

<p style="text-align: center;"><b><u>MEETING</u></b></p> <p style="text-align: center;"><b>HEALTH OVERVIEW AND SCRUTINY COMMITTEE</b></p>
<p style="text-align: center;"><b><u>DATE AND TIME</u></b></p> <p style="text-align: center;"><b>THURSDAY 21ST FEBRUARY, 2019</b></p> <p style="text-align: center;"><b>AT 7.00 PM</b></p>
<p style="text-align: center;"><b><u>VENUE</u></b></p> <p style="text-align: center;"><b>HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ</b></p>

**TO: MEMBERS OF HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Quorum 3)**

Chairman: Councillor Alison Cornelius  
Vice Chairman: Councillor Val Duschinsky

**Councillors**

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

**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 Monday 18<sup>th</sup> February. Requests must be submitted to [tracy.scollin@barnet.gov.uk](mailto:tracy.scollin@barnet.gov.uk).

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

**Andrew Charlwood – Head of Governance**

Media Relations Contact: Gareth Greene 020 8359 7039

**ASSURANCE GROUP**

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## ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Report of the Monitoring Officer	
5.	Public Question Time (If Any)	
6.	Members' Items (If Any)	
7.	Minutes of the North Central Sector London Joint Health Overview and Scrutiny Committee 30 <sup>th</sup> November 2018	5 - 12
8.	Diabetes Prevention Update	13 - 26
9.	ISS Barnet Schools - Healthy Eating	27 - 38
10.	EPR and Barnet Hospital Parking	
11.	Winter Pressures Analysis Report	39 - 46
12.	Suicide Prevention Annual Report 2018-19	47 - 66
13.	Surplus Land Adjacent to Finchley Memorial Hospital owned by Community Health Partnerships	67 - 78
14.	Mid-year Quality Accounts 2018-19 <ul style="list-style-type: none"> <li>Central London Community Healthcare Trust and North London Hospice</li> <li>Royal Free Hospital</li> </ul>	79 - 108
15.	Health and Wellbeing Board update	

16.	Health Overview and Scrutiny Forward Work Programme	
17.	Any Other Items that the Chairman Decides are Urgent	

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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, 30TH NOVEMBER, 2018** at 10.00 am in Conference Room, Enfield Civic Centre, Silver Street, Enfield EN1 3XA

AGENDA ITEM 7

## MEMBERS OF THE COMMITTEE PRESENT

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

## MEMBERS OF THE COMMITTEE ABSENT

Councillors Julian Fulbrook 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 Julian Fulbrook. Apologies for lateness were received from Councillors Lucia das Neves and Pippa Connor.

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

Councillor Connor declared 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

There were no notifications of urgent business.

### 5. MINUTES

Consideration was given to the minutes of the meeting held on 5<sup>th</sup> October 2018.

With regard to the reference to a pending Moorfields item in the minutes, members said that they had been advised that the Moorfield item could not go to the Camden and Islington joint committee as it was not in its terms of reference. They wished those authorities to amend the terms of reference so that committee could consider it. If this was not possible, then the item would have to go to JHOSC.

**RESOLVED –**

THAT the minutes of the 5<sup>th</sup> October 2018 meeting be approved and signed as a correct record.

**6. DEPUTATIONS**

**LUTS deputation**

A deputation was received from Dr Kate Middleton and Kate Dwyer on behalf of the LUTS patients' group.

They welcomed the fact that new adult referrals were taking place, but were concerned that there were limitations on the number of new referrals and said they felt there had been poor communications with the patients' group. A scheduled meeting had been postponed to February 2019.

With regard to child patients, they said that Great Ormond Street had not been referring child patients to the LUTS clinic. They said patients who had not been cured by existing treatments should be referred to the LUTS clinic as it had greater expertise with these types of cases. They said that paediatricians had not been able to successfully treat these patients but they might be able to benefit from Dr Malone-Lee's treatment in the LUTS clinic. They said they had raised the matter with the CCGs but not had been able to get them to progress referrals.

Jennie Williams, Director of Quality and Nursing (Haringey & Islington CCGs), led on the response from health officers. She said that health bodies were trying to work in a co-ordinated manner on the LUTS issue.

She noted that the wait for adult patients was too long and hoped that the capacity of the clinic could increase as the new doctor recruited settled into her role.

With regard to the child patients, Ms Williams noted that Dr Malone-Lee was not a paediatrician and that the Royal College report had recommended that children be seen by a paediatrician in LUTS cases. As such, Great Ormond Street hospital was the tertiary provider for these cases and the staff there had to use their clinical judgement as to whether to refer children onto the LUTS clinic. Ms Williams said the CCGs would not wish to interfere with the clinical judgement of paediatricians in these cases.

Members noted the deputation and the response. They welcomed the progress being made in adult LUTS cases. They noted the disagreements around the approach to be taken to child patients, but highlighted that the JHOSC was not in a position to recommend a course of treatment. They asked that liaison with NHS England and NHS Improvement continue in order to find a beneficial solution to the patients involved.

**ACTION: CCGs and Great Ormond Street Hospital**

**NHS Watch estates deputation**

A deputation was received from Alan Morton and John Lipetz. They expressed discontent with the paper at Item 8 and said it did not answer the questions that they as members of the public had about the future of NHS estates in the sub-region.

They wanted to be clear on what percentage of revenue from sales was going towards revenue spend. They said the national level was two-thirds and wanted to know if it was higher locally.

They said that 50% of publicly owned land had been sold since 1979 and they felt that a focus on disposals was meaning that organisations were becoming too keen to identify land and buildings for sale rather than considering how to make the best use of their facilities.

They added that the provision of match funding by NHS England meant that organisations were being incentivised for disposals.

They asked that there be oversight at the London-wide level of property disposals taking place in the health service. They argued that, given the growing population of London, and an increase in the number of elderly people who might have more demand for health services, there was more need for land and property for medical purposes in the future.

**7. ADULT ORTHOPAEDIC SERVICES REVIEW**

Consideration was given to a presentation on the Adult Orthopaedic Services review.

Rob Hurd and Anna Stewart introduced the item to the committee. They highlighted that there were 11 sites which provided orthopaedic services at the moment. The aim was to consolidate and improve services to patients.

Mr Hurd said that they were at Stage 1 of the process so far, so no definitive proposals were being made.

Ms Stewart added that health officers had heard from colleagues from Manchester and from South-West London and wanted to learn from their experiences.

They added that they were communicating with residents from an early stage. Ms Stewart said that they had been sharing information on social media and via email lists. She noted that there had been concerns voiced about travel times to hospitals.

Members made a number of points in discussion:

- They wanted to see responsiveness to the needs of those with learning disabilities.
- They were concerned about the poor quality of outcomes reported for some private hospitals
- There were concerns about the quality of implants and members wanted to ensure that there was good record-keeping as to which exact type of implants had been used for patients.
- They wanted to see a transport analysis if there were plans to relocate services. Members had particular concerns about transport to Chase Farm.
- Members asked that account be taken of the projected growth of population in the sub-region
- They wanted to ensure that there was co-ordination with the 5 local authorities and their health and social care functions.
- They were concerned about a gap in east Barnet and west Enfield where there were no institutions providing orthopaedic treatment.

Officers said they were liaising with the lead members for health in the five North-Central London boroughs. In terms of concerns about private hospitals, members said that they were used for 'overspill' provision in situations where there were more patients that needed to be treated than NHS hospitals had capacity for. They said there might be poor outcomes in some cases where institutions had a relatively small caseload – as doctors were less likely to have experience in treating that particular kind of work. They wanted to see more operations carried out in larger centres.

Members asked if they could have more statistics about the cancellation of operations and measures being taken to reduce the number of cancellations. They also asked that an update come to the Committee in spring 2019.

**RESOLVED –**

- (i) THAT the presentation and the comments above be noted.
- (ii) THAT information be provided to members about the number of cancellations and measures being taken to reduce this.
- (iii) THAT a report come to the Committee in Spring 2019 updating members on the review.

**ACTION: North London Partners**

## **8. FINANCIAL UPDATE: ESTATES**

Consideration was given to a presentation on NHS estates.

Members expressed disappointment at the lack of information available in the papers. Health officers said that land owned by NHS foundation trusts could be disposed of by those trusts, subject to the agreement of NHS Improvement.

What foundation trusts did with the revenue from sales was a matter for them, not for the STP – as the STP was not a statutory body. As such, the detail of how profits on disposals were used was held by the trusts.

Officers said that there were £102m in gains on disposal which had been made in 2017-18. Figures for 2018-19 were not yet available. Members asked STP officers to request the relevant information from the Trusts and to agree the wording of this request in advance with the Chair. .

Members said that they wanted to see more transparency on estates and their disposal.

A member said that there had been a lack of consultation on the estates strategy for the St Pancras site, something that members on the Camden and Islington joint committee were now trying to remedy.

Members suggested that there needed to be scrutiny at the GLA level, since many estates issues were pan-London and not confined to the sub-region.

### **RESOLVED –**

THAT the presentation and the comments above be noted.

## **9. GENERAL PRACTICE AS THE FOUNDATION OF THE NHS: A STRATEGY FOR NORTH-CENTRAL LONDON**

Consideration was given to a presentation on the GP strategy.

Dr Katie Coleman introduced the item. She highlighted the drive in North-Central London to tackle unwarranted variation in health care and deal with the sub-region's changing demographics and patient demand.

Members highlighted the desire of patients to see GPs promptly and the long waits some patients had before they could see a doctor. One member suggested that greater use of hubs could help, as it would enable people to receive medical attention without having to specifically wait for a GP appointment slot to be available.

Members and the attendee from Enfield Healthwatch urged North London Partners to be proactive in engaging in the public on the GP strategy. They wanted them to be receptive to patients' views.

Councillors Cornelius and Duschinsky cited good practice from the Care Closer to Home Integrated Networks (CHINs). CHINs in Barnet grouped together a network of GP practices. They could then focus on what were the most significant problems in their area – they cited an example of one focussing on diabetes and one on frailty.

Councillor Akpinar noted the figures on the physical condition of GP practices on page 71 and asked if information could be provided on the condition of Enfield GP practices.

**ACTION: North London Partners**

Members noted the piece of work on the GP strategy would be a very large one, and wanted to see an update on it in the summer of 2019.

**RESOLVED –**

- (i) THAT the report and the comments above be noted.
- (ii) THAT a report come to the JHOSC in the summer of 2019 updating members on the progress with the GP strategy.

**ACTION: North London Partners**

**10. FINANCIAL UPDATE: ROYAL FREE HOSPITAL**

Consideration was given to a presentation on the Royal Free London Trust's finances.

Peter Ridley and Caroline Clarke addressed the Committee on behalf of the Royal Free. They explained that they were working to reduce their underlying deficit and the reference costs of the Trust had fallen. The Trust had reduced a £123m deficit to £95m. By 2021-22, they were aiming to eliminate the deficit.

With regard to questions about capital receipts, the officers informed the JHOSC that the revenue from asset sales had been invested in the rebuilding of Chase Farm.

Officers mentioned projects underway which would result in savings, such as electronic patient record-keeping and opening a combined decontamination unit by the North Circular.

Councillor Connor noted that the spend on agency workers had fallen but had recently started to rise again. Councillor Cornelius expressed concern about the lack of collection of money owing for NHS treatment from non-EU citizens who were not entitled to NHS treatment and may since have left the UK. Officers said that they did have methods to try to recover treatment costs from those who were not entitled to free treatment, and that visa policies for non-EU workers now required them to have insurance or to pay a healthcare surcharge.

Members asked about the confidence officers had in future estimates and projections. Ms Clarke assured members that the projections in the report were robust and that they had to submit them to the NHS regulator on a monthly basis.

**RESOLVED –**

THAT the report and the comments above be noted.

**11. WORK PROGRAMME AND ACTION TRACKER**

Consideration was given to the work programme and action tracker.

Members noted that there were a large number of items on the work programme. They decided to focus on the mental health and maternity themes for the January meeting and remove the other items. They agreed to add a care homes item to the March agenda and redesignate the social care STP update as Integrating Health & Social Care.

With regard to the items for January and March, Councillor Connor was to lead on mental health, Councillor Kelly on maternity and care homes items, Councillor Clarke to lead on ambulance services, and Councillor das Neves to lead on integrating health and social care.

**RESOLVED –**

THAT the work programme be agreed, subject to the amendments above.

**ACTION: Strategy and Change (LB Camden)**

**12. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT**

There was no other business.

**13. DATES OF FUTURE MEETINGS IN 2018-19**

It was noted that the dates for future meetings in 2018-19 are:

- Friday, 18<sup>th</sup> January 2019 (Haringey)
- Friday, 15<sup>th</sup> March 2019 (Islington)

#### **14. PROPOSED DATES FOR MEETINGS IN 2019-20**

It was noted that the proposed dates for JHOSC meetings next municipal year (2019-20):

- Friday, 21<sup>st</sup> June 2019
- Friday, 27<sup>th</sup> September 2019
- Friday, 29<sup>th</sup> November 2019
- Friday, 31<sup>st</sup> January 2020
- Friday, 13<sup>th</sup> March 2020

The meeting ended at 1pm.

#### **CHAIR**

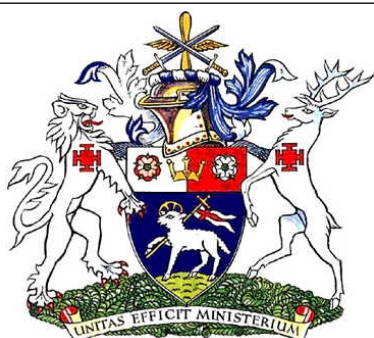
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**MINUTES END**

AGENDA ITEM 8



## Health Overview and Scrutiny Committee

21st Feb 2019

<b>Title</b>	<b>Diabetes briefing</b>
<b>Report of</b>	Director of Public Health
<b>Wards</b>	All
<b>Status</b>	Public
<b>Enclosures</b>	<i>None</i>
<b>Officer Contact Details</b>	Jeff Lake, Consultant in Public Health, London Borough of Barnet <a href="mailto:jeff.lake@barnet.gov.uk">jeff.lake@barnet.gov.uk</a>

### Summary

A range of initiatives concerned with diabetes prevention, detection and management have been introduced in recent years. This paper provides an overview of those activities and recognises the opportunity to coordinate action to deliver the greatest impact on diabetes related performance measures and outcomes. Health and wellbeing board members are asked to commit to a coordinated approach to be overseen by the Quality Improvement Support Team.

### Recommendations

1. That Committee members note the range of activity currently being undertaken in Barnet to improve detection and management of diabetes.

#### 1. WHY THIS REPORT IS NEEDED

- 1.1. Diabetes is responsible for an increasing burden of ill health. It can lead to serious complications including foot amputation and kidney disease, and is associated with an increased risk of stroke and heart attack.

- 1.2. Type 2 diabetes is largely preventable and manageable by lifestyle changes. The likelihood of developing Type 2 diabetes is increased by being overweight.
- 1.3. In 2016/17 there were 20,105 people, aged 17 years or older, who had been diagnosed with diabetes and included on GP registers in NHS Barnet CCG. This equals 6.2% of the population. However, the total prevalence of people with diabetes, diagnosed and undiagnosed, is estimated to be 8.7%. This means that there are likely to be over 8,000 people with undiagnosed diabetes in the borough.
- 1.4. Records of diabetes diagnosis in primary care (6.2% of the population) are higher than for those of North Central London (5.9%) but lower than those for England (6.7%).
- 1.5. Achievement of treatment targets relating to blood sugar, hypertension and cholesterol (19.8% of diagnosed patients) are better than England (19%) but lower than North Central London (22.1%).

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 A great deal of attention has been directed to improving diabetes. This has included:
  - a DQIST (diabetes quality improvement support team) initiative in primary care aimed at improving treatment of diagnosed diabetics in primary care
  - embedding brief motivational advice in primary care
  - detection initiatives in community venues
  - review and expansion of self-care advice, peer and digital support
  - introduction of group consultation models for diabetics and pre-diabetics
  - lifestyle support programmes for pre-diabetics
  - the introduction of a range of lifestyle advice and behavioural change resources
  - support of the sugar declaration to deliver environmental improvements supporting prevention
- 2.2 Coordination of this activity will add value by ensuring greater awareness and improving access to early help with a view to improving local performance in detection and management of diabetes.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 Not applicable

## **4. POST DECISION IMPLEMENTATION**

- 4.1 It is suggested that coordination of diabetes quality improvement initiatives be overseen by the Barnet QIST (quality improvement support team).

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 This work supports the Barnet Health and Wellbeing Strategy which includes a commitment to embed prevention for diabetes and pre-diabetes in the borough.
- 5.1.2 The council's intention to 'take on diabetes' was signalled by a full council motion in Dec 2016.

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

- 5.2.1 Current activity is funded by the CCG and from the public health grant. Coordination of activity will not require additional investment.

### **5.3 Legal and Constitutional References**

- 5.3.1 Article 7 of the Council's Constitution sets out the responsibilities of the Health and Wellbeing Board which includes responsibilities:
  - To jointly assess the health and social care needs of the population with NHS, commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
  - To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing.

### **5.4 Risk Management**

- 5.4.1 Current provision is commissioned by different partners including NHS England, Barnet CCG and LB Barnet Public Health. It also involves voluntary and community sector organisations.
- 5.4.2 Coordination of activity across partners provides the opportunity to recognise where services may be challenged and how others can most helpfully respond to mitigate risks.
- 5.4.3 It is proposed that the QIST (quality improvement support team) maintains an overview of risk and mitigation.

### **5.5 Equalities and Diversity**

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

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

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.5.3 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.

5.5.4 Diabetes prevalence increases with age and is more common amongst some ethnic groups.

## **5.6 Consultation and Engagement**

5.6.1 The different service innovations outlined have been informed by consultation with patients and community members. Some of this has been conducted nationally (as in the case of the National Diabetes Prevention Programme) and some locally (such as in the case of the development of group consultations. A number of community outreach events have also been conducted as outlined in the supplementary briefing.

## **6 BACKGROUND PAPERS**

6.1 Supplementary briefing document outlining current diabetes related activity

### Introduction

Diabetes is a condition where there is too much glucose in the blood because the body cannot use it properly. This happens because the pancreas does not produce any insulin, or not enough, or the insulin it does produce is unable to work properly.

There are two main types of diabetes. People with Type 1 diabetes cannot produce insulin. About 10 per cent of people diagnosed with diabetes have Type 1. No one knows exactly what causes it, but it's not to do with being overweight and it isn't currently preventable. It is usually diagnosed in children or young adults, starting suddenly and getting worse quickly.

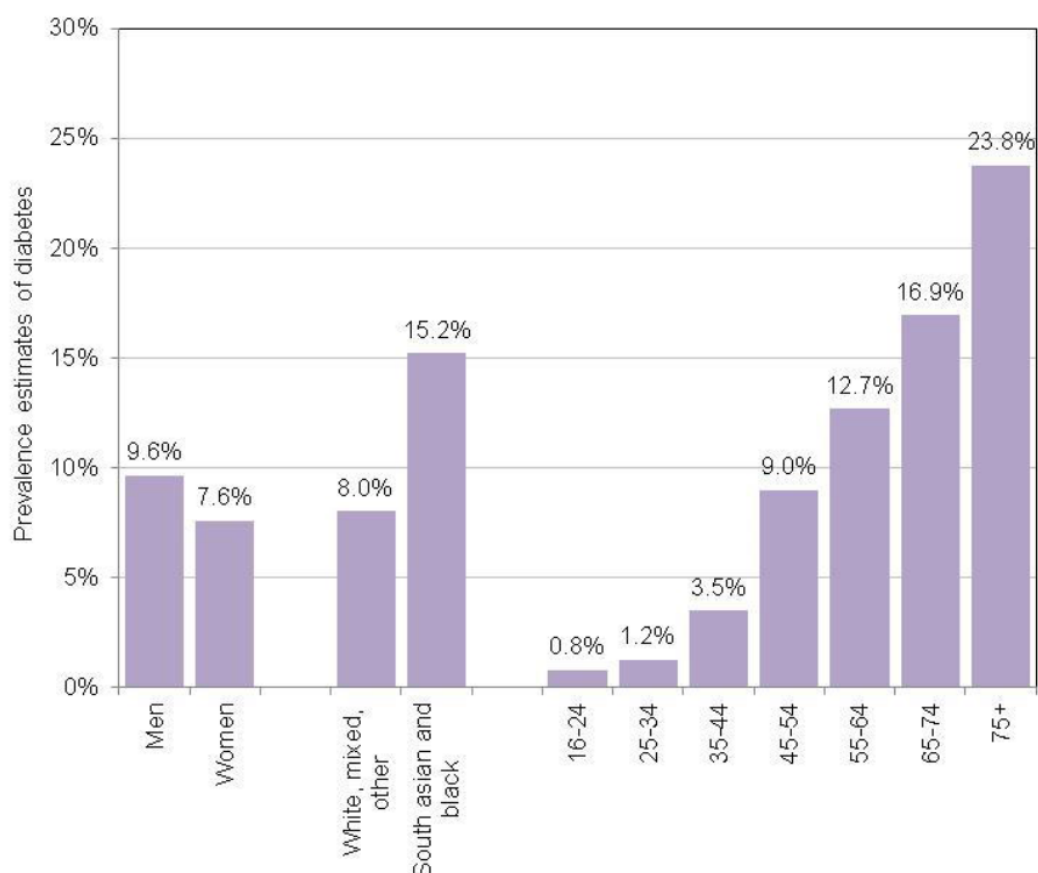
People with Type 2 diabetes don't produce enough insulin or the insulin they produce doesn't work properly. About 90 per cent of people diagnosed with diabetes have Type 2. They might get Type 2 diabetes because their family history, age or ethnic background puts them at increased risk. They are also more likely to get Type 2 diabetes if they are overweight. It starts gradually, usually later in life, and it can be years before people realise they have it.

Pre-diabetes is characterised by elevated blood glucose levels, regarded as indicative that a person is at risk of progressing to Type 2 diabetes

### Prevalence

Prevalence of diabetes varies by sex, ethnicity and age. This is summarised in chart 1 below.

**Chart 1. Summary of expected diabetes prevalence (diagnosed and undiagnosed) in England in 2015 by age group, sex and ethnicity**



In 2016/17 there were 20,105 people, aged 17 years or older, who had been diagnosed with diabetes and included on GP registers in NHS Barnet CCG. This equals 6.2% of the population. However, the total prevalence of people with diabetes, diagnosed and undiagnosed, is estimated to be 8.7%. This means that there are likely to be over 8,000 people with undiagnosed diabetes in the borough

## Costs

The cost of diabetes to the NHS has increased considerably in recent years and this is projected to continue. Estimates in 2012 suggest that total annual costs to the NHS could be almost £14 million.

A breakdown is provided below:

### Cost of diabetes treatment in the UK in 2012

Area of expenditure	Type 1 diabetes	Type 2 diabetes	Total cost	Percentage of costs
Diabetes drugs	£0.344 billion	£0.712 billion	£1.056 billion	7.8%
Non-diabetes drugs	£0.281 billion	£1.810 billion	£2.091 billion	15.2%
Inpatient	£1.007 billion	£8.038 billion	£9.045 billion	65.8%
Outpatient (excluding drugs)	£0.170 billion	£1.158 billion	£1,328 billion	9.7%
Other (including social service)	-	-	£0.230 billion	1.7%
<b>Total</b>	£1.802 billion	£11.718 billion	£13.750 billion	100%

Source: Kanavos, van den Aardweg and Schurer: Diabetes expenditure, burden of disease and management in 5 EU countries, LSE (Jan 2012)

NHS Digital (2016) analysis, formerly the Health and Social Care Information Centre, showed that the cost of diabetes drugs grew 86.1% between 2005-06 and 2015-16 from £513.9 million to £956.7 million. The cost of insulin alone increased from £220.8 million to £343.7 million, whilst the cost of antidiabetic drugs has increased from £146.8 million to £422.7 million.

### The local response

Diabetes prevention, detection and management have been identified as priority areas for the council and for the Health and Wellbeing Board. The council's intention to 'take on diabetes' was signalled by a full council motion in Dec 2016 and the Barnet Health and Wellbeing Strategy includes commitments to embed prevention for diabetes and pre-diabetes in the borough via action on healthy weight and the development of Care Closer to Home Integrated Networks.

A range of actions has taken place in support of this agenda. These are summarised below:

## Campaigns & Public Events:

LB Barnet Public Health team co-ordinate campaigns and public events throughout the year. These are normally topic specific and aim to:

- Raise awareness
- Give information
- Give prevention advice to residents
- Signpost to local services
- Support residents to access screening and early identification

Although there is an annual diabetes campaign, wherever possible, messages relating to diabetes prevention are weaved into other campaigns along with wider healthy living messages.

### **Diabetes week of action:**

“Diabetes Awareness Week” falls in June every year. Diabetes Week 2018 took place from 11-17 June, and this year, the focus was on encouraging local residents to #TalkAboutDiabetes. A series of community events were coordinated and publicized via various channels. The events included:

- Encouraging residents to take up local Park Runs
- Dance classes for people aged over 50 delivered by Saracen’s sport foundation and GLL
- Diabetes UK information sessions and health talks
- Wellbeing drop-ins at community organisations
- Health Walks
- Chair based exercises delivered by Diabetes Prevention Programme

There were also two main community engagement events:

- Diabetes Roadshows by Silver Star:  
The Public Health team commissioned “SilverStar” to spend a day at Edgware Broadwalk Shopping Centre raising awareness and offering free risk assessments and blood tests for type 2 diabetes. Outcomes from the day are covered later in this briefing.
- Brent Cross event:  
Barnet Council and Barnet CCG co-ordinated a diabetes awareness event at Brent Cross Shopping Centre, encouraging shoppers to assess their risk of getting diabetes. The event was supported by a range of partners including local GP’s, dieticians, sports and leisure providers, voluntary sector

organisations and health partners. They offered blood pressure screening, health information, diet and nutrition advice, physical activity taster sessions and a friendly face for a chat.

Shoppers were encouraged to complete a risk assessment, and those who scored highly were offered a diabetes test. Of these, 23 people were found to have Type 2 diabetes and a further 20 individuals found out that they were pre-diabetic, and at significant risk of developing the disease.

### **SilverStar Mobile Testing Events:**

Barnet Public Health have commissioned SilverStar to deliver a total of 6 roadshows in Barnet.

	Venue	Location	Date	Number of people screened	Number identified with high glucose levels
1.	Broadwalk Shopping Centre	Edgware	9 <sup>th</sup> June 2018	97	26
2.	Grahame Park Festival	Colindale	7 <sup>th</sup> July 2018	54	13
3.	Friend in Need Community Centre	East Barnet	20 <sup>th</sup> September	78	11
4.	North Finchley Mosque	Finchley	21 <sup>st</sup> September	157	18
5.	Broadwalk Shopping Centre	Edgware	22 <sup>nd</sup> September	116	9
6.	Allianz Park – match day	Mill Hill	23 <sup>rd</sup> September	102	8
<b>Totals</b>				<b>604</b>	<b>85</b>

### **Silver Week:**

Barnet Public Health Team sponsored the recent Silver Week events for Barnet residents aged over 55. Health checks were offered to residents at a number of events through the week. 189 residents, approx. 16% of those who attended the events had a health check. We are currently awaiting further information on any outcomes.

### **Know Your Risk tool:**

LB Barnet Public Health team promotes the use of Diabetes UK's Know Your Risk! tool. The quick and simple tool helps residents to understand their risk of developing type 2 diabetes and offers advice and support on how to reduce their risk. Since the tool was launched on the LBB website, over 3000 residents have completed the online tool to identify their own risk.

#### Interventions available to residents:

##### **Primary care pre-diabetes locally commissioned service:**

In preparation for the launch of the National Diabetes Prevention Programme, Barnet public health supported the CCG to develop a locally commissioned service for GP's managing pre-diabetic patients. The service aims to embed National Institute of Clinical Excellence guidance for managing patients with pre-diabetes. GP's are incentivised to offer a brief intervention that addresses lifestyle factors, referring on to relevant programmes and ensuring patients are reviewed annually.

10,415 eligible patients were identified in year one and approximately 3,000 of these received a brief intervention in their GP service.

##### **National Diabetes Prevention Programme:**

In June 2016 NHS England began the roll out of the Healthier You: NHS Diabetes Prevention Programme (NHS DPP). It began with a first wave of 27 areas. In April 2017 the programme was mobilised across a further 13 areas, including a joint programme in Barnet and Enfield.

The DPP is a nine-month programme consisting of a total 14 groupwork sessions that address topics such as:

- Individual goal setting
- Information on pre-diabetes
- Food labels
- Physical activity including chair based exercise session
- Stress, emotional eating and mindfulness

Currently the programme is running at numerous venues across the borough, and offering evening and weekend provision providing good access for residents.

Barnet has consistently overachieved, using not only Barnet's allocated capacity, but some of Enfield's allocation. Barnet had 2,262 spaces allocated for the first 27 months and whilst this is expected to decrease in future years, the NHS 10-year plan recently signalled an intention to increase capacity in this programme.

Locally action is underway to increase the offer to pre-diabetic patients through:

- Re-developing the primary care locally commissioned service to include a range of digital support options
- Expanding group consultations for pre-diabetes
- Encouraging participation in the expert patient programme

## **Group consultations**

Group consultations in general practice replacing routine appointments with group sessions that incorporate clinical advice for managing conditions and an opportunity for peer interaction and support. NCL funded a training provider to establish group consultations in NCL and in Barnet, public health provided additional funding which allowed nine practices to be trained across the borough. Initial experience suggests some very encouraging response. At Millway Practice, a total of 9 group consultations were conducted in 2018 reaching 102 patients. In November 2018, the practice recalled patients from group consultations conducted in June and July that included 28 patients with pre-diabetic and HbA1c tests indicated that all were no longer pre-diabetic.

## **Expert patient programme**

The Expert Patients Programme (EPP) is a free self-management course developed for people living with any long-term health condition, such as diabetes, asthma, arthritis, hypertension etc. The EPP is a self-management programme that supports patients to take control of their health by learning new skills. The course covers topics such as managing symptoms, nutrition and exercise, problem solving and dealing with difficult emotions. The course is led by peers who also have long term conditions and have completed the programme.

Public health have funded CEPN (Barnet's Community Education Provider Network) to deliver 6 courses from September 2018 to September 2019 in the St Andrew's CHIN. The programme is now underway and evaluation will inform plans for year 2 and beyond.

## **Other relevant services:**

- As part of the Sports and Physical Activity contract procured by LB Barnet, GLL will be delivering various healthy lifestyle components. These include:
  - A Healthwise programme for people with diabetes. This is a 12-week intervention with three workshops that cover 1) Diabetes and Me, 2) Physical Activity, and 3) Healthy Eating
  - A Calendar of health promotion campaigns
  - Delivering educational sessions to residents
  - Offering an exit pathway from the local diabetes prevention programme
  - Offering a physical activity scheme specifically for those with long term conditions such as diabetes
  - Conducting diabetes risk Know Your Risk! Assessments
- CLCH Diabetes Services  
Central London Community Health service (CLCH) deliver a range of services for diabetic patients in Barnet. The service provides holistic support to type 2

diabetes patients in the management of their condition in community and GP practice setting. The service offers foot protection for moderate and high-risk type 1 and type 2 diabetes patients as well as education and lifestyle management for type 1 and type 2 diabetic patients. The services are provided to help empower patients to self-manage their condition and maintain an independent lifestyle.

- One You  
Public Health have developing a Barnet “One You” website which will launch this month. The website will contain a range of information and resources that help adults to move more, eat well, drink less and be smoke free. It also provides information on how people can reduce their stress levels and sleep better. The website is complimented by a suite of free lifestyle apps (<https://www.nhs.uk/oneyou/apps/>) for smart phones that support people to set goals, be more active and make simple day to day changes.

#### Local Government Declaration

The aim of the Local Government Declaration on Sugar Reduction and Healthier Food is to achieve a public commitment to improve the availability of healthier food and to reduce the availability and promotion of unhealthier alternatives.

Barnet HWBB commits to taking action across six different areas:

- Advertising & sponsorship
- Improving the food controlled or influenced by the council
- Reducing prominence of sugary drinks & promoting free drinking water
- Supporting businesses and organisations to improve their food offer
- Holding related public events and raising public awareness

Some examples of actions being taken within the Local Government Sugar Declaration are;

- The CCG will champion a “Healthy Hospitals” programme to ensure healthier catering is included in future procurement of food in Barnet hospitals.
- By 2018/19, Barnet hospital is aiming for 90% of all drinks to have less than 5 grams of added sugar/100ml, for 80% of confectionary and sweets to have less than 250Kcal and 75% of pre-packaged sandwiches and meals to contain 400Kcal or less.
- Work has been already undertaken at Barnet Hospital, with the 2016/17 targets achieved at Barnet Hospital as follows:
  - (i) The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS). The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks

- (ii) The banning of advertisement on NHS premises of sugary drinks and HFSS foods, including in vending machines
  - (iii) The banning of sugary drinks and HFSS foods from checkouts
- The Public Health Team is working to influence the catering contract for the new Council Office to ensure there is a Free water refill station for the public and advertises it.
- Barnet's Public Health team will work with the Council's Highways & Transport and Communications teams to advise on advertising content, and it will use available advertising space for health promotion.
- The Council's leisure provider, Greenwich Leisure Ltd (GLL) aims to have all premises signed up to Healthier Catering Commitment programme by end of Year 2 of contract with the Council.

### **Next steps**

In developing a system wide response to diabetes in the borough, partners recognise that coordination of activity across areas of prevention, detection and management present the opportunity of delivering a genuine step change in our response to diabetes.

Action is underway in a variety of areas from childhood weight management, physical activity and healthy eating promotion, digital behavioural change and self-management apps, the National Diabetes Prevention Programme, group consultations for diabetic and pre-diabetic patients, structured education and expert patient programmes, as well as quality improvement initiatives delivering improvements in treatment in primary care and beyond.

All of this work is intended to be drawn into a single stream of work overseen by the Barnet Quality Improvement Support Team which is being developed in support of the Care Closer to Home agenda.

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**Title**  
**Health Overview and Scrutiny**  
**Committee**  
**Date**  
**21 February 2019**

<b>Title</b>	<b>Healthy Eating Presentation</b>
<b>Report of</b>	<b>ISS</b>
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix A – ISS Healthy Eating Presentation
<b>Officer Contact Details</b>	Tracy Scollin – Governance Officer Barnet Tracy.Scollin@barnet.gov.uk  Eugene Prinsloo – Developments Director

### Summary

This report provides the Committee with information on Healthy eating initiatives already in place in Barnet and plans by ISS to improve further on these initiatives.

### Officers Recommendations

1. That the Committee note the presentation.

## **1. WHY THIS REPORT IS NEEDED**

- 1.1 ISS presented their Healthy Eating Initiatives Presentation at the Health and Wellbeing Board and the Chairman of the Health Overview and Scrutiny Committee (HOSC) felt it would be beneficial for the HOSC to also receive and have an opportunity to make comments on current Barnet healthy eating initiatives.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1.1 The report provides the Committee with the opportunity to be briefed on this matter and provide scrutiny on current and proposed initiatives for healthy eating in Barnet.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

Not applicable

## **4. POST DECISION IMPLEMENTATION**

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

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

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

- 5.2.1 N/A

### **5.3 Social Value**

- 5.3.1 N/A

### **5.4 Legal and Constitutional References**

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

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

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

## 5.5 Risk Management

5.5.1 There are no risks identified.

## 5.6 Equalities and Diversity

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

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

*Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

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

## 5.7 Corporate Parenting

5.7.1 The corporate parenting principles set out seven principles that local authorities must have regard to when exercising their functions in relation to looked after children and young people, which include:

- to act in the best interests, and promote the physical and mental health and well-being, of those children and young people,
- to help those children and young people gain access to, and make the best use of,

services provided by the local authority and its relevant partners,  
- for those children and young people to be safe, and for stability in their home lives,  
relationships and education or work.

## 5.8 **Consultation and Engagement**

5.8.1 Not applicable

## 5.8 **Insight**

5.8.1 N/A

## 6. **BACKGROUND PAPERS**

None.



**Barnet Schools**  
**Caroline Jenkins**  
**Senior operations manager ISS**

# Children's food in England - some statistics

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- Children aged 1-3 consume double the amount of recommended sugar
- 1 in 3 children live in relative poverty
- 1 in 4 children have tooth decay by the time they start school
- 1 in 10 children eat the required 5 a day of fruit and vegetables
- UK families consume the most ultra-processed diet in Europe 50.7%
- Fewer than 1 in 10 children eat enough fish
- Parents save £10 per week by taking up the UIFSM entitlement
- Only 1.6% of packed lunches meet the nutritional requirements for a healthy diet
- Children in Food for life school are twice as likely to eat their 5 a day



# Tackling healthy eating in Barnet Schools

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- There are initiatives already in place in Barnet such as:
  - Weight Management for 0-18 years
  - Healthy Children`s Centres
  - Oral health promotion
- However, these currently don't go far enough in helping to reduce obesity levels.
- ISS serve over 16,000 meals per day in Barnet and therefore have a massive opportunity to make a big impact on healthy eating education across the schools in Barnet
- We are currently accredited with Soil association Silver Food for Life award.



# What is currently being done?

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- A large number of schools in Barnet currently hold a Healthy Schools London Award. 103 schools are registered with 59 achieving Bronze, 31 with Silver and 13 with a Gold Award.
- Working to improve uptake of lunch and vegetables. Introduction of crudit  stations whilst pupils queueing for lunch
- All schools in Barnet that ISS manage have menus that adhere to not only the School Food Plan, but have also received Silver Awards as part of the Soil Association Award Scheme.
- Working with Nutrition team (Yinka Thomas) at Middlesex university on the implementation of Eat Well plate which supports healthy eating and exercise messages.
- Supporting the good food guide for London with accreditations and initiatives.



# What more are ISS doing?

- ✓ ISS will be sharing and promoting healthy food items and initiatives in the Barnet Healthy Schools Newsletter.
- ✓ Where possible ISS look at reducing the sugar content in their recipes.
- ✓ Recipe cards on packed lunch bags for pupils to try out at home.
- ✓ Healthy breakfast – supporting schools who hold these events.
- ✓ Parent taster events – operations teams support kitchen teams in speaking to parents about healthy eating and nutrition.



# What more will ISS be doing?

- ✓ Further development is in place on recipes.
- ✓ Attending school council meetings, listening to pupils and students on menu ideas and at the same time educating them on why menus contain the items they do.
- ✓ ISS are working with Nino Severino from “Learn, Play, Grow” who are experts in bringing sports and fitness to kids but in a fun way! Incorporating sport and healthy diets.
- ✓ Continuing to share ideas on how to eat more healthily.
- ✓ Training days held for Kitchen managers with the ISS Association for Nutrition accredited course ‘Healthy eating for school food’. This is held during the school holidays
- ✓ Dessert once per week replaced by fruit for the other 4 days.



# Any questions?

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# **Title** **Health Overview and Scrutiny Committee**

AGENDA ITEM 11

**Date**

**21 February 2019**

**Title**

**Royal Free London Health and Social Care Winter Update**

**October 2018 – January 2019**

**Report of**

Royal Free London NHS Trust

**Wards**

All

**Status**

Public

**Urgent**

No

**Key**

No

**Enclosures**

Appendix A – Royal Free London Health and Social Care Winter Update October 2018 – January 2019

**Officer Contact Details**

Tracy Scollin – Governance Officer Barnet  
Tracy.Scoliin@barnet.gov.uk

## **Summary**

This paper provides an update on the delivery of urgent and emergency care services across the Royal Free London (RFL) system from October 2018 to January 2019 and provides details of the key NHS England (NHSE) priorities included in winter preparation.

## **Officers Recommendations**

1. That the Committee note the report.

## **1. WHY THIS REPORT IS NEEDED**

- 1.1 The Health Overview and Scrutiny Committee have received previous updates from system partners on reviews that were undertaken after winter 2017/18 to ensure learning was incorporated into winter plans. In summer 2018 the National Director for Urgent and Emergency Care announced further priorities to ensure local systems have sufficient capacity this winter, this report outlines these priorities and the challenges faced by the Royal Free London.

## **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 matter.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

Not applicable

## **4. POST DECISION IMPLEMENTATION**

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

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

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

- 5.2.1 N/A

### **5.3 Social Value**

- 5.3.1 N/A

## 5.4 Legal and Constitutional References

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

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

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

## 5.5 Risk Management

5.5.1 There are no risks identified.

## 5.6 Equalities and Diversity

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

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

*Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

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

## 5.7 Corporate Parenting

The corporate parenting principles set out seven principles that local authorities must have regard to when exercising their functions in relation to looked after children and young people, which include:

- to act in the best interests, and promote the physical and mental health and well-being, of those children and young people,

- to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners,
- for those children and young people to be safe, and for stability in their home lives, relationships and education or work.

## 5.8 **Consultation and Engagement**

5.8.1 Not applicable

## 5.8 **Insight**

5.8.1 N/A

## 6. **BACKGROUND PAPERS**

None.

## **Royal Free London Health and Social Care Winter Update October 2018 – January 2019**

### **1. Summary**

This paper provides an update on the delivery of urgent and emergency care services across the Royal Free London (RFL) system from October 2018 to January 2019 and provides details of the key NHS England (NHSE) priorities included in winter preparation.

### **2. Winter Preparation**

The Health Overview and Scrutiny Committee will recall from previous updates that system partners undertook a number of reviews after winter 2017/8 to ensure learning was incorporated into winter plans. This included an After Action Review and session with local GPs and others to understand what worked well and what needed to be improved this winter.

In summer 2018, Pauline Phillips, National Director for Urgent and Emergency Care, announced further priorities to ensure local systems have sufficient capacity for winter. These included:

- By 31 December 2018 ensuring that all patients who have been in hospital for more than 21 days (deemed as long stay) have appropriate discharge plans, so that they are discharged as soon as they are medically fit and not delayed, to ensure that Trusts have sufficient bed capacity over winter
- Development of a Same Day Emergency Care (SDEC) service at least 12 hours a day, 7 days a week by September 2019, to support a reduction in unnecessary hospital admissions. This might cover such things as urinary tract infections that can be managed at home in many cases.
- Reducing the number of patients that attend hospital with a minor injury or illness that are seen later than 4 hours from arrival to zero.
- Improving ambulance handovers so that 100% of patients who arrive in an ambulance to the Emergency Department are handed over within 30 minutes to the Accident and Emergency clinicians; all handovers must take place within 15 minutes with no patients waiting more than 30 minutes by 30 September 2018.
- Implementing effective demand management schemes in out of hospital services to reduce the flow of patients into emergency care services in hospitals i.e Significant 7 Training in Care Homes and GP Enhanced Access appointments

#### **Barnet and Royal Free Hospitals have achieved the following:**

- Good progress has been made in reviewing and discharging patients with a length of stay of more than 21 days.
- Same Day Emergency Care is already provided for 12 hours a day, 7 days a week at both hospital sites
- Both sites have plans to increase GP hours in the Urgent Care Centres later into the evening to manage attendances.
- At the Royal Free Hospital the Urgent Care Centre (UCC) GPs have been moved nearer to the A&E entrance to support the effective direction of patients to the right service for their needs. A Quality Improvement Programme has been implemented at Barnet Hospital to look at reasons why people attend.
- RFL achieved 95.2% on the 30-minute ambulance handover target (against the 100% compliance target) in December 2018. The Trust has been one of the highest performing across all acute providers in North Central London.
- Demand Management Schemes are identified in sections 5, 6 and 7 of this paper.

### **3. Accident and Emergency Department Performance at the Royal Free London**

Accident and Emergency (A&E) department performance at both the Barnet and Royal Free hospital sites has been challenging, but despite this the RFL has been one of the highest performing trusts

against this target across North Central London over the past month. Both A&E Departments performed well over the Christmas and New Year period. During December, the RFL was the 8th highest performing Trust against the 4 hour A&E standard out of 18 London Trusts.

The RFL A&E Delivery Board noted at its January 2019 meeting that the health and social care system felt less pressured than the previous year. All partners felt this was due to improved collaboration across organisations, and that the system had shown that it is able to recover quickly on those days when A&E is under pressure from increased attendances and admissions.

Performance on the Barnet Hospital site has been more variable over the winter period, and in response, Barnet Hospital management team is working closely with the NHSE Improvement Emergency Care Support Team (ECIST) to support its transformational plans.

There was a Barnet Hospital Urgent and Emergency Care summit with system partners on 20th December 2018 where a number of immediate actions were agreed and are being implemented. These include:

- Review of referrals into A&E from other clinicians, GPs and Walk-in Centres.
- Review of the NHSE 111 program initiatives to reduce referrals into A&E
- Working with GP practices with high volumes of referrals to see if more can be done to reduce attendances for minor illnesses
- Monitoring the effectiveness of the London Ambulance Service's use of the \*9 number to access the Community Rapid Response Service as an alternative pathway to A&E
- Working with the London Borough of Barnet (LBB) to improve the numbers of delayed patients and the effectiveness of the Discharge to Assess Pathways.

#### **4. Delayed Transfers of Care (DTOCs) and Escalation Arrangements**

The RFL system achieved the overall Delayed Transfer of Care (DTOC) target of 3.5% in November 2018. Barnet CCG has in place DTOC/escalation meetings to work with system partners (both LBB and RFL) to unblock those patients whose discharges have been delayed. The Royal Free Hospital (RFH) has also recently set up a Platinum Call, which includes Directors and Senior Managers from the RFL Trust, Local Authority and CCGs to review the most challenging of cases.

Both hospital sites have held Multi Agency Discharge Events (MADE) monthly and stranded patient events (longer than 7 days in hospital) over the winter period to identify patients who are delayed in hospital but are fit for discharge, and those stranded patients that have been in hospital for more than 21 days. There are monthly MADE events planned for the rest of the winter period.

To support patients to move more effectively through the hospital, DTOC escalation meetings are held twice a week for those patients who are delayed, or are complex discharges from the community beds at both Edgware and Finchley Memorial Community Hospitals.

#### **5. Demand Management - Community Admission Avoidance Schemes**

The following community schemes have been implemented to reduce the level of admissions to RFL Hospital from Barnet care homes, which are proving successful: These include:

- Significant 7 training to care and nursing home staff; the training offered covers:
  - Dementia Awareness,
  - End of Life,
  - Communication
- Red bags which contain information to provide a better care experience for care home residents by improving communication between care homes and hospitals
- Medicines management reviews and support to care and nursing home staff.

#### **6. Demand Management - NHS 111 and Primary Care Out of Hours Services**

The London Central West Unscheduled Care Collaborative (LCW) provides the Integrated Urgent Care NHS 111 and Out of Hours service for patients in North Central London. During the Christmas period, London NHS 111 providers performed well, but LCW (NCL) was one of only two providers to record

that 99% of all calls were answered within 60 seconds on 25 and 26 December. LCW had the lowest number of abandoned calls and also had the highest average performance of managing and responding to 111 calls across the festive period in London.

## **7. Demand Management - GP Extended Hours Appointments**

Barnet CCG has commissioned the Barnet GP Federation to provide additional GP extended hours appointments, evenings and weekends, 7 days a week at GP Hubs across Barnet. During December and early January, extra appointments were available, with the service experiencing high levels of attendances. NHS 111 can also direct book appointments at a GP Hub which is helping to reduce referrals to A&E.

## **8. Winter Communication**

During the winter period there has been regular communication with patients through the local press and the CCG's website regarding:

- GP Extended Hours Service
- Staying safe in winter
- Local pharmacy opening times over the festive period

A Winter Services Directory was circulated to all Barnet GPs and stakeholders in December setting out a range of services, including details of how GPs could access admission avoidance services in the community and same day emergency care delivered by the RFL Trust.

In November 2018, Barnet CCG hosted a successful patient engagement event, supported by Barnet Healthwatch, highlighting the options for accessing services and discussing the best service to meet specific needs.

The CCG is also working with Barnet Healthwatch to undertake a survey at both RFL A&E Departments in March 2019 to collect information on why patients are coming to the A&E department, based on the survey undertaken at North Middlesex University Hospital last year. Information from this survey will help the CCG and RFL Trust to decide how best to manage patients who attend the A&E department with primary care conditions in the future.

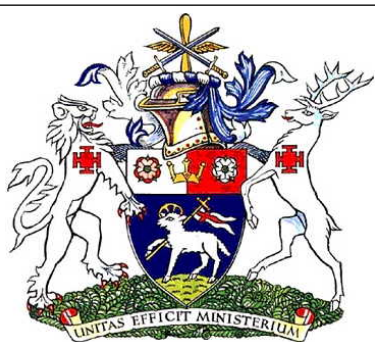
## **9. Conclusion**

There will always be service challenges over winter, but local plans have helped to manage the risks and maintain a good level of service for local people during this period. The RFL A&E Delivery Board has reflected that during the winter months, the RFL system responded well to pressures, bouncing back quickly after difficult days ie on days with high numbers of attendances, and that overall the system has felt more manageable than in previous years.

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## Health Overview and Scrutiny Committee

21st Feb 2019



<b>Title</b>	<b>Suicide Prevention in Barnet</b>
<b>Report of</b>	Director of Public Health
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Suicide prevention report 2019
<b>Officer Contact Details</b>	Jeffrey Lake, Consultant in Public Health Jeff.lake@barnet.gov.uk

### Summary

This report provides the annual summary of local arrangements for suicide prevention and progress in delivering the 2018/2019 action plan.

The most recent data indicates a small decline in rates of suicide in the borough but increasing rates of accident and emergency (A&E) attendances resulting from self-harm. Numbers of people receiving support after being bereaved by suicide appear to be low.

Suicide prevention activity during the year has taken place within the Borough, across Barnet, Enfield and Haringey, North Central London and London as a whole. Locally, particular progress has been made in reviewing safety planning at the point of discharge from A&E following self-harm. A local post-vention action plan is also in development and the expansion of bereavement support provision is being explored across North Central London. A London wide alert system that will make information available to diverse partners is also in development.

### Officers Recommendations

<b>1. That the committee note the annual report on suicide prevention.</b>
--

## **1. WHY THIS REPORT IS NEEDED**

- 1.1 The Government published a response to the Health Select Committee Inquiry into suicide prevention in July 2017 and indicated that Local Authority Health Overview and Scrutiny Committees should be involved in the review of local suicide prevention action plans.
- 1.2 A multi-agency working group was created to develop and review an annual suicide prevention action plan in 2014.
- 1.3 Annual reports on actions have been reviewed by the Director of Public Health and presented to the HOSC from Feb 2018.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 To ensure local governance arrangements in line with those proposed nationally in response to the Health Select Committee Inquiry.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 None.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 The suicide prevention action plan is reviewed and updated by partners annually. This takes place in March each year.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 The Corporate Plan includes a commitment to ensure that people with mental health issues receive support in the community to help them stay well.
- 5.1.2 The Health and Wellbeing Strategy includes focus on improving mental health and wellbeing for all and makes specific reference to the suicide prevention action plan.
- 5.1.3 The Joint Strategic Needs Assessment identifies the suicide rate in Barnet and compares this with the national rate.

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

- 5.2.1 The suicide prevention action plan is delivered within existing staffing and financial resources in Public Health and its partner agencies.
- 5.2.2 It is not possible to isolate expenditure specifically for suicide prevention because a range of NHS, Local Authority, Police, Voluntary and Community sector organisations contribute to the agenda funded from diverse sources and for a wide range of purposes.

**5.3 Social Value**  
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 scope and delivery of the actions outlined in the suicide prevention action plan are dependent on partners' willingness and capacity as there is no statutory authority for councils to require partners to take action.

5.5.2 Six monthly reviews meetings of the working group have been introduced to ensure opportunities for partners to flag any delivery challenges at an early stage and to allow partners to anticipate any impacts.

**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.

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.

- 5.6.4 Variations in suicide rates by age and sex are described in the report. Attention has been paid locally to other characteristics but low numbers make it impossible to make any statistically robust conclusions. National analysis of suicides suggests higher than average rates amongst the LGBT community and new mothers.

## 5.7 **Corporate Parenting**

- 5.7.1 A review of suicide prevention arrangements for children and young people will take place this place and implications for corporate parenting identified.

## 5.8 **Consultation and Engagement**

- 5.8.1 A voluntary sector representative sits on the suicide prevention local work group to ensure that their views, those of mental health service users and the broader community are represented.

## 5.9 **Insight**

- 5.9.1 The data presented in the suicide prevention report is taken from Office of National Statistics, Public Health Outcomes Framework and from an audit of local coroner office records.

# 6. **BACKGROUND PAPERS**

# **Suicide Prevention Report in Barnet: A report to the Health Overview Scrutiny Committee – February 2019**

## **Purpose of Report**

This report provides an update on suicide prevention in the Borough since February 2018. It provides an overview of available data on suicide and self-harm and an update on delivery of the 2018/2019 action plan. Partners involved in suicide prevention in the Borough will review these actions together in March and produce a 2019/20 plan.

## **Local Context:**

Barnet Public Health initiated a multi-agency working group to create a suicide prevention plan in 2014. It brings together a range of local partners including representatives from the Barnet Clinical Commissioning Group, Coroner's Office, Police, Ambulance services, NHS, Children's and Adult Social Care, Network Rail, and the Voluntary and Community Sector. The group provides a platform for partners to share intelligence, identify and review local suicide prevention activities, to explore opportunities for future collaboration between the partners and agree actions.

The remit of the suicide prevention group is to:

1. Create an annual action plan which reflects government and NHS strategies
2. Maintain an overview and report on suicide rates and report any trends or patterns through an annual report
3. Report and share learning from local services on suicide related incidents
4. Maintain an overview of rates of self-harm as a key indicator of suicide risk through an annual report
5. Maintain an overview of reports of suicidal behaviour in the local media and ensure they are delivering sensitive approaches to suicide and suicidal behaviour
6. To promote activities directly aimed at reducing suicides and supporting those bereaved by suicide
7. Support research, data collection and monitoring
8. Track policy developments and best practice from national and other organisations, and learn from the best practice/experience of other suicide prevention groups and plans.

The first Barnet Suicide Prevention Report and Action Plan was completed in March 2015 and has since been refreshed annually. Following the recommendations from the Health Select Committee Report, the report and action plan was shared with Health Overview Scrutiny Committee in February 2018 and is intended to return annually.

Suicide is high on the government's agenda and is recognised as a public health responsibility<sup>1</sup>. The national guidelines suggest a number of key priority areas for local authorities, which includes:

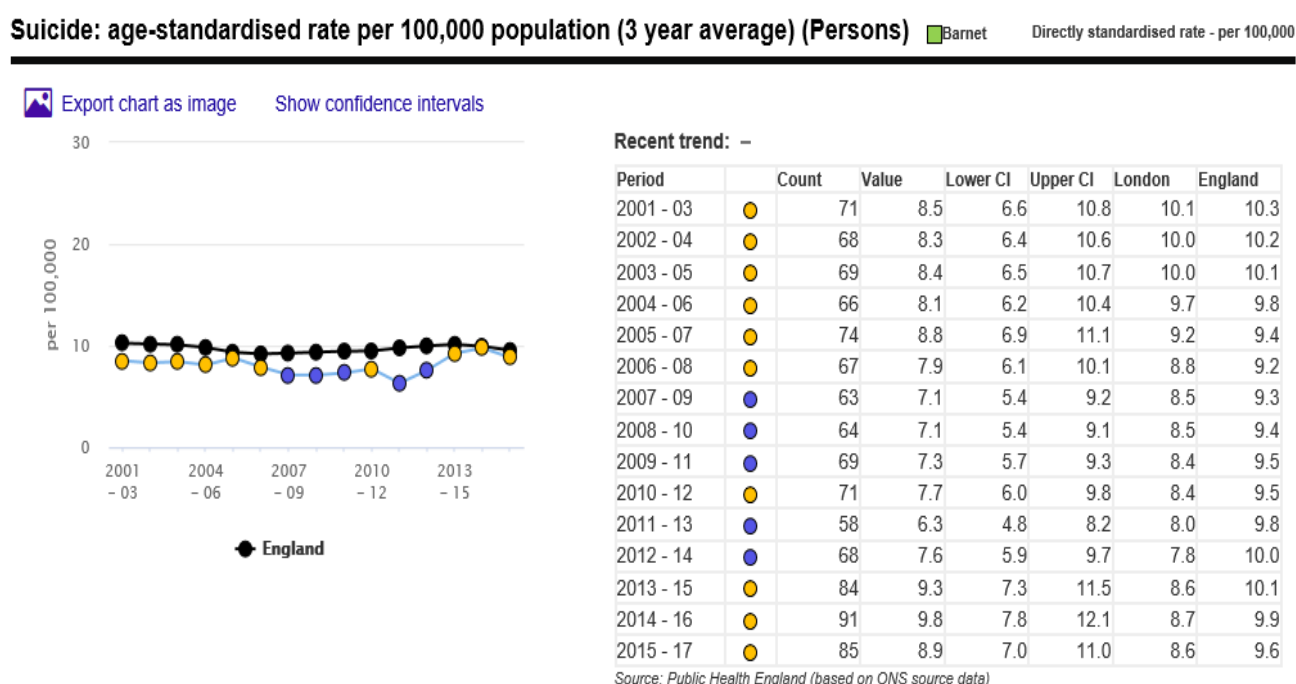
- **Prevention:** to reduce the suicide rate in the general population and to prevent and respond to self-harm
- **Post-vention:** to provide better support for those bereaved or affected by suicide

This report will therefore give an overview of the published data on suicide and self-harm, followed by local data on the Barnet Bereavement Service.

### Death by suicide in Barnet:

The most recent data available from the Office of National Statistics (ONS) reflects the deaths that were registered in 2017 after review by the coroner. The coroner process is lengthy meaning that suicide statistics take some time to be confirmed.

The data suggests a slight decrease in the 2015-17 period as compared to 2014-16. The 2015-17 rate is below that for England although this difference is not statistically significant.



The data below show the rates for males and females.

<sup>1</sup> Department of Health (2012) Preventing suicide in England: A cross-government outcomes strategy to save lives. HM Government, Department of Health

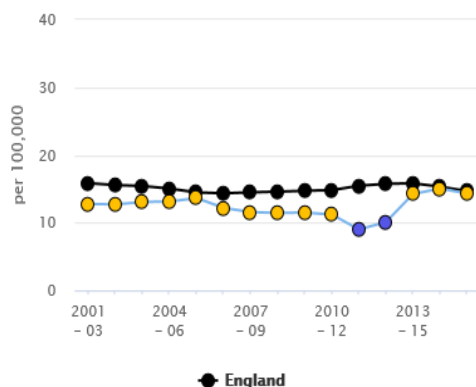
The rate for males has decreased slightly from **15.1 to 14.3** per 100,000 in the period 2015-2017 but this is not statistically significant.

#### Suicide: age-standardised rate per 100,000 population (3 year average) (Male)

Barnet

Directly standardised rate - per 100,000

[Export chart as image](#) [Show confidence intervals](#)



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	London	England
2001 - 03	52	12.8	9.4	16.9	14.9	15.9
2002 - 04	50	12.7	9.3	16.9	14.8	15.6
2003 - 05	51	13.1	9.6	17.4	14.8	15.4
2004 - 06	50	13.1	9.6	17.5	14.7	15.1
2005 - 07	55	13.6	10.2	17.9	14.0	14.5
2006 - 08	50	12.2	9.0	16.2	13.5	14.4
2007 - 09	50	11.6	8.5	15.4	13.0	14.5
2008 - 10	49	11.5	8.4	15.3	13.2	14.6
2009 - 11	51	11.5	8.5	15.3	12.9	14.7
2010 - 12	48	11.2	8.2	15.0	12.8	14.8
2011 - 13	39	9.0	6.3	12.4	12.3	15.5
2012 - 14	43	10.1	7.2	13.8	12.3	15.8
2013 - 15	60	14.3	10.8	18.5	13.4	15.8
2014 - 16	67	15.1	11.5	19.3	13.4	15.3
2015 - 17	67	14.3	11.0	18.4	13.1	14.7

Source: Public Health England (based on ONS source data)

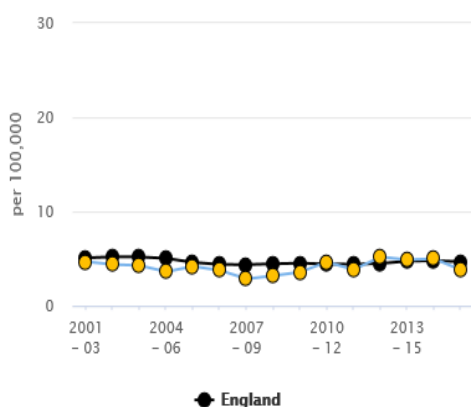
The rate for females has decreased from **5.0 to 3.8** per 100,000 2015-2017 but again this is not statistically significant.

#### Suicide: age-standardised rate per 100,000 population (3 year average) (Female)

Barnet

Directly standardised rate - per 100,000

[Export chart as image](#) [Show confidence intervals](#)



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	London	England
2001 - 03	19	4.7	2.8	7.4	5.7	5.1
2002 - 04	18	4.4	2.6	7.0	5.6	5.2
2003 - 05	18	4.3	2.5	6.8	5.5	5.2
2004 - 06	16	3.6	2.0	6.0	5.0	5.0
2005 - 07	19	4.2	2.5	6.6	4.7	4.6
2006 - 08	17	3.8	2.2	6.1	4.4	4.4
2007 - 09	13	2.9	1.5	4.9	4.2	4.4
2008 - 10	15	3.2	1.7	5.3	4.1	4.5
2009 - 11	18	3.6	2.1	5.7	4.3	4.5
2010 - 12	23	4.7	2.9	7.0	4.2	4.4
2011 - 13	19	3.8	2.3	6.0	4.1	4.4
2012 - 14	25	5.2	3.3	7.7	3.7	4.5
2013 - 15	24	4.9	3.1	7.3	4.1	4.7
2014 - 16	24	5.0	3.2	7.5	4.2	4.8
2015 - 17	18	3.8	2.2	6.1	4.4	4.7

Source: Public Health England (based on ONS source data)

## Suicide by Age

The annual statistical bulletin from ONS gives an overview of registered deaths in the UK from suicide analysed by sex, age, area of usual residence of the deceased and suicide method. Although the report does not tell us anything specific about Barnet, it does give us a useful national context.

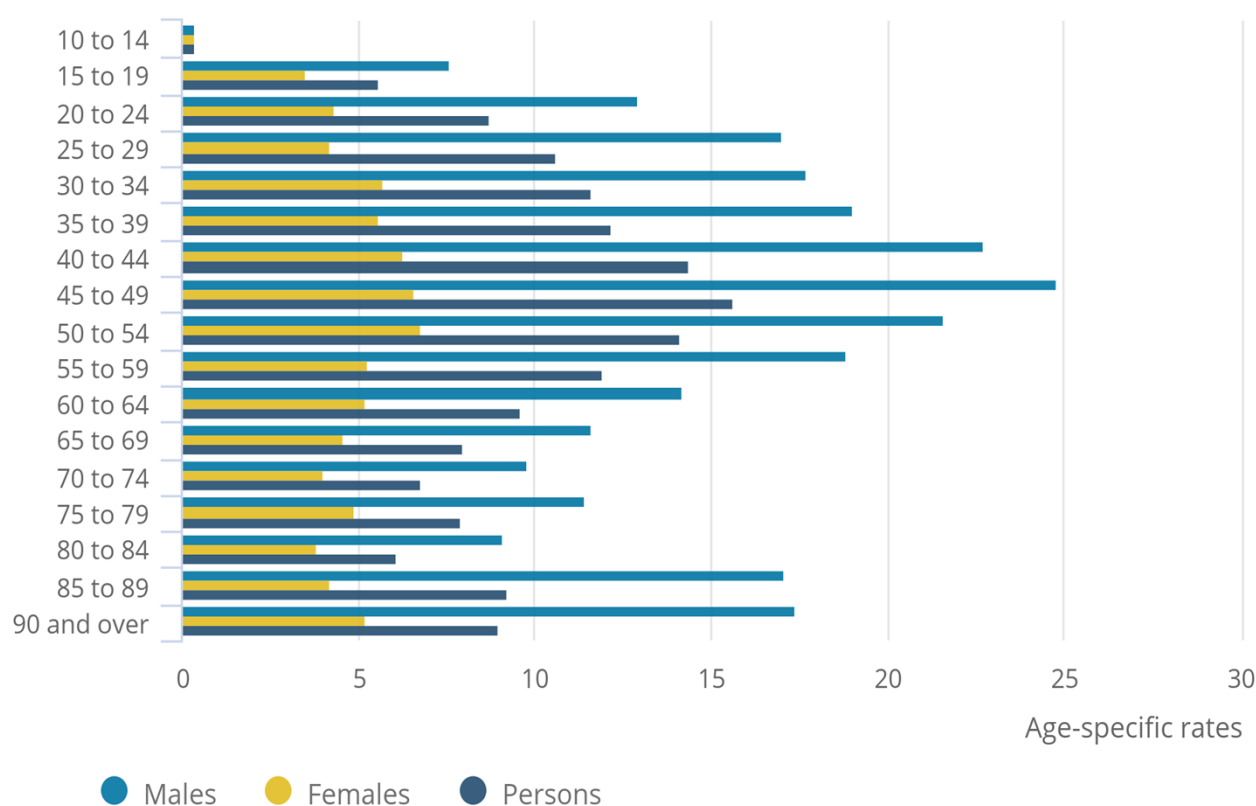
When looking at age-specific rates of suicide in 2017 among all persons the rates increase with age, being highest among 45- to 49-year-olds (15.6 deaths per 100,000 population).

By sex, males aged 45 to 49 years had the highest rate at 24.8 per 100,000 males, while females aged 50 to 54 years had the highest rate at 6.8 per 100,000 females.

The rates then decrease until the age of 80 to 84 years, after which they begin to rise. The suicide rate among people aged 85 years and over was higher than at 60 to 84 years.

When compared with rates from the previous year, males aged 80 to 84 years saw a significant decrease in the age-specific suicide rate, from 14.7 deaths per 100,000 in 2016 to 9.1 deaths per 100,000 in 2017, a decrease of 38.1%. There were no significant changes from 2016 to 2017 for any of the age groups for females.

## Age-specific suicide rates by sex and five-year age groups, UK, registered in 2017



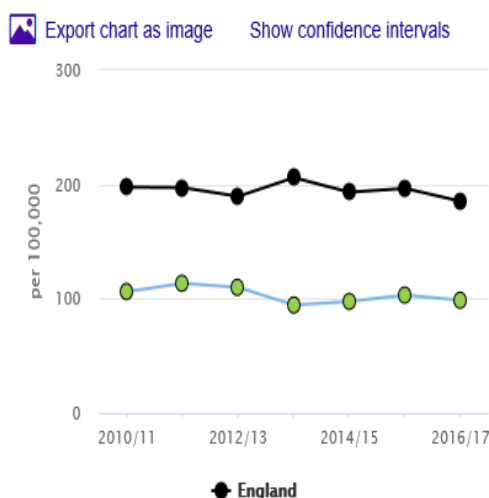
Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency  
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations>

## Self-harm in Barnet

In the Public Health Outcomes Framework, self-harm is defined as an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent. It is important to note that following an episode of self-harm there is a significant and persistent risk of suicide which varies between genders and age groups.

Approximately 99% of hospital attendances for intentional self-harm are severe enough to warrant hospital admission. The graph below shows rates of emergency admissions for self-harm for all people in Barnet since 2010/11. Rates have similar throughout this period with no significant change.

Barnet has consistently had a significantly lower rate than England but has been higher than London in 15/16 and the 16/17. The rate for London has been on a declining trajectory.



Recent trend: –

Period	Count	Value	Lower CI	Upper CI	London	England
2010/11	400	106.3	95.9	117.4	112.2	197.6
2011/12	429	113.5	102.8	124.9	107.3	197.2
2012/13	405	109.9	99.3	121.4	102.8	189.6
2013/14	356	94.5	84.7	105.0	106.5	205.9
2014/15	379	97.7	87.9	108.2	96.7	193.2
2015/16	399	103.2	93.2	113.9	93.8	196.5
2016/17	386	98.7	89.0	109.1	84.1	185.3

Source: Hospital Episode Statistics (HES), NHS Digital, for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2017, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to Public Health England Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England. Analysis uses the single year of age grouped into quinary age bands, by sex.

## Death by suicide rates compared with Barnet, Enfield, Haringey and England:

The table below compares Barnet with Enfield and Haringey, with whom the borough shares mental health services. The table shows the overall age-standardised suicide rate is not statistically significantly different. Barnet and Haringey are also not statistically different to England. Enfield however is statistically better than England.

**Table 1.** The age-standardised suicide rates per 100,000 population in Barnet, Enfield, Haringey and London.

	Barnet		Enfield		Haringey		England
	Rate*	Count**	Rate*	Count**	Rate*	Count**	Rate*
<b>All</b>	<b>8.9</b> (7.0-11.0)	<b>85</b>	<b>6.8</b> (5.1-8.9)	<b>57</b>	<b>10.3</b> (7.0-12.3)	<b>64</b>	<b>9.6</b> (9.4-9.7)
<b>Male</b>	<b>14.3</b> (11.0-18.4)	<b>67</b>	<b>10.7</b> (7.7-14.4)	<b>44</b>	<b>15.2</b> (10.3-21.3)	<b>46</b>	<b>14.7</b> (14.4-15.0)
<b>Female</b>	<b>3.8</b>	<b>18</b>	<b>3.2</b> (1.7-	<b>13</b>	<b>4.7</b>	<b>18</b>	

	(2.2-6.1)		5.6)		(2.7-7.5)		<b>4.7</b> (4.5 - 4.8)
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\*Suicide Rate (age standardised per 100,000) 2015-2017

\*\*Count (Number of suicides recorded in period)

## Barnet Bereavement Service

There is a lot of research on the profound effect a death by suicide can have on families and communities<sup>2,3</sup>. There is clear evidence that one suicide can trigger a cluster of other suicides, within families and communities<sup>4,5,6</sup>.

Barnet Bereavement Service offer bereavement counselling to residents above 18 years of age. The service is delivered by volunteers who are trained as Bereavement Counsellors. They also offer service for those affected by suicide.

The service receives referrals from a wide-range of partners including GP's, Psychiatrists, Mental Health Services, Increasing Access to Psychological Therapies (IAPT) Services, Social Workers, Self-referrals, Third Party Referrals, Wellbeing Hub, Police, Drug and Alcohol Services, Hospitals, The Network.

**Table 2** Barnet Bereavement Service referral data

	2017-18	2018-19 (until end of December 2018)
Number of referrals	<b>182</b>	<b>150</b>
Number of people received bereavement support	<b>182</b>	<b>150</b>
Number of people received bereavement support affected by suicide	<b>3</b>	<b>5</b>

<sup>2</sup> Alexander, David A Susan Klein, Nicola M Gray, Ian G Dewar, John M Eagles. Suicide by patients: questionnaire study of its effect on consultant psychiatrists BMJ 2000;320:1571-4

<sup>3</sup> Seguin M et.al. (2014) Reactions Following a Patient's Suicide: Review and Future Investigation Taylor and Francis Online Professionals Pages 340-362  
<https://www.tandfonline.com/doi/abs/10.1080/13811118.2013.833151>

<sup>4</sup> McKenzie N and Keane M 2007. Contribution of imitative suicide to the suicide rate in prisons. Suicide Life Threat Behav. 2007 Oct;37(5):538-42.

<sup>5</sup> Niedzwiedz, C., Haw, C., Hawton, K. and Platt, S. (2014), The Definition and Epidemiology of Clusters of Suicidal Behavior: A Systematic Review. Suicide Life Threat Behav, 44: 569-581. doi:10.1111/sltb.12091

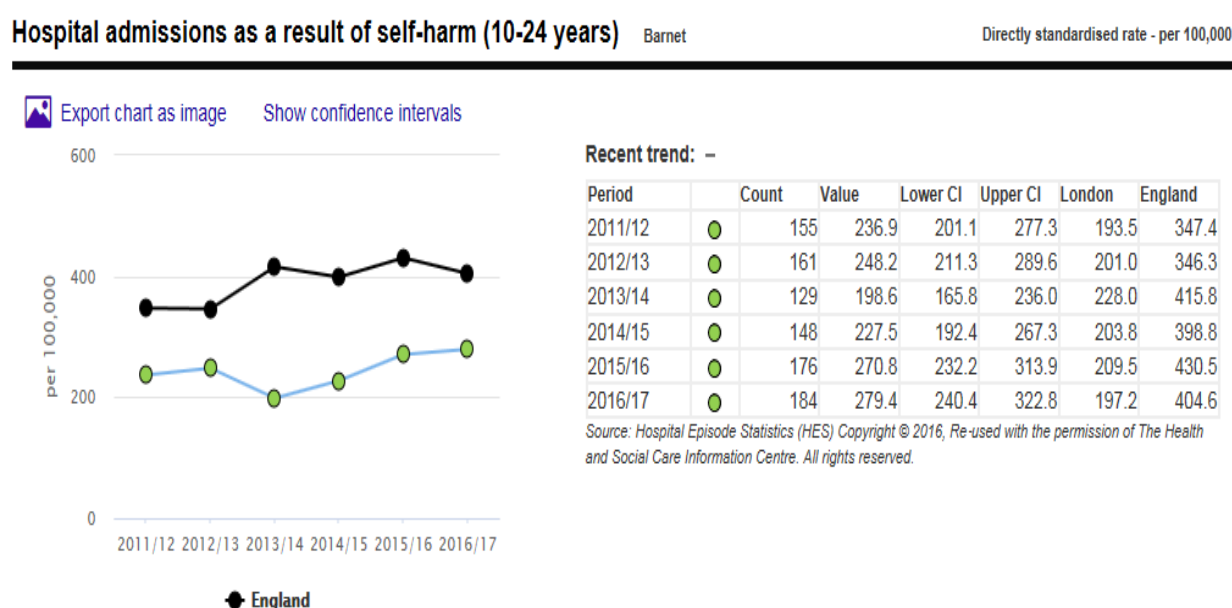
<sup>6</sup> Pitman A, Osborn D, Rantell K, King M. (2016) Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3,432 young bereaved adults. BMJ Open 6:e009948. doi:10.1136/bmjopen-2015-009948

Cerel et al (2018) found that<sup>7</sup> each suicide can emotionally affect up to 135 people. Bereavement support should be available to close family and friends who are at a 1/10 chance of suicide themselves. The above figures therefore, look very low given numbers of suicides in Barnet. We need to improve post-vention service for those bereaved by suicide.

## Self-harm in children and young people in Barnet:

There is data available from the Public Health Outcomes Framework showing the number and rate of admissions as a result of self-harm in 10 to 24 year-olds, broken down into age groups.

The graph below shows the trend for all young people aged 10-24. Although the graph shows a gradual upward trend, this is not statistically significant and the rate in 2016/17 was not significantly different to that in 2011/12. The Barnet rate is higher than London but lower than England.



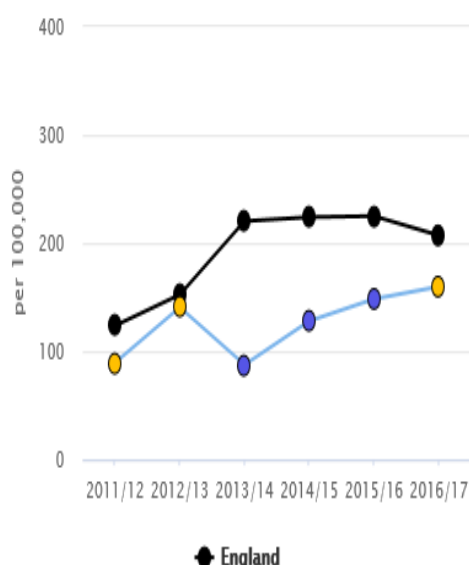
The graph below shows a gradual upward trend in self-harm incidents in those aged 10-14, although this is not statistically significant. The rates in Barnet are generally similar to London and lower than England, although they were higher in 16/17 indicating a different pattern in London and England.

<sup>7</sup> Cerel et al 2018 - not out yet but due out at this link in the next week or two - estimates 135 people affected by each suicide [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1943-278X/earlyview](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1943-278X/earlyview)

## Hospital admissions as a result of self harm: Crude rates per 100,000 (10-14 yrs) ■ Barnet

Crude rate - per 100,000

 [Export chart as image](#) [Show confidence intervals](#)



Recent trend: ➡

Period	Count	Value	Lower CI	Upper CI	London	England
2011/12	19	89.6	53.9	139.9	83.1*	123.8
2012/13	30	140.7	94.9	200.9	109.2*	152.5
2013/14	19	87.7	52.8	136.9	122.5*	220.5
2014/15	28	128.1	85.1	185.1	105.7*	224.1
2015/16	33	148.5	102.2	208.5	110.2*	225.1
2016/17	37	159.8	112.5	220.3	102.1*	207.2

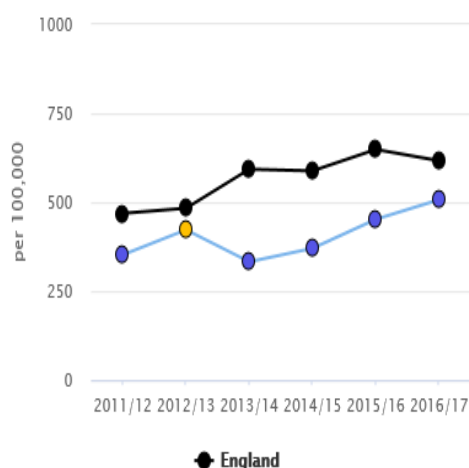
Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

The graph below also shows a gradual upward trend in self-harm incidents in those aged 15-19 but this is not statistically significant. The rates in Barnet are generally similar to London and England, although they were higher in 16/17 indicating a different pattern in London and England.

## Hospital admissions as a result of self harm: Crude rates per 100,000 (15-19 yrs) ■ Barnet

Crude rate - per 100,000

 [Export chart as image](#) [Show confidence intervals](#)



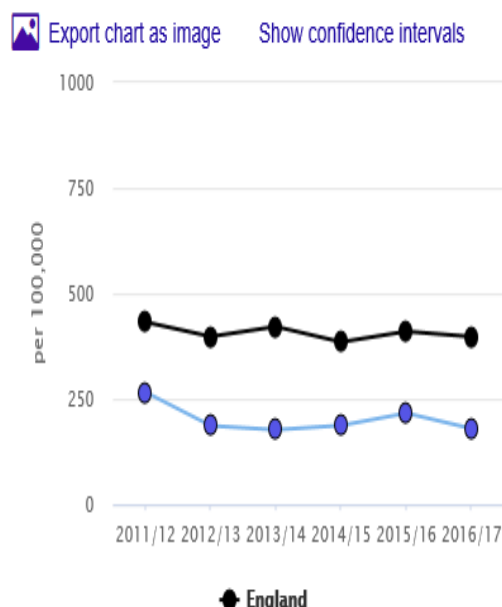
Recent trend: ➡

Period	Count	Value	Lower CI	Upper CI	London	England
2011/12	73	352.5	276.3	443.2	272.7*	469.2
2012/13	87	422.8	338.6	521.5	300.0*	483.6
2013/14	70	333.0	259.6	420.7	346.2*	593.3
2014/15	78	370.8	293.1	462.8	305.1*	588.6
2015/16	95	452.5	366.1	553.1	322.7*	648.8
2016/17	106	507.4	415.5	613.7	305.2*	617.1

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

The final graph below shows a gradual downward trend in self-harm incidents in those aged 20-24, although this is not statistically significant. The rates in Barnet are generally similar to London and England.

**Hospital admissions as a result of self harm: Crude rates per 100,000 (20-24 yrs)** ■ Barnet Crude rate - per 100,000



Recent trend: ➡

Period	Count	Value	Lower CI	Upper CI	London	England
2011/12	63	266.0	204.4	340.3	221.9*	432.3
2012/13	44	186.5	135.5	250.4	211.8*	398.1
2013/14	40	177.0	126.5	241.1	223.6*	421.5
2014/15	42	187.4	135.0	253.3	203.7*	385.0
2015/16	48	216.3	159.5	286.8	199.3*	410.3
2016/17	41	179.9	129.1	244.0	188.6*	397.9

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Given the above information, it is possible to say that the overall upward trend in hospital admissions as a result of self-harm in people aged 10-24 is driven by increases in school age children.

## Local Suicide Prevention Actions

Last year's suicide prevention meeting was held in March 2018 and was attended by partners from Barnet Council, Barnet Clinical Commissioning Group (BCCG), Barnet Enfield Haringey Mental Health Trust (BEHMT), Barnet Adult Substance Misuse Service, primary care, the police, and North London Samaritans. The Action Plan for 2018-19 was agreed in this meeting. Progress against this plan can be seen in **Appendix 1**.

## APPENDIX 1

### Suicide Prevention Plan 2018-19 – End of Year Review (provisional)

Action & Topic Area	Lead partner/s	Status & timescale	Progress	Closed
<b>Communications</b>				
1. To raise concerns about irresponsible reporting of deaths resulting from self-harm in the local press with Samaritans as these occur; and engage with the local media where appropriate to ensure that deaths are reported in line with the Samaritans media guidelines.	Public Health (PH) and ALL partners to monitor and raise	Ongoing	Monitoring action – no local incidents reported. Considerable attention nationally to social media.	N/A
2. Ensure all services that provide suicide prevention related support are recorded on the Barnet Community Directory and are searchable by “suicide” and “self-harm” key words.	PH	December 2018	<ul style="list-style-type: none"> <li>Barnet Bereavement Service information is now uploaded on the Community Services Directory.</li> <li>We invite partners to inform us if there are any other services providing suicide prevention support in Barnet.</li> </ul>	
<b>Pathways and access</b>				
3. Establish pathway for those bereaved by suicide to receive a copy of “Help is at Hand” within 48 hours/ where possible, when contact is first made with the family/friend of the deceased individual. <a href="https://www.nhs.uk/Livewell/Suicide/Documents">https://www.nhs.uk/Livewell/Suicide/Documents</a>	PH, Police, London Ambulance Service (LAS)	Dec 18	<ul style="list-style-type: none"> <li>Meetings held with police partners resulted in the Police working across Barnet, Brent and Harrow being offered Making Every Contact Count (MECC) training. PH plan to amend the MECC training to include providing information on available services.</li> </ul>	

<a href="#">/Help%20is%20at%20Hand.pdf</a>	Bereavement Service		<p>MECC training will be online as requested by the Police and is due to commence in April 2019. The pathway around Police attendance at a suicide has now been mapped. There are difficulties with storage and carrying the help is at hand leaflets but a solution to this is being sought. All Police data relating to suicide is processed centrally in London.</p> <ul style="list-style-type: none"> <li>Public Health met Barnet Bereavement Service to discuss currently unable to engage in the pathway development with us. We will now look to alternative services including options at North Central London.</li> </ul>	
4. To understand the care pathway for people who present to A&E with self-harm, suicidal ideation or suicide attempts.	PH/CCG/Royal Free London/BE HMHT/Primary Care	Dec 18	<p>The pathway has been reviewed by partners:</p> <ul style="list-style-type: none"> <li>All patients presenting to A&amp;E with suicidal ideation are seen by the psych liaison service</li> <li>Most patients are seen within 4 hours</li> <li>More young people are admitted</li> <li>All patients admitted have a deliberate self-harm assessment and safety plan</li> <li>At the discharge, communication with GPs not always seamless.</li> </ul> <p>A working group is ongoing which aims to improve present arrangements, safety planning at the point of discharge and communication with primary care and other</p>	

			agencies.	
5. Understand the response from crisis resolution home treatment team following inpatient discharge.	Barnet CCG/Enfield CCG/Primary Care	Dec 18	<ul style="list-style-type: none"> <li>There are challenges with capacity in the crisis team. BEHMHT currently conducting an internal review. Learnings will be shared with this group in the annual meeting in March 2019.</li> </ul>	
6. Ensure pathway from IAPT into mental health teams facilitates patients being supported by the IAPT programme who experience suicidal ideation to be supported effectively and quickly.	BCCG	Dec 18	<ul style="list-style-type: none"> <li>BEHMHT have an internal pathway which is much improved from previous IAPT service. Process and protocols will be shared prior to the March meeting.</li> </ul>	
<b>Data and Reporting</b>				
7. Further exploring opportunities for suicide prevention at a London level, particularly the recommendation to develop a co-ordinated system for reporting data from coroners and other sources (such as the police) that could act as an early warning.	Thrive London	March 19	<ul style="list-style-type: none"> <li>The Thrive Suicide Prevention Group has commissioned a provider to develop an information exchange portal to facilitate sharing of information about suspected suicides and enable local suicide prevention planning, post-vention and support for the bereaved.</li> <li>Once available details of the portal will be shared with partners.</li> </ul>	
8. Mapping what local data sources and notifications are available on self-harm and suicide related incidents to: <ul style="list-style-type: none"> <li>Inform operational responses</li> <li>Understand local systems and</li> </ul>	PH, CCG, Community Safety, Police, LAS, British	Dec 18	<ul style="list-style-type: none"> <li>Sharing of information about self-harm and suicide attempts is greatly complicated by information sharing restrictions. Partners report that clients are overwhelmingly reluctant to allow information to be shared.</li> </ul>	

<p>processes</p> <ul style="list-style-type: none"> <li>• Improve intelligence</li> </ul>	<p>Transport Police (BTP), Adults Social Care</p>		<p>Discussions are underway considering whether assurances about the use of data might help to secure permissions.</p> <ul style="list-style-type: none"> <li>• Efforts to ensure consistent access to Coroners records is being pursued at a London level and via BEHMHT networks.</li> </ul>	
<p>9. Understand what specific support could be available for vulnerable groups: specifically, Lesbian Gay Bisexual Transgender (LGBT), Looked After Children (LAC), people at risk of reoffending.</p>	<p>Child Death Overview Panel (CDOP) working group, PH Community Safety</p>	<p>December 18</p>	<ul style="list-style-type: none"> <li>• PH will review policy and literature available relating to suicide in adult groups at risk such as LGBT and offenders and share in the March 2019 meeting.</li> </ul>	
<b>A focus on Children and Young people</b>				
<p>10. Thematic review of response to self-harm and suicide in young people being undertaken on behalf of the Barnet Safeguarding Children Board (BSCB).</p>	<p>BSCB working group</p>	<p>October 18</p>	<ul style="list-style-type: none"> <li>• Thematic review is complete.</li> </ul>	
<p>11. Understand best practice for suicide prevention pathways in schools and assess local application.</p>	<p>BSCB working group</p>	<p>October 18</p>	<ul style="list-style-type: none"> <li>• The thematic review has led initiation of a working group to reviewing prevention infrastructure in schools, response to self-harm and suicidal incidents.</li> </ul>	
<p>12. Understand the support for young people</p>	<p>PH</p>	<p>December</p>	<p><u>Middlesex University</u></p>	

experiencing mental health concerns in local colleges and universities.		18	<ul style="list-style-type: none"> <li>The University offers a wide-range of counselling and mental wellbeing support including drop-in sessions, online support, face-to-face and group sessions.</li> <li>There is a 24/7 listening service is available.</li> </ul> <p><u>Barnet &amp; Southgate College</u></p> <ul style="list-style-type: none"> <li>The college also offers workshops promoting positive mental health, keeping safe and keeping well and age appropriate bespoke workshops. Students struggling are identified and supported individually on their needs. Where students need further support direct referrals to local services and contact GPs where appropriate.</li> </ul>	
13. Establish pathway for offering support to young people who are bereaved by suicide.	PH, Police, LAS, Bereavement Service, Samaritans	December 19	<ul style="list-style-type: none"> <li>A further workgroup has been initiated reviewing post-vention support with a view to developing a Borough best practice checklist for different agencies.</li> </ul>	
14. Review the pathways from A&E for young people who present with self-harm	CDOP working group and linked to action 4	October 18	<ul style="list-style-type: none"> <li>A workshop bringing together partners is reviewing current practice for safety planning at the point of discharge from A&amp;E.</li> <li>Challenges over delays in planned discharge from acute services have been noted.</li> </ul>	





**Title**  
**Health Overview and Scrutiny**  
**Committee**  
**Date**  
**21 February 2019**

**Title**

**Status update on Surplus Land –  
Options Appraisal update and next  
steps**

**Report of**

**Community Health Partnerships**

**Wards**

All

**Status**

Public

**Urgent**

No

**Key**

No

**Enclosures**

Appendix A – Surplus Land – Options Appraisal update and next steps presentation

**Officer Contact Details**

Tracy Scollin – Governance Officer Barnet  
Tracy.Scollin@barnet.gov.uk  
  
Eugene Prinsloo – Developments Director

**Summary**

This report provides an update on the surplus land near to Finchley Memorial Hospital 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 an update report on the plans and timescales for the development on the land adjacent to Finchley Memorial Hospital and how this will benefit Health services in Barnet. A report was received at the November 2018 HOSC meeting outlining proposals and plans and this report provides a status update since November 2018.

**2. REASONS FOR RECOMMENDATIONS**

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

**3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

Not applicable

**4. POST DECISION IMPLEMENTATION**

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

**5. IMPLICATIONS OF DECISION**

**5.1 Corporate Priorities and Performance**

- 5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

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

- 5.2.1 N/A

### 5.3 Social Value

#### 5.3.1 N/A

### 5.4 Legal and Constitutional References

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

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

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

### 5.5 Risk Management

5.5.1 There are no risks identified.

### 5.6 Equalities and Diversity

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

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

*Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

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

### 5.7 Corporate Parenting

5.7.1 N/A

## 5.8 Consultation and Engagement

5.8.1 Not applicable

## 5.8 Insight

5.8.1 N/A

## 6. BACKGROUND PAPERS

6.1 Health Overview and Scrutiny meeting 21<sup>st</sup> November 2018:  
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=179&MId=9509&Ver=4>



# Community Health Partnerships

## Surplus Land - Options Appraisal update and next steps

6 February 2019

## Introduction & Overview



Status update on options for surplus land on site adjacent to Finchley Memorial Hospital.

- CHP continue to collaborate with the Sustainability & Transformation Partnership (STP), Clinical Commissioning Group (CCG), Greater London Authority (GLA) on Homes for NHS pilot and One Public Estate (OPE) for Barnet. In addition CHP have sought further input from Department of Health Policy team for Homes for NHS Staff.
- The updated draft options appraisal was completed **11 December 2018**.
- The initial findings of the report were presented to CHP Property Committee 15 January 2019, who agreed an extension of time for further enquiry on underlying assumptions to facilitate a clear direction of travel for CHP by 20 February 2019 for the NHS Property Board.
- The review is considering further input linked to Barnet Council's strategic plan, review of residential figures, clarification of social rent levels, application of grant and NHS homes for staff policy interpretation linked to Intermediate, Affordable and 1<sup>st</sup> refusal to NHS workers options that could generate overall best value.
- The report will also further refine the scope of options focusing on Residential and Affordable to ensure a balanced view in line with optimum capital receipt, planning risk and overall appetite for development of the site. The updates will be issued for further consideration prior to 20 February 2019 NHS Property Board.
- Discussions with the CCG have also taken place and the CCG has no objections to any of the options proposed. CHP have discussed the need to progress declaration of the land as surplus and the CCG agree this can be progressed quickly if required.

## Project Appraisal Criteria

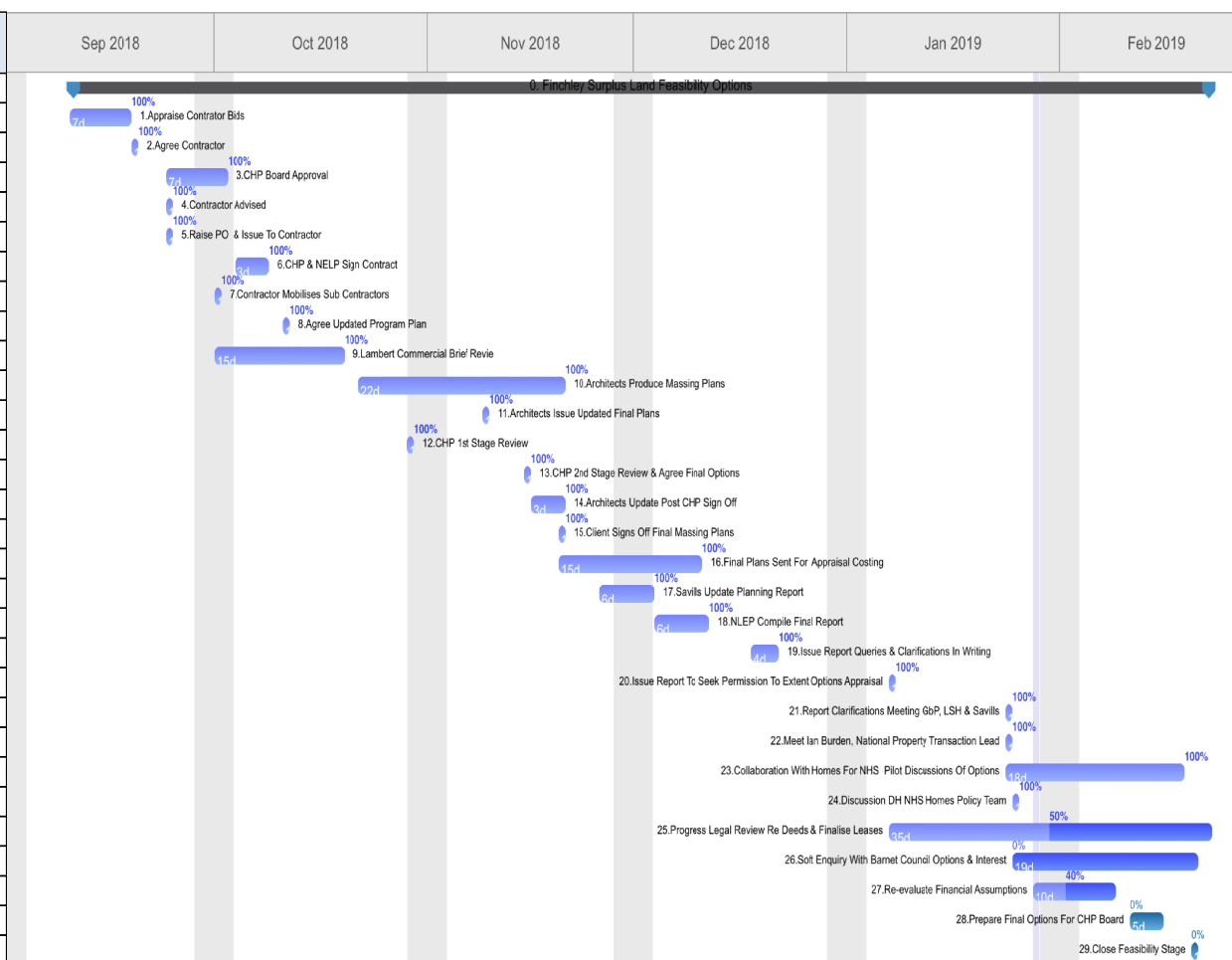


<b>Project Rationale</b>	Utilisation of the surplus land adjacent to Finchley Memorial Hospital to ensure optimum capital receipt for the development or disposal of the land. There is an opportunity as part of this appraisal to review the ‘Homes for NHS staff’ policy which could support a wider stakeholder need while addressing optimum utilisation of the site and meeting local council strategy to support additional homes.
<b>Proposal</b>	To develop or sell a parcel of c.0.4 Ha of freehold open land. Options include possible retention of the freehold and granting of a ground lease.
<b>Options</b>	Options being interrogated further: 1. Key Worker accommodation and/or Affordable Housing 2. Residential houses and apartments
<b>Assessment criteria</b>	Value creation, policy compliance, planning risk, timescale for delivery.
<b>Risks and Issues</b>	The key risks and issues are: <ul style="list-style-type: none"><li>• Planning issues related to the development of open space adjacent to a Hospital site.</li><li>• Planning linked to ‘Barnet Housing strategy 2019-2024’, draft October 2018, policy yet to be finalised.</li><li>• Interpretation of Policy linked to Homes for NHS staff and application of grant.</li><li>• Time frame around planning and commissioning work through to completion.</li></ul>

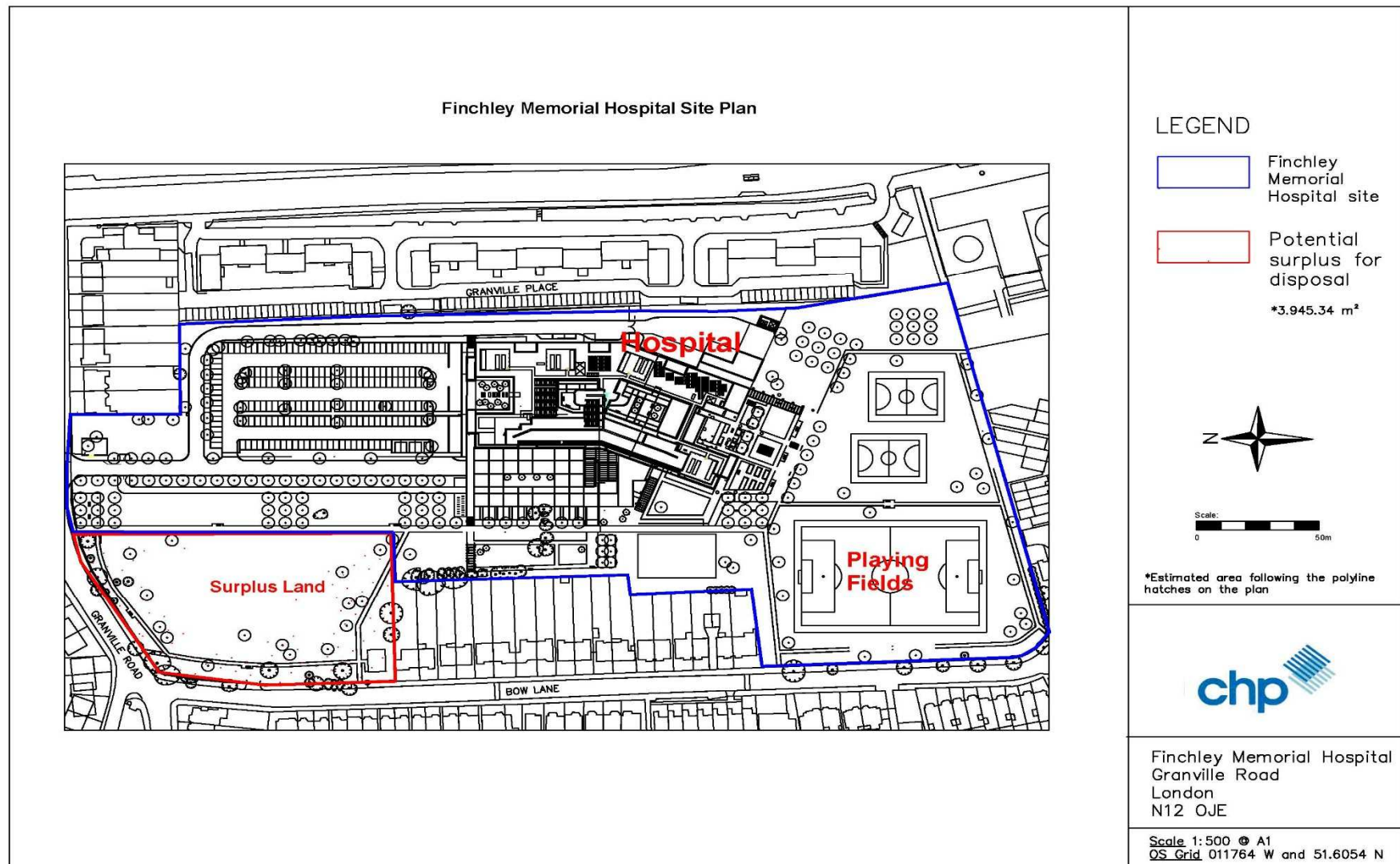
# Updated Programme for Options Appraisal

## Finchley Surplus Land Feasibility Options

Id	Task Name	Duration	Start	Finish	% Completed
0	Finchley Surplus Land Feasibility Options	119.875d	10-Sep-2018	22-Feb-2019	74%
1	Appraise Contractor 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	100%
11	Architects Issue Updated Final Plans	1d	09-Nov-2018	09-Nov-2018	100%
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	100%
14	Architects Update Post CHP Sign Off	3d	16-Nov-2018	20-Nov-2018	100%
15	Client Signs Off Final Massing Plans	1d	20-Nov-2018	20-Nov-2018	100%
16	Final Plans Sent For Appraisal Costing	15d	20-Nov-2018	10-Dec-2018	100%
17	Savills Update Planning Report	6d	26-Nov-2018	03-Dec-2018	100%
18	NLEP Compile Final Report	6d	04-Dec-2018	11-Dec-2018	100%
19	Issue Report Queries & Clarifications In Wri	4d	18-Dec-2018	21-Dec-2018	100%
20	Issue Report To Seek Permission To Extent	1d	07-Jan-2019	07-Jan-2019	100%
21	Report Clarifications Meeting GbP, LSH & S	1d	24-Jan-2019	24-Jan-2019	100%
22	Meet Ian Burden, National Property Transa	1d	24-Jan-2019	24-Jan-2019	100%
23	Collaboration With Homes For NHS Pilot D	18d	24-Jan-2019	18-Feb-2019	100%
24	Discussion DH NHS Homes Policy Team	1d	25-Jan-2019	25-Jan-2019	100%
25	Progress Legal Review Re Deeds & Finalis	35d	07-Jan-2019	22-Feb-2019	50%
26	Soft Enquiry With Barnet Council Options &	19d	25-Jan-2019	20-Feb-2019	0%
27	Re-evaluate Financial Assumptions	10d	28-Jan-2019	08-Feb-2019	40%
28	Prepare Final Options For CHP Board	5d	11-Feb-2019	15-Feb-2019	0%
29	Close Feasibility Stage	1d	20-Feb-2019	20-Feb-2019	0%



# Outline of current site



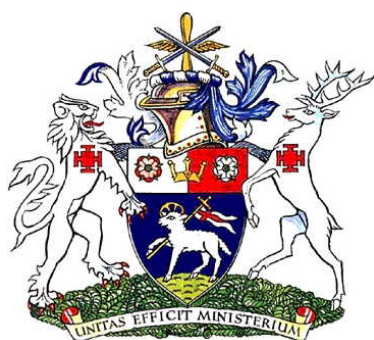
## Continued Wider Stakeholder Dialogue & Collaboration

- NHS Improvement via Strategy team and Ian Burden, Property Transaction Lead, 24 January 2019
- NHS Staff Pilot via Programme Director Hannah Breitschadel, ongoing discussion and sharing of appraisal to date.
- Meeting Simon Goodwin, Chief Finance Officer STP and Matt Backler, CCG, 11 January 2019
- Discussion with Hannah Stout, Senior Policy Manager Capital & Land Department of Health & Social Care (DHSC) and Matthew Cooper, Senior Companies Finance Manager, DHSC, 25 January 2019
- One Public Estates Board, most recent update 30 January 2019.
- Discussions with Barnet Council, 12 February 2019.

## Next Steps

- Review updated appraisal figures and assumptions
- Discussions with Barnet Council to understand local strategic plan and possible options
- Create recommendation report for CHP Property Committee and Board linked to NHS Property Board update scheduled for 20 February 2019
- Based on approvals, produce plan and identify resources to progress the next stage of the project in line with agreed time frames for delivery.

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**Title**  
**Health Overview and Scrutiny**  
**Committee**  
**Date**  
**21 February 2019**

<b>Title</b>	NHS Trusts and North London Hospice Quality Accounts – Mid Year Review
<b>Report of</b>	Governance Service
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix A – Mid-year Quality Account Report CLCH and NLH Appendix B – Mod-year Quality Account Report Royal Free London NHS Trust Foundation
<b>Officer Contact Details</b>	Tracy Scollin – Governance Officer Barnet Tracy.Scollin@barnet.gov.uk

## Summary

At its meeting in May 2018, the Committee considered the Quality Accounts from NHS Trusts and the North London Hospice for 2017/18. Health providers are required by legislation to submit their Quality Accounts to Health Scrutiny Committees for comment. NHS Trusts have a requirement to report their Quality Accounts to the Committee. At the meeting, the Committee was asked to scrutinise the Quality Accounts and to provide a

statement to be included in the Account of each health service provider.

The Committee have requested that the two NHS Trusts and the North London Hospice provide a response as to what action they have taken following the submission of its comments for inclusion within the final draft of their Quality Accounts last year.

The appendices contained within the report set out the comments made by the Committee to the Trust last year and the responses from the Trusts and the Hospice in respect of those comments.

## Officers Recommendations

### 1. That the Committee notes the report.

#### 1. WHY THIS REPORT IS NEEDED

- 1.1 Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide, mirroring providers' publication of their financial accounts. All providers of NHS healthcare services in England, whether they are NHS bodies, private or third sector organisations, must publish an annual Quality Account. The Committee has requested that the organisations that submitted their Quality Accounts last year provide an update on how they have actioned the comments made by the Committee.
- 1.2 The primary purpose of Quality Accounts is to encourage Boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness. The visible product of this process – the Quality Account – is a document aimed at a local, public readership. This both reinforces transparency and helps persuade stakeholders that the organisation is committed to quality and improvement. Quality Accounts therefore go above and beyond regulatory requirements which focus on essential standards.
- 1.3 If designed well, the Accounts should assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services, concentrating on those that need the most attention.
- 1.4 Quality Accounts will be published on the NHS Choices website and providers will also have a duty to:
  - Display a notice at their premises with information on how to obtain the latest Quality Account;

- Provide hard copies of the latest Quality Account to those who request one.

1.5 The public, patients and others with an interest in their local provider will use a Quality Account to understand:

- Where an organisation is doing well and where improvements in service quality are required;
- What an organisation's priorities for improvement are for the coming year;
- How an organisation has involved service users, staff and others with an interest in the organisation to help them evaluate the quality of their services and determine their priorities for improvement.

1.6 Commissioners and healthcare regulators, such as the Care Quality Commission, will use Quality Accounts to provide useful local information about how a provider is engaged in quality and tackles the need for improvement.

## **2. REASONS FOR RECOMMENDATIONS**

By receiving this update, the Committee will be able to see how NHS Trusts and the Hospice have responded to the comments that the Committee asked to be included within the Quality Accounts.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

Not applicable

## **4. POST DECISION IMPLEMENTATION**

4.1 Once the Committee has scrutinised the report, it is able to consider if it would like to make any recommendations to the NHS Trusts and the North London Hospice.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

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

5.2.1 There are no financial implications for the Council

## 5.3 **Social Value**

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

## 5.4 **Legal and Constitutional References**

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

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

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

5.4.3 NHS bodies and certain other bodies who provide health services to the NHS are required by legislation to publish Quality Accounts drafts of which must be submitted to the Health OSC for comment in accordance with section 9 of the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended.

## 5.5 **Risk Management**

5.5.1 Not receiving this report would present a risk to the Committee in that they would not have the opportunity to scrutinise the provision of Health Services in the Borough.

## 5.6 **Equalities and Diversity**

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.

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

## 5.7 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 Agenda of the meeting of Health Overview and Scrutiny Committee 24 May 2018:  
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=179&MId=9506&Ver=4>

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## **Mid-year Quality Account comments**

- **The comments in blue are taken from the Health Overviews Quality Account comments 2018.**
- **Comments in black and the Responses provided by the Trust and Hospices.**

### **Central London Community Healthcare NHS Trust**

The Committee enquired as to which Boroughs the Trust was now serving and was concerned that previous expansion had brought challenges and that taking on more Boroughs could exacerbate the problems. The Trust said they were happy to circulate the list of Boroughs and that they are only taking on new services that were in their existing STP area and that this was in accordance with the overarching Trust strategy.

*The Trust confirms their initial response that CLCH is only bidding for work in its existing STP areas. Attached for information is the Trust's strategy describing this – (please see page 5).*

The Committee noted that improving the uptake of flu vaccines for frontline clinical staff had not been met. The Trust explained that there were reasons why staff had chosen not to take the vaccine. These included the belief that the vaccine had no value, that they had never had flu before, the belief that it could make the staff sick or lower their immunity and some even stated they did not want to be dictated to. The Trust said the plan going forward was to improve education on the vaccine and to emphasise its importance.

*The Trust does not yet have an update on this year's vaccine uptake – its success or otherwise won't be known for a further few months. The Trust confirms they are currently promoting flu clinics and reminding staff of their chance to get vaccinated.*

The Committee asked for an update on the increase in pressure ulcers. The Trust said it was disappointed that there was an increase, but there was an action plan and a team specifically investigating pressure ulcers. The Trust said it had identified that documentation on discharge and policy had not always been followed, but a root cause analysis after every pressure ulcer was conducted. The Trust said learning from each case was communicated to all staff and that every pressure ulcer was taken very seriously. The Trust highlighted the organisation had grown over the past year and so the greater numbers might not be proportional.

*So far this year there have been 4 category 3 & 4 pressure ulcers in the bedded units. All of these have been subject to a root cause analysis. The number of pressure ulcers are closely monitored by clinical divisions and discussed by the patient safety managers and associate directors of quality. Where there has been a grade 3 or 4 pressure ulcer, these are discussed with both the Director of Nursing and Therapy and the Chief Nurse.*

The Committee noted that the hand hygiene report had been lower than the Trust Board KPI of 97%. The Trust said it was disappointed with the audit and that it would be conducting investigations in order to improve this.

*Recent audits have demonstrated that for quarter 1 and quarter 2, 2018/19, hand hygiene bedded services compliance is now 99.66%. So the Trust is now exceeding our KPI.*

The Committee noted only 63% of the urinary catheter assessment forms had been completed. The Trust acknowledged this required improvement. In respect of the CQC recommendation regarding Children's Services, the Committee noted that the waiting time required improvement and asked what risk management strategy had been adopted. The Trust said that no 'must do' safeguarding issues had been identified by the CQC. The CQC however had commented on the need to provide different roles in Health Visiting Services and to improve the skillset across areas to fall in line with the CQC guidance.

*This is currently being re-audited. Results won't be known until the end of January at the earliest.*

**In addition:**

The Trust updated the Committee that the patient stories which were included in last year's Quality Account would now form part of the Annual Report

Please find attached patient stories annual report. Also please note that the Trust has the following page on their website which explains their approach to patient stories.

<https://www.clch.nhs.uk/get-involved/help-improve-services/patient-stories>

The Committee asked how a cost could be attributed to staff health improvement. The Trust explained that there was a small cost to run campaigns on health and wellbeing and run health schemes, however the expenditure was worth the gain.

*No further comment.*

The Committee noted that some Boroughs were particularly expensive to live in and queried whether this was influencing the staff retention rate. The Committee suggested that the Trust work with Housing Associations and other organisations to find affordable housing for their staff.

*The Trust currently works with Network housing and Catalyst housing associations.*

The Committee commented on the issues with staff retention and asked the Trust to explain how it would be approaching this. It said it would be looking to entice staff to stay by giving them new career pathways and supporting them to develop their careers. The Trust felt some staff had previously left due to a lack of awareness of the opportunities to progress. The Trust had established an

apprenticeship forum and retention and recruitment group in order to improve the retention of staff. The Trust also found the number of women returning after maternity leave had been disappointingly low, so the it was working on a programme of retraining and providing workshops for those returning. The Committee asked whether the high cost of child care played a part in women being unable to return and whether there was a crèche available. The Trust said this issue had not been identified, however it was considering providing affordable accommodation to attract young nurses.

*Recruitment and retention issues are regularly reported to the Trust's workforce committee. At the most recent committee (held in November 2018) the Trust considered retention in detail. The committee was informed that the Trust:*

*Uses the NHS Improvements toolkit on retaining clinical staff;  
Is reviewing the retention strategy in the light of understanding the turnover data;  
Looking at the reasons that staff leave and including looking at these reasons over time and whether they change.*

*To address retention issues, a turnover plan is being put into place which includes (amongst other things) coaching and drop in sessions with associate directors of quality; ensuring the appropriate equipment is provided for given roles, looking at pay and opportunities for development and career progression; career clinics to be rebranded and relaunched.*

The Committee noted only 63% of the urinary catheter assessment forms had been completed. The Trust acknowledged this required improvement.

*This is currently being re-audited. Results won't be known until the end of January at the earliest.*

In respect of the CQC recommendation regarding Children's Services, the Committee noted that the waiting time required improvement and asked what risk management strategy had been adopted.

*The Children & Young People's Occupational Therapy service in Barnet has since transferred to a different NHS Trust and is no longer provided by CLCH.*

The Trust said that no 'must do' safeguarding issues had been identified by the CQC. The CQC however had commented on the need to provide different roles in Health Visiting Services and to improve the skillset across areas to fall in line with the CQC guidance.

*The health visiting service has a skill mix approach with Health Visitors and Nursery Nurses. Work is currently taking place to expand the approach further with the introduction of Community Paediatric Staff Nurses.*

## **North London Hospice**

The Committee noted the high turnover of staff detailed in the Quality Account again this year. The Hospice explained that although the data suggested there was an issue with high turnover of staff, many of those who had left were Bank staff. The Hospice explained that the HR department was working hard to devise imaginative and creative ways to recruit and retain staff. The Hospice had recently reviewed their appraisal system and was aiming to recruit more permanent staff.

*The HR department has confirmed that of the 64 staff who were reported as having left the organisation last year, 30 were bank staff. These were people who had been on the books but were no longer undertaking bank work in the hospice and so were removed from the list. In the next years Quality Account we will distinguish between bank staff and permanent staff.*

The Committee noted that the incidents of pressure ulcers was high again and queried the reasons behind this. The Hospice explained that they were extremely vigilant in checking patients and counting all pressure ulcers. They said that compared to some other organisations, they counted each ulcer rather than just counting each patient who had an ulcer. The Hospice also said they worked on the principle that there are six categories of pressure ulcers rather than four. The Hospice stressed that the recording of ulcers was taken very seriously and full route cause analysis was conducted for all pressure ulcers classified as Grade 3, Grade 4, Ungradeable or Deep Tissue Injury, to ensure that all ulcers were unavoidable. The Hospice had also been working with the Hospice UK Advisory Group to ensure a high standard of monitoring.

*The Hospice has continued to report all pressure ulcers of all 6 categories (as is now recommended by NHS Improvement) and to undertake a Root Cause Analysis for all Category 3, 4, Ungradable Ulcers and Deep Tissue Injuries, finding all ulcers to have been Unavoidable. The Trust has continued to work with Hospice UK, benchmarking their practice against other hospices. In the first two quarters of this year, they have noted a slight reduction in the number of new ulcers and will report on this in full in next year's Quality Account.*

The Committee asked for an update on how the Hospice was responding to staff members who had reported experiencing bullying and whether safeguarding practices had been put in place. The Committee also queried whether these incidents of bullying were potentially contributing to the difficulties in retaining staff. The Hospice said it was disappointed in the numbers of staff that reported experiencing bullying. The Hospice explained that because the data was anonymous and no staff had come forward and reported the incidents, it was difficult to understand the individual circumstances. The Hospice said that it was working with managers to try and resolve these issues. The Hospice also said it was trying to encourage more staff to fill in the survey next year in order to get a better idea of how staff could be better supported and empowered.

*The figures from their most recent staff survey show fewer staff believe they have been bullied at work. The HR department have calculated this figure out to be 0.08% of the workforce. This number is in line with the average for all hospices. The*

*Hospice continues to have a robust safeguarding policy and staff training schedule as well as a Bullying and Harassment Policy and a Whistleblowing Policy (Raising Concerns about Poor Practice Policy).*

The Committee noted there was an increase in the number of safety incidents reported. The Hospice explained that the system of reporting had changed with the introduction of an electronic reporting system over two years ago. The Hospice said lots of teaching and training had been developed in line with the implementation of the new system and the importance of reporting incidents had been regularly highlighted. The Hospice said that the increased resources had encouraged people to report incidents, rather than there being an increase in the actual number of incidents. The Hospice said the number of incidents reported last year and this year was similar and therefore consistent.

*There was a reduction in the number of safety incidents reported in 2017 – 2018 (by 19). It was 2 years previously when there was a rise in reported incidents, thought to be related to the changes in reporting procedures, as explained above. So far consistent numbers of incidents have been reported for this year.*

The Committee were concerned by the large increase in the number of days beds were closed as this had risen from 39 to 78 days. The Hospice explained that the closure of 3 rooms had been the result of issues with plumbing and there had been a long wait for a part needed to fix the issue. The Committee said it appeared that plumbing problems were a recurrent issue and was concerned that there was such a large impact on beds becoming unavailable. The Hospice said that, since this last incident, considerably fewer beds had been closed and the Facilities Manager was now present at triage meetings to ensure they had a good idea of why rooms are closed and to enable the Hospice to react to closures more quickly.

*Since the actions mentioned above have been in place there have been considerably fewer days when beds were closed: Between 1<sup>st</sup> April 2018 and 30 November 2018 there have only been four closed bed days.*

The Committee were concerned by the higher number of falls reported this year and asked the Hospice why these had increased. The Hospice said that there was a fine balance between allowing patients to be mobile but also avoiding falls. The Hospice explained that at the start of the Falls Project they had many patients who were mobile, but this inevitably came with a higher risk of falls. The Hospice said lessons had been learnt from the Falls Project and that sensory alarms for patients at risk of falling had been implemented. The Hospice was also about to purchase a low bed with crash mat. The Hospice felt the project had highlighted which patients were at risk and given staff more confidence in assessing and making decisions. User forums and practical sessions had been established to raise awareness and to help patients develop strengthening and balancing exercises.

*The number of falls remains high, predominantly in the inpatient unit. This can partly be attributed to having a more mobile cohort of patients (evidenced by a small increase in number of patients discharged from the unit in the first two quarters of the year).*

*The Trust continues to strive to put everything in place to minimize the risk of patients falling and harm caused: the low bed is in use, more falls alarms have been purchased and the revised Falls paperwork is incorporated in to the staff moving and handling training. The Trust has revisited how often to review a patient's falls assessment (minimum weekly but also when patient condition changes). They aim to take a team approach to falls prevention. Patients who are at high risk of falls are identified in the ward office, raising awareness with all clinical staff, volunteers, admin staff and housekeepers of those at risk.*

*The Trust regularly reviews all the data captured regarding falls to analyse specifics e.g. time of fall, location of fall to ensure they are fully informed and can learn from the falls.*

The Committee noted a Hard to Reach Programme was being established at the Hospice and asked how this was going to be done. The Hospice explained that it would be focusing on improving access to those with learning difficulties or suffering from substance abuse. The Hospice would be using external communication and ensuring services were accessible to all.

*This Year (our 2<sup>nd</sup> for the project) they have prioritised improving access to people who are homeless, affected by substance misuse, as well those people who have a learning disability. In addition they wanted to understand and respond to specific cultural groups in each of our boroughs. They have worked on their website; they now have a new tab on the home page called 'Reaching our Communities'. For a time limited period, they now have in place Community Ambassadors in each borough. This has already made a significant difference to the amount of people and organisations they are seeing. There are four objectives they want to achieve from this: supporting Improving Access Priorities, Increasing the number of Compassionate Neighbours recruited and trained, as well as Community Members supported, increasing the number of people using Health & Wellbeing Service, as well as thinking of different 'Self-Management' resources to publicise.*

The Committee asked how the 980 volunteers at the Hospice were supported in their work. The Hospice explained there is an extensive training programme in place which has been developed over the last few years. The Hospice said there were different levels of training dependant on the specific role of the individual, with a focus on the emotional development and support of those working face to face with patients. The Hospice also provides regular meetings with staff to ensure there is feedback and support.

*The Trusts continues to train and support their volunteers. During the first two quarters of this year they reviewed their volunteer data base; updating records and ensuring accuracy. This has resulted in them now having just over 700 volunteers actively volunteering for the hospice.*

*They have been piloting annual reviews with volunteers in one of our service areas and will review that in early 2019 with a view to expanding in to other areas.*

The Committee asked for an update on whether the Hospice had sourced alternative pressure- relieving mattresses. The Hospice explained that the existing mattresses

were not received well by some of the patients, so they had campaigned for money to buy an alternative. The Hospice said that, so far, the patients with these mattresses seemed happy. The Hospice were monitoring any decrease in the number of pressure ulcers as a result.

*Patients continue to be happy with the new mattresses purchased in March 2018. As reported above they have noticed a slight reduction in the number of new pressure ulcers in the first two quarters of this year. This will be reported on in full in next year's Quality Account.*

The Committee queried how many people used the Bereavement Service and how many had to turn to private services. The Hospice said it was not able to give an exact answer, but explained assessments were made by phone in order to establish what follow up support a bereaved individual required.

*A review of the bereavement service and how data is collected has been undertaken. More information on numbers of people receiving bereavement counselling will be provided in next year's Quality Account. There are no waiting lists for bereavement support, although the Trust would never know if anyone accessed support privately.*

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**Update on progress made to achieve the quality account priorities:  
Mid-year report**

**Report to:** Barnet Health and Overview Scrutiny Committee

**Meeting date:** December 2018

**Report from:** Dr Chris Streather: Chief medical officer

**Author/s:** Dawn Atkinson: Deputy director of clinical  
governance and performance

Karen Gordon: Head of clinical governance  
and performance

This report provides an update on progress made to achieve the quality account priorities for 2018/19 and feedback on the points raised in the statement issued by Barnet HOSC.

## Part One: Update on progress to achieve the Update on quality account priorities during quarter two (July to September 2018)

The eight chosen priorities remain within the three domains of quality (patient experience, clinical effectiveness and patient safety) and continue to have an executive sponsor, a designated lead and an associated committee where progress is monitored and assurance provided. Five out of the eight priorities were carried forward from 2017/18 and the remaining three priorities were new areas that were identified for improvement across the trust as outlined in table 1 below.

**Table 1: Overview of priorities for 2018/19 and associated committees.**

Quality domain		Priorities for 2018/19	Continued from 2017/18	Associated committees
Patient experience	1	To achieve certification for The Information Standard.	✓	Clinical Standards and Innovation Committee (CSIC)
	2	To further enhance and support dementia care.	✓	
	3	To improve our involvement with our patients and carers.	✗ new priority	
Clinical effectiveness/ quality improvement	4	To build capability in the workforce and have an online project tracker tool.	✓	People and Population Health Committee (PPHC)
	5	To develop a superior change-management capability putting clinicians in charge of their clinical pathway.	✓	
Patient safety	6	To improve safer surgery and invasive procedures	✓	Clinical Standards and Innovation Committee (CSIC)
	7	To improve our learning from deaths	✗ new priority	
	8	To improve infection prevention and control	✗ new priority	

The key below is used to summarise the level of progress made during quarter two.

**Key:**

Status	Progress as expected for mid-year point	★
	Progress below expectation for mid-year point	★

## Priority one: Improving patient experience:

As a major provider of healthcare services in London, the trust aims to put the patient, carer and our staff at the heart of all we do in delivering excellent experiences.

### 1. Achieving 'The Information Standard'

Executive Sponsor: Emma Kearney, director for public affairs and communications. Trust Lead: Yovna Lachanan, patient information manager			
Priority for 2018/19	Key measures for success	Update for mid-year point	Status
To achieve trust certification for 'The Information Standard'.	To work with Clinical Pathway Groups (CPGs) to embed the patient information approval process and ensure information produced via these channels are in line with the Information Standard requirements.	<p>Progress includes meeting with CPG programme manager for women's and children's division to ensure the trust's patient information approval process is embedded. Support is also provided to all staff producing patient information relating to other CPG pathways in development, for example Acute Kidney Injury (AKI) information.</p> <p>Next steps are to meet with the full CPG team to ensure understanding of patient information requirements, the approval process and to identify KPIs to support this.</p> <p>Progress is on-going and CPG teams continue to be supported in the production of their patient information.</p>	★
	To submit an application for to The Information Standard for information produced by the radiotherapy department - the department will act as our exemplar for further rolling out the standard.	<p>Application process has been scoped out and amendments to patient information policy to be made based on a self-gap analysis before application is made.</p> <p>Work with key stakeholders within the radiotherapy department already established and the next steps will include working with the new quality and assurance manager for radiotherapy to undertake a scoping exercise for the department. This will ensure effective communication to the wider team of the plans to apply for the Information Standard for the department.</p> <p>Radiotherapy patient information is all currently up to date, but will need to be reviewed in the next quarter in line with their review date.</p>	★

## 2. Enhancing dementia care

Executive sponsor: Debbie Sanders, group chief nurse.		Trust Lead: Danielle Wilde, group dementia lead	
Priority for 2018/19	Key measures for success	Update for mid-year point	Status
To further enhance and support dementia care initiatives across the trust through the delivery of the dementia strategy	Improve dementia services for patients admitted to RFL and their carers	<p>Action plan for the national audit of dementia has been completed. Audit currently in progress on the 3 reporting sites (8 West, 10 North and 6 South). Data collection closed on September 21 with results available in July 2019.</p> <p>Dementia key worker scheme implemented on 4 wards, providing specialist input and support for patients and families.</p> <p>Publication of RFL Guide to Dementia now available on all wards across the trust. Regular carer support sessions held on Hampstead and Barnet sites and 5 new “Sundown Sessions” currently in production.</p>	★
	Improve staff experience in caring for people with dementia	<p>8 important things about me document updated and new process implemented.</p> <p>“High Bay” project to launch in 2019 with an emphasis on resourcing and training NAs to facilitate group activities sessions for patients who are being cared for in an enhanced bay.</p> <p>Innovative ChickenShed theatre training to take place on January 30 for CAPER Anchors looking to further their training in communication and care for patients living with dementia.</p> <p>Music therapy training planned for interested staff complemented by an improved roster of musicians visiting the organisation under the RF Charity.</p> <p>Delirium pathway documentation continues to be piloted across the trust and the Dementia Implementation Group (DIG) will now be reviewing all PALS / incidents reported that relate to dementia or delirium which will help us to identify hotspots.</p>	★
	To design new dementia strategy for 2019 – 21 period	Strategic event planned for end of the year inviting the public, carers, patients and interested staff to feed into our new strategy.	★

### 3. Improving involvement with our patients and carers

Executive sponsor: Debbie Sanders, group chief nurse. Trust Lead: Richard Chester, deputy director for patient experience			
Priority for 2018/19	Key measures for success	Update for mid-year point	Status
To improve our involvement with our patients and carers	<p>Following feedback from staff and patients a broader approach is being taken to ensure that we improve our involvement with our patients and carers.</p> <p>Building on previous involvement with our patient partners in CPGs, QI projects, hospital based committees/ groups and with task and finish groups</p>	<p>The trust continues its approach to embedding experience and involvement in its services and development.</p> <p>The trust has adopted the patient experience framework published by NHS England.</p> <p>The framework brings together the characteristics of organisations that consistently improve patient experience and enables boards to carry out an organisational diagnostic against a set of indicators</p> <p>Key themes for rating organisations as outstanding or inadequate were found to be: Leadership, Organisational Culture, Compassionate Care, Safe Staffing Levels, Consistent incident reporting and learning lessons. There are 23 areas to assess against, with each one being broken down into various sub-categories.</p> <p>The patient experience has a role to play in a number of questions and the collation as a whole, and the document has been reviewed by the patient experience team. However, information will be required from quality improvement, HR, organisational development, Group, boards, medical directors and directors of nursing. Therefore the suggestion is that the document be taken to each Local Executive Committee (LEC) who can delegate across the hospital site ownership of parts of the assessment and from there we could collate to a group level score.</p> <p>In addition the patient experience team have strengthened their relationship with CPG team so that they can become more involved with the CPG work streams.</p> <p>Patient representatives have been appointed to the patient experience committees at both Barnet and Royal Free sites. Work has begun on updating and improving the information on the patient experience section of the website for both patients and staff.</p>	★

## Priority two: Improving clinical effectiveness

The over-arching plan for 2018/19 is to continue to further dovetail our clinical effectiveness priorities with our quality improvement initiatives; thus facilitating the alignment of our trust wide plans to focus on the reduction of unwarranted clinical variation through clinical pathway groups.

### Quality Improvement (QI) priority:

#### 4. Building capability within our workforce

Executive sponsor: Chris Streather, Chief medical officer.		Trust Lead: James Mountford, director for quality	
Priority for 2018/19	Key measures for success	Update for mid-year point	Status
To build capability in the workforce and have an online project tracker tool.	<p>Ability to prioritise QI projects based on local/Group need.</p> <p>Local ownership, at service, divisional and hospital unit level.</p> <p>To provide access to site-based QI help and support, site-based learning and access to expert QI knowledge.</p> <p>To create opportunities to share learning across the site and Group.</p>	<p>A key element of developing our infrastructure is creating an integrated quality improvement management system by which we can register, track and report on QI activity.</p> <p>A working group has been set up and a service specification has been developed to reflect the organisations and progress has been made with the introduction of <i>Leading for Improvement</i> with our senior leaders being trained as QI sponsors.</p> <p>In order to support local ownership we need to provide transparency of Quality Improvement projects through having an online system to register, track and report on QI progress. Life QI has been chosen as the system to do this and we aim to launch this in Q4 2018-19.</p> <p>Together with the leadership team we continue to look for effective ways to share learning across each site and the group.</p> <p>In November we hosted a QI showcasing event where 34 posters were displayed and presented, over 100 staff attended this event. Additionally, on Royal Free Hospital site we are including a QI presentation at the chief executives briefing. Next steps are to introduce similar events and learning opportunities at each site.</p>	★

## Clinical Pathway Group (CPG) priority:

Variation in clinical practice and process leads to worse patient outcomes and these results in higher costs. Therefore the goal of the program is to reduce unwarranted variation in clinical practice and process. Clinical pathway groups are clinically-led ways of working across several hospital sites aimed at reducing variation and ensuring patients receive the best standard of care, wherever they are treated.



## 5. Digitise clinical pathways

Executive sponsor: Chris Streather, Chief medical officer. Trust lead: John Connolly, CPG program director			
Priority for 2018/19	Key measures for success	Update for mid-year point	Status
To develop a superior change-management capability this puts clinicians in charge of their clinical pathway to deliver high quality care to their patients across the RFL group.	<p>As part of the Global Digital Excellence Programme 20 pathways will be digitised over the next 2 years, prioritisation for pathway digitisation has been agreed with the roll out of Millennium Model Content and opening of the new Chase Farm Hospital.</p> <p>Our measure for success for 2018/19 is to have seven digitised clinical pathways.</p>	<p>Work has remained in support of the digital transformation at the RFL. The trust has embarked on a journey which to become one of the most digitally advanced trust in the UK by 2020.</p> <p>Multidisciplinary teams are working together to design the clinical pathways; ensuring that the diagnostic and treatment decisions are consistent and based on the latest evidence to deliver the best possible outcome. All the pathways are being co-designed with patients; their experiences are being taken into account, which will in turn improve outcomes.</p> <p>The new Chase Farm Hospital has opened and likewise six pathways have been fully digitised. These include:</p> <ol style="list-style-type: none"> <li>1. Preoperative Assessment</li> <li>2. Elective Hip</li> <li>3. Elective Knee</li> <li>4. Right Upper Quadrant Pain (RUQP)</li> <li>5. Induction of Labour</li> <li>6. Admissions to Neonatal Unit ('Keeping mothers and babies together')</li> </ol>	★

## Priority three: Patient safety priorities

For 2018/19 we chose to focus on safer surgery, learning from deaths and infection prevention and control.

### 6. Safer surgery

Executive sponsor: Debbie Sanders, group chief nurse		Trust lead: Hester Wain, deputy director for patient experience			
Priority for 2018/19	Key measures for success	Update for mid-year point			Status
Safer surgery and invasive procedures	To achieve zero Never Events by the end of March 2019	We have reported a total nine never events during 2018/19 (6 in Q1 and 3 in Q2). The never events were in the following descriptions:			
			Description of never event	number	
		Q1	• unintentional connections of a patient requiring oxygen to an air flow meter,	2	
			• wrong site procedures which resulted in no/low harm to the patient.	2	
			• wrong eye injection	1	
• retained swab	1				
Q2	• wrong knee prosthesis	1			
	• retained needle post episiotomy,	1			
	• wrong side transforaminal epidural injection	1			
	To increase by 75% the number of Local Safety Standards for Invasive Procedures (LocSSIPs) in place by the end of March 2019	The Patient Safety CPG was established on 1 April 2018 and has prioritised the 'Invasive Procedures Pathway' as the first initiative to deliver eighteen Local Safety Standards for Invasive Procedures (LocSSIPs) across the trust.  The Patient Safety CPG is initially focusing on three pathways: cardiology, radiology and endoscopy and meetings have been held with these services. The emphasis has been on redesigning and testing LoCCSIPs within these services. A Gantt chart had been compiled to track progress.			

## 7. Learning from deaths

Executive sponsor: Debbie Sanders, group chief nurse. Trust lead: Hester Wain, deputy director for patient experience			
Priority for 2018/19	Key measures for success	Update for mid-year point	Status
To improve our Learning from deaths (LfD)	To increase by 10% the percentage of reviews of patient deaths recorded centrally by the end of March 2019	<p>11% patient deaths were recorded centrally for review in 2017/18.</p> <p>Therefore, the aim is to increase this to 21%. Data on the numbers of patient deaths reviewed during 2018/19 will be available from October 2018.</p> <p>We have increased the numbers of deaths reviewed in 2018/19 Q1 to 15%.</p>	★
	To improve by 5% the sharing of the learning from serious incidents and patient deaths considered likely to be avoidable; as measured by staff survey data, by the end of March 2019	<p>The 2017 NHS staff Survey showed that 68% of RFL staff agreed/strongly agreed that “When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.”</p> <p>We are working to use more dynamic survey data to show how we improve this metric.</p> <p>We are now publishing: Safety needs and incident learning (SNAIL), weekly update on key areas of learning from incidents and near misses using SBAR.</p> <p>Plus, Free Way to Safety (FWTS) monthly newsletter (key safety learning from serious incidents, emailed to incident managers); and Health and safety monthly newsletter (key Health and safety information, emailed to Health and safety champions);</p>	★

## 8. Improving infection control

Executive sponsor: Debbie Sanders, group chief nurse			
Trust lead: Yvonne Carter, head of infection prevention and control nursing			
Priority for 2018/19	Key measures for success	Update for mid-year point	Status
To improve infection prevention and control	To achieve 10% reduction by year of meticillin-resistant <i>Staphylococcus aureus</i> (MRSA).	MRSA bacteraemias – currently two attributed cases, one attributed to RFH and one to BH. Reduction in Gram negative bacteraemias remains on going – 10% reduction achieved last year.  The current rate fluctuates but remains within process limits. Measures for reduction are driven through the monthly IPC Divisional Leads group.	★
	To achieve Trust-attributed zero <i>Clostridium difficile</i> (C.diff) infections due to lapses in care by end of March 2019	Currently no lapses in care for C.diff cases. Total cases are two above threshold.  All cases have an RCA, with learning fed back through the monthly IPC Divisional Leads group	★

## Conclusion

It was disappointing to report further never events, however the trust is ensuring that we learn from our never events. Weekly executive-led cross-site safety meetings are held to share immediate learning and identified risks.

During the next reporting period, the trust will carry on building on measures to achieve the set quality account priorities in support of our commitment to provide our patients with world class expertise and local care.

## Part two: Feedback on points raised in the quality account 2017/18

The second part of this report provides feedback on the comments raised by Barnet HOSC as recorded in the quality account 2017/18.

	Comment from committee	Response from Trust																																																																														
1	<p>The Committee asked the Trust to clarify the total number of C.Diff cases, as it was noted they did not meet their target last year.</p> <p>The Committee commented that the tables in the Quality Account were not particularly clear and asked that the target for the year be included.</p> <p>The Trust explained that the two graphs explaining C.Diff were measuring different things, which is why the numbers were different.</p>	<p>The trust continues to report on the number of C.difficile cases and the attributable reason (lapse in care) as well as the C.difficile infection rate per 100,00 occupied bed days (which provides a national benchmark for the trust).</p> <p>For 2018/19 the C.difficile target is 65 and at the end of November the trust had reported 43 cases.</p> <div><p><b>RFLNHSFT 2018/19 C. difficile cases and "lapses in care" versus Trust objective trajectory and 2017/18</b></p><table><tr><th></th><th>Apr-18</th><th>May-18</th><th>Jun-18</th><th>Jul-18</th><th>Aug-18</th><th>Sep-18</th><th>Oct-18</th><th>Nov-18</th><th>Dec-18</th><th>Jan-19</th><th>Feb-19</th><th>Mar-19</th></tr><tr><td>RFLNHSFT cumulative "lapse in care" cases</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>2</td><td>2</td><td>2</td><td></td><td></td><td></td><td></td></tr><tr><td>RFLNHSFT 2017/18 "lapse in care" cases</td><td>0</td><td>1</td><td>1</td><td>2</td><td>2</td><td>3</td><td>3</td><td>5</td><td>5</td><td>6</td><td>7</td><td>7</td></tr><tr><td>RFLNHSFT 2018/19 cumulative cases</td><td>4</td><td>8</td><td>14</td><td>21</td><td>28</td><td>35</td><td>39</td><td>43</td><td></td><td></td><td></td><td></td></tr><tr><td>RFLNHSFT 2018/19 cumulative objective</td><td>6</td><td>12</td><td>17</td><td>23</td><td>28</td><td>33</td><td>39</td><td>44</td><td>49</td><td>55</td><td>60</td><td>65</td></tr><tr><td>RFLNHSFT 2017/18 cumulative cases</td><td>4</td><td>9</td><td>18</td><td>27</td><td>32</td><td>40</td><td>47</td><td>54</td><td>62</td><td>66</td><td>74</td><td>82</td></tr></table></div>		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	RFLNHSFT cumulative "lapse in care" cases	0	0	0	0	0	2	2	2					RFLNHSFT 2017/18 "lapse in care" cases	0	1	1	2	2	3	3	5	5	6	7	7	RFLNHSFT 2018/19 cumulative cases	4	8	14	21	28	35	39	43					RFLNHSFT 2018/19 cumulative objective	6	12	17	23	28	33	39	44	49	55	60	65	RFLNHSFT 2017/18 cumulative cases	4	9	18	27	32	40	47	54	62	66	74	82
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RFLNHSFT 2018/19 cumulative objective	6	12	17	23	28	33	39	44	49	55	60	65																																																																				
RFLNHSFT 2017/18 cumulative cases	4	9	18	27	32	40	47	54	62	66	74	82																																																																				

2	<p>The Committee noted A&amp;E targets had not been met. The Trust said Barnet Hospital was improving having hit 90% last week, but there had been a big variation during the winter which had been particularly challenging.</p> <p>The Trust said that currently the Royal Free was around 85% and that a big focus was being put into increasing this to 90% by September 2018 and 95% by February 2019.</p> <p>The Trust said the Emergency Department (ED) at the Royal Free was now fully open and colleagues were working towards improving performance targets.</p>	<p>The Royal Free Hospital has been above year on year performance since April 2018 and is currently on trajectory. Barnet Hospital has been above both trajectory and year on year performance until October 2018.</p> <p>There are a number of improvements planned and in progress. Full details will be presented in the quality account 2018/19.</p> <p>Improvement initiatives at Barnet Hospital includes:</p> <ol style="list-style-type: none"> <li>1. Workforce profile is being reviewed. Performance of attendance avoidance schemes flagged to the CCG</li> <li>2. Focus on full capacity protocol and supporting flow of patients out of ED</li> <li>3. Daily and weekly reviews. ECIST to provide additional support to long stay patient work</li> <li>4. Workforce plan in place and reviewed weekly by the divisional team.</li> </ol> <p>Improvement initiatives at Royal Free Hospital:</p> <p>Reducing Length of Stay (LoS):</p> <ol style="list-style-type: none"> <li>1. Implement a system-wide weekly escalation meeting</li> <li>2. Account manage the top 8 longest staying patients in the trust (2 per Exec)</li> <li>3. Continue with divisional weekly stranded patient review meetings</li> </ol> <p>Discharge to access:</p> <ol style="list-style-type: none"> <li>4. Establish non-weight bearing Pathway 1/2</li> <li>5. Increase utilisation of existing pathways</li> </ol> <p>Increasing ambulatory emergency care:</p> <ol style="list-style-type: none"> <li>6. Set up additional hot clinics for specialties</li> <li>7. Set up a hot clinic for dressing changes &amp; suture removal</li> <li>8. Move chiropody out of AAU</li> <li>9. Embed OT in RAT to ensure a 'home first' culture</li> <li>10. Create a blocked catheter ambulatory care pathway</li> </ol>
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3	<p>The Committee was concerned that the issues surrounding parking at Barnet Hospital which had been raised for many years, were still outstanding. The Committee stressed that patients had raised concerns about the lack of parking and that this often led to them missing appointments. The Committee stressed that the car park was inadequate and that this issue urgently needs addressing.</p>	<p>Detailed separate report sent to the committee. Highlights include:</p> <ul style="list-style-type: none"> <li>• Car parking survey (August 2018) to engage and understand issues. Nearly 800 responses in total with around 600 from Barnet Hospital staff.</li> <li>• Survey information used to inform a new Parking Policy, recently shared with Group Joint Negotiating and Consultative Committee and Group Policy Committee for approval and adoption.</li> <li>• Incentives for car sharing, out of hours permits, simplified qualification criteria.</li> <li>• New permit batches will be released during December to maximise utilisation of current staff parking.</li> <li>• Additional short-term parking capacity options are being considered, these include; <ul style="list-style-type: none"> <li>• Modular car park (as used in supermarkets and railway stations)</li> <li>• Rental of local offsite car parking facility (within walking distance)</li> <li>• Discussions with Barnet Council are planned to try to delay the extension of Controlled Parking Zone until one of the above solutions can be implemented.</li> </ul> </li> </ul>
4	<p>The Committee was concerned that the targets for Referral to Treatment (RTT) had not been met and that the Trust's performance in February 2018 was only 83.4%, compared to the national target of 92% waiting 18 weeks or less for access to Consultant-led services. The Trust said this was a concern and that it was a big focus for improvement. The Trust said they investigated all cases where patients had waited longer than the target for care to ensure no harm had been caused. The Trust also said the figures were partly a result of improvements to the way in which it tracks patient pathways.</p>	<p>Current focus is on finalising the validation approach to the new Patient Tracking List (PTL) now that this has been released by MBI. A paper has been submitted to the December Trust board for a decision on how to proceed. Additional validators have already been recruited and we are also offering overtime for existing staff.</p> <p>However, we are maintaining a small amount of business as usual validation as operations are still using the current PTL and we are using it to report as a trust. We are maintaining a large operational focus on reducing the number of tip-ins to the &gt;52 week backlog including man-marking patients and reporting via weekly sitreps.</p> <p>We do have two strands of Clinical Harm Review (CHR) assessment for patients waiting longer than 52 weeks. There is clinical harm component in the RCA form completed when the patient breaches 52 weeks which requires the clinician to identify if harm has been caused or will be caused if the patient continues to wait. There is then a full and formal central clinical harm review that is undertaken for all patients treated after 52 weeks (whether this is an active RTT pathway or not).</p>
5	<p>The Committee was also concerned with the delay in first definitive treatment with only 83.1% of patients receiving treatment within the 62 days.</p>	<p>The trust continues to identify methods to make improvements to our 62 week cancer target. This has included the roll out an expanded STT service for Lower GI patients on the Barnet and Chase Farm sites in mid-September and the trust now consistently see ~75% of patients enter this</p>

	<p>Although this figure was an improvement on last year, it still is below the 92% standard. The Trust said currently the 62 week target was not being met due to the large volume of referrals of patients with low GI cancer, which was an increasing issue. The Trust assured the Committee that work was being done to make the necessary improvements.</p>	<p>pathway.</p> <p>Since implementation, the trust has also seen the overall backlog and number of tip-ins to the backlog reduce</p>
6	<p>The Committee enquired as to how the Trust dealt with mental health patients that turn up at the A&amp;E. The Trust said it was working on better engagement with service providers to place them into the right care. The Trust acknowledge A&amp;E was not the right environment for many of them, but was sometimes the only safe place the police could bring them. The Committee were also informed that the police do receive training on how to deal with mental health incidents.</p>	<p>Barnet CCG presented a review of mental health provision at the October BH UEC Transformation Board and the following milestones have been incorporated into the Transformation programme plan:</p> <ul style="list-style-type: none"> <li>• NELCSU Smart System to be utilised to capture mental health capacity across NCL and demonstrate where capacity is available for emergency patients</li> <li>• BCCG review of MHLS against core 24 standards</li> <li>• New NEL CSU MH escalation protocol to be implemented and actioned by Trust</li> <li>• Roll-out further training to improve capability of RFH staff in managing mental health patients.</li> </ul>
7	<p>The Committee queried how the Trust was working with other service providers to encourage people to use alternative services rather than A&amp;E, where appropriate. The Trust said it was working to improve the communication around Out of Hours Services. The Trust is holding conversations about having an Out of Hours Hub at the front of the hospital to assess whether patients can be treated away from A&amp;E. The Trust acknowledged that there was confusion among people about what services are available and this required improvement. The Trust said it would bring a report to a future meeting on how this was progressing.</p>	<p>Streaming guidance has been developed and implemented along with piloting a GP streaming model to review opportunities to redirect patients from ED. Streaming to AAL and AEC increased from October. Joint nursing and primary/ secondary care streaming currently being explored and working with CCGs to increase MiDOS utilisation.</p>



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