

Decisions of the Health Overview and Scrutiny Committee

6 February 2017

Members Present:-

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

Councillor Val Duschinsky	Councillor Philip Cohen
Councillor Gabriel Rozenberg	Councillor Laurie Williams
Councillor Caroline Stock	Councillor Alison Moore
	Councillor Barry Rawlings (Substitute)

Also in attendance
Councillor Helena Hart

Apologies for Absence
Councillor Ammar Naqvi

1. MINUTES

The Chairman noted the following corrections to the minutes of the meeting on 5th December 2016:

Page 1 Midwifery is misspelt.

Page 4 the phrase should read 'She thought a higher emphasis should be placed on educating people'.

Page 5 should read 'on a first come first served basis.'

Page 6 the word Trust should be removed after North London Hospice.

Page 8 JHOSC has been misspelt.

Subject to the changes being taken into account, the Committee agreed that the minutes of the last Committee held on 5th December 2016 be approved as a correct record.

The Chairman provided the Committee with the following updates:

The Governance Officer is contacting Ms O'Dwyer again to provide copies of the legal high presentation as requested by the Committee.

The Governance Officer is contacting Mr Berelowitz again to provide the Body Dysmorphia literature as requested by the Committee.

At the last Committee meeting, it was requested that the Royal Free NHS London Foundation Trust include the potential for rehabilitation spaces to be included within the winter pressures report (page 6 of the minutes). The Governance Officer will chase for an update to be provided to the next meeting if this is not covered under Agenda Item 11 this evening.

Councillor Rozenberg requested that information from the Royal Free on the new technology 'Streams' be brought to a future Committee meeting. The Governance Officer will add this to the work programme.

The Chairman informed the Committee that Councillor Old had received an update on the incidents that result in harm from Ms Wilkins and that he was happy to send this round to Committee Members.

The Chairman informed the Committee that the Handwashing Audit had now been completed and the results were currently being collated. The Chairman asked the Governance Officer to circulate the results to Members of the Committee once received.

The Chairman updated the Committee on the Winter Pressures and Delayed Transfer of Care data received from the Assistant Director of Adults and Communities.

2. ABSENCE OF MEMBERS

Councillor Amnar Naqvi was absent and was substituted by Councillor Barry Rawlings.

3. DECLARATION OF MEMBERS' INTERESTS

Councillor Caroline Stock declared a non-pecuniary interest in relation to Agenda Item 11 by virtue of her husband being an Elected Public Governor of the Council of Governors at the Royal Free London NHS Foundation Trust.

The Chairman declared a non-pecuniary interest in relation to Agenda Item 11 by virtue of being a Trustee/Director appointed by the Council to Eleanor Palmer Trust which owns Canteloves Care Home.

4. REPORT OF THE MONITORING OFFICER

None.

5. MOTION REFERRED FROM FULL COUNCIL

The Chairman proposed that the Motion on 'Support our GP's and NHS – Don't attack them', which was referred from the Full Council meeting on 31st January 2017, would now be referred to the next meeting of the Policy and Resources Committee on 23rd February 2017. The Committee unanimously agreed.

6. PUBLIC QUESTION TIME (IF ANY)

None.

7. MEMBERS' ITEMS (IF ANY)

None.

8. DENTAL CARE IN BARNET REPORT (AGENDA ITEM 8)

The Chairman invited the following officers and representatives to the table:

- Kirpal Dhadda, Chief Executive Officer, Homestart Barnet

- Selina Rodrigues, Head of Strategic Development, CommUNITY Barnet
- Lisa Robbins, Manager, Healthwatch Barnet
- Dr Jeff Lake, Public Health Consultant, Barnet and Harrow Public Health Team
- Councillor Helena Hart, Chairman of the Health and Wellbeing Board, Barnet

Ms Rodrigues explained that Homestart Barnet had been commissioned to collate information from families on their experiences of dental services in the borough. She said questionnaires were sent to families and a focus group in Grahame Park as well as advertised on social media. In total there were 56 respondents.

Ms Rodrigues said the results of the survey showed a strong correlation between the experiences of parents with those of their children towards dental health. She said most dental practises had been described as child friendly and welcoming but some parents had expressed this was not the case. Ms Rodrigues stated some parents had experienced difficulties in booking appointments and in finding an NHS surgery within walking distance from their home.

Ms Rodrigues said that further work needed to be done in order to capture more detailed responses. However, results suggested parents' perceptions of access to some services, e.g. braces, is complicated and not consistent across practices. She said that some parents had complained that there was inadequate space in some practices for buggies. Ms Rodrigues informed the Committee that the research also suggested new immigrants and transient families did not view dental care as a priority. She said the report highlighted the need to raise awareness of good diet, increase the availability of local services for families and make services more accessible and affordable.

Councillor Hart reminded the Committee that previously they had been informed that price lists were not being displayed in waiting rooms, which is a CQC requirement. Councillor Hart said letters should have been sent out to surgeries about this issue. She also commented that she felt the survey should have made it clearer which questions and answers referred to adults and which to children, as children receive free NHS dental treatment. She noted that half of the respondents were from Black and Ethnic Minority groups and there may be a perception among these individuals that children also have to pay for dental care. Councillor Hart said more communication confirming that children receive free treatment is needed.

Ms Kirpal stated that difficulties in accessing treatment locally were identified as one of the biggest issues. Councillor Moore said that there was an opportunity to raise awareness during health care visits and via other health checks in order to improve the engagement of parents with dental services. Ms Kirpal agreed that the earlier the information is received by parents the better and that encouragement very early on even at the peri-natal stage was a good idea. Councillor Duchinsky said information should be distributed into GP surgeries.

Councillor Hart stressed prevention is better than cure and this is why getting information out to parents as early as possible is vital. She said that NHS practitioners do not have to accept children and often choose not to, as treatment times are longer.

Dr Lake said that attention is given to oral health at early years' reviews and that through the Making Every Contact Count programme staff should recognise and identify any dental issues. Councillor Rawlings agreed that the role of health professionals in promoting dental health was important as new mothers might be more inclined to take

notice of health visitors rather than posters. Ms Robbins said that NHS England had done some promotional events and had set up stalls in shopping centres to reach out to the public across all age groups.

The Chairman noted that the results of the survey were a small snap shot of the 400,000 families living in Barnet. She questioned whether this could potentially skew the results as 56 families could hardly be an accurate representation of the views of the majority of Barnet families. Ms Rodrigues said that although the results might not be statistically valid, the points that were raised were beneficial. Dr Lake agreed that the issues had been thoroughly explored and that data from Public Health research supported the findings with 68% of 5 year old children not accessing dental care.

Councillor Moore suggested that responses from the dental communities and providers should be collated. Councillor Hart asked Dr Lake for a future update from Public Health on dental health.

RESOLVED – The Committee noted the report.

9. DIABETES IN THE LONDON BOROUGH OF BARNET (AGENDA ITEM 7)

The Chairman invited the following officers and representatives to the table:

- Mr Neil Snee, Director of Commissioning, Barnet CCG
- Dr Jeff Lake, Public Health Consultant, Barnet and Harrow Public Health Team
- Ms Nima Patel, Barnet Diabetes UK
- Ms Lesley Izenberg, Chair of Barnet Diabetes UK
- Councillor Hugh Rayner

The Chairman introduced the report.

Mr Snee addressed the Committee and gave an overview of the report. He noted that significant attention had been given to the awareness of diabetes in society. He informed the Committee that, two years ago, the update of the GP National Diabetes Audit in Barnet had been poor with only six GP Practices participating. The 2015/2016 Audit saw 90%, i.e. 56 Barnet practices participating and he hoped this would reach 100% for the 2016/2017 Audit.

Mr Snee said a number of pieces of work were currently in progress which aim to address the challenges of improving diabetic management for patients. Mr Snee explained that investments had been made to establish multi-disciplinary teams to treat diabetes which he felt was a significant step forward.

Mr Snee informed the Committee that the National Diabetes Prevention Programme was being implemented locally in collaboration with Enfield Council, Public Health England and Diabetes UK and this is due to commence in May 2017. The programme will involve nine months of intensive dietary and physical intervention strategies for individuals who are currently pre-diabetic with a high risk of developing the disease. Mr Snee told the Committee a campaign is currently being planned to raise awareness of the disease and a report on the new prevention programme will be included in a paper submitted to the next meeting of the Health and Wellbeing Board on 9th March 2017.

Ms Isenberg explained the role of Barnet Diabetes UK as one of 150 volunteer groups forming Diabetes UK Central. She said the group hold five talks a year at the local hub from health professionals and support groups on diabetes prevention and care. Ms Isenberg also said that when the group first started in the 1990's, there was not much education available on diabetes and so the aim of the organisation had been to improve education and awareness of the lifelong disease.

Ms Isenberg informed the Committee that an internet programme called 'Help Diabetes' is available from GP practices where patients are provided with a user name to log onto the site and can access learning modules on diabetes. However Ms Isenberg said the programme is only currently available in English and tailored for Type 2 Diabetes and 10% of individuals diagnosed with diabetes in the UK have Type 1. Ms Isenberg said Type 2 diabetes patients do tend to have a more structured care plan.

Councillor Rayner told the Committee about his experience of being diagnosed with Diabetes. He said he had learnt of the dangers of the disease and the future complications on health it can have and the expensive implications for the NHS. Councillor Rayner explained he was currently able to manage his diabetes by a controlled diet and living a healthier lifestyle. Before his diagnosis, he had limited knowledge and understanding about the seriousness of the disease and so he thought it was essential that people should be made aware of diabetes and how to take care of their diet to avoid developing the disease.

Ms Patel explained that their work aimed to emphasis to individuals the importance of physical activity and that talks on the topic were due to be held in the near future. She explained that Diabetes UK hold events such as 'Walk in the Park' to help promote physical activity in communities and that all the money raised from these events is sent to Diabetes UK to fund their research.

The Chairman informed the Committee that she had watched a Panorama programme on diabetes which claimed that around 10% of the health care budget is currently spent on diabetes treatment. Due to the increasing numbers of people being diagnosed with the disease, the Chairman emphasised the huge financial implications for the NHS. The Chairman stressed that emphasis on prevention of the disease is crucial.

Councillor Caroline Stock updated the Committee on the Mayor of Barnet's Golden Kilometre which targets children of primary school age to take part in becoming more active. She explained that the rates of obesity in children were high and that a lack of exercise was a significant contributing factor. She asked the Committee to put forward any other suggestions they may have on ways to encourage children to exercise more.

Ms Isenberg said that Diabetes UK conduct road shows about diabetes to increase awareness of the disease to the public. She said she would be delighted to take part and help out with any initiatives or projects to further increase awareness of the disease within the Borough. Ms Isenberg stressed the need to prevent the development of diabetes in children, as research suggests complications associated with diabetes are accelerated in children compared to those diagnosed later in life.

Councillor Philip Cohen queried whether the CCG expenditure on diabetes care was too heavily weighted on prescriptions for GPs. Mr Snee explained that the CCG monitor all prescribing costs and were reducing the current spend on medication in order to spend more on prevention strategies. However, Mr Snee said that some patients choose higher costing medication. Ms Isenberg said the cost of medication for those suffering with

diabetes was unavoidable as only 5% of patients can control the disease by diet alone. She said a strict diet at the beginning of diagnosis could have beneficial effects but is not effective enough in those who have been diagnosed for longer. Ms Isenberg explained that the disease is a progressive one and that cheaper medication alternatives can often have unwanted side effects such as weight gain which exacerbates the problem. Newer more expensive medications are more effective and have fewer side effects. Ms Isenberg said it is a case of trying to balance the short term costs with the potential longer term costs.

Dr Lake informed the Committee that prevention programmes run by Public Health have focused on obesity for a number of years. He explained that obese children have a lower life expectancy and are at a higher risk of developing diabetes. Dr Lake informed the Committee that obese children and adults are put onto a weight management pathway plan. Dr Lake also noted that targeted work is being conducted on those at risk of developing diabetes. Pre-diabetic risk individuals, with blood sugar indexes of between 42-47, are put on a 12 month review process and this will gradually become standard practice. He emphasised the importance of structured intervention.

Councillor Williams asked whether sweeteners (an alternative to sugar) were just as unhealthy for diabetics as consuming sugar. Dr Lake said that sweeteners offer a lower calorific content and that he would follow up as to whether they are as harmful as the consumption of sugar. Ms Isenberg said the danger with lower calorie options is that people often believe they can then consume more leading, to bad habits.

Councillor Moore asked whether there was a socio-economic aspect to the increase of diabetes, as foods high in sugar and salt are often cheaper to purchase and may seem more affordable than healthier options. Councillor Rozenberg suggested it may be distrust in science as health professionals have moved from the message that fat is bad for the body to sugar being bad. Dr Lake said that research showed awareness of the sugar content within foods was poor and that flagging this on food packaging has led to improvements.

RESOLVED – The Committee noted the report.

10. UPDATE ON WINTER PRESSURES (AGENDA ITEM 11)

The Chairman invited to the table:

- Mr Neil Snee, Director of Commissioning, Barnet CCG

Mr Snee updated the Committee on the winter pressures experienced by Barnet hospitals and highlighted to the Committee that the pressures on emergency departments over the last year had been rising. He noted that Walk-In Centres were now in high demand to help ease the pressure. Mr Snee said that the Royal Free was struggling with the increases in admissions and that the CCG was currently working with social care providers and the Royal Free to manage this. Mr Snee said the measure of weekly volume of delayed transfer of care and the impact this has on emergency departments was being closely monitored.

Mr Snee explained that 30% of the delay in transfer of patients was a result of family choice as families are not always happy with the home that has been allocated to the patient. He said it was a balancing act as patients in acute care need to be moved

through the hospital quickly, although it must always be recognised that people still need to be treated with dignity and respect.

Mr Snee said the CCG had commissioned £1 million of additional investment into the discharge assessment module with 30 beds having been made available with a turnaround of 28 days as a pathway measurement. He said that 90% of patients moved through beds by 18.5 days and 100% by the 28 day target. He said this improvement of flow through the hospital had been achieved by working as a whole system.

Mr Snee told the Committee that the system was facing real pressure due to the increase in demand and was adapting as quickly as possible. He said negotiations were being held around establishing a properly structured workforce with 200 additional evening and Saturday appointments available. Mr Snee explained the pressures faced were not exclusive to Barnet but evident in all urban environments.

Mr Snee said there were problems surrounding ambulances from East Anglia being diverted to Barnet hospitals. He said that due to significant pressure within Hertfordshire trusts, ambulances were being sent to the next nearest emergency department which is in Barnet. He commented that there was a problem with the lack of a dual-system to manage this issue. Mr Snee said conversations with East Anglia had been initiated and there was now a 33% drop in the number of ambulances from these regions being sent to Barnet hospitals. He told the Committee that it was a complex and difficult system but everyone had been very responsive to representations.

Councillor Cohen enquired about the Forest Care Village model. Mr Snee said that this model was being tested to see how well it works before moving to a more appropriate local site. Councillor Cohen asked whether there was a shortage of community places for patients to be discharged to and was this part of the problem. Mr Snee said that the situation is complex and there is a need for a different type of system to improve the flow of patients through hospitals. He also said there was a demand for beds that needs to be addressed and that he would be working with CLCH to monitor the data.

Councillor Old asked whether care homes were sending clients to A&E less frequently. Mr Snee said there was currently not enough data to confirm whether this was a trend. However, anecdotally, he believed that training packages were helping and having a real impact.

Councillor Stock asked whether it was correct that there are significant problems in regard to recruitment within A&E departments. Mr Snee confirmed there was a shortage of doctors in emergency departments and that it is becoming increasingly more difficult to recruit. Mr Snee said that the 'Safer, Faster, Better' programme at the Royal Free was looking into how to improve training for colleagues and how the better allocation of tasks could free up doctor time.

RESOLVED – The Committee noted the report.

11. UPDATE ON DEMENTIA SUPPORT IN BARNET (AGENDA ITEM 9)

The Chairman invited the following officers and representatives to the table:

- Caroline Chant, Joint Commissioning Manager Older Adults, Adults and Communities, Barnet

- Sharon Thompson, Barnet Community Services Manager, Barnet, Enfield and Haringey Mental Health Trust

Ms Chant explained that dementia awareness and provision of care was becoming increasingly important. Demand increases with an ageing population as dementia is an age-related disease. She emphasised the importance of the Dementia Manifesto which involves a significant number of organisations working in collaboration.

Ms Chant explained that the report focused on increasing dementia diagnosis rates and building capacity in the community in-line with the national dementia strategy. She said that early identification of dementia was important as it enables individuals to live in the community for longer. Ms Chant said that funding the enhanced assessment service meant that people were diagnosed quicker and that targets set by the Health and Wellbeing Board were being met. She highlighted that currently there is a higher diagnosis rate of dementia in Barnet compared with the national average.

Ms Chant said that they were already harnessing community services such as the Alzheimer's Society and that a Dementia HUB and Dementia Café would soon be opened. Ms Chant stated that the main current challenge was trying to improve awareness of dementia within the wider public.

Councillor Old commented that a lot of improvements had been achieved within a short space of time. He asked whether there was potentially a better way of measuring accurate diagnosis of dementia rather than purely on the numbers diagnosed by GPs. Ms Chant explained that the dementia diagnosis rate was a government set target. She said that early diagnosis is important as it means patients get access to support and medication earlier and this delays the need for entry into care. She stated the dementia diagnosis rate showed that GPs are correctly screening and referring patients with dementia.

RESOLVED – The Committee noted the report.

12. COLINDALE HEALTH PROJECT UPDATE (AGENDA ITEM 10)

The Chairman invited to the table:

- Neil Taylor, Strategic Lead Development and Regeneration, Barnet

Mr Taylor informed the Committee that three health infrastructure projects were being proposed within the Colindale area:

- 1) Re-provision of Grahame Park - the design for the Community Hub Grahame Park GP facility has now been decided and the building will accommodate two floors of health based facilities.
- 2) Temporary accommodation for a new central Colindale APMS (Alternative Provider Medical Services) – the search for a temporary site is currently in progress.
- 3) Permanent estate solution for the new AMPS – it might be about four years before a permanent site would become established.

Councillor Old commented that the plans seemed to be taking a very long time to be implemented. He said the population was growing and resulting in an increasing need for

more GPs in this area. He noted it was worrying that a site had yet to be found when the facility was meant to be up and running later in the year.

Mr Taylor apologised that he was only able to comment on the premises' issues as currently presented. He notified the Committee that the Grahame Park facility was intended to cater for 16,000 patients and an expansion had been planned to accommodate this. Mr Taylor said that there had been some difficulties in securing a temporary site and that discussions were being held, although nothing had yet been finalised. He said there was no issue with regard to funding, just the location of the site which the team was working hard to resolve. He then told the Committee that a business case was being taken to the next Assets, Regeneration and Growth Committee meeting in April, so that planning could be carried forward.

Councillor Cohen said that Colindale is a growth area and there was a real risk that no temporary site would be secured in time. He asked what measures had been taken to recruit more GP's. Mr Taylor said he could not comment on this but would take the question back to his colleagues. He acknowledged that not having a secured temporary site was a significant risk and it was being worked on as a priority. Councillor Moore said that this had been a long-standing issue raised by residents and that this was causing huge frustrations among residents and Members.

The Chairman requested Mr Snee return to a future Committee to address the issues raised.

Councillor Rawlings enquired as to whether the temporary site needed to be located near to the site of the permanent facility. Mr Taylor confirmed that the sites did not necessarily need to be in close proximity.

RESOLVED – The Committee noted the report.

13. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME

The Chairman asked that the 'Streams' technology report from the Royal Free be allocated to a future meeting.

Councillor Cohen asked that an update report in regard to his Member's Item 'NHS Property Services Ltd - charging market rents' of 5th December 2016 meeting be provided either as a written update circulated to all members of the committee or as a report brought to a future meeting.

The Committee noted the update.

14. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

None.

The meeting finished at 9.59pm.