal mindful of the changes in overall strategy and housing policy agenda to look at alternative uses for the site. This refresh of the original appraisal will establish updated options outlining consideration for "Homes for NHS staff", possible generation of a capital receipt, and possible retention of the freehold and granting of a ground lease.
- While CHP have identified the following uses, they are expecting the appraisal to challenge and explore options further to ensure exploration of Key worker residential, Affordable residential, retirements apartments and hybrids of the above that deliver the policy agenda, and generate overall value.
- The completion date for receipt of an updated report is 11 December 2018 (see programme plan - slide 4). In parallel CHP are using this time to have further discussions with other stakeholders prior to presentation to the CHP Property Committee and Board in January 2019.
- Whatever the final outcome, CHP are mindful of the original planning arrangements pertaining to the use of the Finchley Memorial site and all this original information will inform the options appraisal. The ultimate aim is to deliver a preferred option recommendation, with a plan for delivery based on up to date market intelligence and planning considerations.
- CHP will continue collaborative discussions with the local health economy and Council and will seek to offer an optimum project solution that is planning compliant and supports health system requirements, provides possible space for homes for NHS staff/Affordable housing and is mindful of the need for green spaces and other walkways being incorporated in the site.

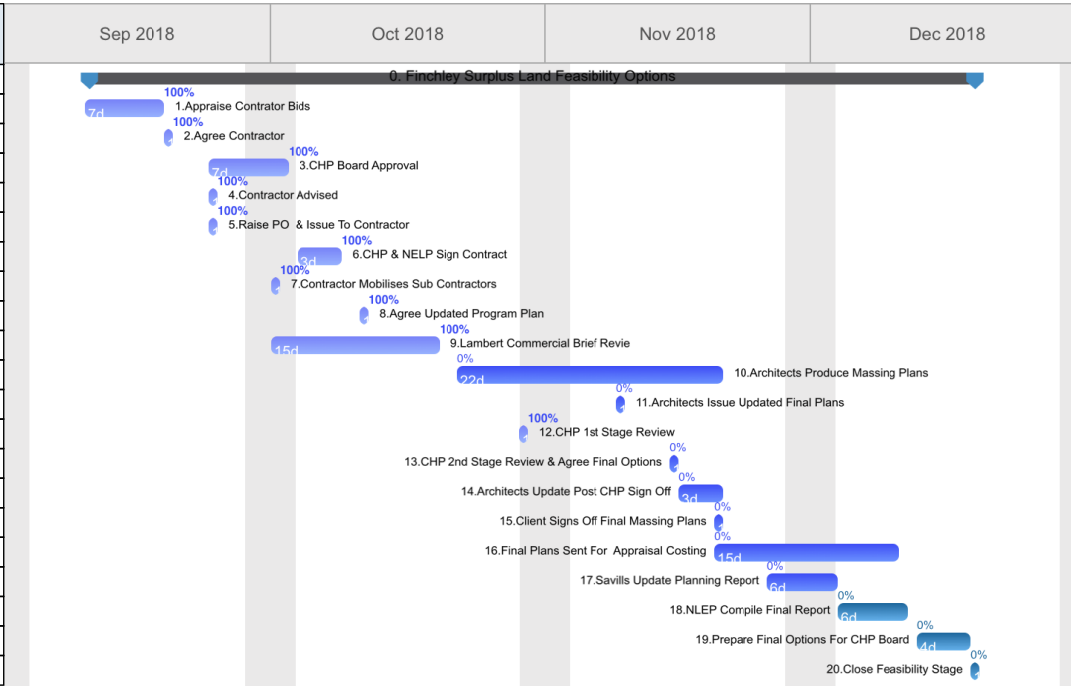
Project Appraisal Criteria

Project Rationale	• The STP and CCG are looking at clinical services, supporting services and building utilisation across Barnet to improve utilisation and maximise service provision to the local community • Initially it was thought to increase the utilisation of Finchley, and how funding from a capital receipt generated from land sales could be used to fund reconfiguration works • This work has been ongoing and CHP have contributed a significant capital sum to fund three separate CCG identified projects while supporting additional projects. • One Public Estate has brought together the various parties to look at aligning the various options and CHP is reviewing in line with the overall agenda.
Proposal	To develop or sell a parcel of c.0.4 Ha of freehold open land. Options include possible retention of the freehold and granting a 30 year ground lease.
Options	Options identified for the possible use of the land are: 1. Retirement Apartments 2. Key Worker accommodation and/or Affordable Housing 3. Residential houses and apartments 4. Or a mix of the above
Assessment criteria	Value creation, policy compliance, timescale for delivery, planning risk
Risks and Issues	The key risks and issues are: • Differing stakeholder requirements and priorities • Planning issues related to the development of open space adjacent to a Hospital site. • Time frame around planning and commissioning work through to completion • Lack of NHS Key Worker demand data needs.

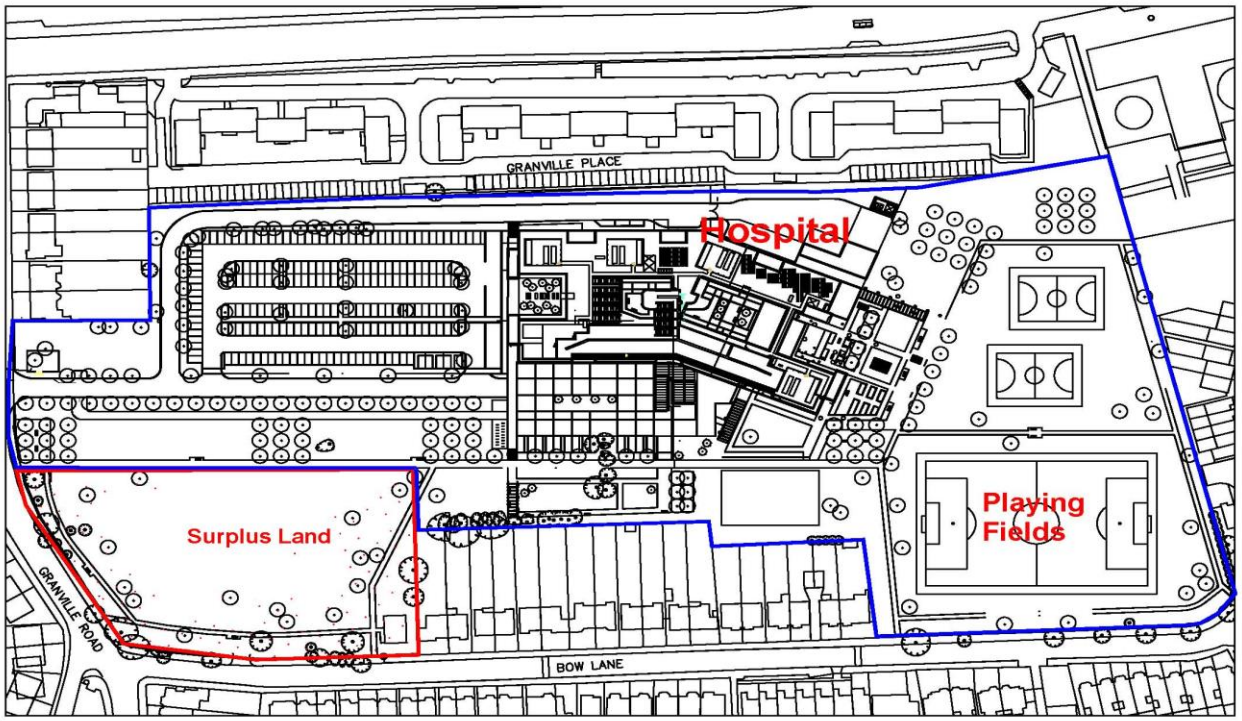
Programme for Options Appraisal

Finchley Surplus Land Feasibility Options

Id	Task Name	Duration	Start	Finish	% Completed
0	**Finchley Surplus Land Feasibility Options**	**73d**	**10-Sep-2018**	**19-Dec-2018**	**39%**
1	Appraise Contrator Bids	7d	10-Sep-2018	18-Sep-2018	100%
2	Agree Contractor	1d	19-Sep-2018	19-Sep-2018	100%
3	CHP Board Approval	7d	24-Sep-2018	02-Oct-2018	100%
4	Contractor Advised	1d	24-Sep-2018	24-Sep-2018	100%
5	Raise PO & Issue To Contractor	1d	24-Sep-2018	24-Sep-2018	100%
6	CHP & NELP Sign Contract	3d	04-Oct-2018	08-Oct-2018	100%
7	Contractor Mobilises Sub Contractors	1d	01-Oct-2018	01-Oct-2018	100%
8	Agree Updated Program Plan	1d	11-Oct-2018	11-Oct-2018	100%
9	Lambert Commercial Brief Revie	15d	01-Oct-2018	19-Oct-2018	100%
10	Architects Produce Massing Plans	22d	22-Oct-2018	20-Nov-2018	0%
11	Architects Issue Updated Final Plans	1d	09-Nov-2018	09-Nov-2018	0%
12	CHP 1st Stage Review	1d	29-Oct-2018	29-Oct-2018	100%
13	CHP 2nd Stage Review & Agree Final Optio	1d	15-Nov-2018	15-Nov-2018	0%
14	Architects Update Post CHP Sign Off	3d	16-Nov-2018	20-Nov-2018	0%
15	Client Signs Off Final Massing Plans	1d	20-Nov-2018	20-Nov-2018	0%
16	Final Plans Sent For Appraisal Costing	15d	20-Nov-2018	10-Dec-2018	0%
17	Savills Update Planning Report	6d	26-Nov-2018	03-Dec-2018	0%
18	NLEP Compile Final Report	6d	04-Dec-2018	11-Dec-2018	0%
19	Prepare Final Options For CHP Board	4d	13-Dec-2018	18-Dec-2018	0%
20	Close Feasibility Stage	1d	19-Dec-2018	19-Dec-2018	0%

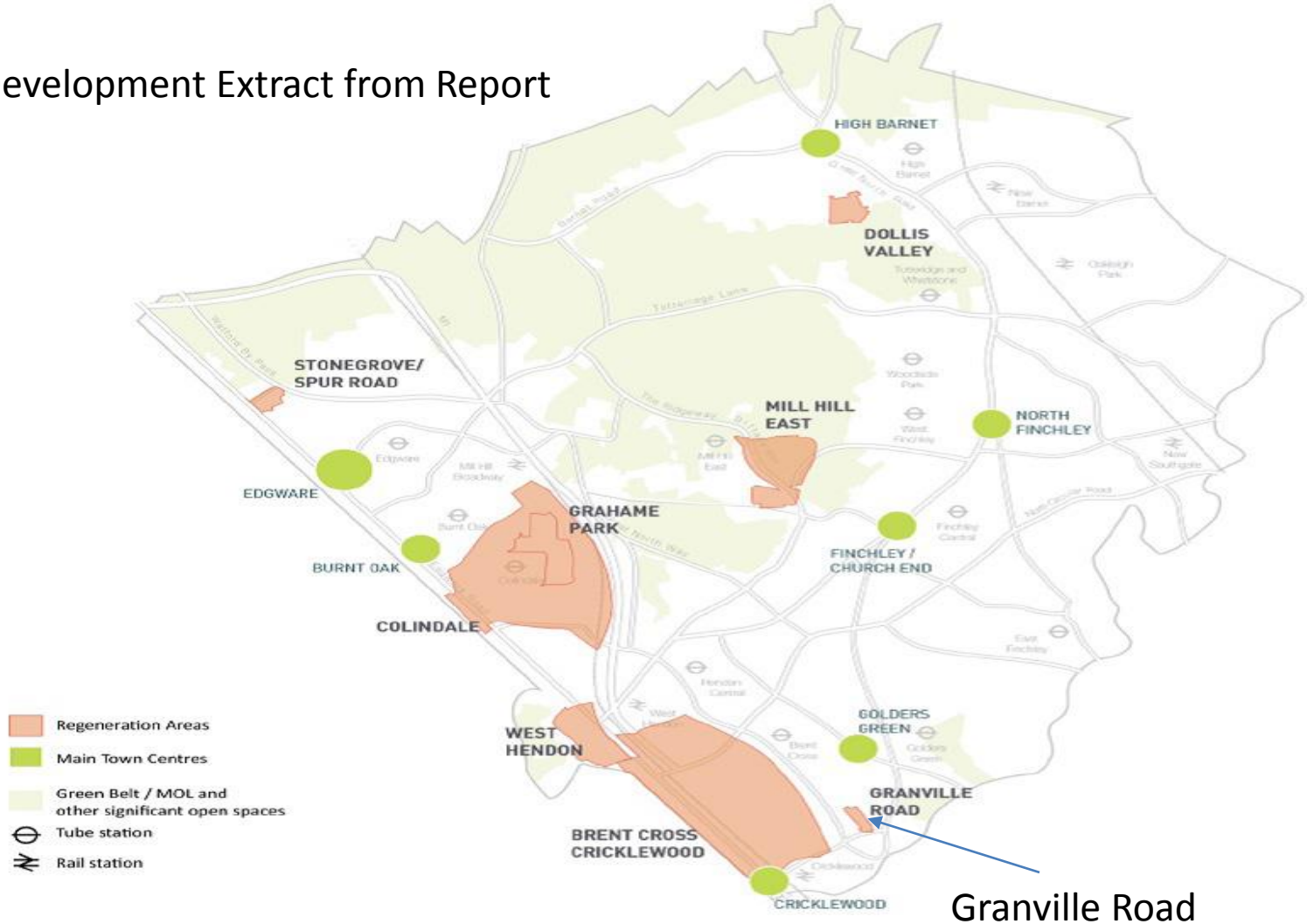


Outline of current site



Annual Regeneration Report 2017/18 Delivering for Barnet
Linking to the wider agenda

Development Extract from Report



Granville Road

Wider Stakeholder Dialogue & Collaboration

- Barnet Council Call for Information Gathering Exercise submitted by CHP
- Collaboration at One Public Estates Board, most recent update 24 October 2018
- Collaboration and dialogue with NHS Improvement via Strategy team and Ian Burden, Property Transaction Lead October 2018
- Collaboration with Homes for NHS Staff Pilot via Programme Director Hannah Breitschadel and STP
- Discussion with London Estates Delivery Unit via Sue Hardy, Programme Director
- Update meeting scheduled with Simon Goodwin, Chief Finance Officer STP and Kay Matthews, Chief Operating Officer Barnet CCG.
- Further meeting also scheduled with NHSI on completion of options appraisal December 2018.

Next Steps

- Review final options appraisal report
- Share options with the wider stakeholder groups
- Create recommendation report for CHP Property Committee
- Finalise proposal for CHP Board approval
- Produce plan and identify resources to progress the next stage of the project in line with agreed time frames for delivery.

	Title **Health Overview and Scrutiny Committee** **Date** **21st November 2018**
Title	**Royal Free Electronic Patient Record (EPR)**
Report of	**Royal Free London NHS Foundation Trust**
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	**Appendix A - Electronic Patient Record (EPR) – Go live information**
Officer Contact Details	Abigail Lewis – Governance Officer Barnet Abigail.Lewis@barnet.gov.uk

Summary

This report provides an update on the Royal Free London's Electronic Patient Record system which is schedule to go live over the weekend on November 17-18 2018.

The EPR introduces one single, integrated electronic patient record and makes it available to all staff that need to access it, when and where required.

Officers Recommendations

1. That the Committee note the report on Electronic Patient Record.

1. WHY THIS REPORT IS NEEDED

1.1 The Royal Free London NHS Foundation Trust will be going live with their new Electronic Patient Record system. The Committee has been provided with this report in order to note what the new system is, how it will change the way the Trust works, as well as the risks and benefits of its implementation.

The Royal Free London's new Electronic Patient Record (EPR) is scheduled to go live over the weekend of November 17-18 November at Barnet Hospital, Chase Farm Hospital, Edgware Community Hospital theatres, Finchley Memorial Hospital and the Royal Free Hospital Maternity department. It will go live across the remainder of the Royal Free Hospital during 2019.

EPR will fundamentally change how the Trust works and cares for patients

EPR introduces one single, integrated Electronic Patient Record and makes it available to all the staff who need to access it, when and where they need it. It will be quicker and more convenient for staff and means that the Trust can be confident that care is as safe as possible for their patients.

EPR will provide an accurate and real-time view of each patient's care using live data to create clinical documents for records and correspondence to GPs and patients.

Staff will be able to enter data and documents straight into the EPR. Integrated medical devices will upload readings automatically to the patient's record, reducing potential errors and freeing clinical time. If a patient's observations and assessments are outside expected ranges, staff will be alerted.

EPR means the Trust will no longer have paper records at the patient's bedside. Instead, there will be computers or laptops which can be used to input information directly onto the EPR.

The move to Electronic Patient Records is a key enabler for integrated care across North Central London and underpins the local health and care system's digital ambitions.

EPR will also help to address unwarranted clinical variation and prompt healthcare teams to the best evidence-based treatments. Multidisciplinary Clinical Practice Group (CPG) care pathways will be embedded in the EPR so patients receive the same standard of care regardless of where they are treated across the Trust's group of hospitals.

The move to EPR is an exciting innovation, enhancing care and outcomes and heralding the end of paper records over the next 12 months. The Trust is proud to be taking this important step on their journey to becoming the most digitally advanced Trust in the NHS.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be briefed on this matter and provide scrutiny on new system.

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 Health 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 The launch of the new EPR is a significant change. During the weeks immediately after implementation, the staff will be getting used to the new system. Patient appointments could take a little longer than usual and there may be some delays to schedules. The Royal Free London NHS Trust will be communicating with their patients to apologise for any delays and will explain why they may be experiencing them.

The Trust have been running a major training and awareness programme to ensure staff are trained and ready to use the new EPR before it goes live. Departments have been reviewing rosters and leave to ensure that additional staff are available to provide support.

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

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world class expertise local care

Royal Free London NHS
NHS Foundation Trust

Electronic Patient Record (EPR) Stakeholder Event

Sir David Sloman, RFL CEO
Chris Streather, RFL CMO/CCIO
Glenn Winteringham, RFL CIO

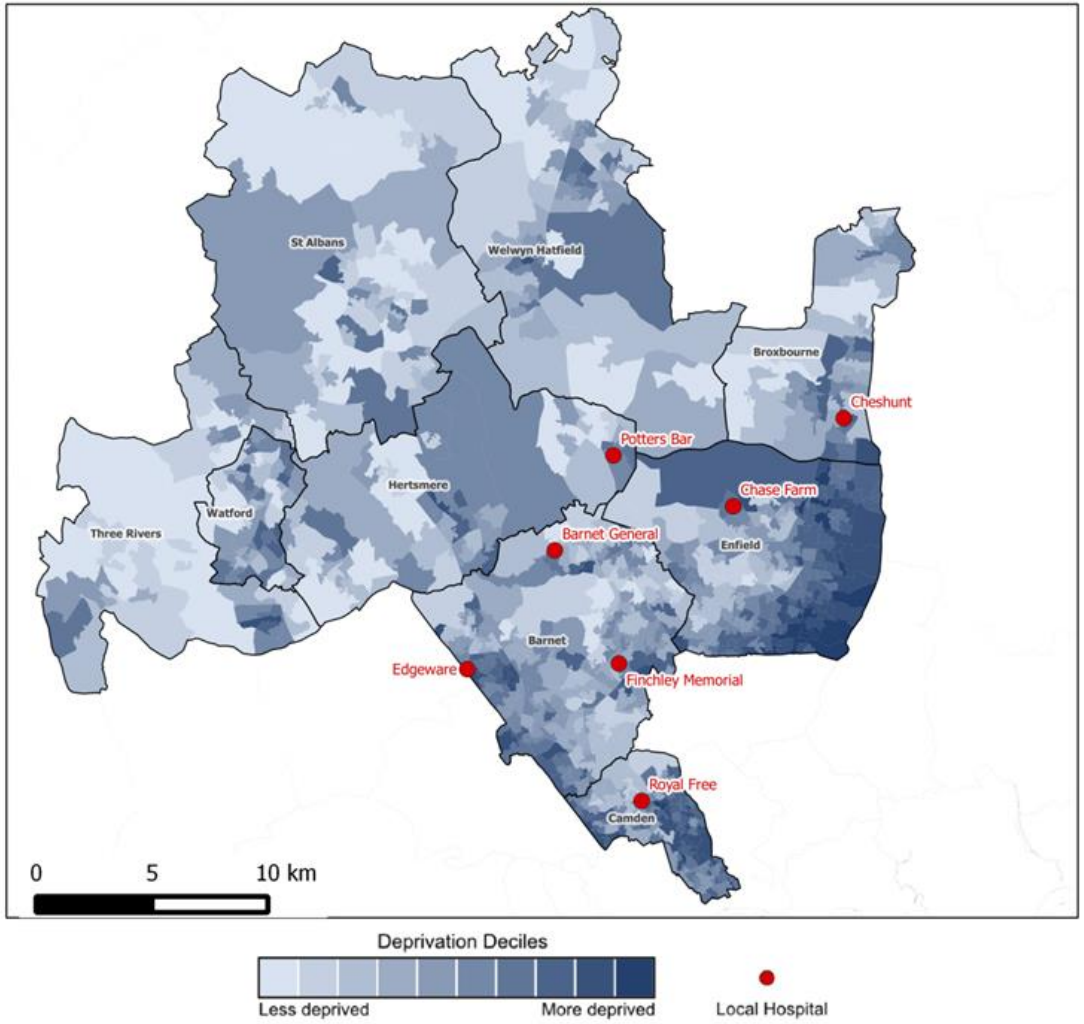
Royal Free London NHS
NHS Foundation Trust

1. **Royal Free London context**
2. Clinical practice groups (CPGs)
3. Global Digital Exemplar (GDE)
4. GDE innovation

world class expertise local care

The Royal Free London NHS Foundation Trust

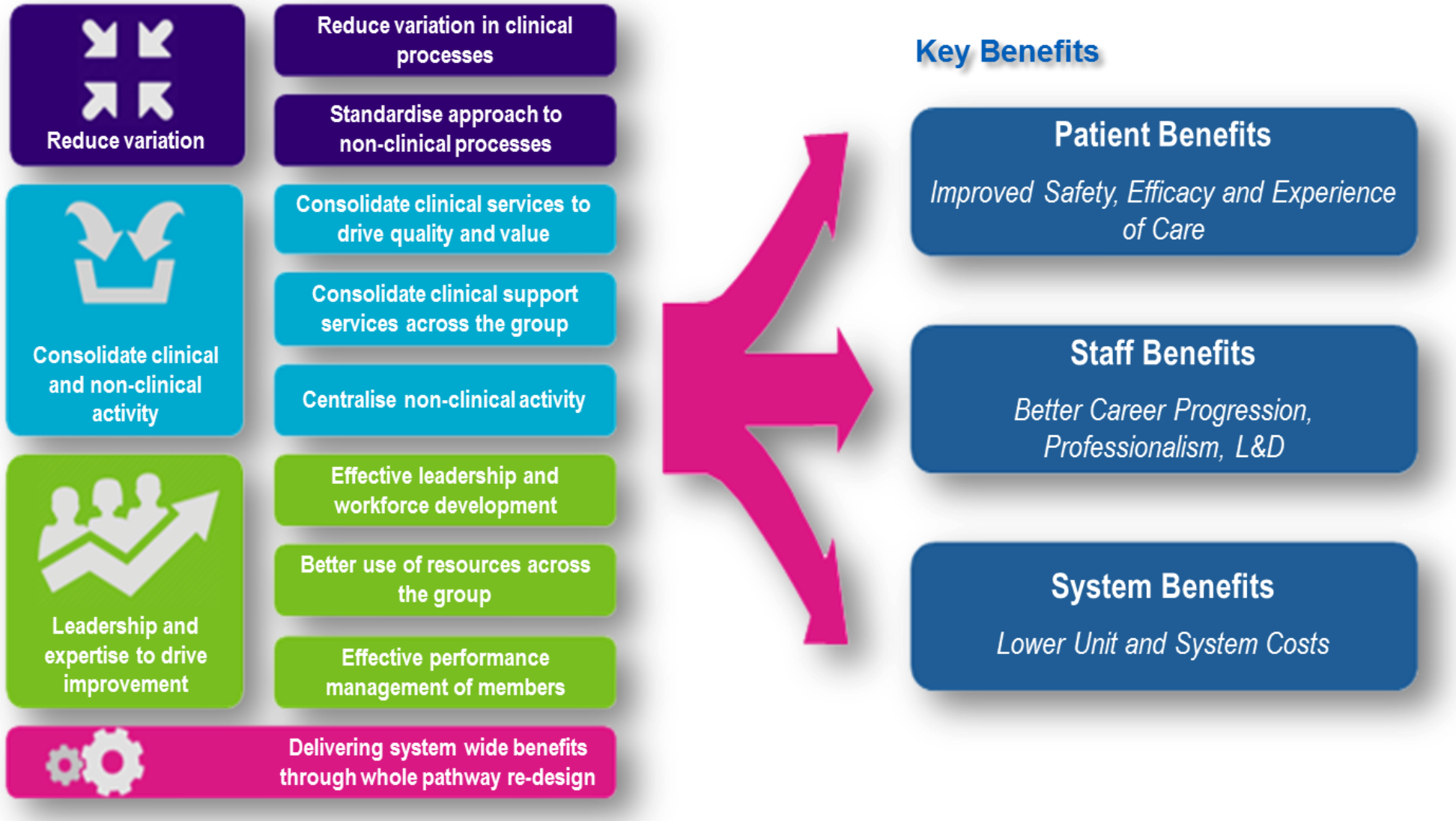
- 6th largest NHS Trust - £1bn+ turnover
- Manage 3 acute hospitals in north London
- 10,500+ staff
- 1.6m patient visits a year
- 2.5m catchment population
- Member of UCLP Academic Health Network
- NHS Vanguard for Acute Care Collaboration
- NHS Global Digital Exemplar



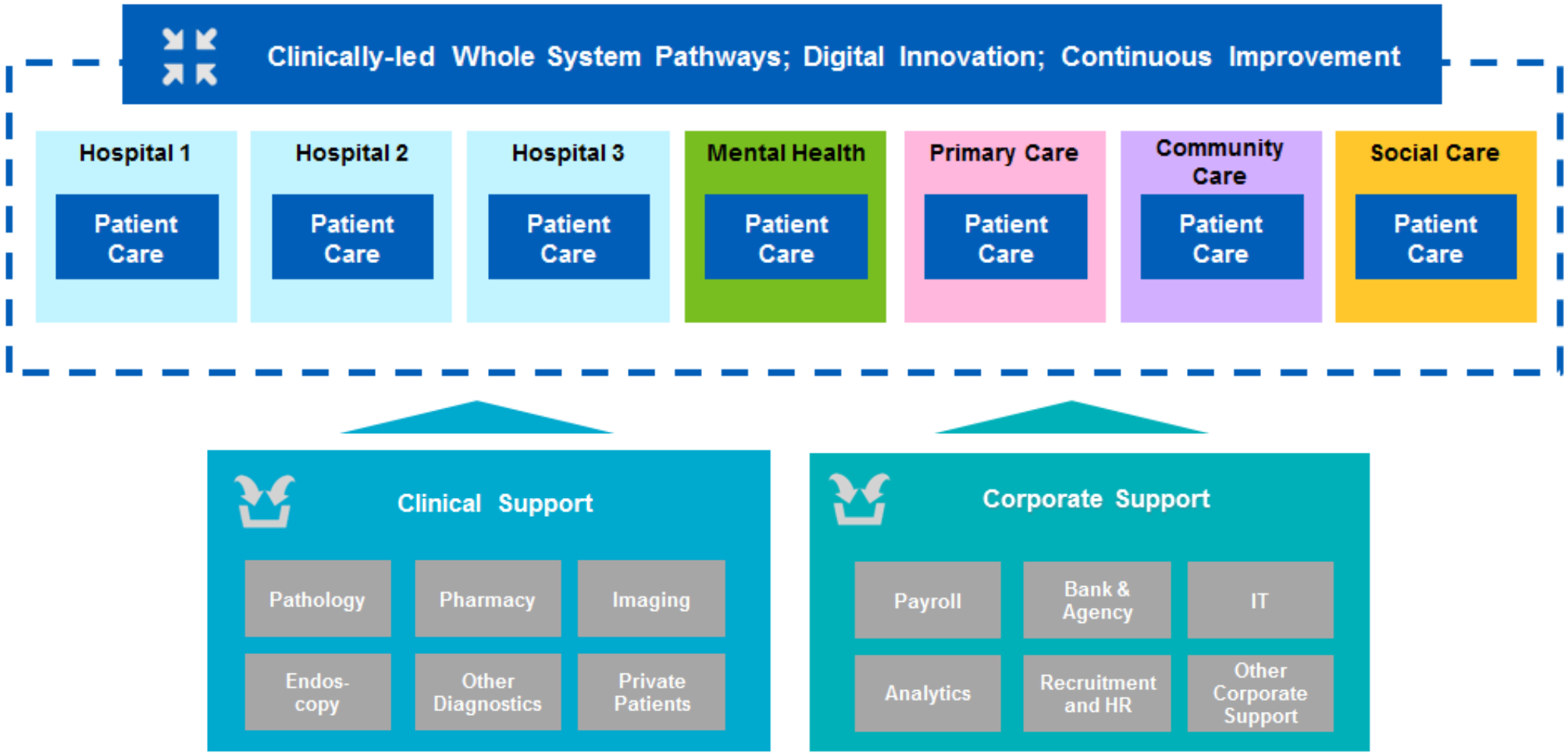
Our vision


Aspiration to be Europe's best performing healthcare group
Our Mission
We provide
world class expertise and local care
for our patients
Our Governing Objectives
Excellent outcomes, safety, experience, value and resilience across services, teaching and research
Our Values
positively welcoming
actively respectful
visibly reassuring
clearly communicating
Our Focus
Recruiting, developing and retaining the best talent
Reducing unwarranted variation in clinical practices
Achieving excellent operational and financial performance
Delivering clinical and support services at lower cost and higher quality
Implementing total system patient pathways

Group benefits



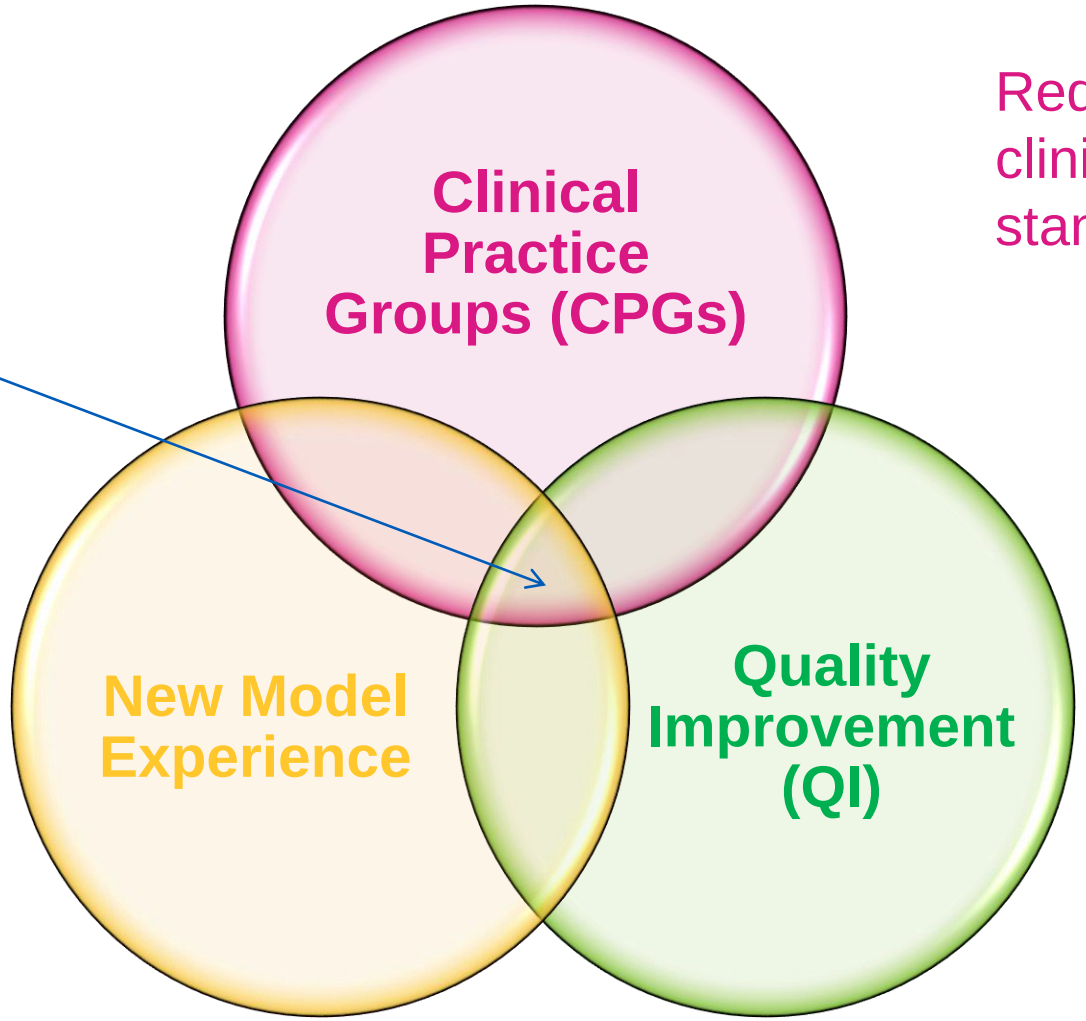
The new model we are creating with our partners



Single provider system able to be commissioned and funded on a population health basis

How CPGs, QI and Digital interrelate

Transform patient care, safety and outcomes



Reduce unwarranted clinical variation using standardised pathways

Implement a Group wide EPR to digitise CPGs

Develop a continuous improvement culture

Old Chase Farm Hospital

New Chase Farm Hospital

New Chase Farm Hospital

- Digital hospital - HIMSS 7
- Paperless at the point of care
- Enhanced patient navigation
- Integrated medical devices
- Innovative digital solutions
- New IT infrastructure

Royal Free London group animation

Play the animation

RFL Care Quality Commission rating

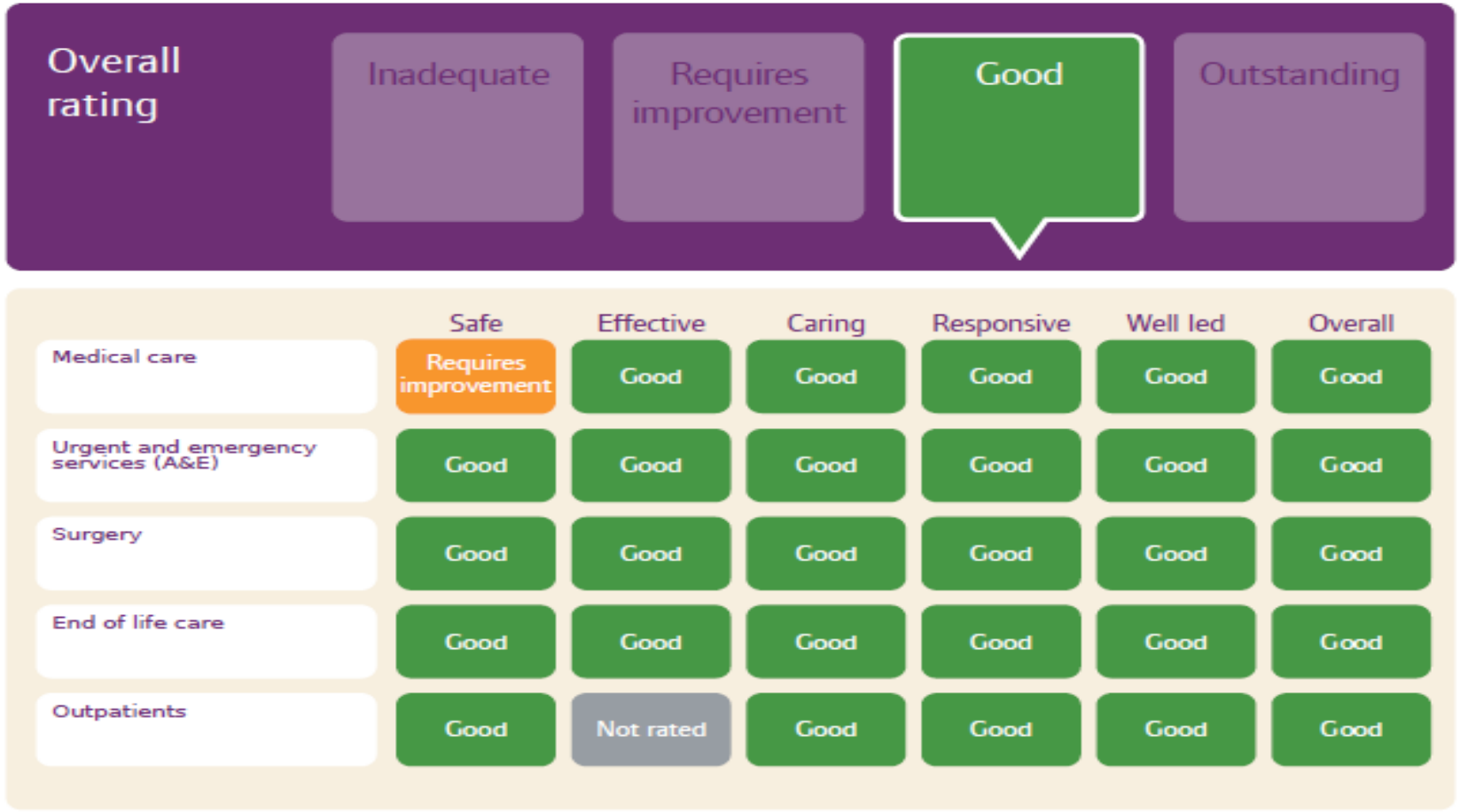
Are services

Safe?	Requires improvement
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good

What's our rating? Barnet Hospital

	Safe	Effective	Caring	Responsive	Well led	Overall
Medical care (including older people's care)	Good	Good	Good	Good	Good	Good
Urgent and emergency services (A&E)	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Intensive/critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children & young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Good	Good	Good

What's our rating? Chase Farm Hospital

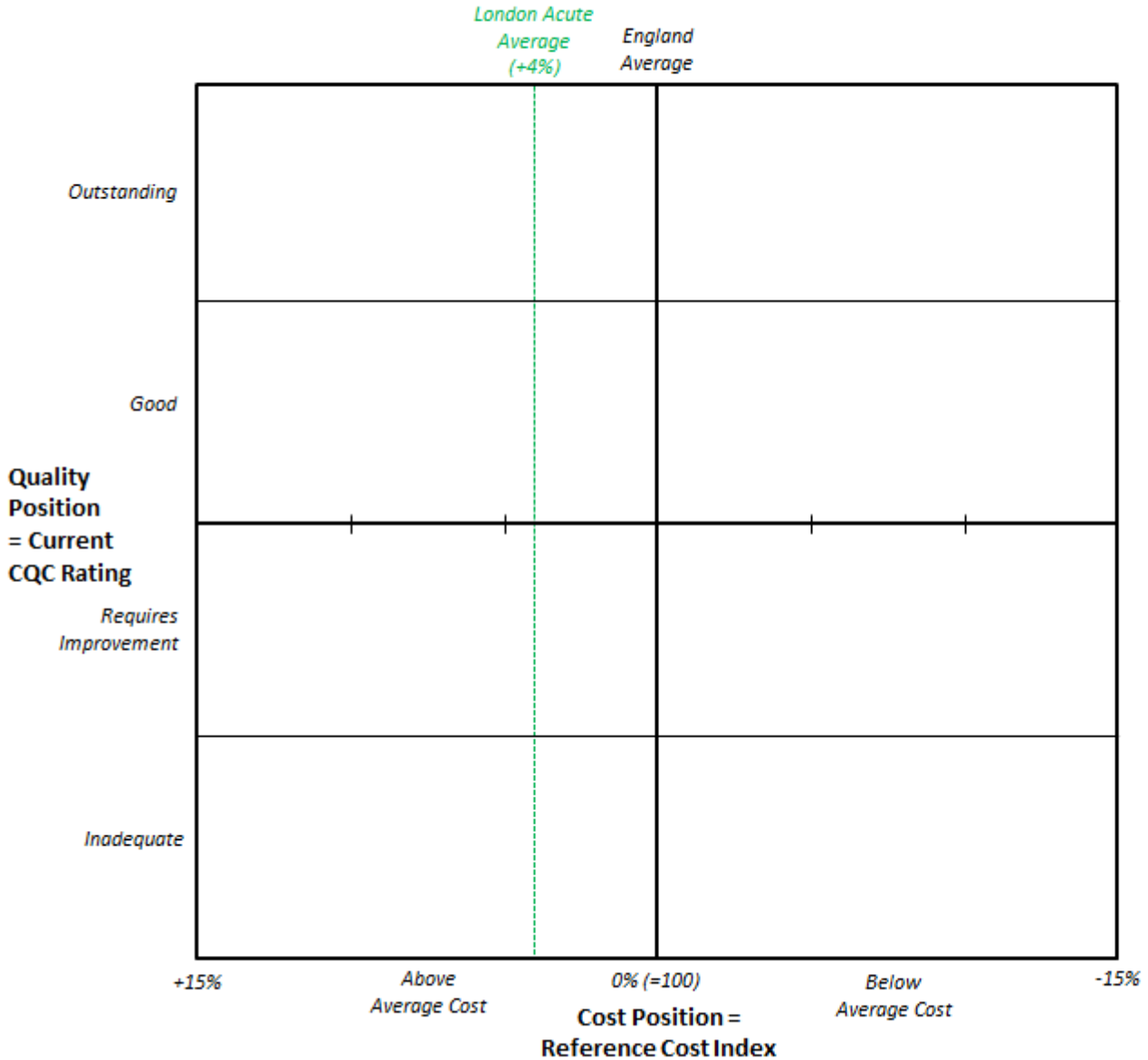


	Safe	Effective	Caring	Responsive	Well led	Overall
Medical care	Requires improvement	Good	Good	Good	Good	Good
Urgent and emergency services (A&E)	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Good	Good	Good

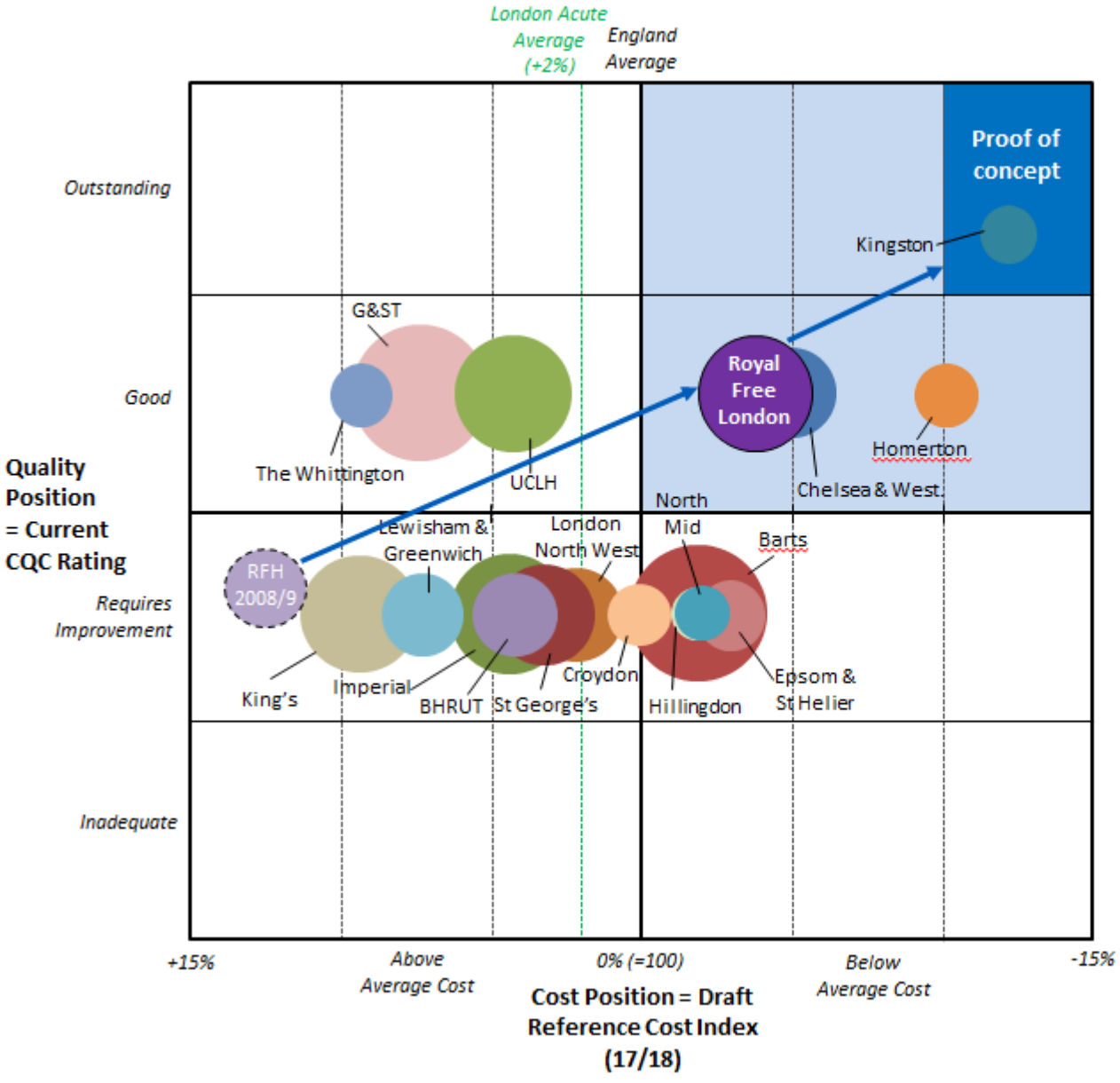
What's our rating? Royal Free Hospital

	Safe	Effective	Caring	Responsive	Well led	Overall
Medical care (including older people's care)	Requires improvement	Good	Good	Good	Good	Good
Urgent and emergency services (A&E)	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Intensive/critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Good	Good	Requires improvement	Good	Good
Services for children & young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Good	Good	Good

Quality vs Reference Costs



Quality vs Reference Costs 2017/18



1. Royal Free London context
2. **Clinical practice groups (CPGs)**
3. Global Digital Exemplar (GDE)
4. GDE innovation

Clinically-led digital transformation

CCIO

CMIOs

Pharmacy

CNIO

Maternity

What are clinical practice groups (CPGs) ?

Permanent multi-professional teams which oversee clinical strategy

Clinically led to drive redesign of care delivery

Agree evidence base and develop standardised care pathways

Clinical practice groups (CPGs)

What we are trying to achieve:

Reducing unwarranted variation ;
increasing warranted variation

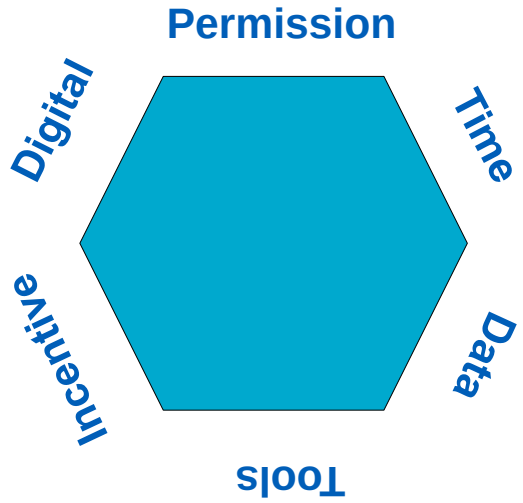
Initially within the hospital system;

then with partners across the health system;

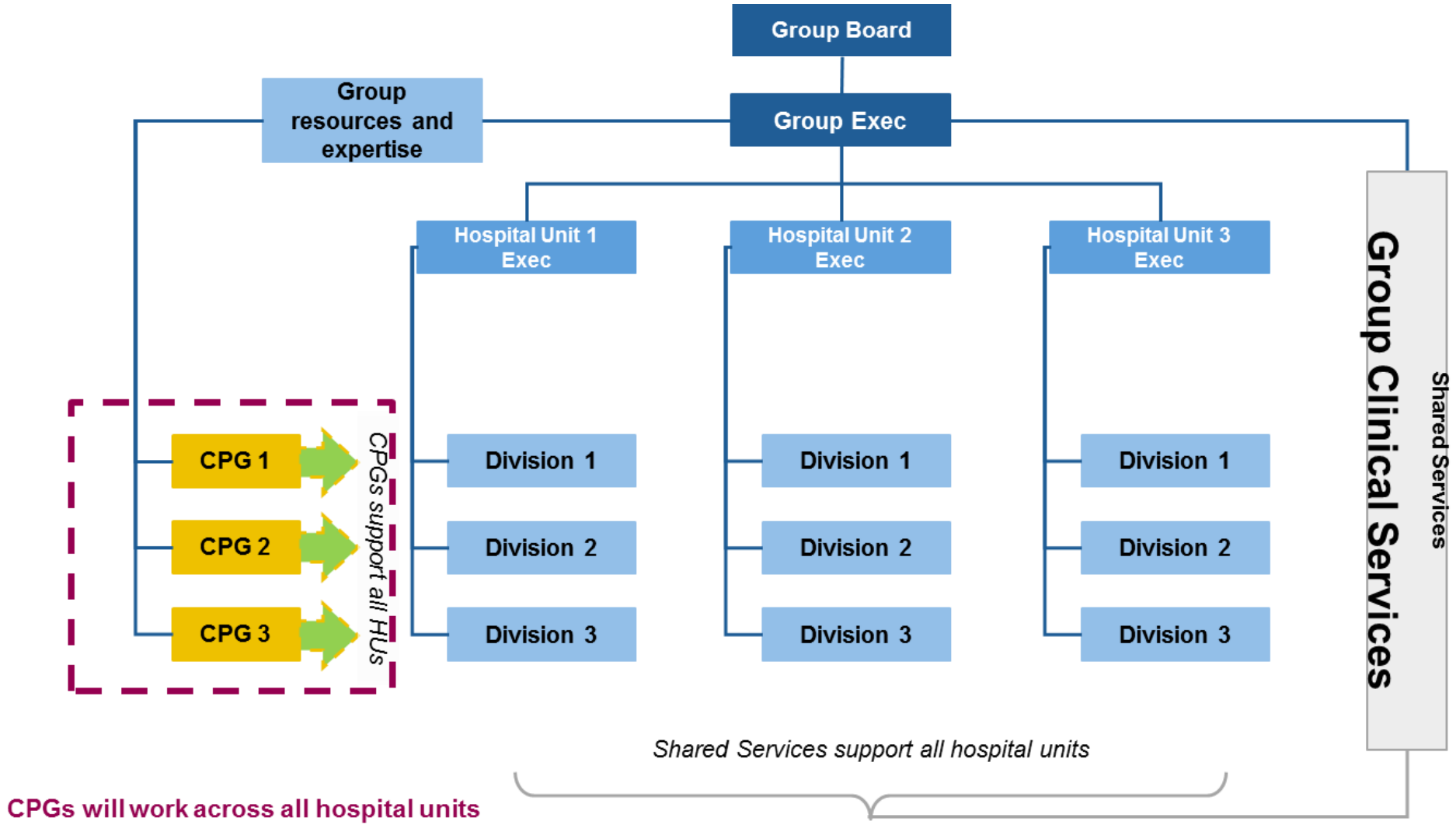
then across health and social care systems

How we are trying to achieve it:

"Bringing clinicians around the data
and giving them the opportunity to improve"



A clinically-led approach



What impact will CPGs have?

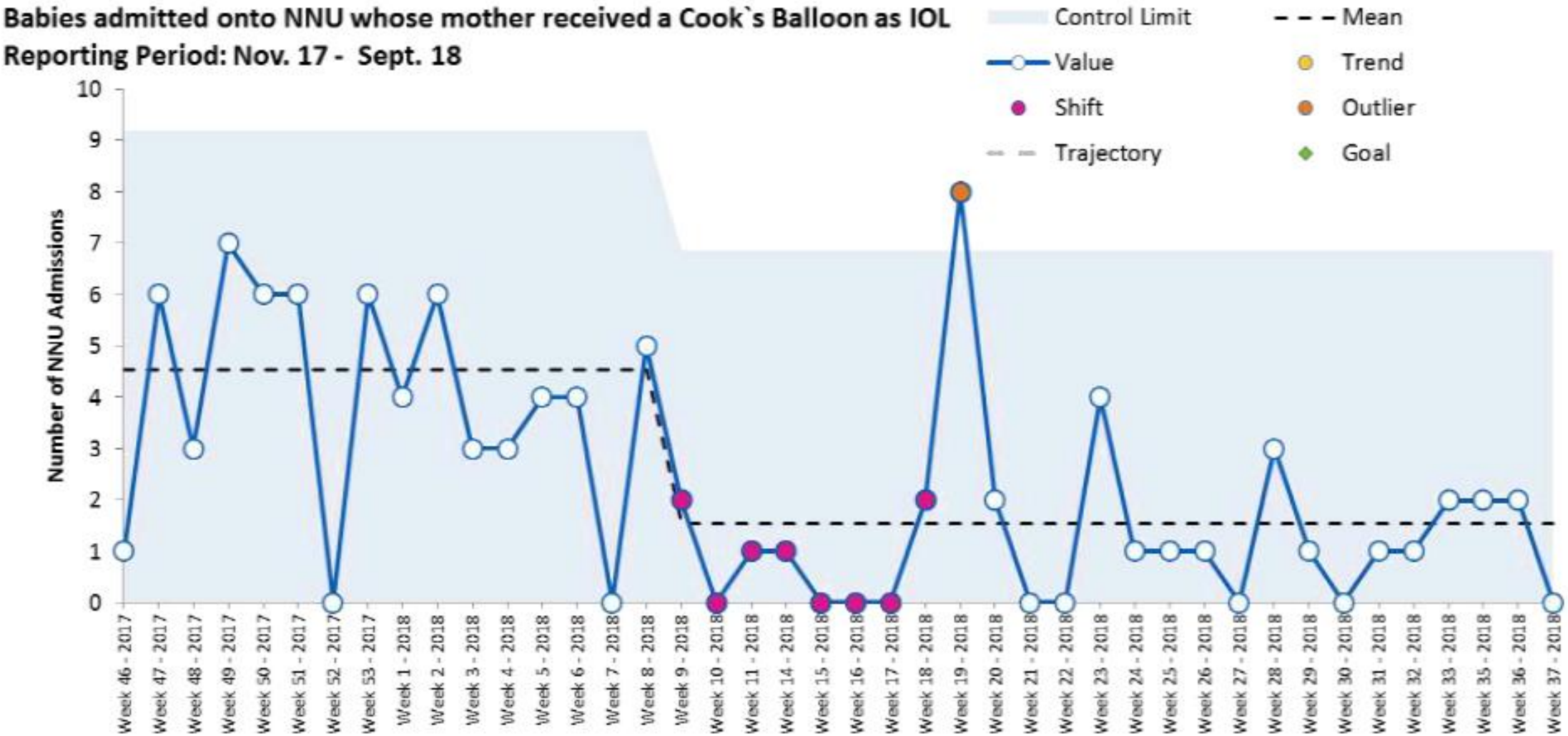
Ensure excellent clinical performance across all hospitals in the group

- Patient co-design
- Agree standardised pathways
- Clinically led redesign of care delivery
- Reduce unwarranted variation

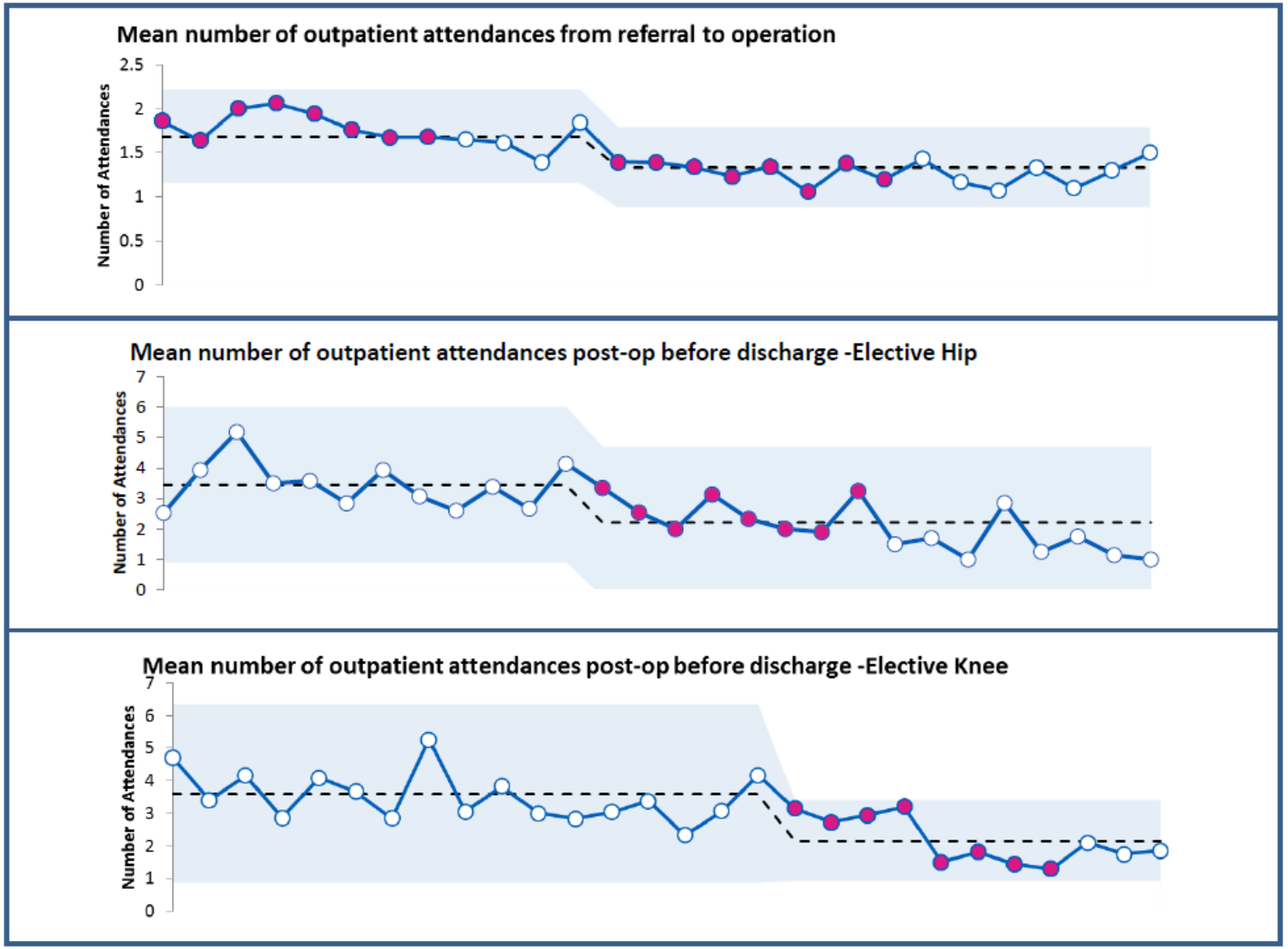
Deliver highest value care

- Deliver high quality safe care for all
- Monitor clinical outcomes
- Drive innovation and improvement
- Drive excellence in clinical research

Keeping mums and babies together



Elective joint replacement pathway



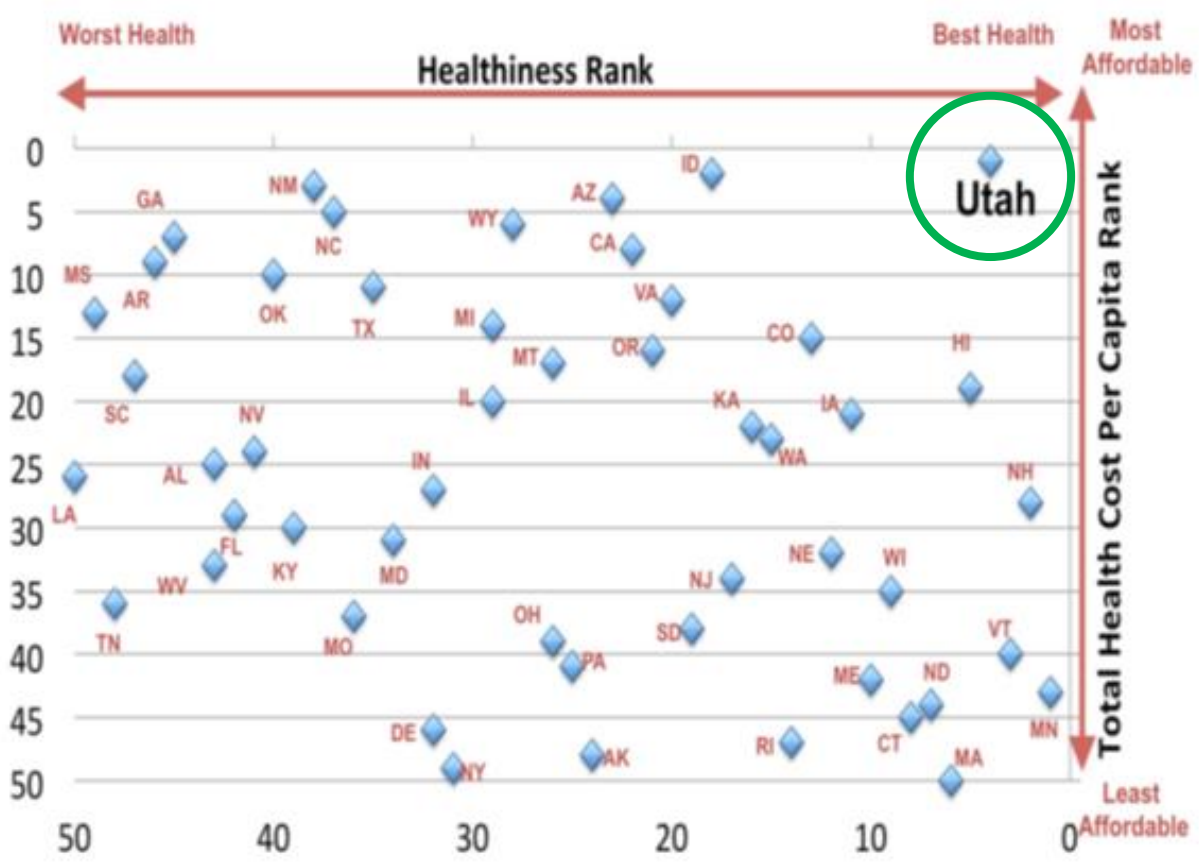
International partner : Intermountain Healthcare

Intermountain® Healthcare

In developing our approach to reducing unwarranted clinical variation we have worked with Intermountain Healthcare

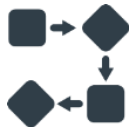
Why Intermountain Healthcare ?

- Deliver high quality, cost effective care across 232 hospitals in Utah
- 30 year history of standardising care process models (CPMs)
- Partnered with Cerner to digitise CPMs in Millennium EPR



1. Royal Free London Context
2. Clinical practice groups (CPGs)
3. **Global Digital Exemplar (GDE)**
4. GDE innovation

What is our Global Digital Exemplar (GDE) ?



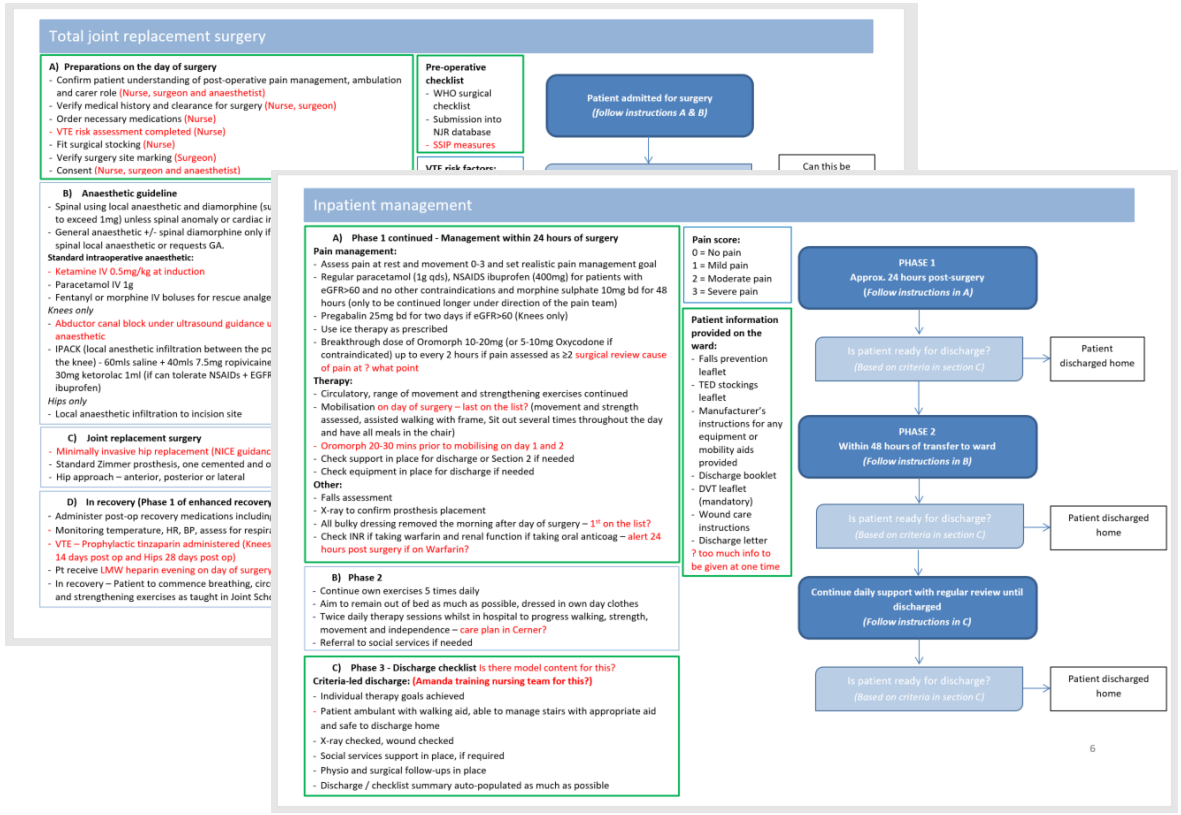
Reduce unwarranted clinical variation through digitisation of clinical pathways

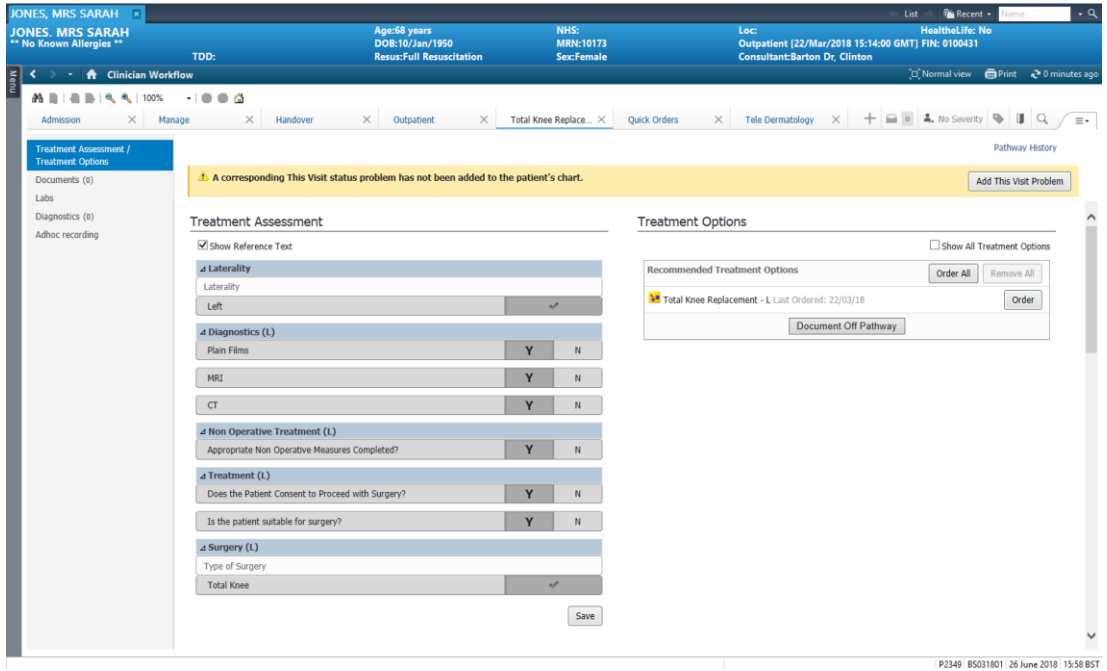
Open the most digitally advanced hospital in the NHS at Chase Farm hospital in 2018

Implement population health management across NCL STP

Innovation and interoperability *e.g. DeepMind Streams*

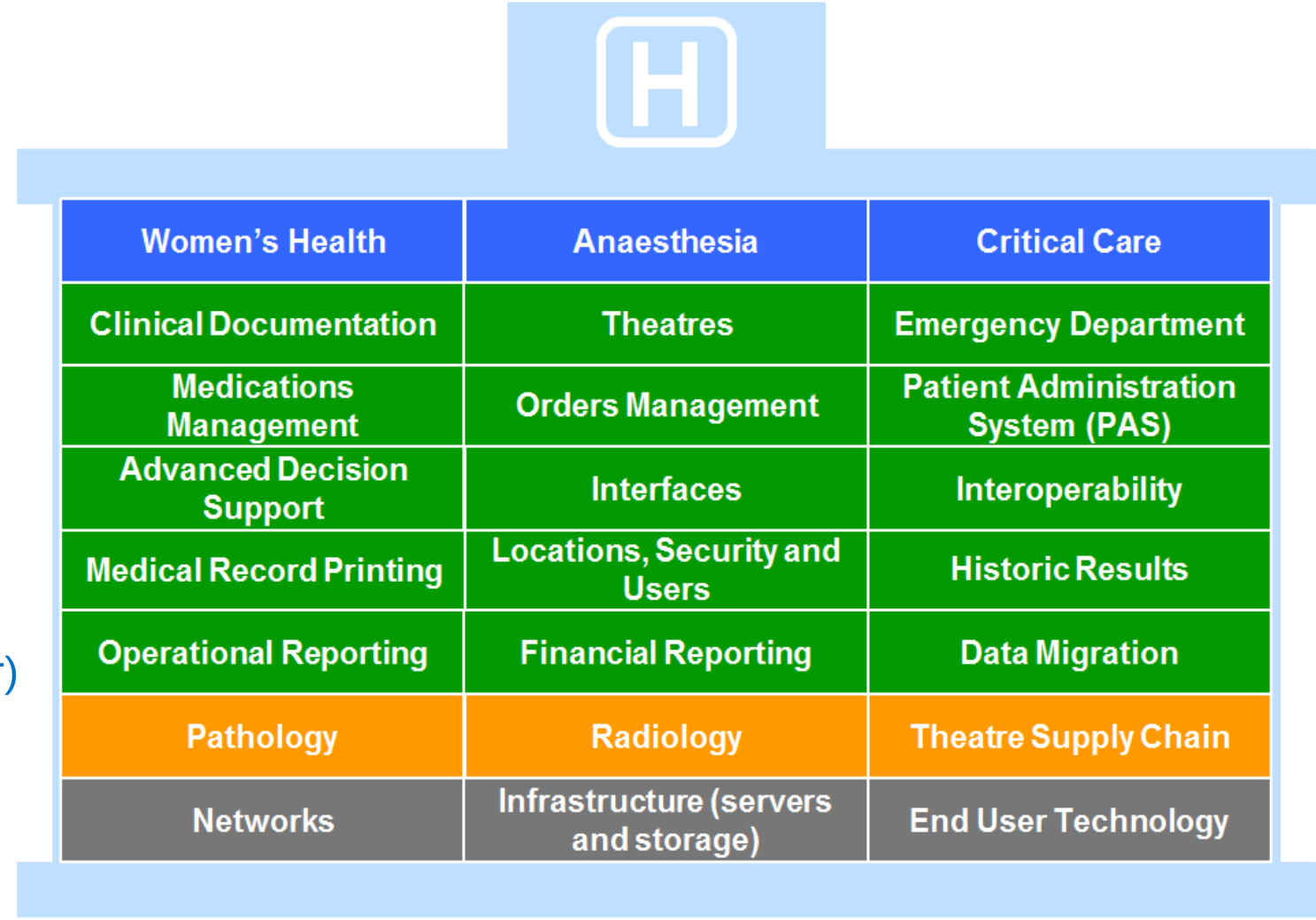
Digitising 20 clinical pathways in EPR





Implementing New HIMSS 7 Model Content EPR

- Barnet and Chase Farm Hospitals
  – November 2018
- Royal Free
  – Summer 2019
- West Herts (potential Fast Follower)
  – Summer 2020/21



What is going live and where ?

Chase Farm	Barnet	Royal Free
Maternity*	Maternity	Maternity
Anaesthesia	Anaesthesia	
Theatres	Theatres	
Clinical Documentation⁺	Clinical Documentation	
E-Prescribing & Meds Admin	E-Prescribing & Meds Admin	
Medical Device Integration	Medical Device Integration	
Clinical Practice Groups	Clinical Practice Groups	

* = including foetal monitoring ⁺ = physician, surgical, nursing & therapy documentation

When is go-live ?

- New EPR is scheduled to go-live w/e **17-19 November**

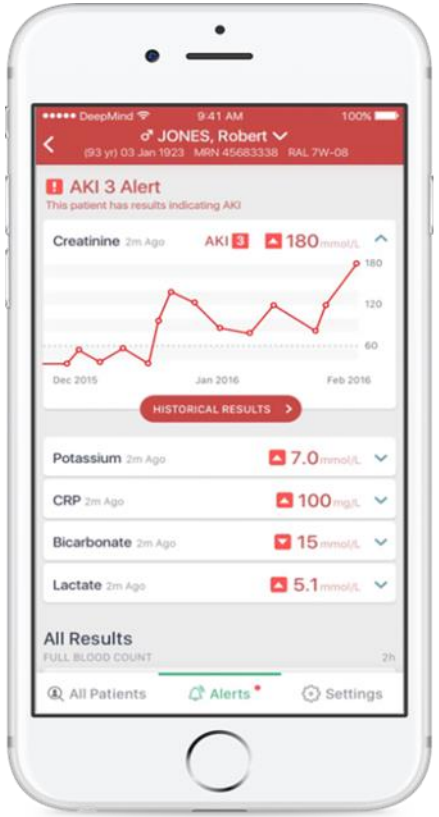
Royal Free London NHS
NHS Foundation Trust

1. Royal Free London context
2. Clinical practice groups (CPGs)
3. Global Digital Exemplar (GDE)
4. **GDE innovation**

world class expertise local care

Digital innovation

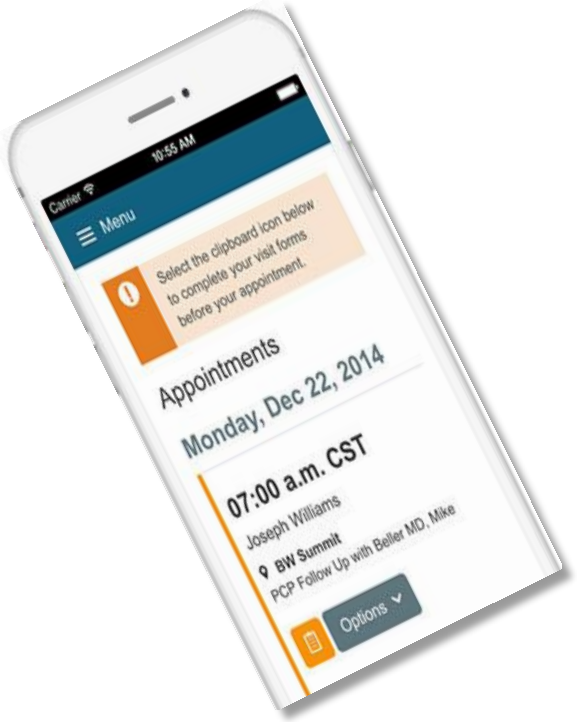
- Mobile clinical alerts - DeepMind
- Nurse Call System - ascom
- Speech recognition data entry - NUANCE
- Self check-in and wayfinding - intouch
- Single sign-on/session persistence - imprivata®



streams

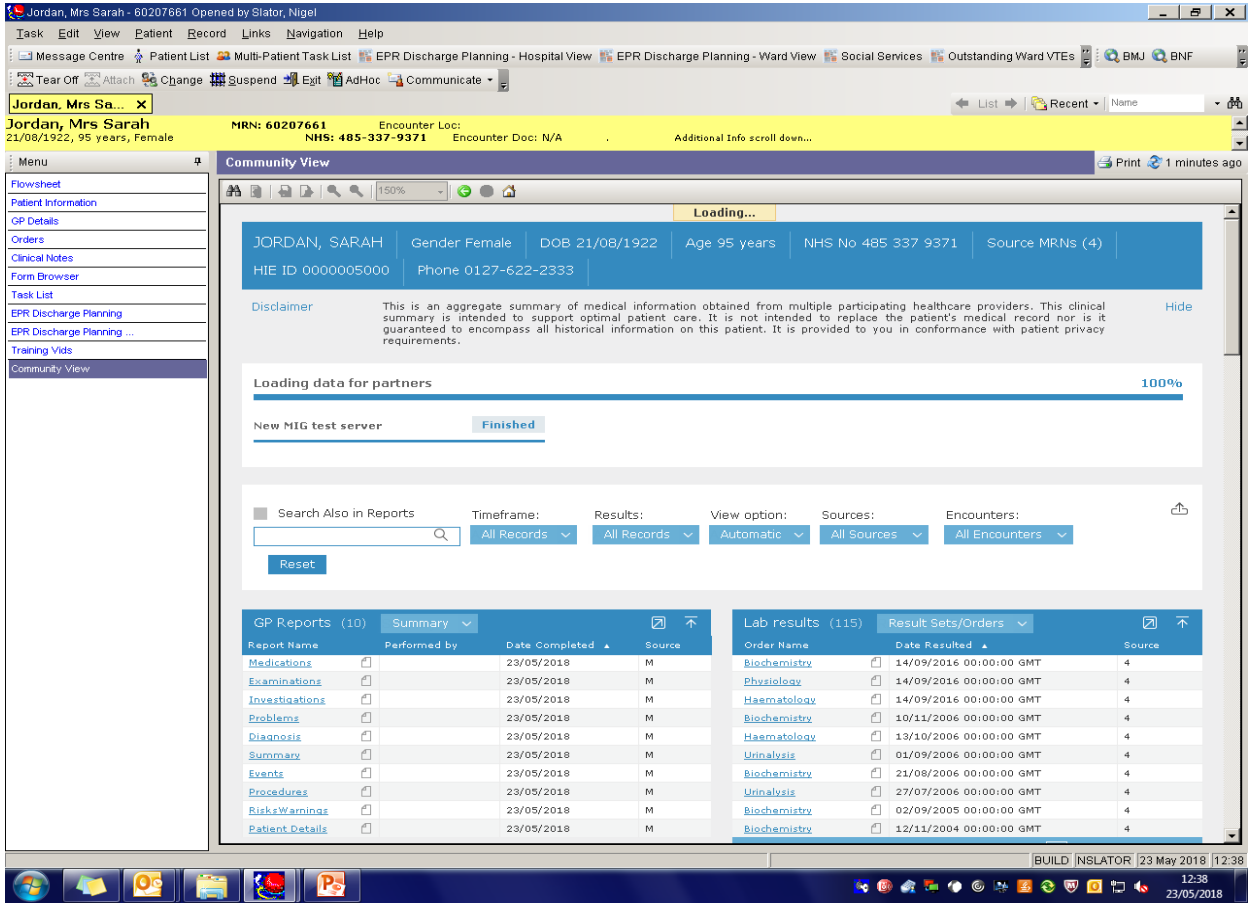
Patient portal

- View past and future activity
- Message clinical teams for non urgent medical advice
- Approved and finalised results
- Discharge summaries and letters
- Medication history and compliance
- Medical, social and family history
- Update allergies
- Add self care measurements (blood pressure, blood sugar, weight etc)
- Send alerts, educational material, surveys and questionnaires



Health Information Exchange (HIE)

- Real time, two way, secure view of patient information from different providers
- View within patient context from your local EPR solution *e.g. EMIS, Cerner*
- Will improve patient care, safety, outcomes and experience *e.g. ED see all medications, GPs see hospital episodes*
- Will reduce delays and release clinical time back into direct patient care



Population health management

Aggregate and normalize

GPs

Acute

Mental Health

Community

Social Care

Data cleansing

Concept normalization

Data standardization

Person matching

Reference records

- 31 Clinical Ontologies e.g. Snomed CT, Read
- 61,500 Concepts e.g. Diabetes, Asthma
- Standardisation of measures e.g.31cm = xm
- Aspirin = acetylsalicylic acid = ASA

Create and apply intelligence

LEARNING SYSTEM

IDENTIFY • PREDICT • ATTRIBUTE • ACT • MEASURE

SURVEILLANCE

- Master Person Matching algorithm
- Population Definition = People with a local Postcode and Registered with GP
- Readmission Algorithm

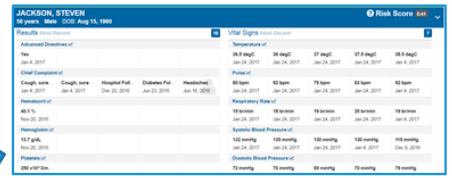
Longitudinal record

Populations

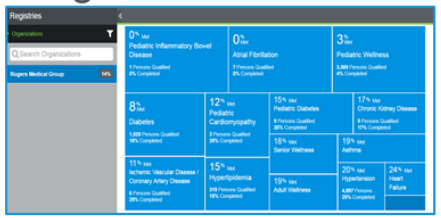
- Combined record from across all source systems
- Can included historical data from 10 or 15 years ago
- Honors patient consent preference e.g. Opt out

Act and measure

Record

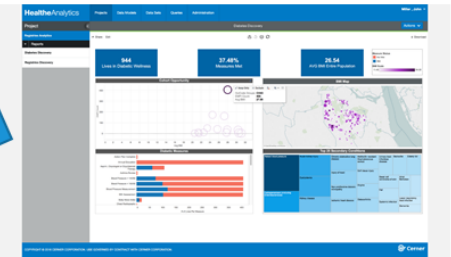


Registries

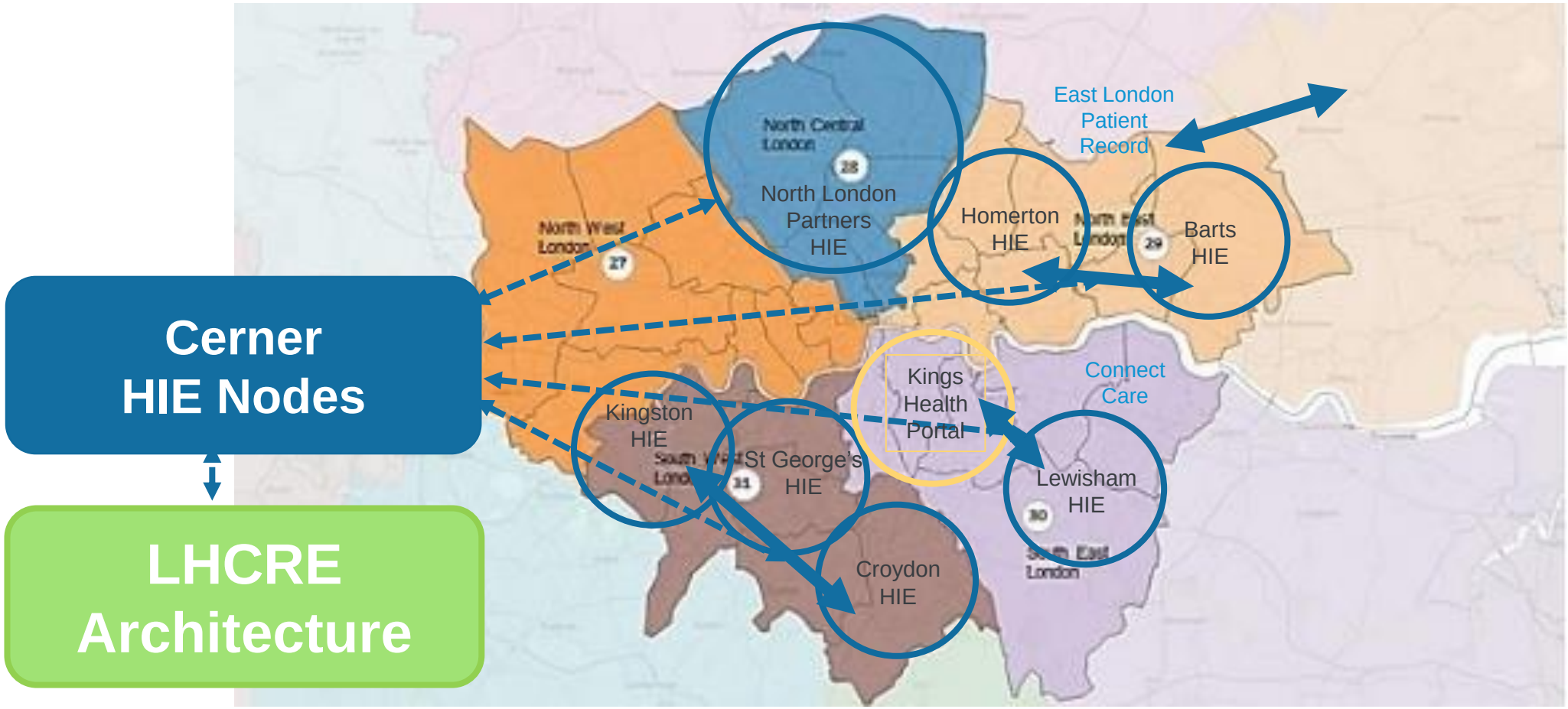


Care Management

Analytics



London Health Care Record Exemplar (LHCIE)



Innovation - DeepMind Streams

"

Can DeepMind help alert us earlier about life threatening acute kidney injuries?

"

Dr Chris Laing
Consultant Nephrologist
Royal Free London

Acute Kidney Injury (AKI)

25%

Contributes to a quarter of all hospital admissions

40,000

Deaths / Year in England

£1.2billion

Cost to the NHS

Royal Free London NHS
NHS Foundation Trust

Any questions?

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	Barnet Health and Overview Scrutiny Committee **Wednesday 21 November**
Title	Healthwatch Barnet Enter and View Report – Mealtime Visits to six Care and Nursing Homes
Report of	Healthwatch Barnet
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A: Summary of Enter and View visits on Mealtimes
Officer Contact Details	Abigail Lewis Abigail.lewis@barnet.gov.uk 020 8359 4369

Summary

The Committee requested that Healthwatch Barnet attend the meeting and provide them with an update on the following pieces of work:

Mealtime Visits to six Care and Nursing Homes

This update has been provided by Healthwatch Barnet and details are provided in Appendix A. Representatives from Healthwatch Barnet will be in attendance at the meeting to present the report and respond to any questions from Members.

Officers Recommendations

1. **That the Committee note the reports on six Mealtime Visits to Care and Nursing Homes**

1. WHY THIS REPORT IS NEEDED

1.1 The Committee requested an update on the work of Healthwatch Barnet which is relevant to the work of the Health Overview and Scrutiny Committee.

2. REASONS FOR RECOMMENDATIONS

The report provides the Committee with the opportunity to be briefed on this matter.

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.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

The Health 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)

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 – Committees, Forums, Working Groups and Partnerships 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 apprised of the work of Healthwatch Barnet.

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 Not applicable.

5.8 **Consultation and Engagement**

5.8.1 Not applicable.

5.8 **Insight**

5.8.1 Not applicable.

6. BACKGROUND PAPERS

6.1 None.

INTRODUCTION

Healthwatch was established through the Health and Social Care Act 2012. Through this, Healthwatch have a legislative right to enter any health and social care setting for adults announced and un-announced to review the quality of care provided.

All Enter and View visits are undertaken in accordance with a structured set of questions (defined in advance); visits are usually announced and managers are provided with the draft report to check for factual accuracy and to respond to the recommendations. Once the Service Manager has responded to the report recommendations, the reports are sent to senior managers in the Care Quality Commission, Barnet Clinical Commissioning Group and Barnet Council and then uploaded onto the Healthwatch Barnet website.

This report provides details of the

- Healthwatch Barnet Enter and View reports to a number of visits to residential Care and Nursing Homes reviewing mealtimes.

This link goes to the Healthwatch Barnet website, where all the Enter and View reports are located.
Healthwatch Barnet Enter and View Reports

KEY FINDINGS

Care and Nursing Homes

Between June and November 2017 Healthwatch Barnet staff and volunteers met with six Care or Nursing Home Managers and 40 Care or Nursing Home staff to ask a series of structured questions on their work experiences. Some of the Homes had ‘registered charity’ status and provide other support to local residents in Barnet and others were private companies. We used an online survey and paper questionnaires and contacted Care and Nursing Home workers across the Borough as we wanted to engage with as many staff as possible, irrespective of whether they worked for one or more Care or Nursing Home.

Aspects that worked well, from the home care staff point of view were as follows:

- Overall support from the office staff and training. This can be seen in comments "they support you whether through spot checks or by being at the other end of the phone" and "My employer helps me do the best I can in my job by giving me support via talking or practical problem solving".
- Training was also received positive feedback: "The training provided here is very good" and "Training is good".
- Other areas that worked well were the flexible hours (especially for those who had young children) and getting additional opportunities, such as being invited to health and social care talks and events.

When asked what could be improved, the responses were as follows:

- The majority of improvements related to travel costs
- Pay was another significant factor.
- Recognition for their work was raised by staff.
- Providing an effective service, in terms of integrated (join-up services) with other providers.
- Being able to provide continuity to their clients were also seen as needing improvement.
- It's interesting to note that home carers also thought that more social events for carers and being able to tell agencies about personal health conditions that affected their work were important – aspects that could be implemented by agencies, to support workers in their demanding roles.

Meal-time Review in Care Homes

These visits were developed in liaison with Barnet Council Adult Social Care, Care Quality Commission. The LBB Adult Social care staff delivered an information session for the staff and volunteer team, prior to undertaking the visits.

In general, lots of good practice was observed, which included the following:

- Relaxed and pleasant atmosphere at most mealtimes, with music where wished for by the residents
- In the best instances a nominated person managed the whole process keeping things moving at a pace that was appropriate.
- Many examples of staff who were clearly very aware of the residents' likes and dislikes and supported them to eat and drink with care and compassion.
- Pureed food being moulded into the shape of the food (e.g. peas having been pureed, and poured into a mould shaped like peas, frozen, and then reheated and served to look like peas). This was very well received and we thought more food was eaten as a result.
- Tables laid in an appropriate way with contrasting colours and condiments offered where appropriate.
- Plenty of drinks were offered and were topped up when requested.
- In most cases we observed notes being taken of how much was eaten and drunk by residents where there were concerns, and when we did not observe this we were assured it was done immediately after service.
- Managers told us that they regularly talked to residents and relatives about the food and took on board any suggestions they could.

There were some areas where we felt improvements could be made and discussed these with the managers at the time. Some of these were:

- Residents were not always actively encouraged to eat communally in the dining rooms, but ate in their rooms. We felt that it would be beneficial to try and engage more residents to

come and eat in a communal room and socialise with other residents rather than remaining in their rooms to eat. We appreciate that there may be medical reasons for this and it may be the preference of the individuals, but if the mealtime could be more sociable, more people would join in and benefit from the social interaction.

- Enabling the resident's relatives to help residents who need support to eat can be very beneficial. In some cases this was not offered as training had not been given and extra space was not immediately available, but we thought that this would be beneficial for all concerned.
- Some residents were confused by the meal names on the menus and would prefer to have plainer descriptions of the meal being offered e.g. lamb tagine was not understood by the residents – though they enjoyed it when it was served!
- We saw some examples of large bibs and paper napkins being used which we felt were not good practice and caused a lack of dignity. The paper napkins disintegrated.
- Some residents told us that the food was not hot enough. One home undertook to look into buying a heated trolley to resolve this and others were looking at how they could address this.
- Some residents also suggested they would like to be able to access more/better quality drinks between meals e.g. ground coffee.
- A small number of residents felt the choices were insufficient or dull. All of the food we tasted was good, but it is important to cater for individual tastes and cultural requirements.

All the reports have been circulated to LBB Adult Social Care Quality team and the CQC. They will also be discussed at the quarterly meeting between us all.

MEAL TIME REVIEW														
	Recommendations/Concerns												What's Working Well	Response from Manager
Name and Type	Temperature of food	Record food/ fluid intake	Flavour /Choice	Self-service/ snacks and drinks	Menus/ descriptions	Timings	Eating in dining room/atmosphere	Clearing food/ tables	Relative involvement	Quality of table wear	Hand Hygeine	Support to residents		
Dec 17 **Sydmar Lodge Residential** Residential care observing Jewish requirements.	x	x							x				Pleasant environment; Residents' preferences accommodated; Staff responsive.	Will liaise with CQC on good practice re relatives supporting residents. Spoke to residents and will microwave food to re-heat. Intake is recorded immedately afte the meal. [HW team did not observe this happening.].
Feb 18 **Sunridge Court Care Home** Residential care for non-Orthodox Jewish people	x				x	x							Attractive and relaxed; Residents had positive feedback about staff.	Will purchase hot trolley. Add meal descriptiions and tick list ("great idea"). Will liaise with catering company to improve tick list to prevent mistakes. Aim to provide vegetarian option. Will consult with residents on meal timings.
May 18 **Baxendale Care Home** Residential Non nursing for those w dementia	x		x	x	x				x	x			Calm atmosphere; Professional and efficient staff	Training and obs for warm food. Prev consulted on flavour. Good quality napkins are used. Small kitchens available for snacks. New menus are in place. Specialised texture for food purchased.
Mar 18 **Arkley Nursing Home**	x						x	x		x	x		Quality food; Chef knowledgeable	Staff to encourge use of dining room; Manager will implment recommendations and undertake a dining audit.
Henry Nihil Residential care, of which 23/29 are covered by or have applications for DOLS	x				x	x				x	x	x	Staff responsive; Pureed attractive food; drinks; training for staff.	Manager confirmed that all recommendaitions had been implemented, apart from being able to find easy-use containers for condiments.
Jun 18 **The Cedars** Nursing and care including for those with dementia conditions.					x					x		x	Pureed food; drinks; staff training; hand cleanliness; staff availability; involving relatives.	Manager agreed to implement all the recommendations.
Totals	5	1	1	1	4	2	1	1	2	4	2	2		

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MEETING	Health Overview Scrutiny Committee (HOSC) 21st November 2018
REPORT	GP Primary Care Provision at Finchley Memorial Hospital Update Paper
DATE OF REPORT	10th November 2018
LEAD DIRECTOR	Colette Wood, Director Primary Care Transformation
DIRECTOR SIGN OFF and DATE	Colette Wood 12th November 2018
AUTHOR	Carol Kumar/Kelly Poole Associate Head of Primary Care
CONTACT DETAILS	Carol.kumar@nhs.net / Kelly.poole@nhs.net

Background

Barnet Clinical Commissioning Group (CCG) have been seeking to put a GP practice into Finchley Memorial Hospital (FMH) because we recognise the potential benefits to the local community and the possible wider benefits of FMH to all residents of Barnet in terms of the scope of service provision.

The building provides the estate infrastructure for integrated working across primary care, community care, mental health and social care services and the opportunity to deliver seamless patient care. This approach supports the redesign, development of New Models of Care as detailed in the GP Five Year Forward View, and the Strategic aims of Barnet's Primary Care Strategy and the Care Closer to Home Programme, which is via the Barnet Care and Health Integrated Networks (CHINs). In this model, Health and Care providers are embedded within a local community, work collaboratively to provide care for a defined population, and are jointly accountable for an agreed set of outcomes. This person-centred, coordinated care ensures peoples' experience is joined up across all parts of their engagement with the health and care system. This minimises duplication in the system and ensures health and care professionals are enabled to work at the top of their licence.

FMH was originally developed on the basis that it would include a GP practice and that this would be at the "centre" of primary healthcare delivery at FMH. In addition, the absence of a GP practice at FMH is currently costing the CCG £210k per annum in void costs for the space that is allocated for a GP practice.

The CCG made a commitment to the HOSC to try and secure a GP practice at FMH. To ensure equity and fairness in this aim, all Barnet GP practices were invited to express their interest in moving to FMH via an Expression of Interest (EOI) process in April 2018.

The outcome of this competitive process was a successful applicant was selected which

consists of three Barnet practices (Ravenscroft Medical Centre, Millway Medical Practice and Lane End Medical Group) working together in a multispecialty community provider (MCP) model, alongside Central London Community Healthcare NHS Trust (CLCH). The proposal is that one of these practices Ravenscroft Medical Centre will move into FMH and close their existing premises.

The practice vision is to be a "super practice" who will look at new opportunities around workforce, digital enablers and the estate to enhance patient experience and outcomes. They recognise the FMH estate as an opportunity to establish a 'Multispecialty, Community-based Provider' (MCP). The practices have listed the below possible innovations that they would want to achieve at FMH:

- Ability to address wider determinants of health and tackle inequalities through the building of social capital, mobilising citizens and voluntary sector by providing an accessible community venue to engage community partners (i.e. drop in events for wellbeing advice).
- Ability to integrate the urgent care pathway of the WIC, 111 services, community pharmacies, GP extended access with GP in-hours appointments in primary care to create efficiency and appropriate use of each pathway element.
- Integrated extensive care pathways for people with complex needs, by utilising the hub to provide frailty, Multidisciplinary Team (MDT) or Long Term Condition (LTC) pathways.
- Ability to integrate workforce, with a strong focus on partnership spanning primary, community as a priority, with the potential to extend to secondary and social care.
- Alignment of clinical and financial drivers with appropriate shared risks and rewards.

The proposal is that the three practices will operate within an integrated delivery model, in partnership with CLCH. This innovative and visionary model of care will enable collaborative leadership based on a shared clinical vision.

If a decision is taken to proceed to move the practices to FMH the CCG will explore the implementation of the above innovations/opportunities with the practices, where they can be offered under the practice's existing contractual arrangements.

Compliance

The CCG will comply with all of its NHS Act 2006 duties that the CCG is obliged to take into account in making commissioning decisions and any guidance issued on the same by NHS England.
In particular, NHS England is clear that when relocating a practice, consultation duties must be complied with. The CCG, as it is acting on delegated authority from NHS England, needs to carry out consultation, which puts NHS England in compliance with its own consultation duty as well as the CCG's own duty. A consultation is therefore required as there will be a significant change to the manner in which services are delivered to the successful practice's patients.

Compliance with and consideration of all of the CCG's duties under the NHS Act 2006 and associated legislation/guidance will need to be carried out before a final decision is made to approve or reject the successful application. Accordingly, it is possible that as a result of the considerations the CCG undertakes in compliance with its duties (including the outcome of any consultation process) that the CCG will decline to allow the relocation of the practices that submitted the successful response.

The CCG will not prejudice the outcome of any consultation process and CCG's ultimate

decision, but if the CCG moves to a final decision to move forward with this practice relocation, the CCG will facilitate a meeting with Transport For London with the support of other interested representatives to explore the possibility of a bus service to FMH.

The timeline for the public consultation to be undertaken by the CCG is expected to run in a period from December 18 to February 19.

Governance

Once the CCG has complied with all of its duties under the NHS Act 2006 and associated legislation/guidance a report will be prepared with the CCG's considerations, comments and findings following this process. If the recommendation is to approve the relocation of the preferred practice(s), this will be taken to the NCL Primary Care Committee in Common (PCCC) for a formal decision, in accordance with the CCG's Delegation Agreement and the PCCC terms of reference.

RECOMMENDED ACTION

TO NOTE – To note CCG actions on securing GP Provision at FMH and the next steps around consultation

Objective(s) / Plans supported by this paper: *(How does this report help to deliver the objectives plans and strategies of the CCG?)*

- Barnet Primary Care Strategy
- Care Closer to Home Strategy
- GP Five Year Forward View
-

Audit Trail: *(Details of the groups or committees that have received the paper including dates)*

Paper is for HOSC and provides an update on this project

Patient & Public Involvement (PPI):

Patient and Public engagement will be conducted through consultation process

Equality Impact Assessment:

An Equalities Impact Assessment will be conducted as part of process to comply with the CCG's duties under the NHS Act 2006 and associated legislation/guidance.

Risks:

CCG will continue to incur void costs at FMH if the project is not completed and a GP practice does not relocate

Resource Implications:

Associated costs will be funded from void costs currently incurred

Next Steps: *(This section will set out what will happen next, including when the item may next be reported to a committee or the Board. It should include explicitly any communication plan)*

An updated paper will be presented to HOSC following the CCG's compliance with its duties under the NHS Act 2006 and associated legislation/guidance.

London Borough of Barnet Health Overview and Scrutiny Committee Forward Work Plan November 2018 - July 2019

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

AGENDA ITEM 15

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**
Diabetes Prevention Update			**Non-key**
15 May 2019			
Quality Account Reports	Report on the Quality Accounts from NHS Health Service providers 2018-2019.	Royal Free London NHS Foundation Trust, CLCH NHS Trust and the North London Hospice.	**Key**
July 2019			
Integration Barnet CCG	Committee to receive an update on the two key programmes to support integration locally.	Barnet CCG	**Non-key**
Unallocated			
GP workload collection tool	Committee to receive update on the development of the GP Workforce Collection Tool.	Barnet CCG	**Non-key**

Title of Report	**Overview of decision**	**Report Of** *(officer)*	**Issue Type (Non key/Key/Urgent)**
Health provision plans for NWZ Cricklewood and impact of Brent Cross	Committee to receive a report on health provision plans for Cricklewood NW2 and the impact of Brent Cross South.	Barnet CCG	**Non-key**