

Decisions of the Health Overview and Scrutiny Committee

3 December 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):

Corrections to the Minutes of the meeting held on 3 December 2020:

- Agenda Item 9 Page 3 - The Chairman noted that the numbering of the questions to Dr Greenberg should read 1, 2, 3 and 4.

Matters arising from the Minutes of the meeting held on 3 December 2020:

- Agenda Item 8 Page 3 - The Chairman informed the Committee that Ms Slater-Robbins, Senior Children and Young People's Commissioner, London Borough of Barnet, had requested an update on the review of the Maternity Services' links to breastfeeding support on the Royal Free London NHS Foundation Trust's website. The review had still not been completed, due to the Trust's focus on the Coronavirus pandemic, but she would inform the Committee when it was.
- Agenda Item 8 Page 3 - A Member requested if the Committee could receive further information regarding the demographic and geographic spread and how the Council might best target information to those communities not having taken up breastfeeding, given that the breastfeeding rate in Barnet has now improved to 63% which is well above the England average of 48.15%.
- Agenda Item 9 Page 5 - The Chairman reported that both she and Cllr Stock had tested the system again for outpatient blood tests, having previously experienced delays of up to four weeks, and timely access to appointments was now greatly improved. Dr Greenberg had also informed her that Outpatient Blood Services at Barnet, Chase Farm, the Royal Free and Edgware Community Hospital are now all open for both routine and urgent blood tests.
- Agenda Item 10 Page 7 - The Chairman reported that Outpatient Blood Services at Finchley Memorial Hospital were also now open for both routine and urgent blood tests. Central London Community Healthcare (CLCH), who run the service, had reviewed the phone booking system after her comments. Capacity had been increased and calls were no longer being automatically disconnected.
- Agenda Item 10 Page 8 - Nicholas Ince, Senior Primary Care Transformation Manager, NCL CCG (Barnet Directorate), had forwarded the link on pharmacy

vaccination availability, as agreed. This had been emailed to the Committee on 29 October 2020.

- Agenda Item 11 Page 10 - The Chairman confirmed that the Seminar on Mental Health and Housing, as requested in relation to Cllr Moore's Member's Item, was held on 1 December. She expressed her thanks on behalf of the Health Overview and Scrutiny Committee (HOSC) to Dawn Wakeling and everyone involved. Cllr Moore commended officers, adding that the event was well attended and reflected how seriously Members take these issues. She noted that there remains a concern about the interface between Housing Associations and private landlords, who are not obliged to engage with the Council, so she hoped the Council would continue to work on its influential role.

RESOLVED that the Committee approve the Minutes of the meeting held on 3 December 2020 as an accurate record, subject to the one amendment.

2. ABSENCE OF MEMBERS (Agenda Item 2):

None.

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

Cllr Cooke declared a non-pecuniary interest under Item 9 as his daughter works at University College London Hospital (UCLH).

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 JHOSC meeting held on 25 September were received.

Agenda Item 8 Page 6 - Cllr Hutton expressed concern about Public Health England (PHE) being abolished and replaced by the National Institute of Health Protection, especially as this happened during a pandemic and without consultation. Dr Tamara Djuretic, Director of Public Health, London Borough of Barnet, responded that she and other Directors of Public Health had been part of previous discussions nationally about the future of the public health system but she had not been informed prior to the announcement. Directors of Public Health are appointed by the Secretary of State delegating to PHE and local members but are not part of PHE. She added that she had been reassured that public health functions would stay at a local level and that during the pandemic the Coronavirus Response Cell at the London level, led by PHE, has been and

would continue to provide support for Barnet. Any future changes might take place in 2021 but will possibly be delayed from 1 April 2021.

RESOLVED that the Minutes of the JHOSC meeting held on 25 September 2020 were noted.

8. CORONAVIRUS UPDATE (Agenda Item 8):

The Chairman invited the following to the meeting:

- Dr Tamara Djuretic, Director of Public Health, London Borough of Barnet
- Dawn Wakeling, Executive Director, Adults and Health, London Barnet of Borough

Dr Djuretic reported that Coronavirus cases in Barnet have been decreasing, standing currently at 140 per 100,000 population. We are out of lockdown and in Tier 2 but there are still certain social distancing measures in place and these need to be exercised and followed, especially if there are up to three households in a Christmas bubble.

Dr Djuretic continued that the current average hospital admission of patients with Covid in Barnet is ten patients per day. The latest data as at 17 November shows 69 Covid patients in general beds and 22 on mechanical ventilation across the whole Royal Free Group. Approximately one third of these patients are Barnet residents.

Barnet has good access to PCR Covid tests, with two local sites as well as mobile testing units. The Government has introduced 'Lateral Flow' testing initiatives across five national programmes. One is for Care Settings including residents, care workers, and visitors, one programme is for university students, one is for work places although it is not exactly defined which ones, another is for hospital staff and the last one is for Directors of Public Health to utilise Lateral Flow Tests (LFTs) as and when they are needed. The LFT is a new technology producing results in 30 minutes although its specificity is high sensitivity is not as good, resulting in a few false positives but there are more false negatives. At the moment, there are two large Care Homes in Barnet which have received the tests in the first wave. Barnet has ordered 8000 tests and will use them initially in places of worship, schools and day centres. As the results cannot be guaranteed with LFTs, protective measures still need to be in place and Barnet has communicated this to Middlesex University and Care Homes.

Dr Djuretic reported that Barnet has recruited around 100 champions from a variety of communities to help to disseminate messages around Covid, including building trust in the vaccine as well as social distancing. In addition, Barnet will begin contact tracing to support NHS Test and Trace on 4 December. Preparations are underway for a vaccination programme to be run by the NHS. Barnet is supporting North Central London (NCL) to identify sites for mass vaccination. Vaccination will also be carried out in Primary Care and mobile sites. The Pfizer BioNtech vaccine has been approved with Astra Zeneca/Oxford next in the queue and the third will be Moderna. Two doses of each of these vaccines will be needed and there will be priority tiers starting with Care Homes.

A Member asked whether Care Home residents who have been treated in hospital with Covid, but have recovered, would be given the Lateral Flow Test so that they can return to Care Home. She also expressed concern that it may not be in the best interest of patients with severe dementia to be moved from hospital to a community health bed. Ms Wakeling, Executive Director, Adults and Health, LBB reported that a North Central London discharge pathway has been agreed for the discharge of Covid positive patients

who are ready to leave an acute hospital. Community health beds have been provided so that they do not have to return to the Care Home until they are Covid negative. These beds are suitable for isolating Covid positive patients and there are measures in place to support the cohort who also have dementia. The average length of stay for this group of patients is around seven days.

RESOLVED that the Committee noted the verbal update.

9. NORTH CENTRAL LONDON CCG (Agenda Item 9):

The Chairman invited the following to the meeting:

- Colette Wood, Director of Primary Care Transformation, NCL CCG
- Kelly Poole, Deputy Director of Primary Care Transformation, NCL CCG
- Carol Kumar, Deputy Director of Primary Care Transformation, NCL CCG
- Mr Michael Whitworth, Chief Executive, Barnet GP Federation
- Cllr Anne Clarke, London Borough of Barnet
- Cllr Peter Zinkin, London Borough of Barnet

Flu vaccination update/lessons learnt and potential future Covid-19 Vaccine distribution

Dr Stephens presented the report written by Nicholas Ince, Senior Primary Care Transformation Manager, NCL CCG.

Dr Stephens noted that flu vaccination providers have for some months been delivering the flu vaccine to those in groups at higher risk and from December they have been offering the vaccine to 50-64-year olds who are not at risk. She reported that the latest data for over 65s vaccinated as of 23 November 2020 was 69.7% in Barnet, which has already surpassed the final 2019 achievement of 65.9%. For the cohort of under 65s at risk, the percentage was 37.3% which has nearly surpassed the final 2019 figure of 40.3% and for the 2-3 year old cohort the percentage was 44.2% which has already surpassed the 2019 achievement of 31.1%. She confirmed that where there were initially problems with supplies of the vaccine, this has been remedied. Feedback from patients on the safety of environments for receiving the vaccine has been positive.

Dr Stephens reported that the programme was supported by a comprehensive communication and engagement plan to help to spread the word on the benefits of vaccination using social media, contacts with patients in acute trusts and the voluntary and community sector. Community outreach is also ongoing with Care Homes and the homeless.

The Chairman asked whether the Mutual Aid Strategy is up and running whereby GPs and pharmacies can give unused supplies of vaccines to surgeries and pharmacies which have run out. This was mentioned by Nicholas Ince at the last meeting. Dr Stephens confirmed that it is.

A member enquired about the three Covid vaccines: what the differences are and which would be used. Dr Stephens responded that only the Pfizer vaccine has been approved so far and the Oxford/Astra Zeneca vaccine is currently in the process of being approved by the MHRA, followed by the Moderna vaccine. It is not yet known how long the vaccines will protect patients. The Pfizer vaccine presents more problems as it requires

storage at a temperature of -70C, can only be moved four times and is produced in large amounts so must be used as soon as it is defrosted. Each of these vaccines require two doses.

A Member asked what is being done to encourage flu vaccine take-up as there may be some communities which may be missed who are also more vulnerable to Covid and whether it was known where the deficits are. Dr Stephens responded that there is data on vaccine take-up and demographics and this does help to direct the focus of the CCG. She also mentioned that there is a Homeless Outreach Project starting at the end of November to provide opportunities for flu vaccination for the homeless population in Barnet.

Dr Stephens noted that that the CCG has made huge efforts around public communication with regard to immunisation in general. NCL CCG is putting together a cohort of clinicians who speak second or third languages to record video endorsements in numerous languages and the same approach could also be used for Covid vaccinations.

A Member referred to Section 4.4 of the Paper which refers to 'Homelessness outreach' and enquired whether this group had been accessed. Dr Stephens would ask Nicholas Ince for feedback on this after the meeting and would forward this information to the Chairman for circulation to the Committee.

Action: Dr Stephens

A Member asked what had been done to try to encourage take-up of immunisation in groups who refuse it. For example, although mainly poor take-up is associated with deprived groups, he is aware of two large Pentecostal Churches in Haringey which had had speakers telling the congregation not to be immunised. It may be worth arranging for a pastor to be involved in the communication videos mentioned. Dr Stephens responded that PHE tries to monitor such dialogue and it is not uncommon affecting other aspects of health as well. The Department of Health (DH) is concerned about how it communicates on such matters and how its actions might be interpreted as it is such a sensitive issue which is probably best dealt with in one-to-one dialogue.

RESOLVED that the Committee noted the written report and verbal update.

Alternative Provider Medical Services (APMS)

Ms Poole reported that the APMS contract, provided by Barndoc Healthcare, ends on 31 March 2021. Barndoc was due to be evicted on 31 December but an extension to their tenancy had been negotiated until 31 March 2021.

Ms Poole added that procurement of a new contract for Cricklewood Health Centre for a GP APMS contract had been agreed in August 2019. In December 2019 and January 2020 there had been a patient and stakeholder engagement including surveys and forums. Procurement is currently underway further to this and recommendations would be presented to the NCL Primary Care Commissioning Committee in January 2021. CCG is also carrying out a search for new premises and has identified two sites, however these were more than 2.4 miles from the current building so a search is ongoing to find a site which is nearer. Patients and stakeholders have been informed and bidders have been asked to identify premises as part of the procurement process so that the contract can commence on 1 April 2021.

The Chairman reported that two of the Childs Hill Ward Councillors, Cllr Anne Clarke and Peter Zinkin, had requested to speak on this item.

Cllr Anne Clarke commented that although planning permission was granted on the current site, she had only been informed of this in a letter, despite her previous involvement in the campaign against the Walk in Centre's closure. She commented that when it did close some comfort was provided to residents by the fact that the new service would have extended opening hours. Residents had often used the Walk in Centre because they were unable to get a GP appointment. Cllr Clarke mentioned that the planning permission included 'D1' use, so a temporary arrangement needs to be found especially as the population in Cricklewood is increasing. She added that losing the current service without an alternative would be a catastrophe for the local community which has a high deprivation level. She proposed that a further conversation needs to be had with the planning team and developer.

Cllr Zinkin said he agreed with Cllr Clarke and stated that as both of them were clearly stakeholders on behalf of the residents, it was disappointing to only learn of this through the paper submitted to the HOSC agenda. He felt that both he and Cllr Clarke had been ignored.

Ms Wood responded that the APMS contract is up for renewal every five years and the CCG is contractually bound to procure a new contract. The CCG had no say in the planning decision for the use of the building and it was hoped that it could continue to have a healthcare use. She offered to look into how the decision had been made. The CCG is aware that the Practice is important to residents and huge efforts have been underway to source premises in the vicinity. She hoped that in January 2021 the CCG would have some more definite news on the Practice. Ms Wood apologised that both Councillors felt they had not been involved in the process.

A Member noted that when planning permission was given there was a provision for D1 space and it was anticipated this would be the home of the Practice whoever won the contract. Cllr Zinkin added that he recalled discussions with the developer where he made the point that the provision of a medical facility was a big local issue and that they needed to ensure that it continued throughout the process of development, even if this meant in temporary, alternative accommodation. He added that if the CCG had contacted the Ward Councillors when there was a problem, they could have helped by engaging with planners and the developer to find out exactly what was going on.

Cllr Clarke reported that a GP had contacted her to say that they were only aware of the letters being sent about the issue when they received calls from confused and worried patients. She stated that this is a vulnerable community and this is happening during a pandemic. Cllr Clarke added that she is not satisfied that the CCG has searched sufficiently for premises and Ward Councillors should have been contacted to help with this.

A Member noted that this appeared to be an issue that the Council's Planning Department needs to take up with the developer, given that permission for D1 was expressly given with the planning application. He said that the building should not be rebuilt without that condition and he sympathised that the CCG's attempts to provide services for patients in the Cricklewood area have been disrupted by the planning issue.

The Chairman confirmed that developers must comply with the planning permission they are granted and that if developers wish to make any changes they have to submit a new application. The details of the current permission need to be looked at.

The Chairman proposed that the Ward Councillors meet with the Chairman of the Council's Strategic Planning Committee, the Director of Planning and representatives of NCL CCG as soon as possible. The Committee unanimously agreed to this recommendation and to ask for an update to be brought to the next HOSC meeting on 22 February 2021. A Member noted that it is important that the CCG works with local Councillors to look at alternative premises in the meantime.

RESOLVED that the Committee noted the written report and verbal update and unanimously agreed to the recommendation.

Further update on services at Finchley Memorial Hospital (FMH)

Ms Wood presented her report summarising the current services at FMH.

Ms Wood stated that around 95% of the space is in use at FMH. It currently has a whole range of services and service providers from the Mental Health Trust, Central London Community Healthcare, University College Hospital, the Royal Free, Whittington Health, the new Path Service, the GP Federation Extended Access Service, a pharmacy, InHealth Screening Service, a Dementia Club, the GP Out of Hours Service and many more as listed in her report.

Ms Wood reported that there are two exciting new projects at FMH. The same-day GP Access Service which had been put in place partly due to learning from Covid on how services are delivered. Joint working with community and acute services and the GP Federation has resulted in a model to help reduce pressure on Urgent and Emergency Care Services, specifically at Barnet Hospital. The CCG is looking at direct booking from 111, online consultations and they are also looking at how the workforce is deployed. This model will be the first of its kind in NCL and other Boroughs are possibly looking to replicate it.

Ms Wood stated that FMH was also identified by the NCL Imaging Working Group, both geographically and because of its facilities, as a key site for a diagnostic hub for NCL in the future. Diagnostics do not all need to happen in acute settings and there is a huge backlog due to Covid.

Dr Stephens reported that the Lung Summit Trial has been taking place at FMH looking at the validity of screening for lung cancer using low-dose CT scanning. The CT Scanner has been privately funded and will remain at FMH after the trial. This is a cutting-edge piece of work between the Crick Institute and GRAIL on cancer screening. An added benefit will be that the scanner will remain at the hospital in perpetuity after the trial is completed.

A Member commented that a long-awaited bus service is now going into the hospital.

RESOLVED that the Committee noted the written report and verbal update.

GP Federation at FMH and services they provide

Mr Whitworth presented the slides and report. He stated that Barnet Federated GPs is a community interest company made up of all GP Practices in Barnet. It has a workforce of around 200 including GPs, nurses, healthcare assistants and pharmacists etc, most of whom work in Barnet GP Practices.

Mr Whitworth continued that the GP Federation has a role in being a unified voice for General Practice, and supports GP Practices with issues such as staffing and IT and works in the longer term to help build stronger GP Practices. It also purchases training software and works closely with the Training Hub and Research Unit Hub and has close links with public health. The GP Federation is also a member of the Barnet Integrated Care Partnership and is active at the NCL level. The Care Quality Commission (CQC) recently rated the GP Federation in Barnet as 'good' in all areas.

The Barnet Federated GPs' key services are around extended access to GPs, both in terms of location and hours. It provides an anticoagulation service bringing Warfarin monitoring and adjustment close to patients run by pharmacists and provides domiciliary services to patients who are house-bound, which was maintained through the pandemic. It also provides help with Public Health on smoking cessation.

Mr Whitworth reported that on 30 March, a 'cold clinic' was set up at FMH to see patients face to face who needed treatments and care, this was later integrated into the Extended Access Service. On 14 April 2020 a 'hot clinic', commissioned by the CCG, was opened at Edgware Community Hospital (ECH) to see patients diagnosed with Covid, or with symptoms likely to be Covid, but primarily focusing on other aspects of their care. Any GP Practice unable to see a patient with Covid could refer them to ECH.

Since then, the GP Federation has worked with Barndoc to provide local out-of-hours, triage and home visits. This continued until 16 October at ECH but, since then, the home visiting and the phone triage has been operating out of FMH. FMH is one of two centres providing this service. The GP Federation supports the administration and provides staff to run this.

Mr Whitworth stated that Barnet GP Federation became the PPE Hub for Primary Care, receiving large volumes of PPE from trucks delivering supplies during the first peak of the pandemic and distributing this to GP Practices. The GP Federation also became the hub for laptops to ensure that doctors could work remotely. This service continues, although many GP Practices are now able to access their own supplies.

A Member enquired whether the research aspect is a good recruitment and retention tool across GP practices. Dr Whitworth responded that the GP Federation sees a clear link between developing research, the training hub and staff development, and has employed a Quality Improvement Manager who is an expert in this area.

The Chairman noted that she and Cllr Stock, Chairman of Barnet's Health and WellBeing Board, had received feedback from many residents that they are still unable to get face-to-face appointments with their GPs. Dr Stephens responded that the recommended approach is that first patients have a telephone triage which may lead to a video consultation. If a patient is unable to use a computer, then GP Practices should make arrangements for them to attend a Primary Care Service for a face-to-face assessment, including home visits.

A Member asked how information on accessing face to face appointments is being communicated to residents. Mr Whitworth confirmed that residents can book through their own GP Practices but he agreed that they may not always be aware of how to get appointments and this may need to be advertised more widely. However, it is advertised in GP Practices and on the GP Federation website.

RESOLVED that the Committee noted the written report and verbal update.

10. MID-YEAR QUALITY ACCOUNTS (Agenda Item 10):

The Committee received the mid-year updates to the Quality Accounts for the Royal Free London NHS Foundation Trust, Central London Community Healthcare (CLCH) and the North London Hospice (NLH). The Chairman noted that no supplementary questions had been asked by the HOSC when the updates had been circulated to the Committee in advance of the meeting.

The Chairman reported that Dr Greenberg had apologised and notified her of an error on Page 10, Item 17 of the RFL NHS Foundation Trust's Mid-Year Quality Account update. The answer provided stated that "all 'Must Do' actions are now complete". This was not correct and should read "81% of the 'Must Do' actions are now complete".

RESOLVED that the Committee noted the updates on all three Mid-Year Quality Accounts.

11. ROYAL FREE LONDON NHS FOUNDATION TRUST CQC ACTION PLAN UPDATE (Agenda Item 11):

A paper was received and the amendment mentioned in relation to the mid-year update on the Quality Account that "81% of the 'Must Do' actions were now complete" was reiterated by the Chairman.

RESOLVED that the Committee noted the report.

12. MEASLES AND CHILDHOOD INOCULATIONS (Agenda Item 12):

The Chairman invited the following to the meeting:

- Dr Janet Djomba, Public Health Consultant, London Borough of Barnet.
- Dr Tamara Djuretic, Director of Public Health, London Borough of Barnet
- Dr Clare Stephens, Clinical Representative, NCL CCG Governing Body

The Committee received the report and Dr Djomba presented her slides.

Dr Djomba reported that the last presentation on measles and childhood inoculations to HOSC was a year ago and at that time the team had been preparing to implement the Action Plan when the pandemic began and disrupted this.

Dr Djomba reported that GPs had fed back that some parents were anxious to bring their children for vaccination during the pandemic but many had not received sufficient information that the NHS vaccination programme should continue during this time.

Dr Djomba continued that the vaccination programme had also been disrupted because most stakeholders were in 'business continuity mode' concentrating on the pandemic response. Barnet Council and the CCG had monitored this and provided support and information to GP Practices on how to continue with childhood immunisation safely, whilst maintaining infection control. GPs had also sent information and appointment reminders to parents. Barnet Council is returning to its routine business so is looking to improve the uptake in immunisation and had increased its communications to parents mainly via health visitors and early years settings, but also using social media.

Dr Djomba reported that there had also been delays in the registration of births during the pandemic but this is being prioritised.

Full data on immunisation uptake for Quarters 1 and 2 in 2020 is not yet publicly available but Quarter 1 showed a good uptake of the first dose at two years old of the MMR vaccine in Barnet at 83.5%. Dr Djomba reported that she had been informed that there had been no decrease in uptake for Quarter 2 due to the pandemic. London has a historically low uptake and Barnet's is comparable to London's, though better than its neighbouring Boroughs. However, the uptake is below the 95% that is needed for herd immunity. Dr Djomba continued that for the second dose of the MMR vaccine, uptake in Quarter 1 was 77.5% and Quarter 2 doesn't show a significant decrease. Uptake of the '6 in 1' vaccine which is given to babies at an earlier stage before 12 months was at 90% for Barnet, which is below the national average but better than across London and neighbouring Boroughs.

Dr Djomba reported that the uptake of the pre-school booster vaccine for children of five years of age was 75.8% in Quarter 1. This was lower than the uptake across NCL and something that the team will be focussing on.

A Member enquired whether there was a reason for the significant dip in some vaccines in Quarter 1 of 2018/19 and whether this had been a data reporting issue. Dr Djomba responded that such strong deviations are usually related to data capture or reporting, although it could represent a lower uptake. However, she thought that it appeared to be a spike rather than a trend so was probably related to reporting.

A Member asked whether there is a common theme amongst parents who don't take their children for immunisation. Dr Djomba responded that some information on this is included in the Action Plan. Historically this is linked to deprivation which is a priority target and to children with Special Educational Needs (SEN).

A Member enquired about whether there were still concerns around the effects of the MMR vaccine which had previously had an impact on uptake. Dr Djomba noted that this strongly rooted myth remains and the team continues to share information but unfortunately parents who are strongly against the vaccine appear unlikely to change their minds. The team works to target where it can have an impact especially with new parents. The team is also looking at the demographics and gathering more information on those against the vaccine. She added that many health-related beliefs had changed during the pandemic, so this may have a positive impact.

A Member enquired whether there are data on the health of those who have not been vaccinated. Dr Djomba responded that she could enquire with PHE. Dr Djuretic added that it is difficult to associate individual cases but that there are very few measles outbreaks in Barnet, whereas other Boroughs with lower uptake of the vaccine do have outbreaks. This was being investigated further.

Dr Stephens reported that University College London (UCL) is carrying out research which began this week, the Crown Coronation Trial, investigating the 'helpful' side effects that the MMR vaccination gives to people who contract Covid. Evidence has been found around the world that adults who received the MMR booster have experienced a less serious form of Covid. If the research shows that the MMR booster provides some support for fighting Covid infection, there may be an upturn in people wanting to have the MMR vaccination. Dr Stephens stated that the Trial is beginning with front line workers and agreed to provide a further update to HOSC in May 2021.

A Member enquired whether there is any indication that people who have previously had measles, mumps or rubella have additional protection against Covid. Dr Stephens responded that there is no evidence of this so far but the initial research is looking at whether those who have had the vaccination will have very much less severe symptoms than those who have not.

A Member asked whether children who had recently been vaccinated with MMR might be the source of the lower case numbers with children. Dr Stephens responded that this is also going to be included in the Trial.

The Chairman noted that a request had been made in the virtual meeting 'chat' for an update on birth registration. Dr Djomba responded that she could provide a short written update on this at the next meeting on 22 February 2021. Further information would also be available for a general update at the time of the meeting on 10 May 2021.

RESOLVED that the Committee noted the written report, Action Plan and verbal updates.

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

22 February 2021

- Coronavirus and Covid 19 Vaccination Update
- Alternative Provider Medical Services (APMS) in Cricklewood Update (CCG)
- Children and Young People's Oral Health in Barnet
- Written Update on Birth Registrations

10 May 2021

- Quality Accounts: Royal Free London NHS Foundation Trust, Central London Community Healthcare and the North London Hospice
- Childhood Inoculations Update and Crown Coronation Trial Results.

RESOLVED that the Committee note the Forward Work Programme.

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

None.

The meeting finished at 20:50 hrs.