

Decisions of the Health Overview and Scrutiny Committee

2 October 2017

Members Present:-

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

Councillor Philip Cohen	Councillor Ammar Naqvi
Councillor Val Duschinsky	Councillor Caroline Stock
Councillor Rohit Grover	Councillor Laurie Williams
Councillor Alison Moore	

Also in attendance

Councillor Helana Hart

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

The Chairman introduced the minutes of the last meeting and requested that the word “notes” on page two of the minutes be changed to “noted”

Subject to the inclusion of the above amendment, the Committee **RESOLVED to approve the minutes of the meeting of 3 July as a correct record.**

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

None.

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

None.

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):**

7. **MEMBER'S ITEM IN THE NAME OF CLLR. COHEN (Agenda Item 6a):**

At the invitation of the Chairman, Councillor Cohen introduced his Member's item and outlined the following points:

- That land adjacent to the old Finchley Memorial Hospital had been sold by Camden with the intention of its being used specifically for community sport but this had not happened.

- That he had raised the issue of the use of this land with the Chief Executive of Barnet Council.
- That he would be interested to discuss in an open forum, the possibility of the use of any such land as a site for accommodation for NHS staff.

The Chairman informed the Committee that an Enforcement Notice on the use of the land was going to be issued the following day, Tuesday 3 October 2017.

The Vice Chairman commented that the use of the land was a matter of public interest and suggested that the Committee invite an Officer from the Estates work stream of the Sustainability and Transformation Plan (STP) to discuss the whole issue of building affordable housing for NHS staff. The Vice Chairman advised that as the Committee had just learned that an Enforcement Notice would be served, it should be allowed to take its course. However, at an appropriate point, the Committee should receive a report on NHS housing and its implications for healthcare provision in Barnet.

Councillor Cohen welcomed the suggestion and requested that this report be received as soon as possible.

The Chairman requested that the Governance Service provide a copy of the Enforcement Notice, as well as information as to the extent of land that the notice applies to. The Chairman expressed the need to be assured that the site would be used in the best interests of the STP in order to deliver health and wellbeing outcomes.

The Chairman invited Councillor Helena Hart, Chairman of the Barnet Health and Wellbeing Board, to the table. Councillor Hart advised the Committee that she had been in touch with Iain Sutherland, Planning Enforcement Manager from Development and Regulatory Services, who had provided the following statement:

“It was a condition of the planning permission for the new Finchley Memorial Hospital that the old Camden playing fields next door be opened to the public and that 3 football pitches be provided and maintained for public use.

The land was opened up but the pitches were not forthcoming. The NHS have informed us that they are keen to see the pitches delivered and maintained and they are in legal dispute with the developers over this failure. We have not heard from the developer.

Although we were content to recognise that the NHS are making all reasonable efforts to fulfil their obligations the planning enforcement team and the Community Health partnership agreed that a ‘breach of condition notice’ should be issued. The notice will put those served under a legal obligation to provide the pitches. As the notice would be a public document the health partnership would be able to cite its service in proceedings, effectively granting them a degree of leverage that might otherwise be absent. The notice is due to be served tomorrow and extends 9 months to complete the work. At the end of this period those served must either demonstrate compliance or that they have taken every reasonable step to comply.

Unfortunately the ground is not yet suitable for pitches and therefore compliance requires a lot more than putting up some posts and marking out the lines in whitewash.”

Councillor Hart informed the Committee that there was a legal obligation to provide the pitches and was pleased the Council should endeavour to enforce this.

Following consideration of the item and having received advice from the Governance Officer, the Committee agreed that they wanted to receive a future report at the earliest opportunity which:

- In the context of the STP, set out the provision for housing for NHS staff within Barnet.
- Would be received by the Committee at their February 2018 meeting, if possible.

Additionally, the Committee requested to be provided with a position statement on the amount of land being covered by the enforcement and any other spare land around the site as soon as possible, but by the end of 2017.

RESOLVED that the Committee provided its instructions as set out above.

8. ROYAL FREE GROUP MODEL UPDATE AND STREAMS TECHNOLOGY (Agenda Item 7):

The Chairman invited to the table:

- Dr. Steve Shaw, Chief Executive of Barnet Hospital.

Royal Free Group Model:

At the invitation of the Chairman, Dr. Shaw provided the Committee with a presentation about the Royal Free London Group. The Committee noted the presentation, which included the following points:

- In 2009 the Royal Free had one of the smallest local hospital services portfolios amongst the 23 London acutes, with a small paediatric service, an equal second smallest A&E and maternity service and below average volumes in general medicine and general surgery. The hospital had major overlaps with UCLH on specialist services.
- In 2012 the Hospital was authorised as a Foundation Trust.
- In 2014 the Trust acquired Barnet Hospital and Chase Farm Hospital
- In 2016 the Trust received accreditation as a Group.
- Within the context of its position within London, the Royal Free currently provides good services at a below-average cost. However, the Trust's aspiration is to provide **outstanding** services at a below-average cost.
- The Group would aim to transition from a standalone hospital model to working with others in a total system provider model
- The Group CEO is Sir David Sloman.

Dr. Shaw informed the Committee that North Middlesex University Hospital NHS Trust had joined as a clinical partner of the Royal Free London Group two weeks ago. Whilst they were not yet full members of the Group, they would take part fully in the clinical practice group whilst retaining their own Board.

Dr. Shaw informed the Committee that the Group would be undertaking work to understand what brought a patient to hospital and how they could be supported to leave

hospital safely and promptly. Dr. Shaw expressed the need to involve colleagues in primary care and social care as part of a whole patient pathway.

Responding to a question from a Member, Dr. Shaw informed the Committee of the need to provide assurance to regulators that there is a plan for the Royal Free, Barnet and Chase Farm Hospitals to deliver financial improvements. The Committee noted that the Royal Free undertakes very complex specialist procedures which require high cost drugs.

A Member questioned how streamlining would fit into the group model. Dr. Shaw informed the Committee that streamlining would be an essential part of the group process because of its impact on the patient experience.

A Member noted the relationship between cost and quality of care and questioned to what extent the Trust could achieve its aspirations independently of how other hospital Trusts are achieving theirs. Dr. Shaw informed the Committee that it would benefit everyone if costs come down so that more money could be reinvested into the NHS.

A Member noted that it seemed sensible to standardise procedures and pool expertise. The Member questioned the extent of variation existing between the same hospitals within a Trust. Dr. Shaw informed the Committee that there was a surprising amount of variation within the NHS, as indicated by the fact that there were 150 different types of prosthetic hips available. Dr. Shaw explained that work looking at the treatment of Pneumonia with antibiotics had shown a variation between hospitals in their amounts, types and costs. Dr. Shaw advised that the Trust had a duty to provide the best care at the lowest cost.

Streams Technology:

The Chairman invited the following to join Dr. Shaw at the table:

- Dr. Chris Laing, Consultant Nephrologist
- Tosh Mondal, IT Director at the Royal Free London NHS Foundation Trust
- Councillor Gabriel Rozenberg.

The Chairman introduced the report and the Committee noted that, in November 2016, the Royal Free London had entered into a five-year partnership with the British technology company, DeepMind, in order to transform care through the use of a mobile application called Streams.

Dr. Laing informed the Committee that the clinical software app was being used to support patients with acute kidney injury (AKI) by getting the right data to the right clinician at the right time. The Committee noted that AKI was responsible for up to 20% of A&E admissions.

The Committee noted that a change in a patient's kidney function can be picked up by a blood test. The Committee noted that the Royal Free London had felt that there was an opportunity to receive real time notifications for blood tests on a mobile platform.

The Royal Free London explained that it would have approximately 2000 blood tests going through the system per day and that the vast majority of these blood samples would be tested for kidney function. The Committee noted that Streams uses a range of patient data to determine whether a patient is at risk of developing AKI and sends an instant alert to clinicians who are able to take appropriate action promptly. Because

patient information is contained in one place, on a mobile application, it reduces the administrative burden on staff and means they can dedicate more time to delivering direct patient care. The Committee noted that within less than a second, relevant information can be notified and actioned.

Tosh informed the Committee that the platform had been safely deployed with consultants at the Royal Free and that access to the data was extremely secure.

A Member questioned if it was possible at this stage to quantify improved outcomes for patients as a result of this app. Dr. Laing informed the Committee that rigorous evaluation of the project would be undertaken and that the app's impact on survival rates would be going through academic service evaluation. He stressed the importance of being cautious about claiming hard clinical benefits before formal evaluation but noted that the early signs were encouraging. He noted that there was huge potential in the long term for leveraging clinical progress.

Responding to a question from a Member, Dr. Laing informed the Committee that Streams technology is really surveillance through more rigorous analysis.

Councillor Rozenberg questioned why the Royal Free London had decided to work with a company that uses independent data tools. Dr. Laing informed the Committee that DeepMind have a number of other skills including security infrastructure and clinical design.

The Chairman questioned if the Streams Technology was currently just operating out of the Royal Free Hospital site. Dr. Laing advised the Committee that the implementation was single site, but it could be activated from the Barnet site. The Committee noted the long term aspiration to standardise this method of working.

A Member questioned how much progress had been made to resolve the concerns raised by the Information Commissioner's Office with respect to the Royal Free acting as a data controller. Dr. Laing informed the Committee that the Trust had certainly learned from the problem and had agreed to carry out the five undertakings that the ICO had requested.

RESOLVED that the Committee noted the report.

9. BARNET HOSPITAL CAR PARK (Agenda Item 8):

The Chairman invited to the table:

- Dr. Shaw, Chief Executive of Barnet Hospital
- Lisa Robbins, Manager, Healthwatch Barnet

The Chairman noted that the Committee had been sent the following information relating to parking by the Royal Free since the publication of the agenda. However, the Chairman pointed out that the information provided stated that 9 spaces were out of use due to the portacabins but that the figure should be 20.

Car Parking Spaced at Barnet Hospital	2016	2017
Staff Spaces	749	731
Visitor Spaces	251 (including 14 drop off	295 (including 14 drop off

	spaces)	spaces)
Disabled Spaces	39	39
Motorcycles	2	2
Ambulances	5	15
Portacabin area	9 spaces out of use	9 spaces out of use
Total Spaces in use	1056	1082

The Chairman informed the Committee that 200 extra parking spaces had been added in 2012 to accommodate extra patients when Chase Farm Hospital's A&E and Maternity Units closed. However, the current parking problem had arisen because the Hospital had blocked off approximately a quarter of the Patient/Visitor Car Park and re-designated it as a Staff Car Park.

The Chairman reported that she had attended a site meeting with Andrew Panniker, Director of Capital and Estates at the Royal Free, together with Councillor Zinken and Councillor Stock to see where additional spaces could be added. She noted that there were various strips of grass which would be suitable and that she had spoken to a Planning Officer at Barnet Council who had advised that he did not think there would be a problem in submitting a Planning Application for this. The same applied to converting one of the cycle lanes to be used for parking. The Chairman noted that Mr. Panniker had cancelled a further meeting to discuss the issue. Dr. Shaw apologised for this and undertook to look into the matter.

The Chairman advised that Healthwatch Barnet were receiving many complaints from people unable to park at the site and had therefore undertaken a study on the matter. This showed that 53% of people who had driven to the hospital on that particular day had experienced problems with parking.

The Committee noted that the Chairman had previously contacted the Head of Planning at Barnet, who had looked into the planning history of the site and advised that the Portacabin spaces should have been returned to Patient/Visitor parking when the building works were completed. Dr. Shaw informed the Committee that architects and planning colleagues were working with the London Borough of Barnet in order to free up the portacabin area. Dr. Shaw advised that there were currently essential staff working in the portacabins who needed to be moved. The Committee noted that space at the Barnet Hospital site was very constrained and that a new entrance just for ambulances was opened last year. Dr. Shaw undertook to investigate the situation with regards to the portacabins and provide further information to the Committee.

The Chairman informed the Committee that when she had visited the hospital with Councillor Stock, they had been talking to a patient who had missed an appointment previously because she was unable to park. She was now trying to attend the re-booked appointment, but again could not find anywhere to park and had had to abandon her car. The Chairman informed the Committee that the patient was in tears because of the situation.

A Member commented that the parking situation at the hospital was already intolerable but as the Borough has an expanding population, the need for more parking would only increase. The Committee noted that the site was not served well by public transport.

Dr. Shaw apologised that the patient had had such a poor experience and advised that the issue of parking would be ongoing. Dr. Shaw noted that he paid a lot of money to park in the staff car park at the Royal Free and if he did not arrive before 7:30 am, he

would not be able to find a space. He noted the need to find a balance for hospital and staff parking and commented on the need to ask staff and patients if it was necessary for them to arrive by car. He said that he regularly got the bus to work and between hospital sites but recognised this was not always possible for patients. He commented that multi-storey car parks were very expensive to build and assured the Committee that he took the situation very seriously.

The Chairman advised the Committee that when the extra 200 spaces had been added to the site, the hospital's income increased significantly. She noted that there was a piece of wasteland near the entrance to the hospital which could accommodate approximately 80 extra spaces.

The Chairman invited Lisa Robbins to provide the Committee with an update on the engagement work undertaken by Healthwatch Barnet. Ms. Robbins informed the Committee that the engagement exercise was undertaken in May this year. She noted that people were generally very positive about their experience at Barnet Hospital but that there were concerns about parking. She suggested that the hospital provide information about reaching the hospital by public transport in their patient letters. She also advised the Committee that people were experiencing difficulty in registering disabled vehicles and stressed the need to do more engagement on the matter.

The Chairman questioned if the report from Healthwatch Barnet had been sent to the Royal Free. Ms. Robbins confirmed that it had. Dr. Shaw undertook to check with the Director of Nursing about the report and its contents as he had never seen it.

Referring to the issue of people receiving parking tickets because their appointments had run late, a Member suggested that car park ticketing be done under the "pay by foot" system, whereby customers collect a ticket as soon as they park and then pay the correct amount at a machine when they return to their vehicle. Dr. Shaw undertook to look into this option.

The Chairman informed the Committee that she had previously undertaken a site visit to Barnet Hospital to inspect parking signs because they were too high and she was concerned that people parking at the hospital would not see them. She advised that, as a result of the meeting, the parking signs had been lowered.

Dr. Shaw thanked the Committee for inviting him to speak on the matter and stressed his commitment to improving patient experience.

RESOLVED that:

- 1. The Committee noted the report.**
- 2. The Committee requested to be provided with further information on the use of the space where portacabins are currently located.**

10. FINCHLEY MEMORIAL HOSPITAL UPDATE REPORT FROM BARNET CCG (Agenda Item 9):

The Chairman invited the following to the table:

- Alan Gavurin, Finchley Memorial Programme Manager, Barnet CCG
- Maria DaSilva, Director of Commissioning, Barnet CCG

- Kay Matthews, Chief Operating Officer, Barnet CCG

Ms. Matthews introduced herself as the new Chief Operating Officer and commented that she had successfully recruited a permanent Directors' team who will provide the HOSC with a level of continuity to address and take forward the better utilisation of Finchley Memorial Hospital (FMH)

Ms. Matthews informed the Committee that since joining the CCG three months ago, she had met with local Councillors and Members of Parliament and was well aware of the importance of the better utilisation of the FMH site.

Ms. Matthews advised that she had created a steering group on the matter and that Alan Gavurin had been appointed to support the CCG for the next six months.

Ms. Matthews provided an outline of the CCG's list of priority projects which included the following points:

Adams Ward:

The CCG is currently working with Central London Community Health Services NHS Trust to open Adams Ward as a Discharge to Assess ward in December 2017. There will be 17 beds and these will be used to facilitate the discharge of patients from various acute hospitals, mainly Royal Free London.

Patients discharged to Adams ward will meet the Discharge to Assess Pathway 2 and 3 criteria and will require further assessment to support their long term care. This will reduce delayed discharges from hospitals. The alignment of the two inpatient wards at FMH will ensure that the beds are managed in the most effective way. This development will be particularly important over the winter months.

General Practice:

The CCG is developing a specification for a GP service at FMH. This will be used in a procurement exercise for local GPs to apply to move into FMH. The specification is expected to include some additional enhanced services beyond core primary medical services.

Historically, attempts to attract a General Practice to move to FMH had not proved financially viable. The CCG want to make one more effort and, if this is not successful, will then consider what other opportunities there are for this space.

Breast Screening:

Despite plans for a permanent Breast Screening service at FMH being discussed for some time, they have not yet been concluded. The main reason for this has been financial, as agreement has not been reached regarding the capital costs to convert this space. The Breast Screening service is commissioned by NHS England rather than the CCG, which also creates another level of negotiation.

In spite of all of the preparatory work, the CCG is not confident at this stage that they will be able to reach agreement to complete the capital work by the end of the financial year.

Research project - CT Scanner:

The CCG has been working with University College Hospital to locate a CT scanner at FMH as part of an international research project. The plans for this are developed and at

the stage where final agreements are due to be signed in the near future. It is expected the conversion works for this will be undertaken before the end of the financial year.

Move of CCG headquarters from the North London Business Park to FMH:

The CCG is completing a feasibility study regarding moving its headquarters to FMH. This will report by the end of October 2017 so the Governing Body can make a decision.

The Vice Chairman advised that the Committee had been made aware of the problems that people have in accessing the hospital because of transport difficulties. The footfall currently going to the hospital is not great enough to justify more appropriate public transport provision and that the main way to significantly increase footfall is to have a GP Practice there. He questioned what new factor could be brought into play in order to attract GPs to this site which hadn't been offered in the past. Ms. Matthews advised the Committee that the CCG was looking for creative ideas from staff in order to make the space more attractive.

Referring to the previous item on parking at Barnet Hospital, Ms. Matthews noted that it was interesting to hear that Barnet Hospital is being fully utilised and questioned if it would be possible for the CCG to attract any services from the Barnet Hospital site.

A Member commented that it seemed too expensive for GPs to locate to the FMH site and questioned if it was time to abandon plans to have a GP service operating there. The Member welcomed the idea of the CCG office being given a permanent home but advised that she felt that, at the moment, hospital space was needed for beds, particularly in the context of the forthcoming winter crisis. The Member also noted that the Marie Foster Unit site was up for sale and questioned why the land wasn't being used. Ms. Matthews informed the Committee that the Marie Foster site had been surplus to requirements for a long time.

Ms. DaSilva informed the Committee that there is not a need for more community beds (above what has been commissioned) in Barnet. She explained that a thorough analysis had been undertaken to establish the number of community beds required and that the CCG had commissioned on this basis. Ms DaSilva also confirmed that it is not just the number of beds that is important but also the length of time patients stay. When patients are fit for discharge and a package of care is put in place in a timely fashion, then the bed base can be used more effectively. Ms. DaSilva noted that the future aspiration would be to look at how the number of beds needed could be reduced by investing money in care at home instead.

A Member commented that the rents that would be charged to GPs at the FMH site would be set by a private company based on the square footage and that the offer was not currently financially attractive. Ms. Matthews informed the Committee that the GPs' rent is reimbursed, but the Practice would have to pay the service charge for the site.

Ms. Matthews informed the Committee that in order to open Adams Ward by December 2017, the CCG would require the cooperation of a considerable number of partners. The Committee noted the CCG's concerns around the winter flu season and also that the CCG would be specifically targeting the care of dementia patients and patients in continuing care.

The Chairman suggested that the full utilisation of Finchley Memorial Hospital become a standing item on the Committee's agenda for the rest of the municipal year. The

Chairman requested that the Governance Officer provide the CCG with the Committee paper deadlines and meeting dates which were as follows:

Meeting on 4 December 2017: Deadline is 14 November 2017

Meeting on 5 February 2017: Deadline is 16 January 2018

The Chairman commented that the update on the plans for a permanent breast screening unit was much less positive than at the Committee's July 2017 meeting and expressed concern that the situation had still not been resolved.

RESOLVED that:

- 1. The Committee noted the report.**
- 2. The Committee requested to be provided with a further update on the utilisation of the Finchley Memorial Hospital site at their meetings in December 2017 and February 2018.**

11. PRESSURE ULCERS UPDATE REPORT FROM BARNET CCG (Agenda Item 10):

The Chairman invited to the table:

- Kay Matthews, Chief Operating Officer, Barnet CCG
- Jennie Williams, Director of Nursing, Haringey CCG.

The Committee were advised that Jenny Goodridge, Director of Quality and Clinical Services, Barnet CCG, had been due to attend the meeting but had had to give her apologies. The Committee noted that Jennie Williams worked closely with Jenny Goodridge.

The Vice Chairman noted that the paper reported on the incidence of pressure ulcers but what was equally important was how pressure ulcers are dealt with. He asked if there were any statistics on how quickly and efficiently pressure ulcers are treated. Ms. Williams advised that Ms. Goodridge chaired a monthly quality review meeting with the Royal Free NHS Trust (RFH) and Central London Healthcare (CLCH) where the issue of the reporting and management of pressure ulcers was monitored.

The Committee noted that the majority of pressure ulcers (also known as pressure sores or bedsores) are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin. They can happen to anyone but usually affect people confined to bed or who sit in a chair or wheelchair for long periods of time. The Committee was informed that Care Homes do not collect the same information on pressure sores as NHS Trusts.

A Member questioned if there is an explanation as to why the RFH was an outlier in terms of reported grade two pressure ulcers. Ms. Williams confirmed that the responsibility for responding to this rested with the provider but that Ms. Goodridge would request such information at the monthly quality review meetings and seek assurance about the actions being taken to reduce the number of pressure ulcers occurring within the Trust.

The Chairman questioned if it would be possible to receive a report on the incidence and treatment of pressure ulcers in Care Homes and in Primary Care settings. The

Committee noted that pressure ulcers within Primary Care settings are not currently recorded.

Ms. Williams advised that there is limited work currently taking place within Barnet Care Homes on pressure ulcers but noted that colleagues were considering how NCL CCGs could best address the variation of quality and safety in Care Homes. The Committee noted that Ms. Goodridge has recently taken on a system leadership role relating to Care Homes.

RESOLVED that the Committee noted the report.

12. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 11):

The Chairman invited to the table:

- Councillor Helena Hart, Chairman of Barnet Health and Wellbeing Board
- Dr. Andrew Howe, Director of Public Health (Harrow and Barnet Councils)

Councillor Hart provided the Committee with an update on matters discussed at the Health and Wellbeing Board which included the following points:

- The Board had considered the Public Health Annual Performance Report at their September meeting, which set the response for the working programme and reviewed its achievements on an annual basis. The vast majority of major plans and performance had been rated as green, which was the best in recent years.
- Work was ongoing to bring health into leisure; the HWBB would receive a full report on this issue.

Dr. Howe commented that performance had not been so good in the areas of smoking and childhood obesity, rates of which had both increased in Barnet in the last year. The Committee noted that whilst the rate of smoking in Barnet had increased, the rate was low and Barnet had one of the lowest smoking rates in London. The Committee noted the availability of a new telephone line for London to help people who wish to stop smoking.

Dr. Howe advised the Committee that work was ongoing to tackle childhood obesity, including work for healthy schools and Children's Centres. The Committee noted that the benefits from work within Children's Centres would take some time to come through and included teaching parents about healthy eating and breastfeeding.

The Committee considered the Forward Work Programme as set out in the agenda. The Chairman noted that in addition to the Children's Dental Health in Barnet report, the Committee would also receive future reports on:

- The utilisation of Finchley Memorial Hospital
- Barnet Hospital Car Park
- A mid year update from NHS Trusts and the North London Hospice on their Quality Accounts
- A report on the STP which also provides information on NHS staff accommodation.

RESOLVED that the Committee noted the Forward Work Programme.

13. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 12):

None.

The meeting finished at 10.00 pm