

## **Decisions of the Health Overview and Scrutiny Committee**

4 July 2016

Members Present:-

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

Councillor Val Duschinsky	Councillor Philip Cohen
Councillor Arjun Mittra	Councillor Ammar Naqvi
Councillor Gabriel Rozenberg	Councillor Laurie Williams
Councillor Caroline Stock	

Also in attendance  
Councillor Helena Hart

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

The Chairman noted that the Committee had considered the urgent item on childhood immunisations in Barnet at the last meeting and resolved to refer the issue to the Secretary of State for Health. The Chairman commented that Committee Members were provided with the draft letter to comment on before it was sent. The Committee noted that the letter had been sent and, whilst a response had not yet been received, the Chairman would chase a response if necessary.

The Chairman welcomed Councillor Anmar Naqvi, who was attending his first meeting.

The Committee considered the minutes of the last meeting as set out in the report and noted that the word, "that" in paragraph 8 of Agenda Item 7 (Children's Mental Health and Eating Disorders) was duplicated, and requested that one "that" be deleted.

Subject to the above change, the Committee:

**RESOLVED that the minutes of the last meeting be agreed as a correct record.**

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

None.

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

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

### **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 - COUNCILLOR COHEN (Agenda Item 6a):**

The Chairman introduced the Member's Item in the name of Councillor Philip Cohen. The Chairman informed the Committee that she had asked the Governance Officer in attendance to contact both relevant parties - NHS Property Services, and Central London Community Healthcare NHS Trust (CLCH) to provide a response on the issue. The Committee noted that CLCH had not responded to the request.

The Member's Item drew attention to the fact that certain additional services, namely District Nursing, Baby Clinics, COPD Clinics and Physiotherapy, provided by the East Barnet Health Centre prior to its closure, have not returned to the centre since its reopening. However, they are still being delivered in other locations.

Councillor Cohen informed the Committee that he had raised the issue with the East Barnet Residents' Association who had received confirmation from CLCH that this was because NHS Property Service are changing the charging arrangements.

The Chairman noted that the Governance Service had circulated a response to Committee Members from NHS Property Services prior to the meeting, which was as follows:

*"For the new financial year 2016/17 there were some important changes to charging arrangements. This included a move to market-based rental charging on all freehold properties, which has been agreed with the Department of Health and NHS England.*

*On 4 April 2016 Pat Mills, Commercial Director at the Department of Health issued a letter to the NHS to set out the background on the move to market rentals along with the reimbursement arrangements (please see attached).*

*The move to market rents is consistent with initiatives being introduced more widely across central government to improve utilisation and value for money in property occupancy.*

*As a result of the changes, many occupiers will see higher rental charges, however others will reduce. It is important to note that it is intended that any cost increases are reimbursed and commissioners will receive funding adjustments from NHS England to make this possible.*

*The change has benefits for the NHS:*

- It helps the NHS understand the true cost of occupation and reflect these transparently.*
- It informs decisions about the best location for services and investment.*
- It drives better and more efficient use of space.*
- The rent is one of a set of actual costs applied transparently to each occupation, allowing invoices to be clearly itemised.*
- Itemised invoicing provides clarity about costs for the use of space and services, enabling any inconsistencies to be identified."*

The Chairman proposed that the Committee requests a response from CLCH and if the response is not satisfactory or not received, then a full report be requested for the Committee's October meeting. The Committee agreed to this.

**RESOLVED that the Committee provides their instructions to the Governance Service in respect of this item as set out above.**

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

The Chairman introduced the last two sets of minutes from the North Central London Joint Health Overview and Scrutiny Committee (JHOSC).

The Committee considered the minutes of the meeting dated 11 March 2016.

The Chairman noted that at the meeting, the Chairman had amended her declaration of interest to note that the Eleanor Palmer Trust, of which she is a trustee, only runs one care home, not more than one, as indicated in the minutes.

The Chairman informed the Committee that when considering Agenda Item 6 (GPs in Care Homes) the Committee had been informed that Barnet CCG had undertaken a pilot of enhanced service to care homes from 2014-15, but that the pilot had not been renewed as it had not resulted in a decrease in the number of ambulance callouts to take patients to A&E.

The Chairman informed the Committee that the London Borough of Enfield has a Care Home Assessment Team (CHAT) which has been successful in reducing unnecessary A&E visits and has resulted in enhanced care for care home residents generally. The Chairman suggested that GPs in Care Homes should be put on the Committee's work programme.

A Member of the Committee commented on the role of key worker housing in relation to recruitment of healthcare industry staff. The Governance Officer in attendance informed the Committee that the matter of keyworker housing would not fall within the remit of this Committee. The Chairman suggested that the Member could discuss the possibility of the Housing Committee receiving a report on the matter.

A Member requested that the Committee receive a report on the Sustainability and Transformation Plan (STP). The Chairman suggested that the Committee receive a report on the STP once it has been considered by the JHOSC. The Chairman undertook to ask the JHOSC Chairman when the JHOSC would receive the STP, so that the Committee could then determine when to receive its own report.

The Committee considered the minutes of the JHOSC meeting dated 29 January 2016.

The Chairman referred to the Maternity Services Update item and noted that a resident who was in attendance at the meeting had commented that as North Middlesex University Hospital is situated in a very diverse community, there are particular pressures on its services. The resident referred to the issue of unbooked deliveries which is placing extra, unforeseen pressure on maternity services. The JHOSC had questioned

the circumstances surrounding the number of unbooked deliveries at the North Middlesex University Hospital. The JHOSC had been informed that such mothers might not have a GP because of their residency status.

A Member asked if the JHOSC might look at the effect of the European Union referendum on the health service. The Chairman suggested that the Member contact the JHOSC Chairman, Councillor Alison Kelly, to enquire.

The Chairman informed the Committee that the JHOSC was a public meeting and all Members were welcome to attend.

**RESOLVED that the Committee notes the minutes of the JHOSC.**

**9. ADULT AUDIOLOGY, WAX REMOVAL AND COMMUNITY ENT SERVICE  
(Agenda Item 8):**

The Chairman invited Dr. Ahmer Farooqi, GP Board Member of Barnet Clinical Commissioning Group and Theresa Callum, Head of Programmes - Demand Management, Barnet Clinical Commissioning Group (CCG), to the table.

Ms. Callum introduced the report and noted that when the Committee had last received a report in December 2015, the CCG were planning to decommission the existing service with the intention of bringing all services under one umbrella and going to procurement from one provider. The Committee noted that this procurement process had resulted in the appointment of a new provider, Concordia Health. Ms. Callum informed the Committee that mobilisation meetings have been set up with Concordia Health in order to ensure that the service is ready to begin operation on 1 October 2016.

A Member noted that the proposed new model would see services provided side by side at two or three locations and asked where the locations were. Ms. Callum informed the Committee that services would be provided at Finchley Memorial Hospital and Edgware Community Hospital. The Committee noted that the option of the third site had been left open as the CCG wanted to see where patients would be coming from.

Ms. Callum informed the Committee that to make the service viable, the CCG has, so far, felt that there needed to be a maximum of three sites. However, the option of having a fourth site is being maintained in case it proves necessary.

A Member questioned why Concordia Health had won the contract. Dr. Farooqi informed the Committee that all bidders had scored highly, but Concordia Health had achieved the highest score. Although Concordia health were new providers in Barnet, they have a track record of already providing ENT services in Haringey. Dr. Farooqi also noted that Concordia Health had demonstrated very good attention to detail in terms of the patient pathway, as well as demonstrating good IT processes. The Committee noted that bidding for a contract was an open process and that the bidder with the highest score would win the contract.

A Member questioned how the contract would be monitored to ensure that the service is provided to the expected standard. Dr. Farooqi informed the Committee that Barnet CCG had been in contact with the neighbouring CCG who already commission Concordia Health. Ms. Callum noted that the CCG has already started a series of fortnightly mobilisation meetings with the provider to ensure that the service is ready for October and informed the Committee that as with any other contract, it would be

monitored very closely at the start to ensure it is being delivered to the required standard. The Committee noted that the CCG would also obtain feedback from patients and referring GPs.

The Chairman asked how many ENT sites in Haringey were run by Concordia Health. Dr. Farooqi undertook to provide this information to the Committee.

Responding to a question from the Chairman, Dr. Farooqi informed the Committee that the length of the Barnet contract was three years plus with an option to extend to five, although either side could give six months' notice.

The Vice Chairman asked if there would be any savings as a result of the new service. Ms. Callum informed the Committee that it was hard to predict any savings because demand for the service increases each year.

A Member questioned if it would be possible to reduce the number of appointments a patient would need to attend to one single visit. Ms. Callum informed the Committee that the contract has the requirement to see 95% of patients within one visit and that if this is not achieved, the provider must provide clinical evidence to explain why not.

Responding to a question from a Member, Dr. Farooqi informed the Committee that nose and throat treatment tends to be dealt with in one go in a community setting, but if this is not possible, then the patient would be referred into a hospital setting.

Responding to a question from a Member, Ms. Callum informed the Committee that the CCG would provide a briefing on progress six months into the live contract (April 2017). The Chairman suggested that when the Committee have received the briefing, they can decide if they require a further report.

**RESOLVED that:**

- 1. The Committee requests to be provided with the number of ENT sites run by Concordia Health in Haringey.**
- 2. The Committee requests to be provided with an update on service delivery six months from the go live date, ie in April 2016.**
- 3. That the Committees notes the report.**

**10. COLINDALE HEALTH PROJECT (Agenda Item 9):**

The Chairman invited Vanessa Piper, Assistant Head of Primary Care, NHS (London Region) and Adam Driscoll, Commissioning Lead – Planning, London Borough of Barnet, to the table.

Mr. Driscoll informed the Committee that public consultation had been undertaken and that work on an Outline Business Case for the replacement of the Graham Park Health Centre, together with the Full Business Case for a new start-up Practice in Beaufort Park had begun. The Committee noted that the documents would be going through the internal governance processes for NHS England and Barnet CCG in autumn 2016.

The Vice Chairman expressed concern about health care capacity in the Beaufort Park area due to the increase in population in the past four years. The Vice Chairman advised that he was not aware of any increase of GP provision in the

area. Mr. Driscoll informed the Committee that Graham Park would have both children's centres and GP services.

The Vice Chairman asked for confirmation on the timing of providing additional GP capacity and for recruiting GPs before a property for a GP practice had been found. Ms. Piper informed the Committee that in addition to the contract providing for additional GP capacity, there were additional NHS England initiatives to increase provision. Mr. Driscoll informed the Committee that the project would be taken straight to Full Business Case in order to speed up the process.

The Vice Chairman sought assurance that the new service would be in operation within a year, or that it would be imminent and in conjunction with increased GP capacity in the area too. Ms. Piper informed the Committee that the London Borough of Barnet and NHSE could set out the discussions that they have had regarding increasing GP capacity in the area.

The Chairman invited Sean Barnett, Interim Programme Manager for Barnet CCG, to the table. Mr. Barnett informed the Committee that the CCG was undertaking a number of schemes to increase physical capacity, workforce and diversity of the workforce.

A Member reiterated the point made by the Vice Chairman on the growth of population in the area and stressed the need for ensure adequate GP capacity.

Referring to the report, the Chairman noted that Burnt Oak Councillors had been contacted as part of the consultation. The Burnt Oak Councillor present on the Committee advised that he was not aware of any outreach consultation to Ward Councillors. Mr. Driscoll undertook to look into the reasons why.

A Member questioned when the Committee could receive an update report following the business cases being reviewed by NHSE. The Committee noted that the business cases would be seen by NHSE in the Autumn and instructed that they receive a report at either their October or December meeting.

**RESOLVED that the Committee notes the report and requests a further update at a future meeting.**

## **11. FINCHLEY MEMORIAL HOSPITAL (Agenda Item 10):**

Mr. Barnett remained at the table and introduced the report, which provided the Committee with an update on the plans to develop new services at Finchley Memorial Hospital and improve the utilisation of the building.

The Committee noted that the CCG's preferred options for the utilisation of the site were as follows:

- 1.) An Older Person's Assessment Service: Which would provide good value for money and would be suitable for the types of patients that were anticipated at the hospital.
- 2.) Using the empty in-patient ward to expedite transfer of patients from acute care.

- 3.) Breast Screening Unit: There is currently a mobile facility on site every four months but the CCG want this service to be permanently located within the hospital and available all year.
- 4.) New Primary Care Services, closely aligned to the existing Walk-in Centre.

The Committee noted that talks about the utilisation of the site had led to suggestions that the space could also incorporate a community hub and the CCG were in early talks with one community group about taking up some space in the building.

A Member expressed her frustration and noted that the Committee were told in October 2015 that the empty space was going to be put to use but that this had not yet come to fruition. The Member commented that there were a huge number of patients needing treatment and that this space needed to be used. The Member noted that the ideas of the utilisation of the site were excellent, but that a decision needed to be taken on the matter so that progress could be made. Mr. Barnett informed the Committee that the CCG had been through a huge amount of change in terms of senior staffing and that making a decision to move this forward was now progressing. Mr. Barnett advised the Committee that, where possible, the CCG was working with existing providers such as The Royal Free London NHS Foundation Trust and Central London Community Healthcare NHS Trust (CLCH) to make sure that the space can be utilised safely whilst providing value for money. It was acknowledged by Mr. Barnett that the empty space was incurring a significant cost.

The Member commented that the space was empty and questioned why patients could not just be moved in. Mr. Barnett informed the Committee that the CCG was required to commission certain services and had to follow the correct procedures. Mr. Barnett also noted that the CCG was taking the issue very seriously due to both the cost and pressure on the wider system. The Member noted that the Committee had expressed concern on the same matter a year ago.

A Member noted the issue of the cost of renting space on the site and commented that it could be difficult to persuade GP Practices to be based on site. Responding to a question from a Member, Mr. Barnett informed the Committee that the Walk in Centre is not a GP Practice but, by having it closely aligned with one, if a patient attending the Walk in Centre was not already registered with a Practice, they could register there.

The Member questioned how Delayed Transfer of Care could be reduced. Mr. Barnett informed the Committee that closer integration of primary care with secondary providers would assist with improving figures for Delayed Transfer of Care through the Discharge to Assess (DTA) service once commissioned.

The Chairman noted that the Older Person's Assessment Service would be opened by the end of the year but sought clarification as to whether this meant the financial year or the calendar year. Mr. Barnett undertook to provide this information to the Committee outside of the meeting.

A Member commented that the way that CCGs commission services can result in problems such as getting services into a complex building like Finchley Memorial Hospital and questioned when the problems started and if there would be a change in the way the NHS commissions. Mr. Barnett informed the Committee that it is difficult to commission good quality services into a building already being used by other services and that may require building works to facilitate service delivery. The Committee noted that former Primary Care Trusts used to have powers to provide services but the CCG is

not a provider and instead commissions services. The Committee noted that NHS England and the CCG have powers to jointly commission services as part of North Central London. However, this can cause some delay as there are five CCGs involved. The Committee noted that the CCG is hoping to move to Level 3 commissioning which would reduce NHS England's involvement and is consulting with GP practices before making a final decision along with the other CCGs in the NCL cluster.

The Chairman sought clarification as to whether the empty inpatient ward would be operational in time for winter 2016. Mr. Barnett undertook to provide this information outside the meeting.

Responding to a question from the Chairman on the mobile Breast Screening Unit, Mr. Barnett informed the Committee that the unit visited the site three times a year and would ordinarily expect the next visit to the site again in November 2016 but that he expected the permanent Breast Screening Unit to be housed before November 2016.

The Chairman suggested that the Committee receive an update report on the Finchley Memorial Hospital site at their meeting in December 2016. The Chairman also requested that the issue of primary care services be covered in that report.

A Member questioned if it would be possible to integrate the Falls clinic at Finchley Memorial Hospital with the Older Person's Assessment Service. Mr. Barnett informed the Committee that the service would take a holistic approach in undertaking assessments on Older People. Such a service would be designed to encompass a range of services provided by other organisations such as the Falls clinic either in partnership or as part of the service itself. This could also include psychological therapies and psychiatry work.

**RESOLVED that:**

- 1. The Committee notes the report.**
- 2. The Committee requests to be informed whether the empty inpatient ward would be operational in time for winter 2016.**
- 3. The Committee requests that the Director of Strategic Development at Barnet CCG be invited to provide a further update report to the Committee at their meeting in December 2016.**

**12. HEALTHWATCH BARNET UPDATE REPORT (Agenda Item 11):**

The Chairman invited Mike Rich, Head of Healthwatch Barnet, Amani Fairak, Policy and Research Officer, Healthwatch Barnet, Brent and Newham and Janet Tawsig, a Healthwatch Barnet Volunteer, to the table.

Mr. Rich introduced the item and noted that the reports looked at healthcare provision across the borough. Mr. Rich informed the Committee that the Hospice report had aimed to do a "shallow dive" into hospice services available in the Borough. The Committee noted that Healthwatch Barnet had carried out the report as a result of soft intelligence, such as people telling Healthwatch Barnet about their experiences.

Referring to the maternity report, Mr. Rich noted that the majority of people had seemed generally happy with their experience in Barnet. Mr. Rich noted that one of the themes



that had come across clearly from the people interviewed was they saw midwives were very under pressure.

The Committee noted that resourcing the community midwifery service could be a challenge and that patients sometimes found it difficult to get an appointment, the result of which often meant that women could be pushed back into hospital services, which reduced their choice.

Referring to the report, a Member noted that 38% of mothers had reported that they did not have a named midwife and questioned if there was a shortage of midwives in Barnet. Mr. Rich informed the Committee that the feedback had indicated that appointments with midwives are often brief and therefore it had been assumed that there was shortage of community midwives. Mr. Rich commented that it appeared that with pressure of the numerous things that midwives had to do during an appointment, such as taking blood and urine samples, it left little time for patients and community midwives to get to know each other.

A Member noted that despite the maternity report analysis highlighting that 38% of mothers do not have a named midwife, this was not supported in any of the recommendations resulting from the report. Mr. Rich informed the Committee that the Royal Free, who are the maternity provider in Barnet, have advised that they plan for every woman to have a named midwife. The Chairman requested whether Healthwatch Barnet had received a formal response from the Royal Free, and if so, if it could be provided to the Committee. Mr. Rich undertook to contact the Royal Free and provide evidence that they have a plan which would then be circulated to the Committee. The Chairman also requested that the Royal Free be asked to provide any further comment on the research set out in Healthwatch Barnet's maternity report.

The Chairman further noted that 6% of the maternity survey respondents had reported that their baby had a tongue-tie condition which they felt had not been taken seriously or recognised and she commented that the figure seemed abnormally high. The Chairman asked that Healthwatch request that the Royal Free also provide comment on this statistic.

Referring to the hospice report, Mr. Rich informed the Committee that their local research had shown that people facing end of life care wanted choice and one of the challenges people had found was a lack of available information, making it hard for them to make choices. The Committee noted that Healthwatch Barnet felt that there was a need to join together with the community and voluntary sectors to make sure that this information was available. Mr. Rich informed the Committee that the report had also shown the following:

- That hospices are facing considerable financial restraints
- That very few places are available at the North London Hospice and that the triage process is such that it is very hard to access a place

The Vice Chairman noted that the Committee received the Quality Account from the North London Hospice on an annual basis. The Vice Chairman questioned the rationale for the hospices chosen for the report and commented that he would understand if a comparison was going to be made between the services received at each. Mr. Rich noted the point and commented that each hospice was one that Healthwatch Barnet thought would have patients from the borough. Mr. Rich informed the Committee that there was a need to do some comparison work and reiterated that the report before the Committee was a "shallow dive"

Ms. Tawsig informed the Committee that the Marie Curie and St. John's Hospices referred to in the report deal with some extremely specialist cases due to their location next to the Royal Free London Hospital. Ms. Tawsig also informed the Committee that the Peace Hospice in Watford has a good reputation and that that sometimes, managerial staff from the North London Hospice will visit the Peace Hospice to consider best practice.

The Vice Chairman commented that the report contained interesting points but noted that the report was not clear as to whether hospice care in the area was good or not. Mr. Rich noted that this was an important point but that the report should be seen first and foremost as a mapping exercise.

The Chairman referred to the hospice report and noted the comparisons between training for volunteers at different hospices. Ms. Tawsig informed the Committee that research had been undertaken to compare the continual training for volunteers, including how people work on inpatient units, health and safety training, and if health and safety e-learning is a useful tool. Ms. Tawsig advised the Committee that volunteers at the Watford hospice would give a choice of training to volunteers, some of which was face to face.

The Chairman noted that general requests for more face to face learning for volunteers had not been taken on board by all hospices. Mr. Rich advised that Healthwatch Barnet had some concerns about the work on training needs that was done with e-learning.

The Chairman informed the Committee that in the last financial year, 2,323 patients had been treated by the North London Hospice at the Barnet and Enfield sites and that they reach a huge number of people. The Chairman noted that the requirements of washing down and cleaning rooms between patients resulted in a certain amount of lost bed days.

**RESOLVED that:**

- 1. The Committee notes the reports from Healthwatch Barnet.**
- 2. The Committee requests that Healthwatch Barnet contact the Royal Free London NHS Foundation Trust and provide the information as set out above.**

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

The Chairman invited Councillor Helena Hart, Chairman of the Barnet Health and Wellbeing Board, and Dr. Andrew Howe, Director of Public Health (Harrow and Barnet Councils), to the table.

Councillor Hart referred to the item that the Committee had considered on the utilisation of Finchley Memorial Hospital and noted that it had originally been intended that two GP Practices move onto site but that the costs involved were too high. Councillor Hart noted that the Practices that had been interested in occupying the Finchley Memorial Hospital site had required a better and wider range of services for patients in order to make it worthwhile for them to spend the money and that, in the end, they had chosen not to move in. Councillor Hart echoed the concerns raised by the Health Overview and Scrutiny Committee in relation to the issues raised during the consideration of the Finchley Memorial Hospital item. She also welcomed the decision to provide a permanent breast screening unit that she had been advised it would be in place by the end of the summer. Councillor Hart informed the Committee that she had been following

up on the issue of breast screening which had been raised by the Member of Parliament for Finchley and Golders Green and noted that breast screening coverage was currently at 64%. The Committee noted the need for being proactive and issuing follow up letters to those who do not take up a screening appointment.

The Committee noted that, at their last meeting, they had received an urgent item on the issue of childhood immunisation rates in Barnet. Councillor Hart informed the Committee that she was aware of new information that the Committee would be interested in which was as follows:

- Since the beginning of 2016, the North London Health Protection Team have been notified of 58 positive cases of Measles, 6 of which are from Barnet.

The reason why 6 cases have been contracted in Barnet included:

- 1 child receiving one MMR jab, but not the second.

The Committee noted that it is possible given the age of those contracting measles who had not been immunised, that it was a result of the MMR and Autism scare some years ago.

Councillor Hart advised that it was important to read these reasons in public session and to stress that one dose of MMR vaccination is not sufficient and that there is no proven link between the vaccine and Autism. Dr. Howe informed the Committee that NHS England, who are responsible for childhood immunisations, were insistent that the issue of the uptake of immunisations was a problem with the dataset. However that could not yet be confirmed.

The Committee noted that a Member briefing on Public Health had taken place earlier that evening and that Dr. Fabunmi had provided an update on Children's Centres. Councillor Hart informed the Committee that all Children's Centres in Barnet had now achieved "healthy status".

The Committee noted that Barnet had been placed joint first in London for a Gold Award as part of the Healthy Schools Programme and commented that it was positive that schools were recognising mental ill health as a problem among young people and doing something about it.

Councillor Hart informed the Committee that the campaign on Shisha was progressing well and that campaign materials, including posters for buses and the underground, were being produced. The Committee noted that the campaign material was hard hitting and was being tested on focus groups of young people. The Committee noted the importance of young people understanding the dangers of shisha and noted that a programme with young people would see children making videos on shisha. The Committee noted that Environmental Officers would be making visits to establishments licensed to sell shisha to check for compliance. A Member of the Committee noted that shisha was a licensing issue and suggested that representatives from Licensing should attend the Health and Wellbeing Board whilst the issue is being discussed. Councillor Hart informed the Committee that Licensing were involved and that they were also participating in a Task and Finish Group, which included senior representatives from Planning, Licensing, Environmental Health and Public Health. The Committee noted that Councillor Hart would report back on the progress of the Task and Finish Group in due course.

A Member commented on the need for the public to be more aware of the complications that can arise from contracting Measles, Mumps or Rubella, which can include going blind.

The Chairman suggested writing to specific age cohorts about the dangers of MMR. Dr. Howe informed the Committee that Public Health England are considering doing that and that they already have an age related campaign underway. Dr. Howe undertook to speak to Public Health England about this suggestion.

A Member suggested that when the Committee receive the scheduled report on Health Tourism, the issue of Brexit be considered. The Chairman advised that, at the moment, Britain was a Member of the European Union and that the report that had been requested was to do with non-EU citizens receiving treatment.

The Vice Chairman suggested that the Committee received a report from the London Ambulance Service NHS Trust concentrating on North London and analysing whether patients from Hospices were able to gain access to A&E.

A Member commented that Capita had been awarded an England-wide contract of administrative support services for Primary Care and suggested that both the Committee and the North London Joint Health Overview and Scrutiny Committee (JHOSC) receive a report on the matter. The Vice Chairman suggested that the Member liaise with the Chairman of the JHOSC to see if it was a report that could be considered. The Chairman asked the Member if he had received any complaints from residents in the Borough regarding this. She stated that she had not received any complaints and Councillor Hart agreed that she had not received any either. The Member informed the Committee that the issue had been reported in the health press. The Member undertook to provide the Governance Officer with the relevant health press articles.

A Member noted that the Committee was due to receive a report on eating disorders and requested that this report also address the issue of Body Dysmorphia. The Committee agreed to this request and asked that the scope of the eating disorders report be amended to include this.

**RESOLVED that:**

- 1. The Committee notes the Forward Work Programme.**
- 2. The Committee requests that the issue of Body Dysmorphia be included within the future Eating Disorders report.**

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

None.

The meeting finished at 9:50 pm