



Barnet Health Overview and Scrutiny Committee

8 February 2016

Title	Update - Report: Cricklewood Walk-in Centre Service
Report of	Barnet Clinical Commissioning Group
Wards	All
Status	Public
Urgent	No
Enclosures	None
Officer Contact Details	William Redlin, Director of Operations & Delivery, Barnet CCG

Summary

In February last year the Clinical Commissioning Group (CCG) presented a report to the Barnet Health Overview and Scrutiny Committee (HOSC) in relation to the continuation of services at Cricklewood GP Health Centre. A subsequent report was presented at the Barnet HOSC on 6 July 2015 which informed committee members that Barnet CCG had as a result reconsidered its position regarding the walk-in service at Cricklewood and informing the committee that the CCG had decided not to proceed at this time with plans to consult on possible closure.

Barnet CCG has now informed the provider of their decision to extend the contract for the provision of the Walk-in service provision for a further period of 1 January 2016 to 31 March 2017. NHS England has also extended their contract with the GPs to 31 March 2017.

After considering the last update from the CCG at their meeting in July 2016, the Committee requested to be provided with an additional update. The information set out in section 1 of this report provides the Committee with this update.

Recommendations

That the Committee note the report.

1. WHY THIS REPORT IS NEEDED

- 1.1 The Clinical Commissioning Group (CCG) welcomes the opportunity to provide an update to the Barnet Health Overview and Scrutiny Committee following consultation and attendance at meetings of the committee on 9 February and 6 July 2015.
- 1.2 As a result Barnet CCG had reconsidered its case for change regarding the walk-in service at Cricklewood, and decided not to proceed at this time with plans to consult on the possible closure of this service.
- 1.3 Barnet CCG recognise there are a number of changes in the local and national landscape which impact on the current provision of primary and unscheduled care in Barnet. These include the changing needs of an ageing population, rising demand from a number of regeneration developments in Barnet, changing expectations of patients as a result of a 24/7 culture and 4-hour wait standards not being consistently met in local A&Es. National guidance also outlines the need for urgent and emergency care services to be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services (5 Year Forward View, 2014).
- 1.4 Barnet CCG previously reported it was not successful in securing funding from the Prime Ministers Challenge Fund and has since been working to increase capacity in primary care in line with the requirements of the Transforming Primary Care in London which sets out a vision to improve access to primary care services.
- 1.5 Capacity and system performance continues to be under continuous scrutiny through the System Resilience Group and the outcomes of resilience funded schemes will be reviewed in February to enable decision making for 2016/17 investment for surge planning.
- 1.6 Barnet CCG is committed to working in partnership with the London Borough of Barnet to develop the joint integration agenda and the best possible services for its residents. The CCG will utilise the outcomes of all the work outlined above to inform and shape its commissioning intentions and plans. This includes the developments of primary care networks, integrated care and the provision of primary, community and urgent unscheduled care services.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The report provides the Committee with the opportunity to be updated on this matter and provide the CCG with any comments.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

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

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

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

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

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

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

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

5.2.1 There are no financial implications for the Council.

5.12 Social Value

5.12.1 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.

5.13 Legal and Constitutional References

5.13.1 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

5.13.2 The Council's Constitution (Responsibility for Functions) 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.”

5.14 Risk Management

5.14.1 There are no risks.

5.15 Equalities and Diversity

5.15.1 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.

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

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

5.16 Consultation and Engagement

5.16.1 This paper provides an opportunity for the Committee to be updated in the

future plans for the continuation of services at Cricklewood GP Health Centre.

6 BACKGROUND PAPERS

6.11 9 February Meeting 2015, agenda item 8.

<https://barnet.moderngov.co.uk/documents/g7942/Public%20reports%20pack%2009th-Feb-2015%2019.00%20Health%20Overview%20and%20Scrutiny%20Committee.pdf?T=10>

6.12 6 July 2015 Meeting, agenda item 12.

<https://barnet.moderngov.co.uk/documents/g8371/Public%20reports%20pack%2006th-Jul-2015%2019.00%20Health%20Overview%20and%20Scrutiny%20Committee.pdf?T=10>