

Decisions of the Health Overview and Scrutiny Committee

24 February 2020

Members Present:-

Cllr Alison Cornelius (Chairman)
Cllr Linda Freedman (Vice Chairman)

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

1. MINUTES (Agenda Item 1):

Matters arising from the Minutes of the meeting held on 28 October 2019

- Agenda item 10 – Alternative Personal Medical Services (APMS). The Chairman informed the Committee that the contract for the APMS Practice would now be advertised in March 2020 instead of December 2019 as a result of the impact of General Election rules.
- Agenda Item 10 – Cricklewood Walk in Centre. The Chairman informed the Committee that the decision for the Cricklewood Walk in Centre was moved to 13 February instead of December 2019 due to General Election rules.

Corrections to the Minutes of the meeting held on 28 October 2019:

- P.8 Line 2 'affected by this decision' rather than 'affected of this decision'.
- P.10 Para 5 'back to the HOSC' rather than 'back to Theos'.

The Committee **RESOLVED** to agree the Minutes as an accurate record subject to the above amendments.

2. ABSENCE OF MEMBERS (Agenda Item 2):

None.

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

None.

4. REPORT OF THE MONITORING OFFICER (Agenda Item 4):

None.

5. PUBLIC QUESTION TIME (IF ANY) (Agenda Item 5):

None.

6. MEMBER'S ITEM (Agenda Item 6) in the name of Cllr Geof Cooke – Absence of promotion of public transport services at Royal Free London Trust sites in and around Barnet

The Chairman invited to the table:

- Caroline Clarke, Group Chief Executive, Royal Free London (RFL) NHS Foundation Trust

Cllr Cooke reported that he had been promised that a travel plan would be produced for Barnet Hospital, to try to encourage the use of public transport to the hospital. Ms Clarke agreed that this needed to be done and added that the RFL NHS Foundation Trust was keen to work with Barnet Council on travel plans in relation to all its sites.

The Trust also aimed to reduce outpatient attendance by 30% over the next two years with the introduction of remote appointments.

The Chairman noted that BH had information on buses on its website but asked Cllr Cooke if he had any further suggestions that the Trust could implement.

Cllr Cooke noted that parking around and within Barnet Hospital (BH) had been a problem for a long time. There is an excellent bus service directly to BH and two other services which stopped nearby. He added that he had visited BH recently and could not see any information for patients on bus services but plenty of information was available about parking. He had seen some out-of-date information on buses which was so old that it was illegible.

Cllr Cooke stated that BH could publicise the use of public transport and car sharing to patients, visitors and staff. Many people who attend the hospital are mobile. Cllr Cooke noted that the issue was more serious at BH but it also applied to Chase Farm Hospital.

Ms Clarke agreed, noting that the situation had improved at Chase Farm but that plans were being made for further improvements. She would contact Cllr Cooke when the plans had been carried out so that he could review the sites.

A member suggested introducing a live notice board with bus arrival times at BH. This had been successful in some venues. A member suggested that GPs be sent details of bus routes to the hospitals.

RESOLVED that the Committee noted the Member's Item.

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

None.

8. UPDATES FROM ROYAL FREE LONDON NHS FOUNDATION TRUST (Agenda Item 8):

The Chairman invited to the table for the following five updates:

- Caroline Clarke, Group Chief Executive, Royal Free London (RFL) NHS Foundation Trust

Group Chief Executive's Vision for the Royal Free London (RFL) NHS Foundation Trust

Ms Clarke provided an overview of the RFL Vision for the next few years which included:

Working in clinical partnerships with other Trusts and local GPs to achieve:

- Excellent health outcomes for residents
- Positive experiences for staff and patients
- A sustainable health system with reduced carbon and waste

She continued that the key of RFL's Clinical Strategy included:

- Development of cardiovascular and cancer services
- Focus on services for women and children
- The completion of the Institute for Infection and Immunity at the Royal Free Hospital (RFH) site
- Increasing the integration of services with Primary and Community Care
- Increasing capacity for regenerative medicine and organ transplantation as well as gene therapy and manufacture of cells

Ms Clarke noted that Barnet Hospital (BH) was very busy and there was too much variation in patients' care. RFL would work together with partners across health and social care, including Barnet Council, to provide a better standard of service. Building relationships was an important factor as well as engaging more effectively with local communities.

A Member asked about the resource implications of the vision. Ms Clarke responded that the Royal Free Hospital (RFH) has a fantastic charity and a fundraising campaign would be launched until 2028. The Trust would also continue to reduce costs by reducing variation of care and by reducing indirect costs through further consolidation of support services across North London.

A Member asked about the implications of Brexit for recruitment. Ms Clarke noted that the RFH has 10,000 staff and 1,000 volunteers but it was likely that there would be difficulties in recruitment due to new government policies. One way of managing this is the use of technology and digital care. NHS policy is moving towards self-care and preventative care. In the shorter term, the Trust would work across the Sustainability and Transformation Partnership (STP) and with local government and would continue to try make working in north London a positive experience for staff.

Ms Clarke reported that 12% of the Trust's staff were from the EU and there had been a big reduction in applications for posts since Brexit. Recent recruitment drives in other parts of the world, such as India and the Philippines, had been positive.

A Member asked about the use of agency staff. Ms Clarke responded that the Trust was trying hard to reduce this as it was expensive and had an impact on team stability. Nationally there is an initiative to train nurses via apprenticeships rather than higher education. The Trust is working with the Executive Director of Adults and Communities at

Barnet Council and her team around supporting Nursing Homes and working together to encourage recruitment in Barnet. The NHS People Plan is emerging nationally and should help with this.

A Member asked how much the clinical strategy included the use of options to save Consultant time, such as tele-dermatology. Ms Clarke responded that this was a good model to help reduce face-to-face appointments and enabled Consultants to spend more time teaching, doing research and working in the community.

A Member asked how much work had been undertaken to help to train people locally as she thought that a few local Colleges and Universities held medicine-related courses. Ms Clarke stated that most of the local staff had joined RFL via University College London (UCL) but she agreed that RFL could engage more with other Colleges and Universities. She added that nursing open days which had been run at BH had been very successful.

Wuhan Novel Coronavirus (COVID 19)

The Chairman invited to join the table:

- Dr Janet Djomba, Public Health Consultant, Barnet Council

Dr Djomba noted that a briefing on COVID 19 had been sent separately to all Members prior to the meeting.

Ms Clarke reported that a High Consequence Infectious Disease Unit had been set up at the RFH for several years so they had the infrastructure and staff capability to deal with a range of diseases. Five sites across England had these units and during the containment phase of the virus the RFH could be called upon by national teams to receive patients who had tested positive. So far, three patients had been cared for with Coronavirus and all had recovered and been discharged.

In addition, all A&E Departments were expected to have 'Pods' for suspected Coronavirus patients. Chase Farm had set theirs up and BH would open theirs in the next few days.

Dr Djomba reported that there was no COVID 19 epidemic so far in the UK and globally this was not yet a pandemic. The World Health Organisation (WHO) had announced that preparations should be in place for a pandemic as this was likely. The peak levels seem to have been reached in China and the situation there was stable. There were no new cases and numbers infected were slowly decreasing. Recent developments in South Korea and Italy meant that preparation was vital for a potential pandemic. Preparations were similar to that for pandemic flu and Barnet had a plan. There was no vaccine against COVID 19 so far and this was unlikely to be developed soon.

Dr Djomba reported that a preparation exercise with Barnet residents would be carried out on 11 March, to check that plans were sufficient. The Government and Public Health England (PHE) were working hard to keep the virus contained though contact tracing was not part of the standard pandemic flu plan. PHE was working on prevention and urging people to wash their hands thoroughly and disinfect them as well as to reduce contact with unwell people. There was no evidence that face masks were effective outside of clinical settings.

A Member enquired about methods of testing for the virus. Dr Djomba stated that the first symptoms were a cough, high fever and difficulty breathing. A swab from the throat is used for diagnosis. The advice to the public is to dial 111 if they have these symptoms.

A Member asked whether individuals would remain contagious after recovery. Dr Djomba stated that the evidence was inconsistent but usually coughing and sneezing indicated a virus still being infectious.

A Member asked what preventative measures were being taken in the UK. Dr Djomba responded that patients arriving at Heathrow Airport were being screened and a hotel had been provided there for quarantine.

A Member asked whether research had been carried out on why children were less affected. Dr Djomba stated that PHE was working on this but it may be due to their general health status. Some may be infected but do not show any symptoms.

Barnet Hospital Planning Application

The Chairman reported that the Planning Application for a master plan and a multi-storey car park at BH had not been submitted. Instead, an application had been submitted for the demolition of one of its buildings to create 70 parking spaces. Ms Clarke reported that BH's Decontamination Unit had been moved to a new combined unit on the North Circular Road. BH had applied to demolish the small building which was its former Decontamination Unit with a view to providing additional parking. The application would be heard by the Planning Committee the following week.

Update on investment in A&E ahead of winter

Ms Clarke reported that three initiatives had been set up to increase capacity at the Front Door at BH:

- An Urgent Treatment Centre (UTC) had been set up as well as adjustments to make the reception area less crowded
- An increase in the number of 'short stay' beds which offer ambulatory care (same day urgent care)
- Discussions were ongoing about where to place an additional ward and how to fund this, given the growing population

Article in *The Guardian*, 19 February 2020

The Chairman invited to join the table:

- Sarah D'Souza, Director of Commissioning, Barnet CCG

The Chairman introduced an item on an article published in *The Guardian* about RFH patient letters that did not get sent to GPs due to an IT error. The article had been published with the agenda as a late supplement.

Ms Clarke reported that this had been caused by a coding error. The RFH has been using a well-known provider, Cerner, since 2007 for this service, but takes responsibility

for the error and is taking the matter very seriously. A 'serious incident' protocol has been put in place. So far there is no evidence of harm to any patient following this incident but doctors are still checking records to ensure that this is the case. Conversations had taken place with Cerner and there is no concern that this would happen again. Following the Harm Review a more formal investigation would take place.

Ms Clarke reported that she had had conversations with GPs and derived some assurance from this. However, GPs had fed back that the RFH's follow-up process is not as effective as they would like. Ms Clarke noted that if any Members are aware of issues that she would be keen to hear from them so that she could try to understand the problem.

The Chairman asked why the problem had taken six months to be detected. Ms Clarke stated that this remained unclear but as most of the patients had regular follow ups none of them had raised concerns.

A Member noted that she had been notified in the past of patients not being referred for further care when they should have been. She hoped to be reassured that this was not a common occurrence. Some conditions such as cancer could be time critical. Ms Clarke noted that cancer patients were recorded on a separate system with different pathways.

The Chairman asked for an update to be brought to the next HOSC by Dr Chris Streater on 11 May. Ms Clarke would inform Dr Streater.

Action: Ms Clarke and Governance Officer

A Member asked whether the information should be available to GPs on their own IT systems. Ms Clarke responded that this would be available but not all GP Practices are on the system. Patients would usually be told to see their GP for follow-up appointments, so the letters were an additional measure. In around two years' time, the same system should be accessible to all GP Practices.

A Member asked whether an assessment had been made of Cerner's competency to continue as the provider. Ms Clarke responded that Cerner was well respected and used worldwide. They had had the contract with the RFH since 2007, and appropriate commercial conversations would be held with Cerner but she did not wish to speculate at present on what had caused the problem.

Ms D'Souza reported that the CCG would follow up on the Clinical Harm Review through its Quality Review Group to ensure that the Review was carried out appropriately. A Member noted that the article in the *Guardian* suggested that an independent review would have been better. Ms D'Souza reported that the CCG had considered this but was concerned that an independent review could lead to additional delay. The hospital could carry out the Review immediately and the Consultants carrying out the Review had not been involved in the errors, which were technical errors. The CCG had been assured that the process was thorough but they would continue to ask questions and would have an opportunity to quality assure the Review and Action Plan. She noted that the HOSC could request to see the Action Plan from the RFH following the Review.

The Chairman agreed that the HOSC would ask to see the Action Plan. The Governance Officer would ask Dr Streater to present it at the HOSC meeting on 11 May.

Action: Governance Officer

The Committee **RESOLVED** to note the updates.

9. UPDATE ON SURPLUS LAND AT FINCHLEY MEMORIAL HOSPITAL (Agenda Item 9):

The Chairman invited to the table:

- Eugene Prinsloo, Developments Director, Community Health Partnerships

Mr Prinsloo reported that CHP's Property Committee had approved an option to provide key worker housing for the site and a budget had been identified. The pre-advice stage would take place at the end of March, with the feedback being reviewed ready for an outline Planning Application to be submitted in September 2020.

The Chairman asked why the process would take so long to get to the application stage, following community consultation. Mr Prinsloo responded that there could be a delay due to the summer holiday period but, if time allowed, the Application could be submitted sooner.

The Chairman asked how quickly the project would be delivered if the plans were agreed. Mr Prinsloo responded that this would depend on how it is delivered. The work to inform delivery options, including a joint venture, was being done at the same time as the Planning Application.

A Member asked whether the site had been identified and what the framework is for working with Ward Councillors. Mr Prinsloo responded that the site was on the corner of Bow Lane and Granville Road. A capacity study would take place to see what number of units the site could hold and the impact on parking was also being considered. These plans would be discussed with Ward Councillors.

A Member asked about the oak tree on the corner of the site. Mr Prinsloo noted that a tree has a Tree Preservation Order and the plans would work around this. CHP felt landscaping was an important part of the plans for the site.

Cllr Cooke noted that Ward Councillors should have had information on this site six months previously and he had tried to find out what was happening. He had also listed about 8 questions about the site. This was disappointing as local residents were concerned and interested. He asked when CHP would forward more information.

Mr Prinsloo apologised about the lack of responses. CHP had been working on putting a team together since September 2019. He hoped that there would be some clarity in the next 2-3 weeks when he would discuss the queries with Cllr Cooke. He agreed to arrange a meeting with Ward Councillors (scheduled for 19th March).

A Member noted that it was important to make the case strongly so that key worker housing is assured. She asked what form the consultation and pre-application process would take. For example, were there other Trusts with experience of providing such key worker housing that CHP could learn from?

Mr Prinsloo responded that key worker accommodation is an NHS priority. The STP was supporting a piece of work on data collection on key worker housing including

relevant salary levels. This should be available around the end of March. CHP was also looking into a fall-back option. If the demand is not there for NHS key worker accommodation, the land would be considered for other key worker uses.

A Member noted that she was keen to understand the metrics being used. There should be plenty of data around this and it would be valuable to have an update.

The Chairman summarised:

- Before the end of February the three Ward Councillors would be consulted
- Mr Prinsloo would return to HOSC in September with a further update

Clarification was needed on the key worker units and whether these were for rent or sale. Mr Prinsloo stated that they were likely to be rental properties for people two to three years post qualification. CHP would retain ownership but, if the project went ahead as a joint venture, ownership would need to be discussed.

The Chairman asked whether it would be available to non-NHS key workers. Mr Prinsloo stated that the definition of 'key worker' needed to be agreed but this was likely if NHS key worker demand didn't materialise.

A Member asked whether the Right to Buy Scheme would apply to the key worker housing. Mr Prinsloo said that this is unlikely but he would need to check.

The Committee **RESOLVED** to note the update.

10. UPDATE ON MID-YEAR QUALITY ACCOUNTS 2019/20 (Agenda Item 10):

The committee **RESOLVED** to note the reports.

11. BARNET CCG - DECISION ON CRICKLEWOOD WALK IN SERVICE (Agenda Item 11):

The Chairman invited the following to the table:

- Sarah D'Souza, Director of Commissioning, Barnet CCG
- Ruth Donaldson, Director of Commissioning, Barnet CCG
- Don Neame, Leathgo Consultancy Ltd

Ms D'Souza reported that Leathgo Consultancy had analysed the responses to the consultation and put together the results and was here to respond to any questions associated with the analysis of the consultation process.

Ms D'Souza reported that the decision to close the service when the current contract came to an end had been made on 13 February by Barnet CCG and 12 February by Brent CCG. The report included further recommendations for Barnet and Brent Clinical Commissioning Groups (CCGs) to support the implementation of the service change. Ms D'Souza then explained the reasons for the decision made by both CCGs to close the Walk In Service (WIS).

She noted that the GP Practice at the Cricklewood site was due to be re-procured at the end of June 2020.

Ms D'Souza reported that at the 11 July 2019 HOSC meeting there had been a discussion about national and local changes since the WIS had been commissioned nine years previously. Views of local people using the service had been taken into account with 24% of attendances being by Barnet GP registered patients. An Equalities Impact Assessment had also been undertaken.

Ms D'Souza reported that demand for the WIS had reduced by 24% since 2016/17 and reviewing the data it looked likely to continue to go down for the current year. At the RFH there had been an increase in A&E attendances for Primary Care needs so, rather than attending the WIS, many patients are still attending A&E. Although the WIS is convenient, she added that it did not always address the long-term health needs of patients as it provided episodic care and did not have access to health records or the ability to refer patients on to other services.

With the move to Primary Care Networks (PCNs) there would be significant additional investment into PCNs and integrated care.

The case for developing the WIS into a UTC had been considered. There was already a UTC close to the site and this would require additional funding to meet national standards for example for x-ray equipment, estate changes and specialist staffing as well as the national tariff for UTC attendances. Significant funding would be required and the throughput was not sufficient to justify this.

Fundamentally the concerns raised about the closure of the WIS were around access to Primary Care. The CCGs had considered what both Brent and Barnet were doing to improve this access, with the introduction of extended access GP Hubs and other measures. The CCG had invested in the GP Hubs with additional appointments now available at weekends, evenings and on Bank Holidays. The CCG had also increased online access to make appointments.

Ms D'Souza reported that, as well as closing the WIS, the CCG had agreed to several recommendations:

- Continue with awareness raising about services, particularly extended access Hubs. The Chairman had informed the CCG that GPs were not always advising people about the option of Hub appointments. Therefore the CCG would be providing information at GP Practices and in *Barnet First* to highlight this
- The new APMS GP Practice would have additional appointments during core hours when the WIS closes
- Work would be carried out with the GP Federation to ensure that extended access appointments were deployed in the right places and times.
- Also Barnet CCG had committed to work with Brent on a Primary Care and Urgent Care Development Group which would be in operation during the changes onwards. This group would help to identify where residents needed to go for their care and to pick up any issues regarding access to care.

Ms D'Souza concluded that the CCG appreciated all the input from the community which had helped to shape the CCG's decision and associated recommendations.

A Member asked whether the additional hours would replace those lost by the closure of the WIS, otherwise patients would still need to attend A&E. Ms D'Souza responded that the extended Hub hours are 6.30pm-9.00pm. Currently the WIS

closed at 8pm. The GP Federation had offered to be flexible and offer extended access appointments to best meet demand. This would vary depending on the local community.

A Member asked about the other WIS close by. Ms D'Souza noted that there were two other Walk In Centres in Barnet and several UTCs in Brent. The RFH also has a UTC.

A Member enquired about the number of residents using the WIS and what evidence was available. Ms D'Souza responded that there had been a downward trend since 2016/17. Some of this was likely to be due to the availability of other Primary Care access points.

A Member asked about transport links to the Hubs and also mentioned that the demographic in Barnet is different to Brent and may require more Sunday appointments. Ms D'Souza noted that the nearest extended Hub to Cricklewood is Greenfield, half a mile away on a main bus route. There were a few more Hubs in Brent and Kilburn and Wembley GP Hubs have extended access. She noted that the demographics would be taken into account and she was keen to engage locally on this to ensure that appointments were deployed in the best way for the local community. There is a national requirement for 25% of appointments to be bookable online and Barnet CCG has asked for 50% to be bookable online. She would attend the 9 July HOSC meeting and was keen to receive feedback on overall progress then.

A Member asked how Brent Cross South would impact on the changes. Ms D'Souza noted that the report mentioned the corridor of growth, meaning Brent Cross, Colindale South and the Cricklewood Health Centre area. The impact of these and the health infrastructure need of the expanding population are actively being considered by the CCG. When new GP Practices were set up the usual process was to work with developers to understand the phasing of population into the new development and the CCG was working closely with Barnet Council and developers to understand when the Primary Care infrastructure needs to be in place. Cricklewood Health Centre is not expected to provide for care for all the existing and increased number of residents in the area. Also Section 106 Community Infrastructure Levy funding would be paid by developers to help pay for the health infrastructure.

A Member asked about waiting times at GP Hubs. Ms D'Souza responded that patients were often seen at the time of their appointment or before and there had been no report of significant waiting times so far as these are bookable.

A Member asked about pharmacies and their input. Ms D'Souza responded that it is expected that patients would visit pharmacies for minor conditions and one-to-one meetings with pharmacists were available. They can also carry out structured medication reviews. She offered to forward details of pharmacies in Barnet as this did not appear to be on the Barnet website. A Member noted that some pharmacies provided details of other pharmacies in the area.

Action: Ms D'Souza

A Member stated that she was not convinced that the closure of the WIS was not going to cause a decrease in A&E attendance. She commented that when people are under pressure they find it easier to go to A&E. Even phoning 111 to get information

was not always straightforward and not everyone could make appointments electronically. Given the huge regeneration going on in Cricklewood, she was concerned about the closure of the WIS.

Ms D'Souza stated that she understood this and took it seriously. Awareness raising would take time. More work would be ongoing around the specifics of the Cricklewood area. Two community based WICs at FMH and ECH would continue. It was important to raise awareness as previously patients had been attending the WIS with minor illnesses.

A Member noted that he was concerned that patient records were not available at WISs and asked whether a new model for the future was planned. Ms D'Souza responded that the UTCs at Finchley and Edgware would continue and there were plans to link these to Primary Care which would be able to use their records. Work would be ongoing with the PCNs to deliver improvements.

Update on Integration Barnet CCG

Ms Donaldson reported that the CCG is required to have integrated care systems set up by April 2021. The Executive Director for Adults and Communities is leading on the Barnet Integrated Care Partnership. The Delivery Board of the Partnership includes PCN Clinical Directors, Barnet Council representatives, CLCH, BEH and the RFL. Also Healthwatch attends representing patients and there is a voluntary sector member.

The overall focus is on how to move towards an increased preventative approach to healthcare. A lot of data and ideas have been gathered by the CCG and it became clear that the biggest concerns were frailty, dementia, elderly residents with often complex conditions and the increasing population. The two main priorities are to expand the PCN's Frailty Multidisciplinary Teams (MDTs) as these produced better outcomes and lowering admissions to hospital and better patient experience. This would include building domiciliary care into the business case.

Ms Donaldson reported that there were financial constraints across North Central London with only a 2% increase in the budget for the following year. Building the business case together was a key step.

The Chairman requested a map showing the location of the GP Hubs when Ms Donaldson returns in July to discuss these and the PCNs. Also it would be helpful to have details of how many appointments were available at each Hub, and the uptake at each.

Ms Donaldson would also include an update on how the integrated care system works with the other CCGs. The Executive Director for Adults and Communities would also attend on 9 July.

The Chairman also requested information on the services available and their providers at Finchley Memorial Hospital (FMH) and also feedback on the CQC inspection of FMH.

A Member asked whether the CCG would work with Children's Centres and 0-19 Hubs to encourage the cultural change towards online appointments. This cohort

would be most likely to take this up. Ms Donaldson noted that the CCG was working with Age UK and other providers closely on this so would be keen to explore it. The CCG had already undertaken some useful work with schools on asthma management.

A Member requested information on services and providers at Edgware Community Hospital. Ms Donaldson noted that a new strategy would be needed for Edgware Community Hospital so she would feed back to the HOSC on this as well as on its current services at the 9 July meeting.

The Committee **RESOLVED** to note the update.

12. MOORFIELDS EYE HOSPITAL CITY ROAD SERVICES RELOCATION (Agenda Item 12):

The Committee **RESOLVED** to note the letter.

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

11 May 2020

Quality Accounts:

- North London Hospice
- Central London Community Healthcare NHS Trust
- Royal Free London NHS Foundation Trust

Royal Free London NHS Foundation Trust:

- Update on Clinical Harm Review regarding Cerner and Barnet CCG's comments on the Review
- Update on CQC inspection

Update on Adult Elective Orthopaedic Surgery Consultation

9 July 2020

Updates:

- Measles and childhood inoculations
- Breastfeeding Support Service
- New contract for APMS GP Practice in Cricklewood
- Finchley Memorial Hospital (FMH) – update on services provided and feedback on the CQC inspection of the Walk in Centre.
- Integration Barnet CCG – Map of GP Hubs in Barnet, details of how many appointments are available at each, and the uptake.

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

Health and Wellbeing Board (HWBB)

The Chairman invited the following to the table:

- Cllr Caroline Stock, Chairman, HWBB
- Dr Janet Djomba, Consultant in Public Health, LBB

Cllr Stock reported that the HWBB had been involved in Barnet's 'Sugar Smart' Campaign including 'Fizz Free February' to discourage consumption of fizzy drinks. The Campaign had particularly focused on 0-11-year olds but aimed to inform everyone that sugar consumption is far too high. More water fountains had been made available across the Borough and some shops now offered water refills.

Barnet had been working with a Junior and a Senior School to encourage them to reduce sugar in their meals.

Tooth decay was particularly a problem as it caused the largest number of hospital admissions in 5-9-year olds so Barnet was taking this seriously. Cllr Stock reported that she had visited a sugar-free school – all meals served were sugar free and the children were given a low GI snack before lunch. It had been found that this had a positive impact on the pupils' concentration.

Dr Djomba reported that the Sugar Smart Campaign aimed to encourage organisations to make pledges that contributed to a more sugar-free environment. Simple measures could be put in place to help children make healthier choices, such as promoting water instead of sugary drinks and replacing desserts in school menus with fruit. The Campaign was also promoting sport and physical activities. She urged Members that if they are in communication with local schools to signpost them to the Public Health Team.

A Member commented that hidden sugar could be impossible to spot, for example in ready meals. Dr Djomba agreed, noting that helping people to understand food labelling was part of the Campaign. Cllr Stock noted that cookery classes had been launched in the Unitas building to teach children and parents to cook from scratch.

Cllr Stock reported that another Diabetic Awareness Day would be held at Brent Cross Shopping Centre on Monday 8 June, and a 'Heart' Awareness Day was also being planned. She was also working in collaboration with Middlesex University staff.

Brent Cross would be one of the first shopping centres in the country to take part in 'social prescribing' which would be launched in April, funded by the Barnet Community Fund. This would include encouraging walking and other types of social prescribing and would be attended by voluntary organisations.

The Committee **RESOLVED** to note the update.

The meeting finished at 10.00 pm