

Decisions of the Health Overview and Scrutiny Committee

10 February 2022

Members Present:-

Councillor Alison Cornelius (Chair)

Councillor Saira Don
Councillor Lisa Rutter
Councillor Alison Moore

Councillor Anne Hutton
Councillor Geof Cooke
Councillor David Longstaff
(Substitute for Councillor Golnar Bokaei)

Apologies for Absence

Councillor Linda Freedman

Councillor Golnar Bokaei

1. MINUTES

Corrections to the Minutes of the meeting held on 7 December 2021:

Agenda Item 11, Page 7 of the Minutes of the meeting held on 7 December 2021- Accessing GPs remotely. The Chairman wished to insert the following paragraph at the beginning of the item: 'At the previous Committee Meeting held on 12 October 2021, the Chairman had asked Cllr Lisa Rutter if she could bring a couple of carers from Dementia Club UK to the meeting to be held on 7 December 2021 to provide an account of their experiences with accessing GPs remotely. Cllr Rutter brought two carers and also read out an account from another carer who was unable to attend'.

Matters arising from the Minutes of the meeting held on 7 December 2021:

- Agenda Item 8, Page 4 of the Minutes of the meeting held on 12 October 2021 - Uptake of the 'flu vaccination. The Chairman noted that the data was circulated on 10 February and Dr Djuretic apologised for the late circulation. A Member noted that it was pleasing to see a small uplift in uptake.
- Agenda Item 5, Page 2 of the Minutes – Public Question Time. A question had been received from a member of the public. The Chairman reported that the Royal Free London NHS Foundation Trust had responded to the resident and that their response had also been circulated to the Committee as follows:
'Royal Free London NHS Foundation Trust (RFL) is committed to ensuring staff and patients receive the best possible experience. The Trust has prioritised capital investment in digital transformation and IT infrastructure. In October 2021, a new Electronic Patient Record (EPR) was launched. Staff at Barnet Hospital and Chase

Farm Hospital had been using EPR since 2018. In October, we upgraded the system across all of our hospitals, and introduced it to the Royal Free Hospital.

EPR is an innovative new system that has replaced paper records at the Royal Free London. It means staff caring for patients always have access to accurate and up-to-date information to ensure patients get the best care. With all healthcare information in one place, it means staff can access patients' test results, and details of their care, more quickly. There are no longer paper records and our staff are now using computers and laptops to input information directly.

The Trust also has a patient portal, (My RFL Care), with approximately 160,000 patients registered. This is web-based and enables patients to view their appointments and letters online in one place, anytime and anywhere.'

A Member commented that it could be difficult to get information about loved ones, as often Trusts do not have the information to hand. She hoped this would help staff to access information when relatives request it. The Chairman noted that this could be discussed when the Quality Accounts are discussed at the HOSC in May.

- Agenda Item 8, Page 3 of the Minutes – Covid Update and Flu Vaccination Verbal Update. The Chairman reported that an apology had been received from Ms Vishram about the late response to a query on access to lateral flow tests. The Chairman read out the response:
 - 'We escalated the issue with the Department of Health and Social Care (DHSC) and HSC and UK Health Security Agency (UKHSA). They confirmed clearly with us and pharmacies, that pharmacies should still give out tests even if people do not have a code.
 - We increased the number of community sites as an alternative if people do not want or cannot get a code
 - We put out social media comms
 - We changed our testing factsheet to say that you can pick up a test kit without a code and shared this with Health Champions.'

A Member reported that they had been dealing with residents who were struggling to get booster vaccines and thanked officers as this had been resolved.

Another Member noted that there appeared to be problems obtaining lateral flow tests. The Chairman suggested that the Member contact Dr Djuretic if there are problems with a particular pharmacy.

RESOLVED that the Committee approved the Minutes of the Meeting held on 7 December 2021 as an accurate record.

2. ABSENCE OF MEMBERS

Apologies were received from Councillor Golnar Bokaei, who was substituted by Councillor David Longstaff.

Apologies were received from Councillor Linda Freedman.

3. DECLARATION OF MEMBERS' INTERESTS

Cllr Cornelius and Cllr Longstaff declared an interest by virtue of being Trustees of Eleanor Palmer Trust.

Cllr Hutton declared an interest by virtue of being a Trustee of Barnet Carers' Centre.

4. REPORT OF THE MONITORING OFFICER

None.

5. PUBLIC QUESTION TIME (IF ANY)

None.

6. MEMBERS' ITEMS (IF ANY)

None.

7. MINUTES OF THE NORTH CENTRAL SECTOR LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

A Member enquired whether there had been an update at the recent JHOSC meeting on support for GP Practices with online booking systems. The Chairman suggested that Cllr Moore email Councillor Connor, the Chairman of the JHOSC for an update. The Chairman noted that two GP Surgeries had thanked her for bringing this matter to the HOSC as they had changed to the PATCHES system from eConsult, which was more user friendly for the public.

A Member enquired whether there were any plans to make changes to the form that had to be completed by the patient, as it contained many irrelevant questions. The Chairman responded that Dr Charlotte Benjamin had noted that the individual Surgeries could choose their system and could change it if patients complained that it was not working well.

Another Member asked why all GP Practices didn't use a single system. Dr Djuretic, Director of Public Health, responded that GP Practices operate as private businesses, so they purchase a licence for what they think will be the most appropriate system for their Practice.

The Minutes of the meeting of the North Central London Joint Health Overview and Scrutiny Committee held on 26 November 2021 were noted.

8. CHILDREN'S ORAL HEALTH REPORT

The Chairman invited Dr Djuretic to speak on the item.

Dr Djuretic presented the report on Children's Oral Health. She noted that Barnet has had a stubborn rate of tooth decay in children under five years of age which had not changed over many years, despite efforts to improve this. A needs assessment would be undertaken to review the current offer and to find out where additional interventions would need to be introduced, including a review of best practice in other local authorities.

Dr Djuretic reported that details of the Young Brushers' Project were provided in the report. Barnet had successfully bid for funding from the North Central London Integrated Care Partnership Inequalities Fund for the project, which is targeting 40 Early Years settings,

involving up to 3200 children, and has so far agreed a commitment with 11 Early Years settings, reaching 317 children. Dr Djuretic noted that the provider had received a good response so far and was chasing the remaining settings. She added that this was also providing an opportunity to train people and was focusing on more deprived areas where rates of tooth decay are much higher.

Dr Djuretic reported that CLCH already trains all Early Years staff, who then train parents, and CLCH has been commissioned to take part in the project. Packs with brushes are provided for families but also education from breastfeeding onwards, improvement of access to dental services and food intake are also important. The Healthy Early Years London Award has a component on tooth brushing and oral health and Barnet has carried out initiatives with schools so that they offer water only and no fizzy drinks.

A Member asked whether childminders are also educated as part of the contact with the 40 Early Years settings and suggested distributing tooth brushing packs at food banks.

The Member also enquired about the metrics, baseline, and methodology to be used as part of the mini oral health needs assessment, and how Solutions 4 Health could be used to enable the implementation of changes. They felt it would be helpful to have more information after the meeting if possible.

Dr Djuretic agreed to take back the helpful suggestion about food banks as this would not be difficult to implement.

Action: Dr Djuretic

Dr Djuretic stated that her team had been chasing Public Health England (PHE) for six months to try to get data on children's oral health across the whole of Barnet and had also been trying to get data from NHS England (NHSE) on equalities in access to dental services in Barnet, ideally from before the pandemic as the pandemic data would not be typical. Dr Djuretic added that then an evidence review would be carried out on interventions that work best, as well as discussions on best practice with other local authorities. Additional support would then be provided for those with the poorest outcomes.

A Member stated that for those families in dire circumstances, their situation is likely to get worse over the coming months due to the economic situation. It would be helpful to have Ward data to be able to target the areas most in need, but she was aware that Childs Hill, Burnt Oak, and Colindale have active food banks.

Another Member noted that, whilst educating parents, it is important to inform them about gingivitis and its links with dementia in later life.

It was hoped that Dental Awareness Days in schools could take place more often as a way of informing people.

Dr Djuretic noted that there would be an evaluation of current interventions to try to find out why they are not improving the situation.

A Member noted that in Section 5.11 the report references an-out-of-date corporate plan. Dr Djuretic apologised and would correct this.

Action: Dr Djuretic

The Member also enquired where the figure of 'one third' came from (page 19) for the number of children in Barnet suffering from tooth decay. At the Children's Partnership

Board, the figure given was 25% i.e. one quarter. Dr Djuretic would check this but agreed the figure was about 25%.

Action: Dr Djuretic

The Member stated that if after teaching parents and undertaking other work had still not improved the situation, the study should look into why this had not worked and what happened to make the parents forget the importance of looking after children's teeth. He also enquired whether having to wear a face mask for eight hours a day would make a difference to bacteria build-up in children's mouths leading to an increase in tooth decay. Dr Djuretic noted that there was no evidence to the best of her knowledge, and that she is not aware of this subject being researched. She added that 0-5-year-olds were not required to wear masks.

Dr Djuretic agreed that some qualitative research with parents could be carried out on what are the barriers to oral health and why some children still develop tooth decay despite all the interventions.

Action: Dr Djuretic

A Member reported that she was aware of a Primary School in another Borough that had set up sessions of tooth brushing in schools which included all children, due to the reports of children having teeth removed at an early age. She added that the idea of providing toothbrushes and toothpaste in food banks was a good one, noting that there are two strategically placed food banks in Woodhouse Ward.

Another Member asked whether details on the 40 settings for the project could be provided, including whether any of these are private nurseries. Dr Djuretic offered to forward the details to the Committee.

Action: Dr Djuretic

A Member suggested looking at the drivers for why some families were not prioritising children's oral health in Barnet, as part of the research. Dr Djuretic responded and said this could be considered but the cause of tooth decay also included food and liquid intake, for example a large proportion of some cultures are giving young children fruit juices rather than water. Barnet uses brushing as a 'hook' to also teach parents and teachers on other aspects.

Another Member stated that deprivation is one of the factors, but not the only factor, so the project should not exclude groups of society who are seen as unlikely to suffer from tooth decay. Parental neglect could occur in any family.

The Chairman noted that it had been reported at a previous meeting of the HOSC that fizzy drinks had been removed from school meals and replaced by water with fruit slices. She enquired whether this was still the case. Dr Djuretic responded that some children probably do bring in packed lunches with fruit juice and, although Barnet Council could advise schools, it is the school's choice whether to ban fizzy drinks on site. The Healthy School Initiative should be addressing this issue.

Cllr Moore made a declaration of interest by virtue of the fact that she is a School Governor and she was aware of chocolate and juice packs being banned in one school.

A Member reported that the Prevention Team in the Council tries to highlight healthy lifestyles and the same could happen with oral health. Dr Djuretic noted that booklets are already being circulated on this.

Dr Djuretic reported that she would bring an update with a detailed plan when the needs assessment is completed in the second half of the year.

Action: Dr Djuretic

RESOLVED that:

- 1. the Committee noted the report and progress made in Oral Health Promotion services, especially the additional supervised toothbrushing intervention in the most deprived areas of Barnet.**
- 2. the Committee noted that the Public Health team is planning to conduct a mini oral health needs assessment in 2022. The findings would be reported to the Committee in the second half of the year.**

9. UPDATE ON CORONAVIRUS AND 'FLU VACCINATION

The Chairman invited Dr Djuretic to speak on the item.

Dr Djuretic spoke to her slides, which had been circulated to the Committee, and to a written update on 'flu vaccination that she had received from Colette Wood, Director, Barnet Clinical Commissioning Group (Barnet CCG).

Dr Djuretic reported that Covid testing had been decreasing due to there being fewer cases of Covid-19. Hospital admissions had also decreased with currently 130 patients in hospital with illness related to Covid-19, and 16 patients at the Royal Free Hospital requiring mechanical ventilation. Dr Djuretic noted that cases were decreasing slowly with a few in Care Homes but with schools in particular being hit the hardest. There are currently 61 reported Covid-19 cases in Barnet Schools, though Dr Djuretic noted that reporting lines to the Department for Education had recently changed, so there may be more.

She reported that the Covid-19 vaccination uptake is currently 74.4% in Barnet, with 'flu vaccination uptake at 45%. There appear to be fewer inequalities than at the beginning of the programme. A Vaccine Clinic for people with learning disabilities had also been set up in Barnet.

A London Draft Strategy for living with Covid-19 had been produced and would be published by the end of March. Local contract tracing was likely to stop and testing would also be reduced from June. She noted that it was not yet clear whether local authorities would have additional health protection responsibilities in the future. When the National Strategy is published, the Barnet website would be updated with new policies for Care Homes and hospitals.

A Member stated that the current policies were out of date on the Barnet website as residents had informed her that they did not know that they could visit relatives in hospital, as hospitals themselves were not aware of the policies. Dr Djuretic asked the Member to send her specific details and she would check this. She added that Care Homes are open for visits.

The Member enquired about the number of patients requiring mechanical ventilation currently and whether they were vaccinated. Dr Djuretic noted that anecdotally two-thirds of patients who were hospitalised with Covid-19 were unvaccinated. She was unable to provide more information due to data protection given that the numbers were small and so

individual identities might be revealed by discussing this. However, she added that the evidence suggests that those vaccinated and having had a booster jab typically experience very mild illness with Covid-19. Also, nine out of ten Covid-19 patients who die with any of the variants, have underlying health conditions.

RESOLVED that the written and verbal updates were noted.

10. LONG COVID UPDATE

10. LONG COVID UPDATE (AGENDA ITEM 10)

The Chairman invited Dr Djuretic to speak on the item and on a Paper entitled 'Health needs assessment of post Covid-19 syndrome in London' which had been published with the Agenda.

Dr Djuretic reported that Barnet has the highest rate of Long Covid in London. The highest-risk members of the population are middle-aged working-class females and people with pre-existing conditions such as obesity, hypertension and poor mental health. She added that only around half of the patients with Long Covid have been seen by a clinician.

Dr Djuretic noted that she would be looking into the implications for Barnet of Long Covid and would be in contact with the Royal Free London NHS Foundation Trust (RFL), to find out where the gaps in care are and whether improvements can be made. She would report back to the Committee when she has had further discussions with the Royal Free.

Action: Dr Djuretic

The Chairman suggested that it might be useful to invite a service lead on Long Covid from the RFL to the May meeting (as a representative would be attending to present the Quality Account) or the July meeting.

A Member asked what the definition of Long Covid is. Dr Djuretic responded that the National Institute for Health and Care Excellence provides guidelines on this.

Another Member enquired whether there is evidence that the Omicron variant results in fewer cases of Long Covid than other variants. Dr Djuretic responded that it is too early to know but she would report back when evidence emerges.

RESOLVED that the written and verbal updates were noted.

11. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME

The Chairman introduced the Forward Plan which had been published with the Agenda,

25 May 2022:

- Covid-19 and 'flu vaccination Update
- Quality Accounts – Royal Free London NHS Foundation Trust, Central London Community Healthcare and the North London Hospice

- Edgware Walk In Centre, APMS Cricklewood and Finchley Memorial Hospital Update
- Long Covid Update

6 July 2022

- Barnet Healthy Child Programme Update
- Solutions4health

To be allocated:

Suicide Prevention Strategy Update

Mini Oral Needs Assessment (during the second half of 2022)

RESOLVED that the Forward Plan was noted.

12. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

The Chairman reported that she had had an update on the Edgware Walk In Centre from Beverley Wilding and Colette Wood, Barnet CCG.

The Walk In Centre had been closed on 26 December 2021 because of omicron. The decision was taken by North Central London GOLD and the Staff had been redeployed to administer booster vaccinations to the housebound.

On 10 February 2022, the date of the HOSC meeting, NCL GOLD had met to discuss the date of reopening the Walk In Centre and redeploying the staff. The Centre is currently due to reopen on 28 February 2022, at the latest. Beverley Wilding and Colette Wood would confirm the exact date as soon as they know.

They also informed the Chairman that they will attend the HOSC on 25 May, together with a representative from Central London Community Healthcare (CLCH), in order to give a further update to the Committee.

The meeting finished at 8.30 pm