

Decisions of the Health Overview and Scrutiny Committee

28 October 2019

Members Present:-

Cllr Alison Cornelius (Chairman)
Cllr Linda Freedman (Vice Chairman)
Cllr Alison Moore
Cllr Geof Cooke
Cllr Paul Edwards
Cllr Saira Don
Cllr Lisa Rutter
Cllr Golnar Bokaei
Cllr Anne Hutton

1. MINUTES (Agenda Item 1):

Matters arising from the Minutes of the meeting held on 11 July 2019

- The Chairman and Cllr Hutton had contacted Cllr Longstaff, Chairman of the Children Education and Safeguarding Committee, as agreed.
- Dr Streather was due to attend the next meeting (Page 3)
- The Governance Officer would contact Professor Marzano about the additional data on suicide prevention.
- Suicide item: a Member thought more data would follow as the paper circulated in July did not have definite figures. Dr Djuretic noted that, due to small numbers, there was no more comprehensive information on published data. She would forward further work that has been done as part of the Thematic Review.
- Ms Matthews, Chief Operating Officer of Barnet CCG, noted a factual inaccuracy in a comment made by Cllr Rawlings which was noted in the minutes. She stated that Barnet CCG had not received £0.5million for the Cricklewood Walk In Centre. The CCG pays £150-250k per year for the Walk In Service

Action: Governance Officer

Corrections to the Minutes of the meeting held on 11 July 2019:

- P.6 Para 2 'clusters of suicides' rather than 'clusters of suicide'.
- P.7 Para 7 'care provided at Walk In Centre' rather than 'Walk In Centres'.
- P.8 Para 4 insert the word 'to': 'there would need to be additional provision'.

The Committee **RESOLVED** to agree the Minutes as an accurate record subject to the above amendments.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies were received from Cllr Barry Rawlings, who was substituted by Cllr Paul Edwards.

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

Cllr Moore declared an interest under Agenda Item 11: Squires Lane is her GP Practice.

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

None.

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

None.

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

None.

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

Minutes of the JHOSC meetings held on 21 June 2019 and Draft Minutes of the meeting held on 27 September 2019 were received and noted.

RESOLVED that the Minutes and Draft Minutes were noted.

8. ADULT ELECTIVE ORTHOPAEDIC SERVICES REVIEW (Agenda Item 8):

The Chairman invited to the table:

- Will Huxter - Director of Strategy, North Central London Clinical Commissioning Groups (CCGs)

The Chairman thanked Mr Huxter for his slides, which had been circulated with the agenda, and included details of how the changes to adult elective orthopaedic services could affect Barnet.

Mr Huxter reported that the Joint Health Overview and Scrutiny Committee (JHOSC) would be invited to consider the proposals in early 2020 with a final decision to be made in the summer. The clinically-led services review had involved five Councils, Healthwatches and residents. The two proposed models of care were outlined in the slides. Emergency orthopaedics would not change but elective orthopaedics would be delivered by two partnerships across North Central London (NCL) involving five boroughs.

Pre- and post-operative care would continue to be provided at local hospitals with in-patient services being provided at Chase Farm Hospital. For most Barnet residents there will be no change to the current provision with elective orthopaedic surgical services accessed at Barnet, Chase Farm and the Royal Free Hospitals. Patients would benefit from additional choice with the ability to access the other elective centre delivered by the partnership of UCLH and Whittington Health. There would also be ring-fenced beds and

dedicated theatre space which should result in reduced waiting times and fewer cancellations.

A Member asked about the evaluation of the consultation and whether an organisation had yet been identified to carry this out. Mr Huxter responded that the process had not yet reached this stage, but this would be decided shortly.

A Member asked whether there had been a reduction in the number of procedures being cancelled as she had read that this was currently 10% of procedures. Mr Huxter responded that the aim was to virtually eliminate cancellations, but there had been no reduction yet as the changes had not happened. Often cancellations were caused by a lack of beds, particularly when emergency and elective work was carried out on the same site. Evidence from other parts of the country demonstrated that having dedicated beds for theatre worked well. The model would also help with workload and training. Currently surgeons could be called from their elective work to travel to a different site to carry out emergency work. The new rotas would have dedicated days for planned and emergency work and would also help to expose trainees to the full range of procedures. This was popular with staff who had been consulted and was more efficient overall.

Mr Huxter added that patients would only need to travel further for inpatient admissions as other services would continue to be more local. Transport had been the biggest concern raised, so the services review would make sure that there was a focus on local delivery of care as much as possible. A workshop had been held with patients and Healthwatches to discuss transport options that could be put in place.

A Member asked what the current average waiting times were and how much they were expected to improve. Mr Huxter responded that national targets required patients to be treated within 18 weeks of referral. There was a backlog, but this should reduce with the new model. Also, it would provide guaranteed capacity which was one of the reasons for the review.

A Member asked how this model of separating elective and emergency was helpful and where the additional emergency beds came from. Mr Huxter responded that in the current model staff were taken out of the elective list when there was an emergency admission. There would be an overall increase in capacity and, despite a bed cap for elective work, a staff team dedicated to orthopaedics on the correct ward had been shown to be more efficient, even with the same number of beds. Length of stay was also known to be reduced.

A Member asked whether the demand for emergency care was predictable enough to have surgeons on standby specifically for this. Mr Huxter responded that there was some predictability, with a standard number of patients who typically need to be admitted, but sometimes this still peaked causing long waits at A&E.

A Member asked about Barnet's relationship with the private hospitals and whether this was a higher cost service to provide. Mr Huxter responded that the national tariffs were set at the same rate for the NHS as the private sector. The NHS was preferable from the perspective of training, development and use of capacity. 8-10% of current activity was commissioned in the private sector.

The Chairman asked about the membership of the Joint Commissioning Committee which would make the final decision on the proposals. Mr Huxter responded that this had been set up when the five CCGs merged and would have lay representation, two

Healthwatch Chairmen and observers from each of the five Boroughs. Mainly acute hospital services were jointly commissioned. The Director of Public Health noted that she attended the meetings as well as several elected Members.

A Member asked about the consultation phase and how patient representatives were selected. Mr Huxter responded that mostly they were sourced through Healthwatch but also through advertisements.

The Chairman thanked Mr Huxter for his presentation. She invited him to the meeting of the HOSC in May or July 2020, depending on progress, so that he could update the Committee after the consultation process had finished.

RESOLVED that the Committee noted the report.

9. BARNET HOSPITAL (Agenda Item 9):

The Chairman invited the following to the table:

- Deborah Sanders, Group Chief Nurse, Royal Free London NHS Foundation Trust and Interim CEO, Barnet Hospital
- Kay Matthews, Chief Operating Officer, Barnet CCG

The Chairman thanked Ms Sanders for stepping in at short notice. She explained that Ms Sanders had taken over from Dr Shaw who had left the Royal Free London NHS Foundation Trust on 28 October 2019.

Progress on Planning Application

Ms Sanders reported that a Pre-Planning Application for the car park would be submitted by the end of December 2019. The broader work was being led by a Clinical Director as part of a masterplan for Barnet Hospital (BH). She would ask Andrew Panniker, Managing Director, RFL Property Services, to update the Committee after the meeting.

Action: Ms Sanders

CPZ and Permits for Staff

The Chairman noted that Barnet Council had agreed to provide 100 parking permits for BH staff to park in streets which are in a CPZ near the hospital and asked whether these had been issued. Ms Sanders expressed her gratitude for these permits on behalf of BH and noted that a meeting would be held on 4 November with Barnet Council's Director of Environment to arrange rollout. 500 members of BH staff had applied.

A Member noted that he and other Underhill Ward Councillors awaited a response on the review of the CPZ. There was tension over this between residents and hospital staff in the area. He asked what the criteria were for staff to receive a permit. Ms Sanders responded that it depended on where the staff live and staff would have to pay for permits. The same criteria would be used as for the hospital staff car park and costs were based on earnings. There would be no charge for night shift and weekend parking.

A Member enquired how much effort BH made to try to persuade visitors and patients to use buses rather than attend by car. He stated that access by bus to BH was good with

three frequent direct bus routes. BH could put notices up about this. Ms Sanders said that more could be done, although details were on the BH website. She would feed this back. The Chairman commented that patients were often too ill to use public transport and therefore needed to attend by car. She also mentioned that the buses did not run all through the night.

Action: Ms Sanders

Update on investment in A&E ahead of winter

Ms Sanders reported that extra space was being created at the front door of Barnet Hospital for an Urgent Treatment Centre. The building work was currently in progress and should be finished by December 2019. Offices currently in this part of the building were being converted to clinical space with seven additional patient bays and an extended waiting area. Funding for this work was accessed by the CCG from S106 health infrastructure monies provided by developers in line with planning requirements.

The Department of Health had provided an additional £4million to increase capacity at the Acute Medical Unit (AMU) at BH by an extra 19 trolley spaces. This was a larger project due to finish by summer 2020 with minimal disruption over the coming winter.

The Chairman asked whether additional ward beds would be needed for those extra patients. Ms Sanders noted that many were treated and then discharged but there was continued focus on reduced length of stay so this should free up bed capacity on the wards.

Ms Matthews reported that several projects had been undertaken to maximise resources in preparation for the winter:

- The NCL-wide piece of work around last phase of life had resulted in a 9% reduction in admissions of this cohort already.
- The Rapid Response Service provided by CLCH had increased uptake by around 28 patients per week. This helped to avoid admissions or to help with earlier discharge.
- The IV Drug Therapy Service for discharged patients had been increased from three to seven days.
- A new Non- Weight Bearing Pathway had been commissioned through CLCH to care for patients at home and free up beds in the hospital and in Adams Ward at Finchley Memorial Hospital (FMH).
- An increased level of nursing and physiotherapy had been provided in Adams Ward so that it could accept more complex patients that currently remained in acute hospital.

A Member asked what preparations were in place for A&E at BH in terms of discouraging patients from attending unnecessarily, given that there were warnings of an increase in flu this year.

Ms Matthews noted that, as well as the increased capacity previously described, there was a strong campaign to educate the public using several channels. This included social media to try to influence patients not to go to A&E unless appropriate, but to call 111 or their GP. There was also a strong 'flu campaign in Primary Care and high-

risk patients were being approached to encourage vaccination. It was noted that there are an additional 48,000 extra access appointments, which can be flexibly moved around during peak times to meet patient needs.

A Member asked whether most Barnet residents were registered with a GP. Ms Matthews noted that the majority would be, but she did not have figures at the meeting. Barnet CCG was working hard to encourage those who were not registered to do so. The more transient population and homeless people were less likely to be registered. Homeless people could use their GP's address, instead of a home address, and the CCG was also working with homeless shelters to try to solve this issue. Walk In Centres were open to all.

RESOLVED that the Committee noted the verbal report.

10. ALTERNATIVE PERSONAL MEDICAL SERVICES (APMS) (Agenda Item 10):

The Chairman invited the following to the table:

- Kay Matthews – Chief Operating Officer, Barnet CCG
- Collette Wood – Director of Primary Care Transformation, Barnet CCG

Ms Wood reported that the contract for the Alternative Personal Medical Services (APMS) GP Practice in Cricklewood would shortly come to an end and a consultation had been carried out from April – July 2019. Further to the feedback received, the North Central London (NCL) Primary Care Committee in common had decided on 22 August 2019 that the GP Practice in Cricklewood would be re-procured. The contract for the new practice would be advertised in December 2019 with a view to awarding a contract around July 2020. The aim would be to find a new venue in Cricklewood for the Practice but it would remain in the current building in the meantime.

A Member enquired about the size of the Practice. Ms Wood stated that it had around 5000 patients and had grown significantly.

A Member asked how many GPs the practice would have. Ms Matthews stated this would depend on the contract, but a multi-partner Practice would be sought. The Primary Care workforce had changed and new roles introduced such as practitioner nurses and healthcare support workers both carrying out extended roles, additional physiotherapists and pharmacists. Therefore, it was difficult to be specific about the number of GPs.

A Member asked for further details on the new ways of working. Ms Wood responded that Barnet has a good history of Practices working together, but this would be a more formal arrangement in the future with an emphasis on integrated working. Primary Care Networks (PCNs) would be the foundation for integrated care. She offered to speak in more detail on this under the 'Integration Barnet CCG' item due to be discussed at the next meeting.

Action: Barnet CCG

The Director of Public Health enquired about the proportion of patients registered with Barnet and Brent GP Practices attending the Walk In Centre and whether Barnet was working with Brent. Ms Matthews stated that she did not have details at the meeting and the CCG was working with Brent. All CCGs were guided by the national Primary Care

Strategy and details were in the Long Term Plan. The number of appointments undertaken via Skype or apps would also increase over time.

(Information sent following the meeting in answer to the Director of Public Health's Enquiry:

In 2018/19, 58% of attendances were by patients registered with a Brent GP and 24% by Barnet GP registered patients – the majority from local practices. The remaining came from Camden and other surrounding boroughs in smaller numbers.)

Cricklewood Walk In Centre

Ms Matthews clarified that the Walk In Centre is separate to the GP Practice in Cricklewood, but in the same building.

She reported that the consultation on this was from 12 August until 18 November 2019. The decision for Brent and Barnet would be made on either 18 or 19 December 2019 and the CCG would report back to HOSC in February 2020.

A Member noted that there was no similar Walk In Centre for Brent patients and asked whether the bigger GP Practice would resolve this. Ms Matthews responded that Primary Care models were changing and Barnet was one of only a few boroughs with Walk In Centres. The CCG's view was that, as a small Walk In Centre, it did not offer the range of facilities which fits the original concept, such as those at Finchley and Edgware. The CCG had also invested into Primary Care with 48,000 Out-of-Hours appointments provided in GP Hubs. Brent had acted similarly. Patients' medical records are available at the Hubs whereas they are not available at the Walk In Centres. Many patients are confused with so many points of entry and are attending Walk In Centres when the Hubs would be more suitable.

A Member asked whether there was any information regarding the uptake of the additional appointments and whether appointments could be made via GP websites. Ms Wood responded that over 90% of appointments were typically taken up and that patients should be able to access the appointment system online for all Barnet's GP Practices.

RESOLVED that the Committee noted the verbal report.

11. RAVENSCROFT MEDICAL CENTRE (Agenda Item 11):

The Chairman introduced the item. She noted that a recent letter from the Chief Operating Officer, Barnet CCG, was tabled at the meeting.

Ms Matthews reported that on 21 October 2019 Millway Medical Practice had withdrawn from the joint application with Ravenscroft Medical Centre to provide Primary Care services at Finchley Memorial Hospital (FMH). This had ended the process as it had materially changed the nature of the project. Therefore, the proposed move of the Ravenscroft Medical Centre to FMH would not go ahead. It was noted that patients of the Ravenscroft Medical Centre were being notified of this update.

The Chairman noted that Lane End Medical Practice had been in the original consortium bid and this Practice had withdrawn in July. She enquired about the cost of the consultation and void space. Ms Matthews said this would be considered in a full review

and during the After Action Review meeting, where lessons could be learnt for future projects. She noted the current priority was to notify all patients who would be affected of this decision.

A Member asked about the impact on FMH's business plan. Ms Matthews responded that it was a difficult piece of work and many attempts had been made to put a GP Practice into FMH. Ms Matthews advised the CCG would be reviewing all options around FMH development and how this links to the newly formed PCNs.

A Member asked about the future of Ravenscroft Medical Centre, as the building appeared not to be fit for purpose. Ms Wood reported that the building needed some refurbishments but it was monitored by the Care Quality Commission (CQC) to continue to ensure that the Practice is compliant.

A Member asked whether reasons had been provided publicly by the two Practices who had withdrawn and whether they had broken a contractual agreement. Ms Matthews noted that she was not privy to the reasons for the withdrawal of the two Practices and they did not legally have to provide any. The process had been just over five weeks from completion but neither Practice was in breach of their contract as this was an expression of interest process in relocating to FMH.

The Member asked whether there would never have been a contract in that case. Ms Wood responded that the three Practices would have continued with their existing contracts. It was noted that the CCG was not awarding a new contract as part of the Finchley Memorial Hospital 'Expression of Interest' process and that this was not a procurement. However, the CCG chose to apply best practice principles in order to ensure that the process was open, transparent, and equitable.

The Member expressed astonishment that private businesses could withdraw after so much public money had been invested and asked that this should be a major part of the review. Ms Matthews stated that it was a frustrating situation, but Barnet CCG had had to follow Primary Care legislation, which was heavily regulated.

A Member enquired what preparations had already been made for the relocation, given that it was so close to being concluded. She also asked whether FMH was a viable proposition as the CCG had been trying to get GPs into FMH for the last nine years.

Ms Wood noted that a dedicated GP area had been prepared at the FMH and work had been undertaken to start to move other services to accommodate the GP Practice.

A Member noted that FMH was a great asset and, although there was no GP Practice, it had some wonderful services including its collaboration with the Dementia Club UK. She asked whether Ravenscroft Medical Centre could move to FMH on its own and then more interest from other GPs might follow. Ms Matthews stated that this would not be possible via the expression of interest process because the proposal that Ravenscroft had signed up to had changed materially.

A Member suggested that in the future such processes might be carried out in phases, with compensation being payable by parties who withdrew.

A Member asked whether the second consortium, which included Squires Lane GP Practice could be asked if they were still interested. Ms Matthews responded that this would not be feasible for the same reasons given i.e. the material change. She reiterated that since the process had begun, the scenario had completely changed with the

development of PCNs. The CCG would reflect on all feedback provided before reaching a decision on the next steps.

RESOLVED that the Committee noted the letter from the CCG and the verbal report.

12. MEASLES AND CHILDHOOD INOCULATIONS (Agenda Item 12):

The Chairman invited to the table:

- Dr Emma Waters, Public Health Consultant, LB Barnet

Dr Waters introduced her report. She noted that there is concern that Barnet's uptake of childhood immunisations was low compared to the national average but it is similar to the London average and also North Central London. This applied generally across all childhood vaccinations.

The Public Health Team had requested detailed demographic data from Public Health England (PHE) but they unfortunately do not provide a detailed breakdown. The Team had created their own data by looking at updates from GP Surgeries. It was known that parental opinions affected uptake but the data showed that GP Practices also had an impact. The Team had also begun a survey on uptake in schools.

A Flu and Immunisation Group had been set up and would create an action plan to improve the rate of childhood vaccinations in Barnet and to raise awareness of the issue. If groups at risk could be identified, then GP Practices could be made aware of those groups.

A Member asked whether there was any data on how many children had had measles, in light of the MMR issue, and whether there was still concern amongst the public about a link with autism. Dr Waters responded that there had been many measles cases in the spring of 2019. The Director of Public Health had co-signed a letter to inform schools about the issue and had also written an article in *Barnet First*. The Public Health Team was liaising with the Communications Team on improving awareness. This included the use of social media and emphasising that there was no proven link between the MMR vaccine and autism and also reminding people of the dangers of contracting measles. There had been 30 cases reported in Barnet but fortunately no fatalities. Babies under 12 months of age were particularly susceptible to infection, due to their weak immune system, and vaccination was only recommended after 12 months of age.

Dr Waters noted that Barnet had increased its resources for immunisation, although responsibility for it sits with NHSE.

A Member asked for feedback when a plan is in place.

A Member noted that the report mentioned that there are a significant number of children in poverty in Barnet and whether it would be useful to conduct some research on whether poorer families were less likely to engage. Dr Waters responded that without demographic data it was difficult to compare uptake. She said it was known that certain groups were at risk: those who were transient or with housing difficulties, larger families and children of teenage parents. The aim was to tackle this by making sure that GPs had good processes in place and that school vaccination worked well.

Dr Djuretic noted that evidence from elsewhere suggested low immunisation uptake amongst larger families as it was more difficult for them to get to GP surgeries. Therefore, some immunisation programmes have been run at Children's Centres and other venues. It was reassuring that Barnet had had fewer cases of measles than the London average. On reviewing GP Practices, it had been found that many of them did not appear to be uploading their vaccination data correctly, so levels of vaccination may be higher than the data showed. Public Health was working with the CCG to improve the accuracy of data.

A Member enquired how the Committee would know when these measures were in place. Dr Waters noted that PHE collects the data and Looked After Children were recorded separately. An upward trend in uptake of vaccinations should mean both data processing and vaccination rates had improved. The Public Health Team receives quarterly data from all GP Practices, but this is not publicly available.

A Member noted that Children's Centres and 0-19 Hubs should be a good point of contact to help capture some of those not vaccinated. Dr Waters responded that PHE would be carrying out routine training for this and the local Public Health Team would coordinate this.

A Member suggested focusing on families with young children in temporary accommodation as well as Children's Centres and finding out whether there was a high number not vaccinated. The Chairman suggested also working with Healthwatch to try to get more evidence.

The Chairman would invite Dr Waters to report back to Theos at its meeting on 9 July 2020.

RESOLVED that the Committee noted the report.

13. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 13):

Next meeting

Integration Barnet CCG

Update on surplus land owned by FMH – Eugene Prinsloo

Mid-year Quality Accounts:

- Royal Free London (including update on success of measures taken recommended in the CQC report)
- North London Hospice
- CLCH including Edgware and Finchley Memorial Hospital Walk In Centres.

24 February 2020

Cricklewood Walk In Centre

11 May 2020

Quality Accounts

Update on Adult Elective Orthopaedic Surgery Consultation

9 July 2020

Update on Measles and Childhood Inoculations

Update on Breastfeeding Support Service

Update on new contract for APMS GP Practice in Cricklewood.

- 14. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 14):**

The meeting finished at 9.47 pm