

Decisions of the Health Overview and Scrutiny Committee

21 February 2019

Members Present:-

Cllr Alison Cornelius (Chairman)
Cllr Val Duschinsky (Vice-Chairman)
Cllr Golnar Bokaei
Cllr Paul Edwards
Cllr Saira Don
Cllr Linda Freedman
Cllr Anne Hutton
Cllr Alison Moore
Cllr Barry Rawlings (Substitute)

Also in attendance

Ms Dawn Wakeling – Strategic Director, Adults, Communities and Health
Dr Jeff Lake, Consultant in Public Health, LB Barnet
Dr Steve Shaw, Chief Executive of Barnet Hospital, Royal Free London NHS Foundation Trust
Ms Linda Cregan, Food Service Director, ISS Barnet
Ms Karin Hafner Operations Manager, Barnet Education
Mr Eugene Prinsloo – Developments Director, Community Health Partnerships (CHP)
Ruth Donaldson, Director of Commissioning, Barnet CCG
Colette Wood, Programme Lead, Care Closer to Home Integrated Networks (CHINs), Barnet CCG

Apologies for Absence

Cllr Geof Cooke

1. MINUTES (Agenda Item 1):

The Chairman asked Dr Shaw, Chief Executive of Barnet Hospital, Royal Free London NHS Foundation Trust to follow up on a query (page 10 of the previous Minutes): the Committee had asked whether the data on Quality vs Reference Costs 2017/18 for the Royal Free Group could be broken down into individual hospitals. Dr Shaw agreed to follow this up.

Action: Dr Shaw

Dr Shaw confirmed that the Barnet Hospital patient discussed at the last meeting had returned to North Lincolnshire (page 10, previous Minutes).

Resolved - the Minutes of the meeting held on 21 November were approved as an accurate record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies were received from Cllr Cooke, who was substituted by Cllr Rawlings.

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):

None.

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

The minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting held on 30 November 2018 were noted.

The Chairman reported that Caroline Clarke had recently been appointed Group CEO of the Royal Free London NHS FoundationTrust.

The next meeting of the JHOSC would be held on Friday 15 March in Islington.

8. DIABETES PREVENTION UPDATE (Agenda Item 8):

The Chairman invited the following to the table:

- Dr Jeff Lake - Consultant in Public Health, LB Barnet
- Colette Wood – Programme Lead, Care Closer to Home Integrated Networks (CHINs), Barnet CCG

Dr Lake reported that a wide range of initiatives around diabetes prevention, detection and management had been introduced in recent years in Barnet. He thanked Cllr Caroline Stock for championing a successful local campaign, including public events.

In addition, Dr Lake reported that a Pre-Diabetes Service (the National Diabetes Prevention Programme – NDPP) has been delivered in Barnet providing a nine month programme for the management of patients just below the diagnosable level of diabetes. The NHS Long Term Plan signals an intention to expand this provision. Locally, GPs have been incentivised to embed the annual review of patients identified at risk and assessment of motivation to change leading to brief advice and where appropriate referral to the NDPP.

A group consultation initiative is also underway in Barnet which aims to replace routine appointments with group based reviews and providing an opportunity for advice on self-care and peer support. At Millway Medical Practice, group consultations with prediabetics have demonstrated remarkable success with all patients recruited no longer demonstrating markers indicative of prediabetes after a few months.

Physical activity and healthy eating were also being promoted and Barnet has signed the Local Government Declaration on Sugar Reduction. A 'One You' Self-Help website incorporating resources to support behaviour change will be launched shortly.

Dr Lake noted that his report recommended a coordinated approach to diabetes to be overseen by the Quality Improvement Support Team (QIST). He qualified this recommendation, in that whilst greater impact could be delivered by coordinating actions on prevention, detection and management of diabetes, the organisation or service to lead on co-ordination still needed to be determined.

The Chairman noted that 90% of people with Diabetes have Type 2 which is "largely preventable and manageable by lifestyle changes" (page 14, 1.2 of the report). Given the high cost of the disease, as noted in the report and which continues to increase, she asked if more up-to-date figures on cost were available as the report cited data for 2015. Dr Lake responded that a comparable breakdown of costs had not been produced since 2015 but that it is generally accepted that around 10% of NHS expenditure is attributable to Diabetes.

A Member asked what could be done about the high incidence of diabetes in South Asian and Black populations. Dr Lake noted that this was partly due to genetic predisposition but also to aspects of dietary practices in certain communities. Healthy eating messages had not been specific to those communities so it was important to address this.

A Member asked what could be done to raise awareness and to reduce the prevalence of diabetes – she referred to page 14, 1.3 of the report - that there are likely to be over 8000 people with undiagnosed diabetes in the Borough". Dr Lake responded that programmes were in place with Barnet schools and some workplaces in an attempt to embed healthy lifestyles and various resources and support are available to support behaviour change. The Sugar Reduction Declaration is a positive step but more work was required to raise awareness. Childhood obesity in the UK is also a longstanding issue that needs to be tackled. He hoped that the QIST could help to start to embed prevention and detection of diabetes into Primary Care locally.

Ms Wakeling reported that Barnet had many workstreams in place involving schools and leisure services. The QIST would be working on reducing variation in detection and management of diabetes in Primary Care.

Ms Wood commented that the focus on diabetes which had been successful in the Burnt Oak CHIN, would be extended across the Borough. The CCG was looking at everything it could do from prevention to treatment to improve outcomes for patients in Barnet.

A Member mentioned that the Barnet Asian Women's Association had been promoting the message on healthy eating for some time so it would be helpful to have more focus on such groups in the future.

A Member asked when some Key Performance Indicators (KPIs) were likely to be available so that the impact of the interventions could be measured. Dr Lake responded that historically KPIs had focused on management after diagnosis but the culture was beginning to change with more focus beginning to be made on detection and prevention, so he hoped that KPIs would be developed around this soon.

A Member said that the mobile diabetes testing in Burnt Oak had found 25% of those tested to be diabetic or pre-diabetic. Often the poorest health indicators were found in residents with limited budgets. Could there be some collective intervention to help those residents?

Dr Lake responded that there is a wider programme of work promoting healthy eating, including trying to improve people's awareness of food options on limited budgets and their ability to cook. Ms Wakeling reported that the Public Health team had launched a Food Security Report and Action Plan for Barnet to ensure that residents have access to sufficient nutrition. She would circulate details to the Committee.

(Note: circulated on 25.04.19)

A Member asked how the impact of the programme would be measured since prevention could be difficult to measure. Dr Lake responded that its evaluation was ongoing nationally as part of the NDPP.

A Member referred to the figure of 8000 given in the report as the number of residents estimated to be undiagnosed diabetic or pre-diabetic. Given Barnet's population and age profile, is the true figure likely to be even higher? Dr Lake responded that the data was age adjusted so based on the best evidence to inform estimates.

A Member noted that previous work with Diabetes UK had revealed that they were aware of the Asian community in Barnet and the probable challenge for the Borough in tackling diabetes.

A Member commented that he was disappointed to see nothing in the report about child poverty since this was a major factor in poor health outcomes. Families with limited budgets were known to have diets high in white flour, potatoes, white pasta etc. leading to obesity and diabetes. The Member added that during half term the Rainbow Centre in Barnet had provided meals for 50 children daily. Poverty was a reality in Barnet and needed to be highlighted. Dr Lake responded that his report could have mentioned related pieces of work such as the Food Security Report which looked into this in greater detail.

A Member suggested that some of the information discussed be made available to the Children's Committee to help to raise awareness. The Chairman agreed, adding that a fifth of under five-year olds was known to be overweight or obese and this same group had a higher incidence of tooth decay. This had already been reported to the Children's Committee. She would speak with the Children's Committee Chairman.

Action: Chairman

The Chairman congratulated Dr Shaw and Barnet Hospital (BH) on the food made available to the staff and public in the canteen at BH and the changes that had been made to encourage healthier eating. She asked Dr Shaw to provide information on meals made available to patients. Dr Shaw agreed to provide this.

Action: Dr Shaw

Resolved that the Committee note the report.

9. ISS BARNET SCHOOLS - HEALTHY EATING (Agenda Item 9):

The Chairman invited to the table:

- Ms Linda Cregan - Food Service Director, ISS Barnet

- Ms Karin Hafner - Operations Manager, Barnet Education

Ms Cregan spoke to her presentation which was circulated and expanded on the presentation in the agenda. She also gave the Committee sample school menus, numerous leaflets and a list of schools where ISS provides catering services. She gave an overview of statistics on children's diet in England and work that was ongoing in Barnet to improve diet and exercise levels, as outlined in her presentation. This included a reduction in the amount of sugary foods available in schools, recipes for families to try at home, parents' taster events and school breakfasts and lunches.

ISS caters for a large number of schools and 90% of its food is local seasonal produce freshly prepared on-site every day. ISS was currently rolling out dessert free days by substituting fruit on four days of the week.

Ms Cregan reported that ISS runs food education days, pupil and parent cooking clubs, exercise workshops and gardening days in schools and works to help promote healthy eating messages. ISS also provides special diets for medical reasons and ensures its staff understand what ISS is trying to achieve. At lunch queues in schools 'snacking stations' were provided with healthy choices, as well as free hydration points with flavoured water, i.e. water with added cucumber and lemon slices – not sugar. ISS also continually seeks feedback from both Primary and Secondary school children.

A Member commented that some parents had fed back that pupils spend their lunch money on sugary snacks at break time and as a result could not afford lunch. Ms Cregan responded that ISS's strict guidelines were applied throughout the day, meaning that crisps, chocolate and fizzy drinks were never served in any of the schools that ISS cater for. However, some bread-type items were provided for break times. A price list was circulated at the meeting.

At the Council meeting on 29 January, a Member who is a School Governor reported that a parent had told her that the hot lunches were good but sandwich options provided by ISS were of poor quality. Ms Cregan said she would look into this and report back to the Committee.

Action: Ms Cregan

A parent at the same school had also reported that there were a lot of cakes and biscuits available and a teacher had commented that "the only way the Catering Company can make money is to increase the amount of sugar as that is where the profit margins are". Ms Cregan stated that cakes and biscuits were not permitted by ISS.

The Member also enquired about the sugary drink cartons that remained the same price despite a reduction in size. Ms Cregan responded that the Children's Food Trust had worked with manufacturers to reduce the cartons to 250ml. This related mostly to fruit juices. Ms Hafner thought this had happened prior to ISS becoming involved with the catering in some Barnet schools.

A Member asked how Years 5 and 6 could be encouraged to continue with healthy eating in light of the move to cafeteria-style lunches. Ms Cregan agreed that this was a challenge as free school meals stopped at this point. ISS was considering offering more choice at junior age and she hoped more information would be available on this by the end of 2019.

A Member asked about pressures on costs and how good quality food can be provided considering this. Ms Cregan responded that all ISS staff training focuses on efficiently providing the best quality healthy food within budget.

A Member asked what efforts were being made to help children to understand that they need to eat healthily. Ms Cregan responded that ISS nutritionists attend school assemblies to explain the impact of different foods in fun ways. Posters are supplied to schools and parent taster events are run twice a year with schools to explain what ISS is trying to achieve.

A Member enquired about food and allergies. Ms Cregan noted that ISS is extremely robust in this respect. Parents provide medical information so that a bespoke menu can be provided and all staff receive training in allergy management.

A Member, who was a School Governor at Totteridge Academy, reported that at a Health and Wellbeing event at the school it became known that none of the pupils had ever eaten porridge. The Member asked what could be done to address the issue of child hunger as this was part of the national picture. Ms Cregan responded that the Department of Health had introduced national programmes: it had provided £26 million for the Magic Breakfast campaign and was currently recruiting schools to this. The London Mayor was supporting the London Food Group which included school holiday time feeding programmes. Holiday feeding programmes tended to be charitable and more sporadic. The Department for Education would fund a series of national programmes in summer 2019. Funding could also be obtained via the London Food Board. Ms Cregan stated that ISS do not supply the catering at Totteridge Academy.

Resolved that the Committee noted the report.

10. EPR AND BARNET HOSPITAL PARKING (Agenda Item 10):

The Chairman invited to the table:

- Dr Steve Shaw - Chief Executive of Barnet Hospital, Royal Free London NHS Foundation Trust

Dr Shaw reported that the Royal Free London NHS Foundation Trust (RFL NHS Foundation Trust) had received funding from the Department of Health (DoH) for a new digital patient record system for BH and the RFH. Previous issues with the system had been resolved. Dr Shaw reported that he chairs two meetings per week with the Executive Team on progress of the project. The hospitals are now very paper-light with medical records in one place.

A Member asked whether any patients had raised any concerns about the new system. Dr Shaw responded that there had not been any concerns raised. The Chairman noted that a previous pathology issue had been quite serious. Dr Shaw reported that previously the laboratory's system had not interrelated well with the new system but this was now resolved. Any potential problems with the digital system are included in the Trust's Major Incident Training.

A Member asked whether handheld devices were being used in the Trust. Dr Shaw noted that this would be the way forward though it had only been introduced in relation to

renal services so far. The system had not reached the point that it was ready to roll out across the hospital.

Dr Shaw reported that efforts were being made to get staff to use a car-share app and that currently a procurement process was being carried out to supply a temporary two-storey modular car park at BH.

Dr Shaw added that he was committed to improving onsite parking capacity at BH and was also keen to collaborate with Barnet Council to ease the pressures on residential roads. Additional CPZs risked greater challenges for BH recruitment and retention. A planning application for the permanent car park and hospital extension would be submitted to Barnet around August 2019.

The Chairman advised the Committee that a review of the roads around the Hospital which are in a CPZ was being done. She informed the Committee that early last year the Environment Committee had voted to include BH in the Schools CPZ Scheme whereby staff in various Barnet Schools are able to buy permits allowing them to park in CPZs around their schools. The number of permits issued would be strictly controlled and would be calculated to allow for a maximum capacity of 80%. Cllr Edwards noted that he was not aware of this, even though BH was in his Ward.

Dr Shaw confirmed that BH received a large number of complaints from staff, patients and visitors about the lack of parking. He had met with Officers from the Highways Team to try to resolve some of the issues. Dr Shaw said he would be happy to meet with Cllr Edwards to discuss this matter further.

Resolved that the Committee noted the report.

11. WINTER PRESSURES ANALYSIS REPORT (Agenda Item 11):

The Chairman invited to the table:

- Dr Steve Shaw – Chief Executive of Barnet Hospital, Royal Free London NHS Foundation Trust
- Ruth Donaldson – Director of Commissioning, Barnet CCG
- Colette Wood – Programme Lead, CHINs, Barnet CCG

Ms Donaldson reported that much work had been done on delayed transfers of care and that Barnet now has one of the top performance indicators in London on ambulance turnaround times.

A weekend audit of Barnet's A&E would be carried out whereby patients would be asked why they had attended and whether they had tried other services first, such as their GP. Barnet stood 8th out of 18 in London for A&E performance.

Dr Shaw reported that the number of patients with 'Flu was down from the previous year. Dr Shaw noted that the 'Flu jab uptake for staff had been 50% lower than the previous year and it was important for the Trust to understand why this was the case.

Ms Donaldson reported that a strategy was in place for the GP Practices which had the most referrals to A&E. This involved developing Care Plans with GPs and looking at

reasons for repeat attendances. This had reduced 20% of attendances by the high-attending cohort.

Work is also ongoing with CHINs, particularly on trying to reduce variation in services.

Resolved that the Committee noted the report.

12. SUICIDE PREVENTION ANNUAL REPORT 2018-19 (Agenda Item 12):

The Chairman invited to the table:

- Dr Jeff Lake - Consultant in Public Health, LB Barnet

Dr Lake provided an update on actions from the 2018/19 report noting that council officers have been working with the police to explore ways of disseminating the *Help is at Hand* document for those who first meet a bereaved family after suicide. The Police had expressed an interest in 'Making Every Contact Count' training and this had been arranged from April 2019.

The Child Death Overview Panel's work had led to a useful understanding regarding safety planning at the point of discharge from hospital following self-harm or suicidal ideation. It had been found that patients and families were reluctant for information to be shared, so it may be helpful to develop some guidance for patients on how their data would be used.

Dr Lake reported that work was ongoing through Barnet's Schools Resilience Programme on building positive mental wellbeing and increasing capacity to respond to self-harm concerns.

A Member asked whether the increase in the incidence of self-harm over the past ten years could be attributed to social media sites. Dr Lake responded that there was a clear increasing trend and an increase in severity. The national attention to the role of social media recently was welcomed.

A Member noted that on page 49, 5.5.1 of the report, it states that "there is no statutory authority for Councils to require partners to take action" on suicide prevention. The Member asked if this was an impediment and whether there was a difference for minors. Dr Lake noted that where a safeguarding concern had been identified, the local Authority had a statutory role.

Dr Lake reported that Thrive London was shortly due to launch an information-sharing platform for partners on cases of suspected suicides. Also, coroners' data was being looked at in an attempt to create consistent reporting across London. A local audit of Barnet cases proved to be difficult to analyse due to the small number of cases suggesting that some trends might best be identified over wider geographical areas.

Ms Wakeling added that there is no statutory duty requiring other agencies to cooperate with the local Authority, in contrast to safeguarding issues for children or adults. She suggested that it would be helpful if the HOSC requested information directly from partners on the Suicide Prevention Working Group since it had the power to scrutinise this.

A Member suggested asking for information on the availability of counselling in the Borough and waiting times, since more funding had been provided for mental health recently.

Cllr Rawlings noted that he had had involvement with six suicide cases. The link between self-harm and a possible intention to commit suicide is not clear. Cllr Rawlings offered to speak to any relevant contact as he had had to deal with cases. Dr Lake would arrange this.

Action: Dr Lake

The Chairman noted that it would be useful to discuss suicide prevention at the July meeting and hopefully with some of the partners. It would be helpful to have some of the London-wide statistics.

Action: Governance Officer, Dr Lake

Resolved that the Committee noted the report.

13. SURPLUS LAND ADJACENT TO FINCHLEY MEMORIAL HOSPITAL OWNED BY COMMUNITY HEALTH PARTNERSHIPS (Agenda Item 13):

The Chairman invited to the table:

- Mr Eugene Prinsloo – Developments Director, Community Health Partnerships (CHP)

Mr Prinsloo reported that a meeting had been held on 20 February 2019 with Barnet's Planning Department. There was no firm recommendation for the land at this point. Work was ongoing on clarifying the final two options for the site, which will be either for NHS staff or general residential use, with some affordable housing.

The Chairman said that there is a lack of key worker housing and there is concern about this in relation to the site. A Member noted that there had been an opportunity to provide this at the Barnet Hospital site but this had been lost to an unpopular development that was unaffordable to most people. He urged Mr Prinsloo to seriously look into providing crucial affordable housing. Mr Prinsloo responded that as a company owned by the Department of Health this use was high on their agenda for the site given the problems with NHS workforce retention and recruitment.

A Member asked who owned the land at the northern corner which had a tree with a Protection Order on it. Mr Prinsloo responded that the freehold was owned by CHP and the entire site was let on a 25-year concession to the company that developed the hospital.

A Member urged Mr Prinsloo to consider service charges and other costs when considering housing that would be truly affordable to NHS staff as often key worker homes were too expensive. Mr Prinsloo noted that CHP would be working with the three Trusts in the area to consider which staff demographic needed this.

The Chairman asked Mr Prinsloo to attend a future meeting with an update. The clerk would add this to the Work Programme for an unspecific date.

Action: Governance Officer

Resolved that the Committee noted the report.

14. MID-YEAR QUALITY ACCOUNTS 2018-19 (Agenda Item 14):

Central London Community Healthcare NHS Trust, North London Hospice and Royal Free London NHS Foundation Trust

Resolved that the Committee noted the three reports.

15. HEALTH AND WELLBEING BOARD UPDATE (Agenda Item 15):

The Chairman invited to the table:

- Councillor Caroline Stock – Chairman, Barnet Health and Wellbeing Board

Cllr Stock informed the Committee about the following;

Nursery Schools in Barnet had also been included in the Sugar Reduction Declaration. Some schools have appointed ‘ambassadors’ to promote the consumption of healthy foods at breaks and lunch time.

Barnet Hospital has introduced a selection of meals with less than 500 calories and free water machines are now available.

There are going to be two Public Health Awareness days at Brent Cross Shopping Centre. The first is on 20 May and is an Awareness Day on Dementia and the second is on 11 June and is an Awareness Day about Diabetes.

The Samaritans have opened a new centre offering face-to-face support in Bounds Green.

The HWBB held their meeting on 17 January at Underhill School to listen to children’s views. There had been an interesting discussion on mental health and healthy eating.

Waitrose were raising money through their “Community Matters – Giving Back to the Community” scheme for Age UK’s Cookery for Widowers project.

Resolved that the Committee noted the verbal update.

16. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 16):

The Work Programme was agreed, subject to the amendments:

FMH to be discussed at a future meeting.

Suicide Prevention partners to be invited to the July meeting.

17. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 17):

None.

The meeting finished at 10.00 pm