

Decisions of the Health Overview and Scrutiny Committee

8 December 2014

Members Present:-

Councillor Alison Cornelius (Chairman)
Councillor Graham Old (Vice Chairman)

Councillors:

Phillip Cohen
Val Duschinsky
Arjun Mittra

Gabriel Rozenberg
Caroline Stock
Barry Rawlings
Amy Trevethan

Also in attendance
Councillor Helena Hart

1. **MINUTES (Agenda Item 1):**

The Chairman introduced the minutes. The Committee noted that at the last meeting, the Committee had considered a Member's item in the name of Councillor Trevethan. The Committee noted that the information requested within the Member's item had been provided and that a further request for information had been made to NHS England by Cllr. Rawlings. The Committee noted that this request was outstanding.

RESOLVED that the minutes of the meeting on 20 October 2014 are agreed as a correct record.

2. **ABSENCE OF MEMBERS (Agenda Item 2):**

None.

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

The Chairman declared a non-pecuniary interest by virtue of being a Chaplain's Assistant at Barnet and Chase Farm Hospital.

Councillor Caroline Stock declared a non-pecuniary interest in relation to Agenda Item 9 (Royal Free London NHS Foundation Trust: Update Report Upon the Acquisition of Barnet and Chase Farm Hospitals NHS Trust) by virtue of her husband being an Elected Public Governor on the Council of Governors, Royal Free London NHS Foundation Trust.

Councillor Barry Rawlings declared a non-pecuniary interest in relation to Agenda Item 1 (Healthwatch Barnet Enter and View Report) by virtue of the fact that he works for the host organisation of Healthwatch Barnet, CommUnity Barnet.

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

None.

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

None.

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

None.

7. SURGERY BRANCH CLOSURE - BUSINESS CASE FROM DR ISAACSON & PARTNERS (Agenda Item 7):

The Chairman invited Dr. Howard Mulkis from Dr. Isaacson & Partners to the table.

Dr. Mulkis introduced the report which contained the business proposal for the closure of the branch surgery in East Finchley. The Committee noted that the rationale for closure included:

- The premises of the East Finchley site were not equipped to the same standards as the main surgery
- The premises were not up to Care Quality Commission standards
- The premises were not compliant with the Disability Act 2010 and do not provide ease of access for wheelchair users.

The Committee noted that the lease on the premises was due to expire and that the building was not suitable for modernisation to the current surgery standards.

A Member commented that the proposed branch closure would adversely affect residents in his ward. The Member noted that there would be difficulties in meeting the high rental prices in the area, but suggested looking at other locations in East Finchley. The Member noted the benefits of moving to one location, but commented that he did not feel that the move would benefit residents in East Finchley who are unlikely to travel to Muswell Hill for a drop in centre

A Member commented that a large proportion of patients at the branch were currently within walking distance of the surgery and that the route was well served by local buses and had good parking. The Member noted the benefits of moving to one location, but commented that he did not feel that the move would necessarily benefit those in East Finchley.

Members of the Committee commented that the branch surgery is currently offering a walk in service which the patients commented that they really liked. A Member of the Committee suggested that should NHS England decide to agree to the closure of the branch, the main surgery should offer a mix of booked appointments and walk in appointments.

Dr. Mulkis advised the Committee that it was inefficient to be running surgeries from two sites and that operating out of one site would mean that there would be a nurse on duty each day, as well as a full complement of Doctors on site. Dr. Mulkis advised that all patients would be able to move to the new site if they wished to.

A Member commented that the business case could bring a benefit to all residents and noted that the business case included plans for integrated care, which would respond to

the emerging needs that would be seen across the organisation. Dr. Mulkis advised that the format of the proposed model had been suggested by NHS England and that he expected to see more “hub and spoke” models in the future.

Responding to a question from a Member, Dr. Mulkis advised that the current situation of working out of two sites was a waste of resources.

A Member expressed concern that should the proposed business case go ahead there would be extra pressure on A&E services due to the loss of the walk in service at the East Finchley Site.

Responding to a question from a Member, Dr. Mulkis informed the Committee that the practices had informally spoken to local practices in East Finchley to ensure that they had capacity.

A Member noted that Barnet had an ageing population and asked whether Doctors would still visit patients in their own homes, if the business case went ahead, and also if this was a regular occurrence for the surgery at the present time. Dr. Mulkis informed the Committee that home visits currently existed and would continue should the business case for closure be approved. Responding to a question from a Member, Dr. Mulkis advised the Committee that it was possible that existing patients who could not attend the new surgery may be able to be visited by Doctors at home.

Responding to a question from a Member, Dr. Mulkis advised the Committee that the surgery would hope to trial extended consulting times.

A Member of the Committee warned against offering a service that worked for the providers, as opposed to the patients and commented that the East Finchley area needed a walk-in service.

A Member commented that there were some types of patients for whom continuity was part of the care package and questioned if some patients would find it more difficult than others in adjusting. Dr. Mulkis commented that the surgery currently saw patients from care homes and that this would continue.

The Committee noted that some sheltered housing would be within the surgery’s vicinity should the business case be approved.

RESOLVED that the Committee note the report and request that the draft minute extract be provided to Dr Isaacson & Partners.

8. LIVERPOOL CARE PATHWAY: UPDATE FROM THE NORTH LONDON HOSPICE (Agenda Item 8):

The Chairman invited Giselle Martin-Dominguez, the Joint Deputy Nursing Director, and Chris Baxter, the Medical Director, at the North London Hospice to the table.

The Chairman advised the Committee that Members had requested to receive a report on the phasing out of the Liverpool Care Pathway when they had considered the Hospice’s Quality Accounts in May 2014.

In introducing the report, Mr. Baxter noted that the pathway had not always been used appropriately.

The Committee noted that the hospice had gone back to using individualised care plans and noted that the “Five Priorities for Care” were at the centre of their work.

Responding to a question from the Committee, Ms. Martin-Dominguez advised the Committee that the Hospice was conducting a piece of work based around five hospitals, which the Hospice would be happy to bring to Committee in February 2015.

A Member questioned if a mental capacity test was undertaken on all patients and questioned how it fitted in with their care. Mr. Baxter advised that an assessment of capacity was undertaken each time a patient was seen and that the Hospice would also have discussions with patients so that they were aware of what the patient would want in certain situations.

A Member questioned how the Hospice would work with hospitals to ensure that the negative aspects that had arisen from the Liverpool Care Pathway never happened again. Mr. Baxter advised the Committee that the Hospice was working to educate colleagues and that they were running a Gold Star Framework for nursing homes and GPs. The Committee also noted that the Hospice was providing placements for doctors, nurses and medical staff. The Committee noted that the Hospice had been in communication with the District Nurse in Barnet regarding these placements.

The Committee noted that Dr. Hannah Western was liaising with a group of five hospitals about care and suggested that the Committee invited Dr. Western to their February meeting to provide the Committee with an update on their work.

RESOLVED that:-

- 1) **The Committee note the report**
- 2) **The Committee request that the North London Hospice attend their February meeting to provide an update on their engagement work with hospitals.**

THE CHAIRMAN ANNOUNCED A CHANGE TO THE ORDER OF THE AGENDA, WITH ITEM 10 (HEALTHWATCH BARNET ENTER AND VIEW AND UPDATE REPORT) BEING CONSIDERED NEXT.

9. HEALTHWATCH BARNET ENTER AND VIEW AND UPDATE REPORT (Agenda Item 10):

The Chairman invited Selina Rodrigues, the Head of Healthwatch Barnet to the table.

Ms. Rodrigues introduced the report, which outlined a series of “Enter and View” meal time review minutes, which were undertaken in six wards at Barnet hospital by the team during the period of mid-March to June 2014.

The Committee noted that the “Enter and View” team had spoken to a total of 67 patients.

Ms. Rodrigues noted that the “Enter and View” team had found a number of examples of good care at meal times, including hot meals, alternative options being offered and good

availability of water. The Committee noted that the team had felt there were areas where improvements to meal times could be made including providing hygienic hand wipes and improving access to halal and kosher meals. The Committee noted that the team had observed that not all patients knew that they could ask relatives to order food for them. The Royal Free Hospital Director of Nursing had responded positively to the Report and confirmed that changes were taking place, including the re-introduction of Nutrition Link Nurses and changing protected meal-times to an hour later at lunchtime.

Ms. Rodrigues advised the Committee that the “Enter and View” team intended to undertake further visits to Barnet Hospital to see if their recommendations had been implemented.

The Chairman commented that the “Enter and View” team should be congratulated on their report.

A Member of the Committee noted that the report mentioned that protected meal times were less effective in the evening and questioned the impact of this on patients. Ms. Rodrigues advised the Committee that the “Enter and View” team had found that there were less dedicated staff to assist in the evening.

Responding to a question from a Member, Ms. Rodrigues advised that the “Enter and View Team” aimed to take a lay person’s approach to reviewing meal times and food quality.

The Chairman commented that Steamplicity, the meal service provider, had won awards for its food and requested that the Committee be provided with a copy of a sample menu.

A Member questioned if a patient who was admitted to hospital via A&E and therefore hadn’t been in time to request a meal, would they be able to have a snack. The Chairman advised that representatives from The Royal Free London NHS Foundation Trust would be able to respond to that question when the next agenda item was considered.

RESOLVED that:-

- 1) The Committee requested to be provided with an example of a Steamplicity menu.**
- 2) The Committee note the report.**

10. ROYAL FREE ACQUISITION - UPDATE REPORT (Agenda Item 9):

The Chairman invited Caroline Clarke, the Deputy Chief Executive and Chief Finance Officer, Debbie Sanders, the Director of Nursing, and Maggie Robinson, the Head of Property, at the Royal Free London NHS Foundation Trust to the table.

Responding to a previous question from a Member, Ms. Sanders advised the Committee that Barnet Hospital had snack boxes available for patients who hadn’t been in time to request a meal, as well as a stock of extra Steamplicity meals.

Referring to a comment made during the consideration of the previous agenda item (Healthwatch Barnet Enter and View Reports), Ms. Sanders stated that the Trust wanted

the Protected Mealtimes process to work as effectively in the evening, but commented that this was difficult when combined with the shift pattern. Ms. Sanders advised the Committee that she had been pleased with the enthusiasm of the "Enter and View" volunteers.

The Committee noted that hygienic hand wipes were being made available on wards and that the Trust was undertaking a piece of communication work to ensure that patients were aware that they could ask for snacks and request that friends or relatives provide them with food.

At the invitation of the Chairman, Ms. Clarke provided the Committee with a financial update on the Trust. Ms. Clarke informed the Committee that the acquisition of the Chase Farm Hospitals NHS Trust had taken place approximately 160 days ago. The Committee noted that the Trust was financially a very large Trust with a transitional funding package of £263 million over a five year period. The Committee noted that this money was in effect deficit funding and that the money would go towards re-building Chase Farm Hospital and paying off debt. Ms. Clarke advised the Committee that the Trust would be in reasonable shape for 2015/16.

Responding to a question from a Member, Ms. Clarke advised the Committee that the Department of Health would provide funding in order to help the Trust to eliminate any deficit.

A Member questioned if the use of agency staff had increased and, if so, why. Ms. Clarke advised that in an average year, the Trust would spend more than £60 million on agency and bank staff and that the financial split between the two would be relatively even. Ms. Clarke advised that, if the staff were directly employed, then the cost would be approximately 7-10 % (or £10 million) lower. Ms. Sanders advised the Committee that the Trust was finding it difficult to recruit and that, for example, there were less nurse places being commissioned resulting in a knock-on effect.

A Member of the Committee noted that the Trust had an annual turnover of £951 million, and questioned if they expected to end the year with a deficit. Ms. Clarke advised that the Trust expect to post a surplus of £1-£2 million. The Committee noted that whilst the Royal Free balance was reasonable, the Chase Farm net liability was £20 - £30 million but, if transitional funding was also considered, the figures looked more acceptable.

Responding to a question from a Member, Ms. Sanders advised the Committee that the Trust expected to continue recruiting from abroad for a few more years. The Committee noted that the Trust was not currently recruiting from outside the European Union.

The Chairman invited Ms. Robinson to provide the Committee with an update on the redevelopment of Chase Farm Hospital. The Committee noted that the London Borough of Enfield's Planning Committee would consider the planning application for the 30 acre site on 24 February 2015. The Committee noted that the existing Chase Farm Hospital site was in bad condition and that the parameters of the Planning Application were to deliver a modern healthcare facility.

The Committee noted that consultation letters had been sent out with a feedback period of 28 days.

Ms. Robinson informed the Committee that it was intended that enabling works on the site would begin in March 2015.

A Member questioned if the Trust would have enough land to expand services in the future if there was a need. Ms. Robinson informed the Committee that the Trust would retain land that it could utilise later and that the design of the hospital was flexible enough to allow for expansions.

A Member questioned if the hospital would be able to ensure that there would be adequate parking for staff and patients in ten years' time. Ms. Robison advised the committee that detailed studies and engagement work was being undertaken throughout the process. The Committee noted that the hospital would retain the existing multi-storey car park with the provision to increase spaces as well.

The Chairman invited Ms. Sanders to provide the Committee with an update on the Dementia training that the Trust had undertaken. The Committee noted that over 4,900 staff had received dementia training in 2013/14.

Ms. Sanders requested permission from the Chairman to provide the Committee with an update that she felt would be of interest relating to a Care Quality Commission report. Ms. Sanders informed the Committee that a CQC report was due to be published the following day which highlighted non-compliance at Olive Ward, Barnet Hospital and which stated that improvements to training needed to be made.

The Chairman advised the Committee that she had recently written to the Chief Executive of the Royal Free London NHS Foundation Trust, Mr. Sloman, in relation to the new automated parking system that involves those with 'disabled' badges registering their number plate at reception in order to park in the hospital car park and expressing concern that the signage is not very clear. The Chairman noted that in her letter she had requested that leaflets were put under the windscreen wipers of cars and that the signs in the car park were lowered to make them more visible to motorists. The Chairman requested to be updated on the progress of these actions. Ms. Robinson advised the Committee that she had just signed off the text for the leaflets and that the Trust were due to lower the signs. The Committee noted that the Trust had been communicating with the staff on reception in order to ensure that they were able to communicate this information to patients and visitors who came by car.

A Member of the Committee advised that she had been contacted by a resident who had received a parking ticket whilst using the hospital car park and noted that the resident had been extremely distressed.

The Chairman requested that the hospital remove the £100 parking fine until the actions highlighted in her letter had been implemented. Ms. Clarke advised that she would consider the suggestion.

The Chairman suggested that the Committee invite the Trust to their next meeting in February 2015 in order to provide them with an update report to include the actions that the Trust have taken in relation to the removal of the Liverpool Care Pathway.

RESOLVED that:-

- 1) The Committee request that the Trust provide an update report to include the actions that the Trust have taken in relation to the removal of the Liverpool Care Pathway**
- 2) The Committee note the report.**

3) The Committee request that the Trust provide an update on leaflets, signage and communication to the public regarding the new parking scheme.

11. IMMUNISATION RATES IN BARNET (Agenda Item 11):

The Chairman invited Dr. Andrew Howe, the Director of Public Health (Harrow and Barnet Councils) and Dr. Jeff Lake, Consultant in Public Health (Harrow and Barnet Councils) and Kenny Gibson, Head of Early Years, Imms and Military Health, to the table.

Dr. Howe advised the Committee that this issue had been referred to the Committee by the Health and Wellbeing Board due to incomplete data issues.

Mr. Gibson advised the Committee that a Task and Finish Group had been set up to ensure the transfer of the immunisation data to the System One Immunisation Upload Tool. Mr. Gibson noted that Barnet was not reporting evidence of children not being immunised because there had not been any outbreaks. The Committee noted that there was an improvement in the vaccination data flow and 98% – 99% of children were listed as being vaccinated. Mr. Gibson advised the Committee that an Information Governance Framework was being put in place which would reduce the delay in data transfer in the future and that Barnet would receive monthly data.

A Member of the Committee commented that they had been encouraged by the update from NHS England.

Mr. Gibson advised the Committee that nurseries would be able to signpost the families of children who were not immunised to practices where they could receive vaccinations.

Councillor Graham Old MOVED the following amendment to Recommendation 3 of the report which was SECONDED by Councillor Rawlings:

3. That the Committee is satisfied that appropriate governance arrangements are in place within NHS England in relation to immunisations to protect the health of people in Barnet
- 3.1 That the Committee will continue to seek assurance ~~is satisfied~~ that appropriate governance arrangements are in place within NHS England in relation to immunisations to protect the health of people in Barnet and to this effect requests an update report in March 2015 to inform on the progress of the Task and Finish Group

Votes were recorded as followed:

For	9
Against	0
Abstentions	0

The motion was carried and became the substantive motion.

The Chairman moved to the vote. Votes were recorded as follows:

For	9
Against	0
Abstentions	0

RESOLVED that:-

- 1. That the Committee notes the assurance given from NHS England that reported childhood immunisation rates in Barnet are not an accurate reflection of immunisation uptake in the borough.**
- 2. That the Committee seeks assurance from NHS England that sufficient action is being taken to address this issue and that alternative surveillance measures are in place whilst childhood immunisation (COVER) data is inaccurate.**
- 3. That the Committee will continue to seek assurance that appropriate governance arrangements are in place within NHS England in relation to immunisations to protect the health of people in Barnet and to this effect requests an update report in March 2015 to inform on the progress of the Task and Finish Group.**

12. SCREENING COVERAGE AND UPTAKE IN BARNET (Agenda Item 12):

Dr. Andrew Howe introduced the report which provided the Committee with an update on screening performance in Barnet. The Committee noted that the performance of screening in the Borough was average but below national targets.

The Committee noted that NHS England have the lead responsibility for screening performance.

Mr. Gibson referred to the three types of screening as set out in the report which were bowel, breast and cervical cancer screening.

Mr. Gibson advised the Committee that for bowel cancer screening in Quarter One, Barnet had achieved an uptake of 49.48 % of screening in 60-69 year olds, which was higher than the London average of 48.1%, but lower than the national target of 60%.

The Vice Chairman advised that there was a test for bowel cancer screening that patients could take at home and commented that, if it was communicated better, take up would probably improve if it was made clear that the patient's details had been provided by their G.P.

Mr. Gibson informed the Committee that Breast screening coverage in Barnet during Quarter 3 of 2013/14 had remained constant at 69%, which was slightly higher than the London average of 68.37% but less than the national target of 70%.

The Committee noted that there was a significant variation in coverage from practice to practice, ranging from 48.31% to 88.73%, and that forty one of Barnet practices were achieving over the national target while 27 do not achieve the target.

The Committee noted that the breast screening unit had extended the age range to include women aged 47 – 49 and 70 – 73 as part of national piloting. The Committee noted that the evidence base for benefit amongst these age groups is less certain but, as

this was a national pilot, it does not affect the service for the core age group. NHS England advised that they would be able to return an explanation ahead of the February 2015 meeting.

The Committee noted that, in order to improve screening coverage, text messages and second time appointments could be used.

A Member commented that the cohort for the screening of each cancer was very different.

RESOLVED that:-

- 1. That the Committee notes that Local Authority Public Health Assurance reporting is not yet in place, that the London Screening Board has requested urgent resolution and the need to improve communication with London Directors of Public Health and to agree reporting arrangements with London HWBBs.**
- 2. That the Committee notes the August 2014 NHS England screening coverage and uptake report to the Health Overview and Scrutiny Committee showing that in Barnet Cancer screening programme coverage remains short of national targets.**
- 3. That the Committee requests further updates on this agenda to ensure that the issues raised in this report are adequately addressed.**

13. NHS HEALTH CHECKS - UPDATE REPORT (Agenda Item 13):

At the invitation of the Chairman, Dr. Andrew Howe introduced the report which provided the Committee with an update on the progress made in relation to the recommendations set out in the NHS Health Checks Scrutiny Report for Barnet and Harrow in January 2014.

The Committee noted that the recommendations arising from the Scrutiny Report covered the following themes:

1. Health Checks promotion
1. Provider /Flexible delivery
2. Treatment Package
3. Referral pathways
4. Restructure financial incentives
5. Resources
6. Targeting
7. Screening Programme Anxiety
8. Barriers to Take-up
9. Learning Disability

The Committee noted that in 2014/15, the local eligible population (those between the ages of 40-74 without a pre-existing cardiovascular condition) is 93,000. The Committee were informed that a local target was set to invite 15% of the eligible population to Health Checks and that there was also a target to deliver these assessments to 10% of the cohort.

A Member of the Committee commented that 60% of GPs within the Borough were currently able to carry out health checks but the figure should be increased to 100%.

Referring to the report, a Member noted that an outreach session in Beaufort Park had taken place and questioned its success. The Committee noted that it had been very well received.

RESOLVED that the Committee note the progress in relation to the recommendations set out in the NHS Health Checks Scrutiny Report for Barnet and Harrow (January 2014).

14. PERFORMANCE AGAINST HEALTH AND WELLBEING STRATEGY (Agenda Item 14):

At the invitation of the Chairman, Dr. Lake introduced the Health and Wellbeing Strategy Performance Report for Year 2.

The Committee noted that the priority areas for Year 3 were:

1. Preparing for a Healthy Life
2. Wellbeing in the Community
3. How we Live
4. Care when Needed

The Committee noted that progress that had been made by local partners to improve the health and wellbeing of Barnet's population over the last 12 months was reported to the Health and Wellbeing Board on 13 November 2014.

At the invitation of the Chairman, Councillor Helena Hart, the Chairman of the Health and Wellbeing Board, addressed the Committee. She informed the Committee that she had met with the Government appointed advisor prior to resubmission of the Better Care Fund.

Councillor Graham Old MOVED the following amendment to recommendation two of the report, which was SECONDED by Councillor Barry Rawlings:

2. That the Health Overview and Scrutiny Committee identify any areas covered in the report that it wishes to discuss further ~~with a view to developing an action plan in respect of those matters as it considers appropriate.~~

The Chairman moved to the vote. Votes were recorded as follows:

For	9
Against	0
Abstentions	0

The amendment was carried and became the substantive motion.

The Chairman moved to the vote. Votes were recorded as followed:

For	9
Against	0

Abstentions	0
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RESOLVED that:

- 1. That the Health Overview and Scrutiny Committee notes the second annual Health and Well-being Strategy Performance Report, the progress that has been made so far to meet the Strategy's objectives and the priorities agreed by Health and Wellbeing Partners for the year ahead.**
- 2. That the Health Overview and Scrutiny Committee identify any areas covered in the report that it wishes to discuss further.**

15. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 15):

The Committee considered the Forward Work Programme as set out in the report.

The Committee noted that the Committee had also resolved to add the following items to the Forward Work Programme:

- A report from the North London Hospice to provide an update on their engagement with hospitals (February 2015)
- A report from NHS England in relation to the Immunisations Task and Finish Group (March 2015)

RESOLVED that the Committee note the Forward Work Programme.

16. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 16):

There were none.

The meeting finished at 10.00 pm