MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

MONDAY 22ND FEBRUARY, 2021

AT 6.00 PM

VENUE

VIRTUAL MEETING – PLEASE VIEW AT THIS LINK: https://urlzs.com/JuLFR

TO: MEMBERS OF HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Quorum 3)

Chairman: Councillor Alison Cornelius
Vice Chairman: Councillor Linda Freedman

Councillors:

Golnar Bokaei	Geof Cooke
Saira Don	Alison Moore
Lisa Rutter	Barry Rawlings
	Anne Hutton

Substitute Members

Lachhya Gurung	Felix Byers	David Longstaff
Zakia Zubairi	Ammar Naqvi	Paul Edwards

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is **Weds 17th February at 10AM**. Requests must be submitted to tracy.scollin@barnet.gov.uk Tel 020 8359 2315

You are requested to attend the above meeting for which an agenda is attached.

Andrew Charlwood – Head of Governance

Governance Service contact: tracy.scollin@barnet.gov.uk Tel 020 8359 2315

Media Relations Contact: Tristan Garrick 020 8359 2454

ASSURANCE GROUP

ORDER OF BUSINESS

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Decisions of the Health Overview and Scrutiny Committee

3 December 2020

AGENDA ITEM 1

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 may 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 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 an 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 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 that 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 respond 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.

MINUTES OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON FRIDAY, 27TH NOVEMBER 2020, 10AM – 12.40PM.

Present:
Councillor Pippa Connor (Chair), Councillor Edward Smith (Vice Chair), Councillor Tricia Clarke (Vice Chair) (from item 5), and Councillors Alison Cornelius, Linda Freedman, Larraine Revah, Paul Tomlinson, and Lucia das Neves.

1. FILMING AT MEETINGS

The Chair referred to the notice of filming at meetings and this information was noted.

2. APOLOGIES FOR ABSENCE

There were no apologies for absence.

3. URGENT BUSINESS

There were no items of urgent business. The Chair noted that, due to officer availability, item 8 (Post-Covid Syndrome Service) would be taken after item 6 (Primary Care during the Covid-19 Pandemic).

4. DECLARATIONS OF INTEREST

There were no declarations of interest.

5. MINUTES

Cllr Cornelius drew attention to item 6 of the minutes, Declarations by Members, and noted that she was a ‘Council appointed Trustee’ rather than a ‘Council appointed member’ of the Eleanor Palmer Trust.

RESOLVED

That, subject to the above amendment, the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting held on 25 September 2020 were confirmed and signed as a correct record.

In terms of matters arising from the minutes, the Committee asked for clarification of whether the 85 community health beds, meant for testing care home residents to prevent Covid-19 outbreaks when they returned to care homes, were included within the 200 surge beds or whether they were a separate provision. It was also enquired

whether people with disabilities in supported living accommodation were being provided with the same access to testing as care home residents. The Chair noted that these questions would be provided with written answers.

Post meeting note: The table below showed all units capable of taking Covid 'bridging' patients (patients due to be discharged to a care home but awaiting a negative test). These were referred to nationally as 'designated' sites. The column marked 'beds' showed the capacity of the units pre-surge. The column marked 'max surge' showed the maximum capacity if all surge beds were used. Part of the surge capacity at Chase Farm had currently been implemented. All 240 beds were capable of being 'bridging beds' if required. These beds were mainly used as step-down from hospital, but not exclusively. There would be occasions when a patient was admitted directly from the community or other pathways.

Provider (NHS)	Unit	Beds	Max Surge
CLCH	Finchley Memorial Hospital	51	
CLCH	Edgware Community Hospital	20	+17
CNWL	St Pancras	51	+36
BEH	Chase Farm	33	+32
TOTAL		**155**	**85**

(This table did not show all NCL P2 block capacity. Units located in care homes or extra care sheltered units, such as Mildmay, St Anne's, and Priscilla Wakefield, were not intended as bridging beds.)

In relation to testing access for those with disabilities in supported living accommodation, it was noted that the national testing regime had provided regular testing for care home staff (weekly) and residents (monthly) in recent months. It had been announced that the national offer would provide increased testing for extra care and supported living settings shortly. In North Central London (NCL), local testing capacity had been provided to address the gaps in supported housing (and other social care settings). This had been provided by the local NHS and its use had been directed between public health and adult social care departments.

The Chair noted that the action tracker had been circulated as a late paper. It was explained that a number of the actions had been completed but that the key outstanding items were a written update on the Lower Urinary Tract Service (LUTS) Clinic and a seminar on health and social care integration hosted by Mike Cooke. The Chair added that the remaining items on the action tracker would likely be addressed later in 2021. Rob Mack, Principal Scrutiny Officer, reported that the seminar on health and social care integration had been arranged but had been cancelled due to the Covid-19 pandemic; it was noted that efforts would be made to reorganise.

6. PRIMARY CARE DURING THE COVID-19 PANDEMIC

Will Huxter, Clinical Commissioning Group (CCG) Director of Strategy, introduced the item and explained that he had oversight of ongoing programmes. He noted that Dr Katie Coleman, Islington GP and North Central London (NCL) Clinical Lead for Primary Care Network Development, and Keziah Insaidoo, Health and Care Close to Home Programme Manager, would present the item and answer questions.

Dr Katie Coleman noted that primary care had worked extremely hard during the Covid-19 pandemic to meet the needs of the local population. It was explained that there were some challenges for staff and patients and that some significant changes had been required to ensure safety. It was noted that the detail was provided in the report but that a major concern had been access to healthcare during the pandemic. Dr Katie Coleman explained that, initially, GP surgeries were not open and people were unsure how to access their GPs. There was now a digital approach to gain access to GPs and it was acknowledged that the digital approach had caused some problems for a small but significant portion of the population. It was added that it had been challenging to return to a 'business as usual' position, particularly for those with Long Term Conditions (LTCs), child immunisations, and cancer identification. It was commented that the responses of primary care were listed in the report and included creating a dedicated service to support the needs of people with Covid-19 and post-Covid syndrome. It was added that things were developing quickly which involved ongoing learning and responses to challenges.

It was noted that the Committee had been interested in assessing how services had changed for patients and their pathways, particularly in the case of diabetes as there had been some concerns that residents had not been able to access blood tests. Dr Katie Coleman noted that, at the early stage of the Covid-19 pandemic, those with LTCs were not able to access GPs. It was explained that there had been a great deal of fear for patients and staff; however, this had improved as more was learnt about the virus and about how to protect staff and patients.

In relation to those with LTCs, GPs were able to search their patient lists and actively identify those whose conditions were most poorly controlled and who were at the greatest risk of complications; this enabled GPs to stratify their populations. Therefore, someone with diabetes would be identified by a GP and would be contacted over the phone for an assessment. It was noted that this could be undertaken by a Healthcare Assistant or Pharmacist and that training for virtual support had been provided to staff. It was highlighted that a number of diabetes cases involved behavioural and lifestyle considerations, such as diet and exercise, which could be addressed virtually. After this initial assessment and identification of care needs, a patient would be offered an appointment for their annual blood tests; the GP or Pharmacist would generate and send a pre-filled form to the Phlebotomist. Afterwards, the results would be sent to the GP practice and any follow up or adjustments to medication could be made. Dr Katie Coleman explained that putting these changes in place had taken some time but that service delivery was now back to pre-Covid levels. It was acknowledged that not everything could be provided virtually but that having this option increased direct patient care; it was noted that about 50% of appointments were undertaken virtually.

Cllr Clarke stated that primary care had done well to recover but enquired why the Royal Free had suspended reporting on treatment waiting times. Will Huxter explained that there were national arrangements for reporting and that, due to data problems, the Royal Free had been unable to meet the national reporting standards. In these circumstances, it was agreed that the Trust ceased national reporting, although there was still local monitoring and national reporting was anticipated to resume at the end of March 2021. Cllr Clarke also noted that there were reports of increased suicide attempts and asked whether this was an issue locally. Dr Katie Coleman noted that there had been an increase in mental health issues across all age groups. Work was underway with mental health teams to ensure that there was sufficient support and funding and pathways had been changed to respond to children in crisis. It was added that there were some promising transitions underway to embed mental health care in local communities and primary care networks.

Cllr Smith enquired how GPs identified people with LTCs and whether the Clinical Commissioning Group (CCG) was monitoring whether all people with LTCs had been contacted. Dr Katie Coleman explained that all people with LTCs had codes and GP practices could undertake searches based on these codes. This database of codes was accessible to all GP practices and other providers. It was possible to monitor how GPs were achieving in the outcomes for people with LTCs using the Quality and Outcomes Framework; this was monitored annually. Some areas were also looking at enhanced services around outcomes; although this was primarily in Camden at present, this might be rolled out across NCL. In addition, there was a population health management platform used across NCL, Healthy Intent, which allowed outcomes across GPs and all providers to be monitored.

It was enquired when GPs were visiting care homes and how this workload was shared. Dr Katie Coleman explained that, at the start of the pandemic, no medical professionals were going into care homes and there were virtual ward rounds and assessments. It was noted that there had been existing plans to introduce a programme called Enhanced Health in Care Homes and this was brought forward; this meant that every care home in NCL had a dedicated clinical lead in charge of ensuring patients with concerns were identified and supported. This programme was introduced in May and then enhanced in October. It was added that the model of care for care homes was more community based with a multi-disciplinary team working in a collaborative way and reporting issues to GPs where necessary.

Cllr Das Neves stated that the most vulnerable and disadvantaged would be struggling to engage digitally and possibly even by phone; she asked how this was being monitored, whether there were clear processes, and what was being done to improve digital inclusion. Dr Katie Coleman acknowledged that the change in approach had not happened perfectly and there was always more that could be done to improve. She explained that she had raised digital inclusion as a significant risk at the NCL Digital Board recently and had been assured that this would be addressed. It was noted that there was no monitoring but that this was a known issue which needed to be addressed. It was explained that there was a project with Healthwatch that had recently begun in Haringey which tried to procure digital hardware and provide training to improve digital inclusion. Will Huxter noted that there was a plan to undertake an Equality Impact Assessment on digital inclusion which would set out

what was being measured and possible ways to mitigate issues. It was added that input from the Committee would be welcomed.

It was also noted that some residents had received varying instructions and it was enquired whether there was a clear process for the delivery of care. Dr Katie Coleman noted that each GP was an independent provider and would undertake care processes which suited them best and, as such, it was acknowledged that there would be some differences. However, the CCG endeavoured to provide GPs with recommendations about the delivery of care. For example, in terms of risk stratification, it was recommended that certain patients were contacted on a regular basis, such as those with dementia. In addition, all GPs were currently working in a more joined up way with community providers to support those at greatest risk. Dr Katie Coleman noted that GPs were also monitored at the end of each year based on their achievement against the Quality and Outcomes Framework; this meant that any issues could be examined and addressed. It was added that, if there were consistent issues, a GP would come to the attention of the regulator which would lead to additional measures and reviews.

Cllr Freedman enquired whether there was any data on the uptake of the flu vaccination. Dr Katie Coleman explained that NCL was currently on the trajectory to achieve the 75% target vaccination rate for over 65s, high risk 18-25s, and children. The Healthy Intent platform was being used to understand any areas of need and it was noted that certain parts of the community were taking up the vaccination less. It was explained that some targeted work was underway with the Voluntary and Community Sector (VCS) to raise awareness about the importance of the flu vaccine, the Covid vaccine, and the risk of contracting both diseases. It was noted that the government had procured larger numbers of flu vaccinations and there was a central supply. It was noted that not all GP practices could administer the flu vaccine but that there was more collaborative work and mutual aid which would be useful for the upcoming Covid vaccination campaign.

It was also noted that, in the report, only four of the five Healthwatch organisations had been mentioned; it was enquired why Barnet Healthwatch was not included. Dr Katie Coleman noted that all five NCL Healthwatch organisations were now working closely and one area often led on a project. It was noted that investigation could be undertaken to see why Barnet was not mentioned in this section of the report. **Post-meeting note:** Healthwatch Barnet confirmed that they were also invited to participate in the survey but were unable to do so at the time as they were going through a contract change. Healthwatch Barnet had not done specific work on this but, in general surveys, their findings replicated those from the other Healthwatch organisations, namely a mixed picture in relation to patient feedback on digital access to primary care.

Cllr Cornelius noted that some care homes struggled to obtain flu vaccinations for staff; she suggested that it would be more efficient for staff to receive vaccinations at work or for the vouchers to be sent directly to the care home. Dr Katie Coleman noted that there was a team supporting care homes to get flu vaccinations for care home residents and staff and she would have to look into this. **Post-meeting note:** Care staff did not require a voucher to get a vaccine and could obtain one from the pharmacy when they showed their care worker identification. The biggest challenge

with care staff take up of the flu vaccine this winter had been around inconsistent supplies of vaccines. However, national stock issues had been resolved and community pharmacies now had further access to vaccine stock. A range of actions had been undertaken in NCL to promote take up now that there was a good supply, including webinars and mythbusting sessions, calls to providers from their borough leads, and pop up sessions at care settings.

Cllr Revah enquired what was in place to inform people who were housebound and people with disabilities about changes to GP services. Dr Katie Coleman noted that there was a strategy for people who were housebound and they should receive the same level of care. She acknowledged that, at the start of the pandemic, there had been a lot of fear about the risk of transmission and there had been fewer home visits. However, there had been a lot of training for staff and most GPs were now undertaking home visits with PPE and additional measures. It was added that there were Rapid Response Teams in NCL for anyone who was acutely unwell but did not require hospital treatment; these were multi-disciplinary teams who were overseen by GPs and increased local capacity to respond during the pandemic. In relation to people with disabilities, Dr Katie Coleman noted that there were concerns and extensive communications campaigns had been undertaken. GPs were also expected to undertake annual learning disability health checks; these were not yet at pre-pandemic level but work was underway to address the shortfall.

Cllr Freedman noted that virtual certifications of death could be assuming that Covid-19 was a cause of death and it was enquired whether there were any face to face certifications. Dr Katie Coleman commented that certifications were initially undertaken with PPE but that processes were being developed to support certifications in nursing homes. It was explained that nursing home nurses were being trained to undertake certification of death with doctor oversight.

The Chair noted that a question had been received from a resident; it was enquired what was being done to reduce the risk of Covid-19 transmission at GP surgeries and hospitals. Dr Katie Coleman explained that robust infection prevention control procedures had been introduced which significantly reduced risks. She noted that she was a GP and could not provide the best information about hospitals but she was aware that patients with and without Covid were separated and there was regular staff testing. In GP surgeries, it was explained that there were more spaced out appointment times, waiting areas were regularly cleaned, windows were opened to increase ventilation, and Personal Protective Equipment (PPE) was worn and regularly changed.

The Chair noted that there was a framework for people with LTCs in the report which implied that people with medium or low risks would not have access to GPs. Dr Katie Coleman explained that a number of staff were qualified to deal with LTCs and the framework meant to demonstrate that those with medium or low risks could be seen by other medical professionals, not only GPs. It was highlighted that this was not a reduction in service but aimed to increase resilience.

The Chair stated that the Committee should receive a report explaining the Healthy Intent initiative and a report on the NCL Digital Board work on digital inclusion, including the Equalities Impact Assessment. It was added that it would be useful for

the Committee to receive some information on the digital inclusion pilot in Haringey, even if this related to some initial findings. The Committee could then decide whether a full report would be required.

RESOLVED

1. To note the report.

2. To receive a report explaining the Healthy Intent initiative.

3. To receive a report on the North Central London (NCL) Digital Board work on digital inclusion, including the Equalities Impact Assessment.

7. SECONDARY CARE DURING THE COVID-19 PANDEMIC

Naser Turabi, Programme Director for NCL Cancer Alliance, Derralynn Hughes, Professor of Haematology at the Royal Free London and Co-Clinical Director for NCL Cancer Alliance, and Clare Stephens, Barnet GP and NCL Board and Co-Clinical Director for NCL Cancer Alliance, introduced the item.

Naser Turabi noted that this item would focus on the cancer patient pathway and experience during the Covid-19 pandemic. He explained that, at the start of the pandemic, there were concerns about the spread of the virus and the vulnerability of cancer patients and some services had paused. It was noted that protective measures had been put in place and services were now around pre-pandemic levels. In terms of patients, NCL was ensuring that the pathways were Covid safe and had returned to pre-pandemic levels of diagnosis and treatment fairly rapidly. A key concern was the drop in presentation of new cancer cases. It was explained that cancers were normally diagnosed through multiple routes, such as via GPs, routine hospital appointments, screening, and emergency presentations. Based on a comparison of previous year cancer diagnoses, it was estimated that there were 600-650 missing cancer cases. It was noted that there was a national communications campaign encouraging people to present.

Clare Stephens explained that a cancer awareness measure assessment survey was undertaken in Camden and Islington in late summer; of the 1,300 respondents, 65% admitted to delaying getting help or advice for potential cancer issues, 55% said that they did not want to overwhelm the NHS and felt that they could wait, and others had stated that they were concerned about catching the virus.

Cllr Smith noted that there were a significant number of missing cancer cases and asked whether people knew about the Covid prevention measures and whether this had helped to reduce fears. Naser Turabi noted that there was a communications campaign called ‘Help Us to Help You’ which encouraged people to present when they had seemingly minor symptoms which could be cancer symptoms, such as changes in bowel movements and skin changes. It was noted that this was a national campaign and, furthermore, NCL hospitals had been featured on Channel 4 News and in the Evening Standard. It was also noted that significant effort was being

expended by healthcare professionals and endoscopy numbers were actually higher than pre-pandemic levels.

Cllr Cornelius enquired whether there was still an issue with breast screening and endoscopy waiting times. In relation to endoscopy, it was noted that there were capacity issues as the air in the room had to be cleared between procedures. However, more appointments had been made available, including at weekends, and the service was due to be back on track by the end of next quarter. It was added that there had been significant progress and those with cancer concerns had been prioritised. Derralynn Hughes highlighted that no cancer patients were waiting for an endoscopy beyond the normal length on a 62 day pathway. In relation to breast screening, it was explained that the primary concern was that only 50% of people took up the invitation to attend screening. Although there were some concerns about capacity if additional people took up screening invitations, a working group had been established to support the breast screening service led by the Royal Free which was shared with North East London.

Cllr Freedman noted that the NHS had used some private healthcare for elective and urgent operations at the start of the pandemic and it was enquired whether this was still happening. Naser Turabi noted that some private capacity had been used initially, primarily in inner London. A new deal had been arranged nationally by NHS England whereby private hospitals could sign up to provide additional capacity but, at present, all cancer services had been returned to NHS hospitals and this was being managed within that capacity. Cllr Tomlinson enquired whether there were any issues with surgery waiting times. Naser Turabi noted that surgery waiting times were back to pre-pandemic levels.

The Chair noted that clinical harm reviews were undertaken for patients who had to wait more than 104 days for treatment; it was enquired whether these reviews were still taking place. Naser Turabi explained that clinical harm reviews were routinely carried out when a patient had waited more than 104 days for treatment and the patient pathway needed to complete before there was any analysis. It was noted that the results from the first three months of the pandemic had been analysed and Covid-19 had not been a major factor in any harm caused by delays. It was noted that some patients had chosen to wait for treatment if they were vulnerable to avoid the risk of Covid transmission. It was commented that the number of people waiting more than 104 days had decreased significantly and that there would be further analysis as further patient pathways completed.

The Chair also noted that there was anecdotal evidence that there may be more late stage cancer diagnoses as a result of people failing to present for routine testing and screening; it was enquired whether it was possible to proactively engage with any people who might have a missed cancer diagnosis. Naser Turabi explained that the figures relating to missed cancer diagnoses were estimates and there could be a fair amount of variation but he noted that targeted work would take place where possible to encourage people to seek medical attention. Derralynn Hughes added that the largest numbers of missing cancer diagnoses related to urology and prostate pathways and, as these cancers progressed fairly slowly, there may not be increased numbers of late stage cancer diagnoses. It was noted that work was underway to consider how to optimise these pathways and to understand people's

motivations for not coming forward; it was added that more information may be presented to the Committee in future.

It was noted that there had been recent news about a new blood test pilot which aimed to detect early stage cancers; it was asked whether NCL was involved in this. Naser Turabi noted that the 'Galleri' blood test had been developed by an American company called GRAIL. It was explained that UCLH and UCL already worked with GRAIL on a large lung screening trial; the population of NCL and North East London (NEL) had access to this trial. Part of the trial involved piloting the new blood test for patients at risk of lung cancer. It was explained that the blood test would require significant further testing but that, if it worked, it would be very exciting as cancer diagnoses currently relied on biopsies. It would also be important for increasing early stage diagnoses from the current rate of about 55% to the 10 year target rate of 75%.

The Chair noted that the Committee had requested a report on the post-Covid syndrome pathway which included some elements of secondary care in the form of referrals to individual clinics. It was enquired whether there was a particular area of secondary care that would benefit from the Committee's input. Naser Turabi noted that the largest area of concern at present was missing cancers. It was commented that this involved public health and public communications issues and that local authorities would be important partners in sharing information. The Chair agreed and noted that an item on missing cancer patients would be added to the Committee's work programme.

RESOLVED

1. To note the report.

2. To receive a report on missing cancer patients.

8. POST-COVID SYNDROME SERVICE

Dr Melissa Heightman, Clinical Lead for the Covid follow up Service and NCL representative for the London Respiratory Network, introduced the item. She explained that that a clinic was started to meet patient need in May 2020 when it transpired that patients going home from the Accident & Emergency department (A&E) were having difficulties related to Covid-19; this was followed by similar reports about the long term effects of Covid-19 from the community through GPs. It was noted that University College London Hospital (UCLH) was named as the key provider for the post-Covid assessment service. It was stated that there had been over 1,000 appointments in the assessment clinic for around 800 people and that half of these people had been referred from outside NCL as there was a national shortage in this area. It was explained that the clinic had a multi-specialty team and tried to offer a 'one stop shop' for patients, covering respiratory, cardiology, neurology, and therapies assessments. It was added that clinicians tried to follow a clinical line of questioning but that there was a huge amount of information missing in this area and treatments were not guaranteed to be effective. It was highlighted that the team was working to develop an integrated care pathway for patients but that

evaluation was required in relation to how to assess someone in primary care, when to make a referral, how to investigate, and the correct forms of rehabilitation.

The Chair noted that some patients had expressed concerns that they had been referred to other specialists but had not been given access to the post-Covid syndrome service. It was enquired whether people should specifically ask for a referral. Dr Melissa Heightman noted that people should talk with their GP about their symptoms. There was increasing awareness of the service amongst GPs and there was a process to follow with screening questionnaires and initial tests. It was explained that GPs would then decide the best course of action for the patient; this could involve the post-Covid syndrome service or another course of action.

Cllr Smith enquired about the numbers of post-Covid syndrome for Black, Asian, and Minority Ethnic communities who had been disproportionally impacted by Covid-19. Dr Melissa Heightman noted that there was an excess of white, British people in the patients referred and it was not certain whether this reflected the nature of post-Covid syndrome or whether this related to health inequality. It was explained that, on average, 34% of post-Covid syndrome patients were from Black, Asian, and Minority Ethnic backgrounds. However, in one cohort of patients that had been proactively contacted after leaving A&E, 47% of people were from Black, Asian, and Minority Ethnic backgrounds.

Cllr Das Neves enquired whether the post-Covid service had sufficient capacity for demand and whether GPs were sufficiently aware that they could make referrals. Dr Melissa Heightman noted that some communications work was required but that the London pathway needed to be confirmed beforehand to ensure that there was a clear process. In relation to capacity, it was explained that there were three clinics per week and this was generally undertaken in additional to other work; there were some digital solutions but the service was waiting for funding to become available in order to be more sustainable. It was noted that treatment was currently delivered by the therapies team and there were concerns about capacity within this team. It was noted that the waiting time was currently six weeks but that information could be sent to patients as soon as their referrals were received. It was added that increased referrals were expected, as people from the second wave of transmission recovered, and there were concerns about capacity.

Cllr Smith enquired whether the scale of post-Covid syndrome was known. Dr Melissa Heightman noted that post-Covid syndrome was more prominent in community cases rather than hospital cases. The ZOE app, which was tracing data relating to community cases, suggested that 2% of people were experiencing post-Covid syndrome symptoms. It was noted that, based on referral rates, using GPs as a guide, it was anticipated that 4,000 people in NCL were experiencing post-Covid syndrome but it had been suggested that this could be 8,000. It was noted that it was challenging to design services when the extent of the issue was unknown.

Cllr Das Neves noted that some patients were referred to other services who were not aware of post-Covid syndrome; it was enquired whether sufficient information was being provided to other services to ensure satisfactory patient care. Dr Melissa Heightman stated that there was a need for communications about the developing pathways and services. It was noted that every Trust had a Covid follow up clinic for

its hospital discharge patients that should be acting as a spokesperson for the post-Covid syndrome service. However, it was acknowledged that the health service was struggling with capacity and this was a new outpatient demand; it was noted that the process for this pathway was being planned but was not yet perfected.

The Chair stated that this report had been very informative and that it would be useful for the Committee to receive further information about the communications for the post-Covid syndrome service, particularly how GP practices and clinicians in other settings were getting these communications and how they would be disseminated to the public, especially in areas where there were high levels of deprivation. It was added it would also be helpful for the Committee to receive information on funding for the therapies teams. In addition, the Chair requested an overview of the London pathway for post-Covid syndrome, even if this was in draft form, so that the Committee could consider the strategies, concerns, and risks.

RESOLVED

1. To note the report.

2. To receive a report on the post-Covid syndrome pathway in London, including information about communications and funding for the therapies teams.

9. WRITTEN RESPONSE TO DEPUTATION – TEMPORARY SERVICE CHANGES MADE IN RESPONSE TO COVID-19

The Chair stated that this item detailed the written response to the deputation made at the meeting on 25 September 2020 on temporary service changes made in response to Covid-19. It was noted that a question had been received from a member of the public about how a pan-London Joint Health Overview and Scrutiny Committee (JHOSC) would be set up. It was explained that the health scrutiny regulations required a JHOSC of all of the local authorities affected be set up to respond to proposals by NHS bodies for permanent and substantial changes to services. If and when such proposals were brought forward, action would be taken to set up an appropriate health scrutiny body to respond. Whether this was a pan-London JHOSC would depend on the nature and scope of the proposals.

It was noted that the written deputation response, which added to the verbal response provided at the meeting, was published online but would also be circulated to the people who had brought the deputation. It was added that the Committee would ensure that any proposals were scrutinised effectively.

Cllr Freedman enquired whether it was clear to local people that the changes were temporary. She noted that there had been a petition in Barnet about the temporary move of Children's Services from the Royal Free to Barnet Hospital and it was clear that the petitioners thought that the changes were permanent. Will Huxter noted that the communications on this issue explained that the changes were temporary. He added that the temporary nature of the changes to paediatrics had also been stressed at a recent scrutiny meeting in Camden. He acknowledged that these sorts

of messages did not always get through to local people but noted that any substantial permanent changes would require consultation.

RESOLVED

To note the report.

10. WORK PROGRAMME

The Chair noted that the items on General Practice and Digital GP could be removed from the work programme as there had been detailed discussion about GPs during this meeting and there would be further discussion relation to digital inclusion at future meetings. It was noted that there was a wider item on tackling inequalities through prevention and early intervention but that it might be useful to consider this specifically in relation to the disproportionate impact of Covid-19 on ethnic minorities. The Chair also stated that the Committee had requested reports on the post-Covid syndrome pathway, the Healthy Intent initiative, digital inclusion, and missing cancer patients.

Rob Mack, Principal Scrutiny Officer, explained that a seminar delivered by Mike Cooke on the integration of health and care had been organised but had to be cancelled due to the national lockdown. It was suggested that this could be reorganised to be delivered as an online seminar.

Cllr Das Neves suggested that mental health should be added to the work programme as this extremely important at present. The Chair added that Dr Katie Coleman had referred to an increased suicide risk and she believed that a piece of work was being developed to support mental health. Cllr Revah added that the mental health of carers had been significantly impacted during the Covid-19 pandemic and asked for carers to be included in any paper on mental health.

Cllr Smith suggested that health inequality and the disproportionate impact of Covid-19 on Black, Asian, and Ethnic Minority communities would require further consideration. The Chair stated that this was a very wide-reaching topic and that it might be useful to consider health inequality as part of the digital inclusion paper, particularly if digital services were not being accessed by particular communities; it was noted that it would be helpful for this paper to include what was being put in place to mitigate health inequality. The Committee commented that it would be useful to invite some organisations working with Black, Asian, and Ethnic Minority communities and faith communities as they had direct experiences and would bring a different perspective. It was added that this report would need to be underpinned by specific data.

Cllr Cornelius noted that a seminar was being delivered to Barnet councillors relating to Covid-19, housing, and mental health; it was suggested that this seminar or the research undertaken might be useful to other Councils.

Rob Mack, Principal Scrutiny Officer, noted that Camden Council had undertaken a report on the disproportionate effect of Covid on Black, Asian, and Minority Ethnic

communities which could be circulated to the Committee. The Chair added that Hackney Council had hosted a meeting with a number of high profile speakers and that it might be useful to see if they had produced a follow up report.

29 January 2021

- Post-Covid syndrome pathway, including communications, the financing for the therapies teams, and a section about which communities were presenting with post-Covid syndrome given concerns about the disproportionate amount of white British people presenting.
- The mental health impact of the Covid-19 pandemic, including carers.
- Digital inclusion, including the NCL Board report and Equality Impact Assessment, specific reference to Black, Asian, and Minority Ethnic communities, faith communities, and specific data.

26 March 2021

- Missing cancer patients.
- Healthy Intent (information report).
- Health Inequalities, specifically looking at the impact of Covid-19 on Black, Asian, and Minority Ethnic communities in more depth and with more data.

RESOLVED

To note the report, subject to the above amendments.

11. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

12. DATES OF FUTURE MEETINGS

It was noted that the dates of future meetings were:

29 January 2021
26 March 2021

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AGENDA ITEM 11

North Central London
Clinical Commissioning Group

North Central London CCG
Health Overview and Scrutiny Committee (HOSC)
Monday 22nd February 2021

Report Title	Update on the Cricklewood Health Centre APMS Contract procurement	**Date of report**	10th February 2021
Lead Director	Colette Wood	**Email / Tel**	Colette.wood1@nhs.net
Report Authors	Vanessa Piper Ian Sabini	**Email / Tel**	
Report Summary	In October 2020, NCL CCG commenced a procurement process to identify a new provider for the Cricklewood Health Centre registered list. The procurement is now in its final stages and in February 2021, the NCL Primary Care Commissioning Committee will be approving the award of a new APMS contract to the successful bidder. Contract, service mobilisation (handover) and TUPE transfer of staff, will begin in February 2021, with the new provider commencing from 1st April 2021. Patients and stakeholders were engaged with in early 2020, to establish what changes and improvement's they would like to see for the practice. The CCG last wrote to patients and stakeholders in January 2021 to provide an update on the stages of the procurement but also to provide reassurance on the relocation of the practice to a new premises. As part of the procurement the CCG requested the bidders to provide a solution by identifying premises that the patient list can relocate too. A criteria was set that the new site had to be within 2 miles of the existing Cricklewood Health Centre, close to where patients reside and suitable to deliver primary care services in line with the relevant premises regulations. Premises have been proposed as part of the bidder's responses and the CCG has evaluated and scored the suitability of the sites. At the time of writing this report the CCG is not able to share the detail of the premises until the, (1) NCL Primary Care Commissioning Committee approve the award of the new APMS contract, (2) bidders are notified and (3) 10 standstill challenge period has been concluded. If there is no slippage on the timelines then Patients and Stakeholders will be notified by week commencing 2nd March 2021, of the new provider and premises, including the timescales for relocation.		

Cricklewood Walk-in Service

Barnet CCG is the lead commissioner of Cricklewood Walk-in service (CWIS) and Brent CCG is an associate to the contract. They proposed the closure of Cricklewood walk-in service at the end of its contract on 30 June 2020 having undertaken a joint engagement process from 12 August to 18 November 2019 with public and stakeholders. The proposal recommended the closure on the basis that it duplicates services already available within both boroughs and does not help CCG's meet local urgent care priorities. The proposal was approved by the primary care committees of Barnet and Brent CCGs at their meetings held in public on 12 and 13 February 2020.

The CCGs approved this along with a number of recommendations to support the implementation of the decision including:

- The CCGs should continue with a programme of awareness-raising with the local population as to the alternatives to the walk-in service and the national direction of travel to develop Urgent Treatment Centres and GP Access Hubs delivered through Primary Care Networks. The programme should be guided by the outcome of the engagement process and ongoing engagement with local patient groups.
- As part of its procurement of the Cricklewood GP practice, Barnet CCG to specify a higher level of access to appointments in core hours to improve access in an area of population growth.
- The Practice's Patient Participation Group (PPG) representatives are to be invited to take a role in the procurement process to ensure that access arrangements reflect local need.
- Barnet and Brent CCGs to work together to develop approaches for reducing unnecessary A&E attendances at the Royal Free Hampstead site, by engaging with their respective GP Federations and local primary care networks (PCNs) to ensure GP extended access hubs meet the needs of the local population.

On 13 February 2020, Barnet CCG updated the Barnet Health Overview and Scrutiny Committee (HOSC) of the outcome of the joint engagement process regarding the CWIS noting the following;

- demand for the service has reduced year-on-year since 2016/17 alongside annual increases in the number of people attending local A&E services with primary care needs.
- although convenient, the service does not address the longer-term health needs of patients and is not aligned with the local and national aspirations for integrated models of care between urgent care and Primary Care Networks.
- there is no strategic or financial case for developing an urgent treatment centre (UTC) on the Cricklewood site
- the needs of walk-in service patients can be better met closer to home by general practice or the GP extended access hubs already in place. Access has been, and will continue to be, improved through the implementation of digital and online consultations and through NHS 111 and improved publicity
- the Health and Equality Impact Assessment (HEIA) completed in January 2020 concluded that closure of the service would overall have no disproportionate negative impact on patients.

In line with National Covid-19 guidance, Cricklewood walk-in service closed on 27 March 2020 and the re-procurement of the APMS contract for the Cricklewood GP Health Centre was put on hold until September 2020. Barnet and Brent CCGs provided final letters to all stakeholders and placed a poster at the site to notify local stakeholders of the changes and details of alternative walk-in services.

The current provider Barndoc Health Care Ltd continues to provide the service until 31 March 2021. The CCG had agreed that an additional 3,960 appointments per full year will be provided however the pandemic has shown that there has been less demand on primary care for GP appointments and therefore it has been proposed

	that these appointments be phased into the GP practice rom 1 September 2020 to support increasing demands over winter. The Barnet Directorate of NCL CCG will keep the Barnet HoSC updated on progress with the re-procurement of the APMS contract for Cricklewood GP Health Centre and the work being led by the Barnet ICP Board to review same day access services. **Estates Overview:** There are many aspects to the estate's response to the Cricklewood Health Centre property situation. Essentially, the CCG were responding to a property situation beyond our control, as detailed below: - • The Cricklewood health centre/Barndoc's current lease expired on 30th December 2020. • The CCG were not the lease holder, and legally the CCG can not hold a lease for clinical services they commission. • The proposed redevelopment of the site. The landlord is planning to redevelop the Britannia Business Centre, which the Cricklewood Health Centre occupies the ground floor of. The scheme will be a residential-led redevelopment which includes the demolition of the existing buildings. • The current APMS contract expired on the 31/03/21, and the procurement process commenced in the autumn (2020). • The lease term and the current APMS contract term did not align. o The planning application has been approved, subject to the approval of the s106 legal agreement. New site search: The CCG worked with Barndoc, and the NCL Primary Care Commissioning & Contracting Team to find a site solution, and followed the below steps: • A short-term extension to the current lease to remain at Cricklewood Health Centre was explored. • Primary Care Network 5 were also approached to identify any available space within their practices. • The CCG worked with local partners (Local Authority and NHS organisation) to identify options within the public estate. • A commercial site search was carried out. N.B. the short-term extension at the current Cricklewood health centre was agreed while the above process was being carried out. The procurement process for the new APMS contract commenced in October 2020. The redevelopment of the site: The CCG have been liaising with the council and the landlord's agent regarding the redevelopment of the site, and have indicated that there might be a need for health space within the new development, or a s106 contribution towards the existing local health infrastructure. CCG couldn't commit to the new space at this stage, due to the fact that there were so many unknowns regarding the potential space for health, i.e., size, timescales, commercial arrangements etc. The CCG wanted to highlight that there could be a potential need for additional health space in the area so that we can obtain s106 monies from the development. A development and commitment of this scale requires detailed planning from a strategic (clinically and financially) point of view.

	Please find below an early response to the proposed planning application: *'Any redevelopment of the site or displacement of the Cricklewood GP Health Centre would require consultation with NHS Barnet Clinical Commissioning Group, regarding the re-provision of the health facility or a contribution to the health infrastructure'.*
Appendices	

AGENDA ITEM 12

Barnet Health Overview and Scrutiny Committee

22 February 2021

Title	Barnet Oral Health Promotion Service
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Key	No
Urgent	No
Enclosures	Appendix A: Update Report from CLCH and LBB Appendix B: Service User and Stakeholder feedback survey report
Officer Contact Details	Clare Slater-Robins, Senior Children and Young People Commissioner clare.slater-robins@barnet.gov.uk

Summary

Public Health and Family Services commissions the Oral Health promotion service for the London Borough of Barnet from Central London Community Healthcare NHS Trust since 2014. The Oral Health Promotion service is part of the Healthy Child programme and has an annual budget of £59,000 from the Barnet Public Health Grant. It is currently commissioned to September 2021 with the intention of being continued post this.

The purpose of the Oral Health Programme in Barnet is to deliver key messages on oral health for young children (up to the age of 5) and train any person involved in working with early years. It also raises awareness to parents of the importance of prevention of dental caries and by encouraging them to take their children to local General Dental Practitioners (GDP's) for advice on prevention and healthy eating to support National Oral Health Guidelines.

Recommendations

1. **That the Committee note the report and progress made in Oral Health Promotion services.**

1. WHY THIS REPORT IS NEEDED

Councillor Cornelius, Chairman of the Health Overview and Scrutiny Committee, has requested to receive an update on Children and Young Peoples Oral Health in Barnet at its February 2021 meeting. The last update to the Committee was on 4th December 2017 (please see link at section 6 of this report). This report is on the Public Health comissioned Oral Health Promotion Service.

It is widely acknowledged that dental decay is preventable, yet a third of young children in Barnet are suffering from tooth decay. Good oral health is integral to a child's overall general health.

Poor oral condition has an impact on quality of life affecting health and intellectual development through pain, impaired speech, embarrassment in smiling and laughing, poor child growth and low weight gain causing significant morbidity to the child and financially in turn to the family and society. Oral diseases are seen as a marker of wider health and social care issues.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be briefed on this matter. They are empowered to make further recommendations should they wish.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The Healthy Child programme Board and Contract meeting will continue to monitor progress in Barnet.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves

- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 The Oral Health Promotion service is funded within the Healthy Child Programme from Public Health Grant and there are no other financial implications for the Council.

5.3 **Social Value**

5.3.1 Not applicable.

5.4 **Legal and Constitutional References**

5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.4.2 The Council's Constitution (Article 7) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

"To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas."

5.5 **Risk Management**

5.6 No risks have been identified.

5.7 **Equalities and Diversity**

5.7.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.7.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons

who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.7.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.8 **Consultation and Engagement**

Not applicable.

5.9 **Corporate Parenting:**

Oral Health is something which is important to all young people and adults and as such is of interest to the Local Authorities children in care and corporate parenting function. The oral health promotor sessions are relevant to all Barnet residents under the age of 5 years.

6. BACKGROUND PAPERS

https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=179&MId=9292&Ver=4 (Report to HOSC on Children and Young People's Oral Health in Barnet, 4th December 2017).

Printed minutes
04122017 1900 Healt

(Minutes, HOSC, 4th December 2017)

Update on Oral Health Promotion service in Barnet

HOSC 22 February 2021

Background

Officers have been requested by the HOSC committee meeting to outline progress in delivering the Oral Health Promotion service in Barnet. This paper is a progress update and includes the service user and stakeholder feedback survey results undertaken to inform service improvements.

Public Health and Family Services commissions the Oral Health promotion service for the London Borough of Barnet from Central London Community Healthcare NHS Trust since 2014.

Oral Health promotors play an important role in delivering the Healthy Child Programme (an early intervention and prevention public health programme) for all children aged 0-5 years. The service has an annual budget of £59,000 from the public health grant and employs 1 whole time equivalent member of staff. The current contract is due to expire on 30 September 2021 however discussions are underway and the intention is to continue commissioning this service in Barnet.

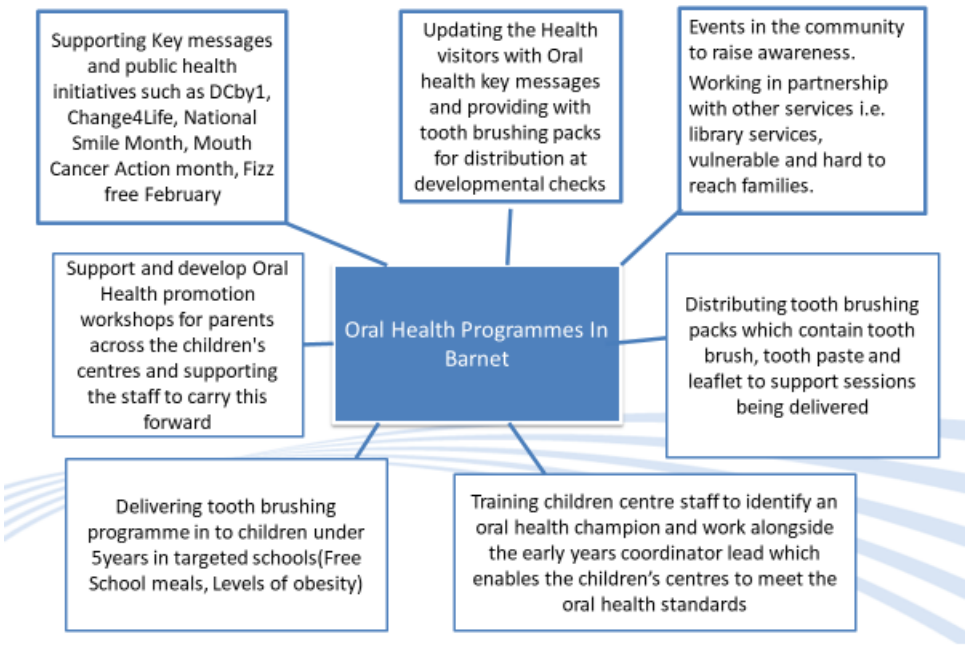
The purpose of the Oral Health Programme in Barnet is to deliver key messages on oral health for young children (up to the age of 5) including children in care and to upskill early years staff to disseminate oral health messages to families. It also raises awareness to parents of the importance of prevention of dental caries and by encouraging them to take their children to local General Dental Practitioners (GDP's) for advice on prevention and healthy eating to support National Oral Health Guidelines.

It is widely acknowledged that dental decay is preventable, yet a third of young children in Barnet are suffering from tooth decay. Good oral health is integral to a child's overall general health.

Poor oral condition has an impact on quality of life affecting health and intellectual development through pain, impaired speech, embarrassment in smiling and laughing, poor child growth and low weight gain causing significant morbidity to the child and financially in turn to the family and society. Oral diseases are seen as a marker of wider health and social care issues.

Service delivery during the pandemic

Although the oral health promotors (OHP) were partially redeployed during Lockdown 1 to support the setting up of an Urgent Dental Care Hub open to all London residents, the OHP started devising a virtual offer, made contact with existing stakeholders regarding their requirements and sent out resources to schools and Early Year settings. Following this no further redeployments have taken place and the table below details the service offer at present (Lockdown 3).



Barnet level data

The table below provides data on children with decay in Barnet and London as well as nationally. In Barnet the proportion of 5-year olds with decay experience is below the London average but above the national. This is in line with results found in the 2017 dental health survey of 5-year-old children (Barnet-24.1%, London-25.7%, England-23.3%). Results suggest there has been no further improvements in prevalence of experience of dental decay since 2017.

	Proportion of 5 year old children with decay experience (2019)	Mean d_3mft :Average number of decayed, missing, filled teeth among 5 year olds (2019)
Barnet	24.8%	0.9
London	27.0%	0.9
England	23.4%	0.8

Data source: PHE (2019). National Dental Epidemiology Programme for England: oral health survey of 5-year-olds 2019 A report on the variations in prevalence and severity of dental decay.

There has been a 5.9% reduction in the number of episodes of caries-related tooth extractions in hospital for 0 to 19 year olds compared to the previous year, despite a 0.3% increase in the estimated population of this age group. The reduction is mainly due to the significant drop in the number of admissions for tooth extractions in March 2020. This is consistent with the reduction for all admissions to hospital during this month because of the SARS-CoV-2 outbreak. Tooth decay is still the most common reason for hospital admissions in the 6-10-year-old age group. (https://www.gov.uk/government/publications/hospital-tooth-extractions-of-0-to-19-year-olds)

The commissioner and the service presented to the Barnet Local Dental Committee (LDC) on 11 January 2021 which was well received and has resulted in an invitation to update other dental practitioners at an LDC Dental practitioner forum.

The service has also participated in a commissioner led service user and stakeholder feedback survey between November and January 2021 and the full report and key highlights presentation are in Appendix 2. The survey was well responded to and provided information on:

53% of service users were likely or extremely likely to recommend the service and 93% were supervising brushing their children's teeth twice a day.

Next steps

The survey indicated that the majority of respondents (60%) wanted the service to remain in its current form. However, the virtual offer is working better in the community than schools at present due to schools also offering a remote learning experience to most pupils, so it's been agreed to concentrate on the community service offer for 2021 and then from January 2022 to have a 'year of schools' where they become the priority for the service to engage with.

Clare Slater-Robins, Senior CYP Commissioner, LBB

Susan Yadin, Clinical Director - Community and Specialist Dental Services, Central London Community Healthcare Trust

Collette McCarthy, Assistant Director Commissioning & Strategy, LBB

Appendix B – Service user and Stakeholder feedback survey report and presentation

Oral Health SUF Report Feb 2021 v1.d

Oral Health SUF presentation Feb 202

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	Health Overview and Scrutiny Committee **22.2.2021**
Title	**Impact of Covid-19 pandemic on birth registration in Barnet**
Report of	Dr Tamara Djuretic, Director of Public Health
Wards	all
Status	Public
Urgent	*No*
Key	No
Enclosures	
Officer Contact Details	**Dr Janet Djomba, Public Health Consultant,** janet.djomba@barnet.gov.uk

Summary

This report is to update on birth registration in Barnet. Birth registrations have stopped after closing registry office in the first lockdown in 2020. This has caused a temporary disruption in children immunisation, particularly baby immunisation. Operational changes have been made to prevent harm for children's health and wellbeing. Birth registration is not required for GP registration and initiating health visit, so immunisation programme can be started normally. The backlog has not been resolved to date, which has implications on monitoring immunisation uptake by primary care colleagues and health visitors.

Officers Recommendations

1. **Identifying and addressing barriers for birth registration.**

1. WHY THIS REPORT IS NEEDED

2. An update on childhood immunisation has been given to HOSC in December 2021, where the concern about delayed birth registrations and its potential impact on childhood immunisation has been raised. A brief written update has been agreed for February 2021, followed by a comprehensive update on childhood immunisation at next HOSC in May 2021.

3. REASONS FOR RECOMMENDATIONS

3.1 Status of birth registrations

The registry office has been closed from the lockdown imposed in March 2020 until June 2020. As per date of this update, the backlog on birth registration has not been resolved yet. It is difficult to establish when the backlog will be cleared, as the registry office has to remain BAU on limited diaries, due to deploying more staff to the death management process. They are putting a lot of work into trying to establish contact with the parents of unregistered babies in March-May of last year, having registered the final February baby last week. They found that in some months when there were a number of appointments available, customers didn't want to attend or wouldn't turn up to appointments they had booked. The timeframe when reopening in mid-June was to clear the backlog by December, but given the course of the pandemic, this hasn't been possible. The current status on birth registration back log is as follows:

Date produced: 10/02/2021	
Month	**Babies outstanding**
Jan-20	0
Feb-20	0
Mar-20	7
Apr-20	3
May-20	2
Jun-20	5
Jul-20	6
Aug-20	5
Sep-20	1
Oct-20	5
Nov-20	16
Dec-20	146
Jan-21	361
Feb-21	117
TOTAL	674

3.2 Impact of delayed birth registration on childhood immunisation

While birth registration is not a requirement for receiving vaccination, it has been required for registering with a GP. However, this requirement has been lifted in March 2020, after closing registry offices during lockdown. The update has been communicated to parents, but anecdotal reports by health visitors and GP indicated that not all parent were aware of was still a number of families unaware of this this change. The information that GP registration can be done without birth registration is given to parents at the hospital where the child is born, by health visitors, and GPs if the mother is registered with them, and there don't seem to be significant delays with GP registration for new born.
Health visiting, an important service for children's health and wellbeing, doesn't rely on birth registration either, as they obtain information on births from hospitals. A very encouraging update has been given on health visiting, stating that health visits to both new born and 6-8 weeks old have been completed at very high rate, despite staff redeployment and lockdown restrictions. Most of the visits have been performed virtually, and face-to-face in exceptional circumstances. It is worth noting that numbers of health visits to new born and 6-8 weeks old babies have significantly improved over last couple of years. Those visits are crucial, among others to provide information on the vaccination programme, encourage them and address any concerns. Maintaining health visits during the pandemic is of enormous benefit for children's health and wellbeing.

Despite both GP registration and health visiting being independent from birth registration, it important to have an up to date register as it allows GP's and health visitors to identify any gaps. Relying on birth data from hospitals there is the risk of potentially missing out babies born outside the borough or families moved to Barnet shortly after birth, if they haven't registered with a GP.
When comparing new born lists by primary care and health visitors, there were some discrepancies and having a common comparator would help proactively approach families who would potentially slip through the gaps.

4. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

4.1 No other options have been considered.

5. POST DECISION IMPLEMENTATION

The birth register is an important insight element not only for childhood immunisation but for wider health and wellbeing of CYP, therefore the council would need to consider support the registry office with the resources they need to work up the backlog and continue future registrations without delays.

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Health Overview and Scrutiny Committee
Forward Plan Feb 2020-July 2021

Contact: tracy.scollin@barnet.gov.uk

AGENDA ITEM 14

Title of Report	Overview of decision	Report Of *(officer)*	Issue Type (Non key/Key/Urgent)
10 May 2021			
Quality Accounts		• Royal Free Hospital • Central London Community Healthcare • North London Hospice	**Non-key**
Childhood Inoculations Update and Crown Coronation Trial Results		• Consultant in Public Health, LBB • North Central London Clinical Commissioning Group	**Non-key**
7 July 2021			
Coronavirus Update			**Non-key**