

Decisions of the Health Overview and Scrutiny Committee

5 October 2020

Members Present:-

Cllr Alison Cornelius (Chairman)
Cllr Linda Freedman (Vice Chairman)
Cllr Golnar Bokaei
Cllr Geof Cooke
Cllr Saira Don
Cllr Anne Hutton
Cllr Alison Moore
Cllr Barry Rawlings
Cllr Lisa Rutter

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

RESOLVED that the Committee approve the Minutes of the meeting held on 9 July 2020 as an accurate record.

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

None.

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

- Cllr Don declared a pecuniary interest: she is the Registered Manager for Dillon Care.
- Cllr Hutton declared a non-pecuniary interest: she is a Trustee of Barnet Carers Centre and a substitute Member of the Planning Committee.
- Cllr Cooke declared a non-pecuniary interest: his daughter works for UCLH.
- The Chairman declared a non-pecuniary interest: she is Vice Chairman of Eleanor Palmer Trust which has a 33 bed Residential Care and Nursing Home, Cantelowes House.

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 following Minutes were received:

- JHOSC Meeting on 13 March 2020.
- JHOSC Sub Group Meeting on 25 June 2020. The Chairman reported that the Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) Quality Account 2019/2020 was scrutinised.
- JHOSC Meeting on 31 July 2020.
- JHOSC Meeting on 4 Sept 2020 (Draft Minutes). The Chairman reported that there had been a discussion on the Adult Elective Orthopaedic Review.

The Chairman reported that JHOSC Chairman, Cllr Alison Kelly (Camden) had resigned from the Committee in the early summer and that at the most recent JHOSC Meeting held on 25 September, Cllr Pippa Conner (Haringey), had been elected as the new JHOSC Chairman with Cllr Edward Smith (Enfield) and Cllr Trisha Clarke (Islington) as the joint Vice Chairmen.

A Member asked for clarification on the JHOSC Minutes of the Meeting held on 13 March 2020, Item 7 “Implementing North Central London’s NHS Estate For Local People” Bullet Point 2 ‘A main headline was that NCL was assigned a target share of disposal receipts of £570m which was 21% of the national target.

The Chairman asked the Member to email her the query so that she could obtain a response.

UPDATE: The Member’s email: ‘Please enquire about the basis of the Government assigning a target of disposal receipts of £570m, 21% of the national target, a very large proportion for just five Boroughs in North Central London. How is the figure calculated, is it based on valuations of particular sites, what is Barnet’s share and does this put pressure on the NHS to dispose of Barnet sites for maximum return e.g. at Finchley Memorial Hospital and Edgware Community Hospital?’

Response from the Estates Team who presented the Item: ‘The figure was contained within Robert Naylor’s 2017 report “Why estate matters for patients”. The analysis that informed the report and its conclusions was largely based upon a desk top based review of potential disposals undertaken by consultants. The explicit assumptions and approach was not shared. The NCL total value was also to some degree influenced by the known disposals associated with the Moorfields and St Pancras developments delivering, as they both are, significant land disposals. Disposals of any land by the NHS is based upon Department of Health and Social Care’s Estate Code, which requires disposals to be made at open market value.’

RESOLVED that the Minutes of the four JHOSC Meetings were noted.

8. **HEALTHY CHILD PROGRAMME UPDATE (Agenda Item 8):**

The Chairman invited the following to the meeting:

- Clare Slater-Robbins, Senior Children and Young People’s Commissioner LB Barnet
- Annabel Burkimsher, Interim Clinical Business Unit Lead, Health Visiting, LB Barnet

Ms Slater-Robbins reported that the team had last provided an update to the HOSC on the Breastfeeding Peer Support Service in October 2018. Since that time, the Service has been co-designed and a Breastfeeding Forum set up for Barnet. Data capture on breastfeeding in Barnet has improved and currently 63% of women in Barnet are breastfeeding, which is above the England average of 48.15%.

Ms Slater-Robbins reported that Barnet Council is working closely with North Central London Clinical Commissioning Group (NCL CCG) to develop an Infant Feeding Strategy. During the Covid-19 pandemic, most of the Support Service has continued in an online format. The Breastfeeding Forum has devised an Action Plan (Appendix B). This includes promoting a 'Breastfeeding Welcome Scheme' with local businesses and other organisations.

A Member asked whether breastfeeding data can be collected on a postcode basis.

Ms Slater-Robbins responded that the data is collected at postcode level but, as commissioner, she doesn't ask for this – she may be able to request this as a one-off report from Central London Community Healthcare (CLCH). She agreed that this could be used to focus the campaign in certain areas but the service already has anecdotal evidence which is used to target interventions in specific areas.

A Member asked what the UNICEF Standard's levels represent.

Ms Burkimsher responded that currently Barnet has achieved UNICEF Level 2 and is working towards Level 3 as part of its Action Plan. UNICEF Gold means that breastfeeding rates are sustainable with processes in place within Acute Trusts and in the community. UNICEF also investigates parent and staff knowledge. Level 3 focuses on partnership working.

A Member enquired about the review of links to signpost people to breastfeeding support on the Royal Free London NHS Foundation Trust website, as mentioned in the Action Plan. Ms Slater-Robbins noted that this has been delayed due to the Trust's focus on the Coronavirus pandemic, but she would raise this issue. She noted that Barnet's and CLCH's web pages have been updated, with support available during the pandemic.

Action: Ms Slater-Robbins

A Member asked what support is available for mothers having difficulties with breastfeeding. Ms Slater-Robbins responded that the term 'infant feeding' has been chosen deliberately as the aim is to support women to do the best feeding they can and is inclusive of formula feeding. She noted that since the start of the pandemic, families with new-borns have been contacted by phone and text with details of the service and that virtual antenatal classes on infant feeding have been held.

A Member enquired about lockdown and the impact on the 'Breastfeeding Welcome Scheme' and whether this is being pursued since businesses have reopened? Ms Slater-Robbins responded that this would be the next step and that she also wants to encourage GP Surgeries, Libraries and Children's Centres to join the Scheme.

A Member suggested contacting women's organisations. Ms Slater-Robbins responded that if Members wished to suggest organisations that she could approach, she would pursue this.

A Member enquired about volunteers joining the service. Ms Slater-Robbins noted that paid Breastfeeding Peer Supporters have been recruited on permanent contracts, as well as a new Infant Feeding Lead who has been running a volunteer group. More people are coming forward to volunteer their time and are in the process of undergoing training.

RESOLVED that the Committee noted the report and progress made in Breastfeeding Services.

9. CORONAVIRUS UPDATE (Agenda Item 9):

The Chairman invited to the meeting:

- Dr Tamara Djuretic, Director of Public Health, LB Barnet
- Dr Mike Greenberg, Medical Director, Barnet Hospital

Dr Djuretic reported that testing has been increased in London which is on the national watch list due to an increase in the infection rate. There are currently 4600 tests a week being carried out. She noted that the recently published London Awareness Report suggests that the rate in Barnet is about 57 per 100,000 population. In the North West of England the infection rate currently is around 250 per 100,000 population.

Dr Djuretic reported that Barnet is focusing on testing, community engagement, enforcement and enhanced contact tracing. A fixed testing unit has been set up in the Watling Centre, Burnt Oak, and is open seven days a week from 08:00 to 20:00 hrs. It is being used to full capacity and has received positive feedback. In addition, four mobile testing unit are operating in Barnet, four days a week.

Dr Djuretic added that Groundwork has been commissioned to recruit and train volunteers to help spread social distancing messages across Barnet. There is a plan to recruit 70 champions initially and this number may increase. In addition, Barnet officers have been redeployed mostly to support businesses to follow the guidelines and provide stronger messages where there is non-compliance. 157 reports have been received from these officers over the past two days regarding non-compliance. A few incidents had also been picked up connected to places of worship.

Dr Djuretic informed the Committee that around 20 schools have had cases of Coronavirus and four Care Settings have positive cases, but all cases were asymptomatic and picked up via the routine screening that is in place for all Care Settings.

A Member asked about the recent news that contact tracing is not working well nationally and whether Barnet is affected. Dr Djuretic noted that she has not been made aware of any problems with contact tracing in Barnet as local success rates are usually around 80%.

A Member asked whether there were any other measures Barnet Council could put in place to prevent the spread of the virus. Dr Djuretic responded that the strategy is largely about targeted communication in areas where the data shows specific wards, groups or age groups with increased infection rates.

A Member asked about the importance of screening in Care Homes. Dr Djuretic commented that it is very important in all Care Settings. Staff are tested weekly and

residents are tested every 28 days in Care Homes in Barnet. Another important factor has been the correct use of PPE.

A Member asked how the Council is managing to visit all businesses and whether the voluntary sector is included. Dr Djuretic responded that webinars are being held with the voluntary sector so that they are aware of all the latest guidelines. The Corporate Anti-Fraud Team in Assurance has set up an enforcement team including some volunteers to focus on areas with the highest infection rates.

A Member enquired whether the Watling Centre is operating as a Walk-In Service at the moment. Dr Djuretic noted that it is by appointment only currently but she is working with the Centre to provide some walk-in slots.

A Member mentioned her observations around compliance in her local supermarkets, which showed a large variation. Dr Djuretic noted that any concerns regarding non-compliance should be reported to Covid19@barnet.gov.uk.

The Chairman invited Dr Greenberg to respond to the Chairman's four questions which had been sent in advance of the meeting:

1. How many people with Covid-19 have been admitted to the Trust's hospitals in July and August?

- 23 patients with Covid-19 had been admitted to BH and the RFH.

1. How many patients were discharged having been successfully treated for Covid-19 in July and August?

- 33 patients discharged.

2. How many people have died of Covid-19 in the Trust's hospitals during July and August?

- One patient has died during this period.

3. How does the mortality rate for July and August 2020 compare with the same months in 2019?

- BH: July 2019 1.4%, August 2019 1.3%
- BH: July 2020 1.1%, August 2020 1.7%.
- RFH: July 2019 1.8% August 2019 1.6%
- RFH: July 2020, 1.3% August 2020, 1.9%.

Dr Greenberg reported that work has begun on prioritising the most urgent patients and continuing with the provision of services that had stopped during the initial period of the pandemic.

The Chairman reported that several residents had contacted her and other Councillors about problems with obtaining a blood test appointment in the Borough with delays of up to two to four weeks. Dr Greenberg responded that the clinics at the Royal Free Hospital (RFH) and Chase Farm Hospital are open for urgent blood tests. Routine blood tests are being carried out at Edgware Community Hospital (ECH). Barnet Hospital has been

asked to reopen for routine blood testing which has been closed since the pandemic, but with a reduction in the number of appointments due to infection control measures.

Dr Greenberg reported that NCL CCG has advised GP Practices to direct patients to the sites with available capacity for blood tests. RFH has increased its capacity with availability until 8pm instead of 5.30pm Monday to Friday and from 1pm to 5.30pm on Saturdays. Clinic times at Edgware Community Hospital remain the same as before the pandemic but have a backlog due to some patients being reluctant to attend during the start of the pandemic.

Dr Greenberg added that the clinicians have also been asked to prioritise requests for scans by all imaging providers across NCL. A fourth MRI scanner is being introduced at the RFH and a mobile CT scanner is due to be placed in Finchley Memorial Hospital (FMH).

A Member asked how long the backlog of appointments and tests would take. Dr Greenberg responded that the national target for outpatients is 90% of pre-Covid levels by October and currently the Trust has achieved 83%. For inpatient and day case surgery the Trust is at 78% of its activity level in the same period in 2019 and it plans to increase this over the short to medium term. There has been a steadily growing waiting list even since prior to the pandemic, however more virtual consultations should help with reducing the backlog.

The Chairman asked about plans for people to dial 111 instead of just turning up at A&E. Dr Greenberg responded that this has not yet been implemented, but is the plan being set out by NHS England. Patients would then be directed to the most appropriate hospital by trained staff.

RESOLVED that the Committee noted the verbal reports.

10. NORTH CENTRAL LONDON CLINICAL COMMISSIONING GROUP (Agenda Item 10):

Winter 2020 Plans

The Chairman invited the following to the meeting:

- Beverly Wilding, Deputy Director, Urgent and Emergency Care, NCL CCG (Barnet Directorate)
- Daniel Glasgow, Deputy Director of Primary Care Transformation, NCL CCG (Barnet Directorate)
- Dr Clare Stephens, Clinical representative, NCL CCG Governing Body
- Colette Wood, Director of Primary Care Transformation, NCL CCG (Barnet Directorate)
- Nicholas Ince, Senior Primary Care Transformation Manager, NCL CCG (Barnet Directorate)

Dr Greenberg reported that each of the hospital sites in Barnet has plans in place to respond to surges in demand over the winter, which include focusing on supporting and developing the workforce, providing adequate beds and equipment and ensuring staff are skilled so that they can be redeployed where needed. The RFL NHS Foundation

Trust has also been working with partners to ensure that they can provide mutual support through the winter.

Dr Greenberg reported that a change is in place with the temporary closure of the Children's and Young People's Emergency Department and Inpatient Ward at the RFH, following a Review of the services across NCL. This is to help manage capacity and support staffing levels over winter including a likely second surge in Covid-19. The Review recommended reopening the Children's and Young People's Emergency and Inpatient Unit at Barnet Hospital which had been closed during the first Covid-19 surge. The temporary closure at the RFH has been communicated with relevant stakeholders including patients. A paediatrician will be on site at the RFH to receive any patients that do arrive and are unaware of the closure. The situation would be reviewed in Spring 2021.

Dr Greenberg commented that the critical care capacity has been increased at the RFH, with up to 100 Intensive Care Unit (ICU) beds available. The Rainbow Ward, a new 35-bed ward at BH, was opened in early October which is partly in response to the pandemic and partly a longstanding requirement.

A Member asked whether the Trust has found any asymptomatic staff to have tested positive. Dr Greenberg responded that this is a concern although the Trust has not been aware of any staff-to-patient transmission so far. Inpatients are tested once a week and symptomatic staff are tested, rather than all staff, due to testing capacity. However, the Trust is screening their staff with daily temperature checks and also asking them a list of questions and keeping a record of their answers. The Chairman noted that Care Homes are being asked to test staff every week.

A Member asked why there has been no public consultation about the closure of the Children's Emergency Ward. She added that there is growing concern being expressed by some residents that this may become a permanent closure. Dr Greenberg reassured the Committee that this is a temporary closure and that the reason for the lack of consultation was due to the urgent necessity for extra capacity over winter.

The Chairman asked Dr Stephens whether she has investigated the lack of availability of blood testing at FMH as she had emailed her the results of a 'mystery shopping' exercise she had done. Dr Stephens responded that she had spoken to the service provider who had explained to her that due to the strict rules around infection control, the capacity of the system was more limited and that only urgent blood tests could be undertaken. However this was under constant review and a plan was in place to increase capacity. The telephone booking system is also under review as there are some technical problems that need to be resolved. The Chairman noted that she had not been able to book an urgent blood test at FMH as her phone calls were automatically disconnected and that several residents had also contacted her to express that they had experienced the same difficulties in booking a blood test. She also mentioned that residents were disappointed that the phone line was only open from 7am to 12pm Monday to Friday.

Flu Vaccination

Mr Glasgow reported that the NCL CCG has 103,000 additional patients to vaccinate this year. NCL CCG has set up a Flu Delivery Partnership Board to work on an integrated approach and is also discussing Covid-19 vaccinations for the future. The CCG is planning to achieve its 75% flu vaccination target for 2020, with 20% already having been vaccinated.

Mr Glasgow noted that the CCG is working with a community provider to arrange vaccinations for housebound patients and their carers and is also working with acute and mental health providers to encourage them to vaccinate patients and staff. A software system has been developed so that it is clear where the targets are being reached in patient cohorts.

Mr Ince reported that so far in Barnet just under 20,000 over 65's had already been vaccinated. In 2019, the total number of over 65's who received the flu vaccination was 60,000. A potential risk had been that patients would not want to attend Healthcare Settings for the vaccination due to Covid-19, but so far this did not appear to be the case.

A Member enquired about a vegan flu vaccine availability since most vaccines contain pork and egg. Dr Stephens responded that a porcine-free vaccine is available, although adequate provision for all that require this could be an issue. The Department of Health (DH) and NHSE is aware of this.

A Member reported that despite being in the priority group for the flu vaccination, she had so far not been able to obtain one via local pharmacies or her GP due to lack of stock. She noted that some residents had been reporting this problem as well. Dr Stephens reported that GPs are working hard to immunise patients as soon as stocks arrive. There is sufficient provision but it may require phoning several pharmacies and sometimes travelling slightly further. Barnet CCG is in constant contact with NHSE and has made its requirements clear but this is partly a national issue. Mr Ince commented that soon the mutual aid strategy would be instigated which allows transfer of vaccines from one practice to another according to demand. Mr Ince offered to send a link on pharmacy vaccination availability after the meeting but GPs should also be able to signpost people.

Action: Mr Ince

A Member asked whether there is more demand for the flu vaccination this year and whether it would be helpful to focus the flu vaccine in areas with high levels of Covid-19 as this might help members of the population who are more vulnerable to avoid hospitalisation. Dr Stephens responded that internationally there is more demand for the flu vaccine as the awareness of risk relating to Covid-19 has driven demand. Central Government orders the vaccine but Dr Stephens recommended that this issue be raised at the next pan London meeting of the Health and Wellbeing Boards.

A Member asked whether the flu vaccine contains porcine gelatine that may not be widely accepted amongst local communities and added that patients need to be informed of the details when being offered a vaccine. Dr Djuretic responded that current adult flu vaccine does not contain porcine gelatine and shared the following weblink for more information. <https://www.gov.uk/government/publications/vaccines-and-porcine-gelatine/vaccines-and-porcine-gelatine>

A Member asked whether any arrangements had been put in place for a sufficient provision of the flu vaccine in 2021 after Brexit. Dr Stephens responded that the Department of Health is in conversation with immunisation providers as there may be challenges post Brexit.

Services at Finchley Memorial Hospital (FMH) and Edgware Community Hospital (ECH)

The Chairman noted that a detailed list of services has been published with the papers. She asked what services are currently unavailable due to the pandemic.

Dr Stephens reported that in the Covid-19 environment some of the services listed are provided across the whole STP (five Boroughs) so may have moved. Ms Wood added that the NCL CCG is restarting most services and has reinstated all urgent services. However, many outpatient-based services have moved to a virtual model.

Dr Stephens reported that GPs have been asked to prioritise investigation and appointment requests and additional independent providers are offering direct-access diagnostics for GPs. All Barnet hospitals are also able to ensure any patient with a potential cancer will receive a two-week diagnostic test.

Services currently available in GP Practices, Hubs and Walk In Centres

Ms Wood reported that all 52 GP Practices in Barnet have remained open during the pandemic. All are operating a triage model by telephone and online consultations, although provision is being made for those who need to be seen in person, with the necessary PPE in place.

A Member asked what the current situation is regarding void space, given that the GP Practice did not move into FMH as planned. Ms Wood responded that the space is being used by the GP Federation as an Extended Access Service. Work is also ongoing through the Integrated Care Partnership Same Day Access work stream to design a new integrated model of primary and community service delivery from FMH. Ms Wood confirmed that currently FMH is at 95% capacity. She offered to report back to the HOSC in the very near future on services at FMH.

A Member asked who triages the patients when they contact their GP. Dr Stephens noted that there is an initial administrative triage followed by clinical triage and there is also the option of submitting a virtual consultation request by emailing GPs via the Practices' websites.

A Member enquired what extra services would be provided at FMH and ECH to classify them as Urgent Treatment Centres (UTC) as opposed to Walk in Centres. Ms Wood noted that a UTC offers a prescribed list of services which is largely diagnostic. It also offers direct booking. This would be available through 111 from mid October at FMH. An UTC is open for a minimum of 12 hours, seven days a week.

A Member asked to have an update on bus services to FMH. Mr Prinsloo reported that the No. 383 bus would provide services to the site very soon and that this was being discussed currently with Transport for London (TfL).

RESOLVED that the Committee noted the written and verbal reports.

11. MENTAL HEALTH PROVISION IN BARNET DURING THE PANDEMIC (Agenda Item 11):

The Chairman invited the following to the meeting:

- Sarah Perrin, Head of Commissioning, Mental Health and Dementia, NCL CCG (Barnet Directorate)
- Barry Day, Managing Director, BEH Mental Health NHS Trust
- Jess Baines-Homes – Assistant Director for Adults Joint Commissioning, NCL CCG Barnet Directorate

The Chairman announced that further to Cllr Moore's Member's Item which was discussed at the previous meeting, a Seminar on 'Mental Health Services and Multi-Agency Working' has been confirmed to be held virtually on Teams on Tuesday 1 December in the evening.

Mr Day reported that August 2020 had been busy for the service with a sharp rise in acuity and attendances. Over recent weeks this had reduced, as have delayed transfers of care and lengths of stay.

Mr Day mentioned that regular meetings have been established between the NCL CCG and the BEH Mental Health Team (MHT). Opportunities for peer support roles and a Crisis Café are being considered, as well as redeveloping the Carer Support Strategy. There is also joint working with the police on the Serenity Integrated Mentoring Scheme for challenged adults attending A&E.

A Member reported that during lockdown many Councillors felt there was insufficient communication between different providers and she had found it difficult to offer the best advocacy for some residents during this time. She added that the information sent by the Executive Director of Adults and Health had been very helpful. She asked whether the work carried out due to the pandemic had helped overall in finding best ways of working.

Ms Perrin responded that the pandemic had highlighted additional opportunities to focus on areas in the system that could be improved, though services had already worked closely together. Concerns had been raised by Councillors around safeguarding issues and how to correctly address these whilst respecting individuals' privacy. Ms Perrin added that there is a commitment to getting this right for residents.

A Member recommended that other housing providers, as well as Barnet Homes, are an important contact to help to escalate problems. The Executive Director of Adults and Health noted that the Council meets regularly in a forum with all the major Housing Associations and providers in the Borough and that a connection through to the Mental Health Trust can be made via this forum.

She also commented that there are two Multi Agency Forums: A Risk Panel, which includes the Fire Service, Police and Council Services where high-risk individuals are reviewed and the Community Multi-Agency Risk Assessment Conference (MARAC) which includes representation from the Mental Health Trust, Council and the Police to discuss cases of substance misuse, Anti-Social Behaviour (ASB) and mental health issues and they also offer referral routes

RESOLVED that the Committee noted the written and verbal reports.

12. SUICIDE PREVENTION PLAN UPDATE (Agenda Item 12):

The Chairman invited to the meeting:

- Dr Julie George, Deputy Director of Public Health, LBB.

Dr George presented her slides and report. She noted that the Council is due to launch its Post Suicide Support Service on 12 October.

Dr George reported that Barnet had bid successfully across NCL for pilot funding to support a post for an NCL Programme Manager and to develop suicide preventative measures, which Barnet would host on behalf of the NCL CCG. A Suicide Prevention Day had already been held and a strategy would be developed.

A Member asked about the reasons for suicide since the report gives the impression that this needs to be understood more in order to improve. Dr George responded that the Services have partly been developed in response to research the issues driving suicide. The Post Suicide Prevention Service is based on evidence that a person, having lost someone to suicide, can themselves be at risk. Putting in place services to support them to recover from the trauma can help to prevent suicide. Self-harm can increase the risk of suicide. Further evidence will steer services. Dr George added that also local understanding can help inform how services should be set up. For example, Barnet is considering commissioning research into the local Albanian community as some incidents of suicide have occurred within this group.

A Member enquired about the risk to middle aged males in Barnet as this groups has been identified in the report as at greater risk. Dr George noted that numbers are small so understanding the data can be challenging but suicide is more common in this group. There is concern that this may be as a result of a build-up of problems over time, so the current pandemic could pose an increase in risk later. Dr George noted that suicide numbers in middle aged men have reduced in recent years and efforts are continuing to make services accessible to them. 'Thrive London' has been implemented across London, whereby automatic reports are forwarded to the Council by the Police where there is any suspected potential suicide so this enables greater understanding prior to a Coroner's report.

A Member commented that the suicide rate in Barnet at 6.9 deaths per 100,000 (Page 83) is significantly lower than in England overall and the fifth lowest in London, whereas intentional self-harm rates are the tenth highest in London. Dr George responded that self-harm is a risk factor in suicide but the proportion of those going on to commit suicide is small. This poses a challenge in responding to the behaviour without focusing too much on the risk, as this itself could increase the risk of suicide.

Dr George added that suicide prevention is a priority in Barnet as there was an increase in suicide and attempted suicide during the last recession.

RESOLVED that the Committee noted the written and verbal updates.

13. BARNET CARE HOMES (Agenda Item 13):

The Chairman invited the following to the meeting:

- Dawn Wakeling, Executive Director, Adults and Health, LBB
- Colette Wood, Director of Primary Care Transformation, NCL CCG (Barnet Directorate)
- Jess Baines-Holmes, Assistant Director, Adults and Health, LBB

The Committee received the report with details of the Council's and CCG's Care Home Support Plan which the Council had been required to submit in May 2020. The Executive Director of Adults and Health noted that the papers also include data on incidences of suspected and confirmed Covid-19 in Care Settings and on clinical in reach support to Care Homes. The report also provides a link to a report on Care Home support which was presented to the Joint Health Overview and Scrutiny Committee (JHOSC) on 25 September 2020.

Ms Wakeling reported that as discussed at the JHOSC, 185 additional Community Health beds will be provided, funded by the CCG, at St Pancras Hospital, Edgware Community Hospital and Chase Farm Hospital. This would provide a new discharge pathway so that no Covid-positive patients would return directly to a Care Home from an acute hospital bed. Ms Wakeling reported that north central London was the first sub-region of London to make this system-wide change which has been implemented further to data analysis and best practice from around the world.

A Member asked whether the Government would reimburse the Council for the PPE it is providing for Care Homes until March 2021. Ms Wakeling confirmed that there would be no cost to Barnet for the PPE which it has provided since the start of the pandemic as this is met by Government funding. At the moment, this funding is available until March 2021.

A Member asked why clinical in-reach for Care Homes had not been set up prior to the pandemic and whether it would continue. The Committee was advised that this was a decision of the former Barnet CCG, which had planned this prior to the pandemic. Funding had become available for a locally commissioned service so that GPs and nurse-led multidisciplinary teams are available to support Care Homes until the end of the financial year and it is being sought from April 2021 onwards.

A Member asked about Barnet's visiting policy for Care Homes which follows national guidance. The Secretary of State has stated that local visiting policy has to follow national guidance which also gives discretion of the Care Home Manager and Director of Public Health. The Member noted that the report does not mention the mental health impact on residents and their family due to visiting not being allowed and asked why exceptions can't be made in some cases.

Ms Wakeling responded that Ms Baines-Holmes is working with the Barnet Carers Centre on this issue. Most Care Homes in Barnet allow visits with social distancing measures in place. The Department of Health's National Adult Social Care Winter Plan sets out instructions for Councils, the NHS and Care Providers about restricting visits and requirements for social distancing. . The Committee was advised that registered Managers and family need to be brought together to explore options and to look at additional mental health support.

Dr Djuretic noted that some Care Settings in Barnet have been closed to visitors due to COVID-19 positive cases and this is based on local visiting policy and Care Home Managers' advice. The virus circulated in some Care Homes resulting in the deaths of some residents and the closures were put in place to try to prevent this happening again. Barnet asks Care Settings to close for 14 days when a positive case is identified. The balance between avoiding infection and overall mental health and wellbeing is well understood and has also been discussed at the Adults and Safeguarding Committee (A&SC).

RESOLVED that the Committee noted the written and verbal reports.

14. FINCHLEY MEMORIAL HOSPITAL - KEY WORKER HOUSING PLANNING APPLICATION (Agenda Item 14):

The Chairman invited to the meeting:

- Mr Eugene Prinsloo, Developments Director, Community Health Partnerships

Mr Prinsloo introduced his written report.

A Member asked why the Planning Application does not include 100% affordable housing, which CHP had aspired to, but instead is for 50% market housing. Mr Prinsloo noted that CHP had been advised to provide an application that meets GLA and Government targets of 50% affordable housing. The other 50% would be a standard market rent to allow for future flexibility on the site. The intention is to agree a Section 106 and Nominations Agreement to attach to the planning permission to secure 100% of the site for NHS staff in a mixture of shared ownership, socially rented and discounted market units.

A Member asked that if the Planning Application is granted, would the principle be established that possibly 50% could be marketed at full cost and that there could be an argument for making an exception to build on green space. Mr Prinsloo responded that the Section 106 and Nominations Agreement would set out the cascade of key workers who qualify for all the units on the site and also the NHS bodies that take priority. The units would only be marketed to other private renters in the area after this and this would be legally binding.

A Member asked whether, given the 50% shared ownership, there would be a legally binding agreement that if those houses were later sold under shared ownership, they would revert to the NHS rather than being available for the open market. Mr Prinsloo stated that around 25% of the scheme would be shared ownership and the remainder would be rented accommodation. A mechanism would be in place so that CHP could buy a property back if no alternative NHS worker could be found to buy a shared ownership property that comes up for sale. He hoped that this would be part of the Agreement but it is currently under discussion with Re so Mr Prinsloo could not confirm this at this stage. This would be decided at Barnet Planning Committee in January or February 2021.

The Chairman asked Mr Prinsloo to continue to liaise with the three Ward Councillors: Cllrs Cooke, Hutton and Schneiderman.

RESOLVED that the Committee noted the report.

15. ADULT ELECTIVE ORTHOPAEDIC SURGERY REVIEW (Agenda Item 15):

The Chairman invited to the meeting:

- Anna Stewart, Programme Director, North London Partners in Health and Care

Ms Stewart introduced her report and informed the Committee that a public consultation had been undertaken and there was broad support for the proposals from around 75% of those surveyed.

Ms Stewart reported that further to a full discussion at the JHOSC on 24 September 2020, the service was being implemented. A meeting had also been held with TfL to resolve the transport issues that had been highlighted in the consultation. It was evident that residents did not always know what their transport options were. GPs can request transport at the point of referral and there is also a Care Coordinator to help patients where needed.

A Member requested further information so that Councillors can inform residents how to access orthopaedic services. Ms Stewart would share this with the Governance Officer when it became available in a few months' time.

Action: Programme Director/Governance Officer

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

The Chairman reported that the following would be added to the Forward Work Programme:

- Mid-year Update on the Quality Accounts of CLCH, RFL NHS Foundation Trust and the North London Hospice: Review of progress following HOSC's comments on Quality Accounts in May and July 2020
- Finchley Memorial Hospital – further detail on current utilisation
- Measles and Childhood Inoculations Update
- Alternative Provider Medical Service (APMS) Update
- Flu Vaccination: Update and lessons learnt for future Covid Vaccination

RESOLVED that the Committee noted the Forward Plan.

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

The meeting finished at 9.53 pm