

Decisions of the Health Overview and Scrutiny Committee

22 February 2021

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 22 February 2021:

None.

Matters arising from the Minutes of the Meeting held on 22 February 2021:

Agenda Item 9 Page 5 of the Minutes - 'Flu vaccination update/lessons learnt and potential future Covid-19 vaccination' Section 4.4 'Homelessness Outreach'. A Member had enquired whether this group had been accessed and Dr Stephens had responded that she would ask Nicolas Ince for the information and forward it after the meeting.

The Chairman reported that she had recently sent the information to the Committee and proceeded to read out the response for the benefit of the public: "As a result of Covid, the local Barnet Clinical Commissioning Group (CCG) Team undertook more targeted engagement with our homeless population to ensure that they registered with a Barnet GP Practice this year. In addition, two Barnet Practices are commissioned via the Unregistered Service Level Agreement (NHS England) within the Borough to vaccinate all remaining rough sleepers. These Practices work closely with 'Homeless Action in Barnet'.

Also, North Central London Clinical Commissioning Group (NCL CCG) has worked closely with Barnet Council and commissioned a local pharmacy to undertake in-reach work into Homeless Hotels to vaccinate those sheltered within these facilities as a result of the Covid Housing Policy".

RESOLVED that the Committee approve the Minutes of the meeting held on 3 December 2020 as an accurate record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

The Chairman noted apologies from Cllr Bokaei who would be late joining the meeting.

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):

A public question had been received from Mr Ben Samuel, which was included in the papers, asking about shielders (clinically extremely vulnerable individuals) and when they would need to return to the workplace.

Dr Tamara Djuretic, Director of Public Health apologised for her late response which was published with the papers. She reported that shielders have been notified by letter that they should continue to shield until 31 March while this group is being vaccinated. North Central London Clinical Commissioning Group (NCL CCG) and Barnet Council have invited people from Priority Group 6 (including those clinically vulnerable) for vaccination and national guidelines are being followed. People who are shielding will need to continue shielding until then, even after vaccination.

Mr Ben Samuel had not asked to attend the Meeting so there was no supplementary question.

RESOLVED that the Committee noted the public question and response.

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):

RESOLVED that the Committee noted the Minutes of the JHOSC Meeting held on 27 November 2020.

8. CORONAVIRUS AND VACCINE UPDATE (Agenda Item 8):

The Chairman invited the following to the meeting:

- Dr Tamara Djuretic, Director of Public Health, London Borough of Barnet
- Dr Charlotte Benjamin, Vice Chair, North Central London Clinical Commissioning Group (NCL CCG)
- Dr Deborah Sanders, Chief Executive, Barnet Hospital

Dr Djuretic reported that infection rates have been increasing nationally and that Barnet currently were just under 100 per 100,000 population. Barnet is testing in the region of 15,000 people and seeing about 350 positive cases each week. However, there are fewer outbreaks in Care Homes, schools and houses of multiple occupation. The Council is continuing to work with these group in order to contain any outbreaks as soon as possible.

Barnet has significantly increased its number of Enforcement Officers and this had shown improved compliance. The Council has worked with places of worship to ensure that good Covid-secure systems are in place. In addition, Barnet has around 200 Covid Champions and is putting great effort into engaging with all communities across the Borough.

Testing sites are available in Barnet and capacity is being retained to ensure surge testing can be carried out if needed to continue to keep infection rates low in the case of new variants.

Dr Djuretic reported that 95,000 people have been vaccinated in Barnet so far and 3,500 have received a second vaccination. The uptake in residents over 75 years old is 80%. There is a lower uptake in more deprived communities and Black African and Black Caribbean residents. There is a good uptake amongst the Asian population. Barnet continues to work with faith leaders and Covid Champions to promote vaccination. In addition, Dr Djuretic reported that, together with Dr Benjamin, she sits on the NCL Vaccination Board and the Barnet Vaccination Oversight Group which includes the Director of Adults, Public Health and Social Care colleagues. The group meets regularly to look at ways of promoting the vaccine.

A Member commented that she had had very positive feedback from residents complimenting the way that the vaccination programme was being rolled out.

Another Member asked whether the lower uptake of the Covid vaccine correlated with the same areas where 'flu vaccination and childhood vaccination was lower and therefore there is a long-term driver around that work. She also asked whether people were largely hesitant or opposed to the vaccine.

Dr Djuretic responded that much of the work focused on people who were hesitant rather than opposed to vaccination. Feedback showed that there were different barriers to immunisation such as childcare and Clinic opening hours so Barnet is working to improve access. She would bring a further update on vaccination to the next HOSC meeting.

The Member then asked whether increasing the opening hours of some vaccination centres to support 'out of hours' workers might help. Dr Benjamin responded that a pilot is currently underway with Cullimore Pharmacy.

A Member reported that Cullimore Pharmacy is in their Ward and there had been problems getting sufficient people to attend when they had a lot of vaccines available. Dr Benjamin explained that there is a national booking system for mass vaccination sites and pharmacies and a separate system for GP Surgeries. These systems do not link in with each other until after an individual has been vaccinated. At present, only the first four cohorts of the Priority Groups can be invited to attend.

Dr Benjamin reported that the vaccination programme went live in Temple Fortune, Barnet on 15 December 2020 and since then five other sites had been set up. Many pharmacies have also got involved. General Practice is operating a Primary Care Network (PCN) model, with Practices working together for around 30,000-50,000 patients. 100% of people in cohorts 1-4 have been offered the vaccine and the uptake has been 79.1%. By the end of January 2021, GPs had vaccinated residents in 78 Care Homes throughout the Borough, although the vaccine cannot be administered to anyone who has had Covid in the previous 28 days. GPs are also offering the vaccine to the housebound, sometimes working with Central London Community Healthcare (CLCH),

and 81% of this cohort has accepted. Currently, cohorts 5 and 6 are being offered the vaccine. At a later stage, mass vaccination sites have been identified such as Allianz Park to cope with the larger volume of younger people who will be invited but so far cohorts have been managed via pharmacies and Primary Care.

Dr Benjamin reported that GPs have been given the responsibility to phone individuals who do not wish to be vaccinated at present to ensure that they are given another opportunity. The national plan is for all adults to be offered the vaccination by June 2021. At present the hubs are using the Pfizer and AstraZeneca vaccines.

Dr Benjamin noted that 'flu vaccination had been approached differently this year, including efforts being made to register more homeless people with GPs. The Barnet Vaccination Oversight Group (BVOG) is looking at a range of other health inequalities and is also working with the voluntary sector. As a result of the work being done to contact a wide variety of communities who do not readily access the NHS, it is hoped that people will be encouraged to come forward so that their children can be vaccinated and their health issues managed better, such as diabetes.

A Member reported that she speaks to many refugees who cannot get a NHS number easily so cannot be vaccinated. They are frightened to give information to the NHS because of their refugee status. Dr Benjamin responded that a piece of work is being undertaken in relation to this group, especially with the asylum-seeking hotels and Barnet Refugee Services. Barnet is looking to facilitate this group so that they can attend the Vaccine Hubs and obtain emergency NHS numbers.

The Chairman asked Ms Sanders for an update on the newly opened Rainbow Ward and the vaccination rollout at the Royal Free London NHS Foundation Trust.

Ms Sanders reported that vaccination is being carried out at Barnet, Chase Farm and the Royal Free Hospitals, with over 20,000 people having been vaccinated across all three sites. This included vaccination of the Trust's staff, Central London Community Healthcare (CLCH) and Barnet Enfield and Haringey Mental Health Trust (BEHMHT) staff as well as Residential and Nursing Home staff.

Ms Sanders reported that Rainbow Ward had been used as a modular ward during the first wave of the pandemic, given that Barnet Hospital did not have sufficient inpatient capacity. It has 35 beds in total with 15 ensuite side rooms and 4 bays with five beds in each. This had provided a good environment for patients with better facilities and feedback from patients has been positive. This would remain a Covid Ward for the time being, as the extra capacity is still needed.

Ms Sanders reported that currently Barnet Hospital (BH) has 66 and the Royal Free Hospital (RFH) has 68 patients with Covid. Both Intensive Care Units (ICUs) are very busy, with the RFH going beyond its surge capacity at one point with 92 patients in ICU. Other Trusts had provided staffing to help with the demand. Staff are very tired, particularly those working in ICU and the emergency departments. Some staff are also reporting being traumatised. Psychological support is being offered to staff.

Access to testing is so much better during this second wave. Patients are being tested on admission and regularly thereafter. 7,000 staff are using Lateral Flow Tests twice a week which has already picked up 250 staff who were asymptomatic.

The Chairman read out the responses which she had received in advance to the four questions regarding Covid-19 which the Committee have asked at the recent HOSC Meetings:

- 1) How many people with Covid-19 have been admitted to the Trust's hospitals in November and December 2020 and January 2021?
 - November 245, December 718 and January 887.
- 2) How many patients were discharged having been successfully treated for Covid-19 in November and December 2020 and January 2021?
 - November 203, December 581 and January 732. Some of these people are still inpatients at present.
- 3) How many patients have died of Covid-19 in the Trust's hospitals during November and December 2020 and January 2021?
 - November 42, December 137 and January 155.
- 4) How does the mortality rate for November and December 2020 and January 2021 compare with the same months in 2019 and 2020?
 - Dr Sanders responded that there is no data that is publicly available at present but she would send this through to the Committee as soon as possible.

The Chairman enquired whether Care Homes with younger residents are also now being vaccinated. Dr Benjamin responded that the definition of Care Homes changed in January 2021 and this does now include Care Homes for young people with learning disabilities and other disabilities. Primary Care and CLCH are now undertaking vaccination of this group.

A Member asked what the vaccination uptake is amongst Care Home staff. Dr Benjamin reported that it is just under 50% across NCL, which is disappointing. However, she has not seen Barnet-specific figures. Work was underway to try to improve this including webinars with opportunities for staff to ask questions. Hospitals are facing similar challenges, particularly among BAME (Black, Asian and Minority Ethnic) staff.

RESOLVED that the Committee noted the three verbal updates.

9. POST COVID SYNDROME (Agenda Item 9):

The Chairman invited the following to the meeting:

- Dr Charlotte Benjamin, Vice Chair, North Central London Clinical Commissioning Group
- Ms Deborah Sanders, Chief Executive, Barnet Hospital

Dr Benjamin described Post Covid Syndrome as defined by the National Institute for Health and Care Excellence (NICE): signs and symptoms that develop during or following an infection of Covid-19 which continue for more than 12 weeks. The condition

presents with clusters of symptoms which can affect any area of the body. Many people can experience generalised pain, fatigue, persistent high temperature, psychiatric problems, breathlessness, anxiety, depression and 'brain fog'.

Just under 4,000 people in Barnet remain unable to work up to three weeks following Covid and almost 2,000 people cannot work 12 weeks after contracting Covid. A total of 396 individuals have so far been identified as having serious debilitating Post Covid Syndrome in Barnet according to data from January.

Dr Benjamin reported that patients have reported feeling dismissed and not being taken seriously and having difficulties accessing rehabilitation. NCL CCG is working to meet the needs of these patients, often identifying them through GP notes or through self-referrals. A swab or antibody test to confirm that individuals have had Covid is not needed as not everyone shows antibodies in their blood. A single point of access is needed for this cohort and many require a multi-disciplinary approach. From April, there will be a national specification and funding for these patients, although it is not yet clear how much NCL CCG will receive. A pilot is taking place in Camden with University College Hospitals NHS Trust (UCLH) and learning will then be shared from this. GPs are trying to encourage people to access self-management. The Royal Free is also working with CLCH.

The chairman invited Dr Sanders to speak on Post Covid Syndrome from a hospital perspective. Dr Sanders noted that the Trust had not so far identified staff with the Syndrome, although some patients are being admitted or readmitted with the Syndrome. Care mostly involves therapy teams which are working closely with UCLH.

A Member asked whether there were any significant differences in the number of male and female patients with the Syndrome had been identified. Dr Benjamin responded that there was insufficient data at this stage, although Covid-19 has tended to affect more men than women.

RESOLVED that the committee noted the two verbal updates.

10. CQC MATERNITY REPORT UPDATE (Agenda Item 10):

The Chairman invited to the meeting:

- Ms Sanders, Chief Executive, Barnet Hospital

The Chairman asked Ms Sanders to provide an update following a maternal death in February 2020 at the RFH. The Care Quality Commission (CQC) had undertaken an inspection of the Trust in October 2020 and the Report is attached with the supplementary papers.

Dr Sanders reported that the patient was given the wrong dose of a drug in February 2020. There was also a concern about her deterioration regarding doctors in escalating problems in accordance with the guidelines and the CQC had noted in its Report published in January 2021 that safeguards had been put in place across all three hospitals to prevent this incident happening again. Dr Sanders stated that this event has caused great concern but she wished to emphasise that a comprehensive plan is in situ.

A major issue had been communication with the patient for whom English was not her first language, including printed leaflets on reduced foetal movement which should have

been provided to her. A lot of work had been carried out to ensure that staff knew how to signpost patients in such cases. This was being shared across NCL.

Dr Sanders reported that the CQC had also found that staff had not been able to demonstrate to them that they had learnt from previous incidents. The Trust has since improved its communications on this and is holding staff briefings, keeping a log of who has attended.

Dr Sanders explained that the apology, which is normally included in the standard letter which is sent out following an incident, was unfortunately missing, as it had been removed in error in this case.

The CQC had also expressed concern around IT systems including an alert system that looks at women's observations. At BH it is done electronically but the RFH had moved to paper due to concerns with its IT infrastructure. Some work has been done at the RFH to resolve this and it is hoped that the CQC will come back again this month to review the situation.

A Member asked whether there had been concerns about the RFH Maternity Unit prior to the CQC Report. Dr Sanders responded that the IT issues had been known about and efforts were being made to resolve these. However, the issue regarding translated leaflets had not been as high on the Trust's radar as it should have been.

The Member further commented that items had been on the Risk Register for some time and asked whether this was a concern as it was highlighted in the Report. Dr Sanders responded that a workaround had been found on the IT issue so that should have been removed from the Risk Register. Ideally, the Trust should have the option to automatically extract data from the IT system but this had not been possible so it was being done manually.

Another Member asked whether there is a statutory requirement to supply leaflets in certain languages. Dr Sanders responded that the Trust has reviewed the population which uses its services and provides leaflets in the top ten languages. There is also a process to provide that information to speakers of other languages via the 'Big Word' and there is access to translation services by telephone as well as face to face which needs to be booked.

The Chairman asked whether the lady had had a birth partner who could have translated for her as this incident was prior to the Covid-19 restrictions being put in place. Ms Sanders responded that the main problem was that she had not been given a printed leaflet on foetal movement to take away with her. Also, the hospital prefer the 'Big Word' to be used rather than relying on relatives to be translators as they are not always conversant with medical language.

A Member noted that there had been previous occasions in relation to the Quality Account (QA) where items had been on the relevant Risk Register for several years and this had been pointed out to the Trust. It did not appear that progress was being made. The question was whether the incident had prompted the Trust to look in more detail at risks that had continued to remain on the Register and not been resolved. Ms Sander responded that the incident has prompted the Trust to scrutinise the Risk Registers and to remove items that had been resolved and should have been removed.

Ms Sanders clarified that in relation to Maternity Services this related to manual validation of the data being needed in relation to the quality dashboard. The RFH is due shortly to embark on the next phase of the Electronic Patient Record (EPR) which is already in place at BH and CFH.

A Member stated that this issue would appear to go back to 2014 and that the risk had not fully been fixed but is being tolerated with people being asked to work around it. Ms Sanders clarified that the IT issue had no relation to the serious incident in the Maternity Unit. It related to the data that came into the quality dashboard and had been noted on the Risk Register for some time. As the risk has been mitigated by manually checking the data, this should have been removed from the Risk Register. Unfortunately, an IT solution had not been found. The Member enquired why this had been accepted instead of seeking an alternative IT supplier and requested a written report on this issue at a future HOSC. Ms Sanders reported that the Trust is confident in the data it has, although it now must be manually validated rather than being automatically accessible. The Chairman suggested that a written report on this be brought to the May HOSC Meeting at the same time as the Quality Account.

RESOLVED that the Committee noted the written and verbal update.

11. ALTERNATIVE PROVIDER MEDICAL SERVICES (APMS) CRICKLEWOOD (Agenda Item 11):

The Chairman invited the following to the meeting:

- Mr Ian Sabini, Managing Consultant Lead, London GP Partnerships
- Ms Vanessa Piper, Head of Primary Care, North Central London NHS England, London Region

Ms Piper reported that an invitation to tender for the new Cricklewood Health Centre had been sent to interested bidders during the autumn of 2020. Bidders were asked to respond by January 2021 and were advised that the premises should ideally be located within one mile of the current site and no more than two miles away. An evaluation of the bidders' responses had been carried out and the award of the contract would be approved on Friday 26 February 2021 by the Primary Care Commissioning Committee. Following this, there would be a ten-working day challenge period for bidders. The CCG would then write to patients with details of their new provider. The contract would commence on 1 April 2021. All existing staff in Barndoc will be TUPE transferred to the new provider.

Mr Sabini reported that his role in the project was to support the CCG on the estates and property aspects of the scheme. A lease extension had been agreed with the current landlord to 31 August 2021 in order to align with the service contract. This provided some leeway also for the new premises to be prepared.

A Member asked whether a move away from the area was a temporary solution and noted that there are large development plans for the B&Q site just behind the current GP Practice. Mr Sabini responded that this was realistically a permanent move because at present there was little clarity from the developer. The CCG is open to discuss options for a new facility in the area and there may be an opportunity to return to the area.

The Chairman enquired about the length of the contract with the new provider. Ms Piper responded that the contract will be awarded for 15 years with a five-year break clause every five years. The Chairman asked whether there would be an opportunity to move the Practice after five years. Ms Piper noted that this depends on the solutions provided by the bidders and how fit for purpose their proposals are.

A Member asked whether stakeholder notification would include Ward Councillors including those in Brent, Harrow and Camden. Ms Piper responded that they would be notified. The Chairman requested that she be notified by the CCG when the information becomes public knowledge so that she could notify the Committee. The date mentioned that this information should be available was 12 March 2021.

A Member noted that there would be CIL money in the future regarding the B&Q site. Mr Sabini noted that he is working with the Section 106 Officer on this but the decisions would need to align with the Brent Cross development and any potential for a new health facility there.

The Chairman enquired whether a meeting had taken place with Cllrs Zinkin, Clarke and Ryde as recommended at the last HOSC on 3 December 2020. Ms Wood confirmed that this had taken place. The Chairman mentioned that she had also extended an invitation to the three Childs Hill Ward Councillors to this evening's meeting in case they wished to ask further questions.

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

12. CHILDREN AND YOUNG PEOPLE'S ORAL HEALTH IN BARNET (Agenda Item 12):

The Chairman invited the following to the meeting:

- Ms Clare Slater-Robbins, Senior Children and Young People Commissioner, London Borough of Barnet
- Ms Susan Yadin, Clinical Director for Community and Specialist Dental Services, Central London Community Healthcare
- Dr Tamara Djuretic, Director of Public Health, LBB

Ms Slater-Robbins reported that the Public Health Team had commissioned an Oral Health Promotion Service as part of the Healthy Child Programme which has a contract with Central London Community Healthcare (CLCH) for £59,000. The aim is to raise awareness among parents and other professionals about the importance of healthy teeth in children up to around age five. This involves training practitioners to supervise tooth brushing, give key messages to parents and to promote the public health programmes around free dental care during pregnancy as well as free dental care for children. The service links in with breastfeeding services, early years providers and schools and has a suite of sessions run in those settings. Covid has impacted on this but the service has swiftly adapted to a virtual service and continues to deliver tooth brushes to food banks, as Children's Centres are currently closed. There will be a 'blended' model in the future as the virtual offer has been successful.

The Chairman commented that she had been informed that some dentists had run out of their NHS dental units and enquired whether these could be transferred between dentists. Ms Yadin noted that the Units of Dental Activity (UDA) are negotiated between

dentists and NHS England (NHSE). Covid has had a huge impact on dentistry and the issues have been taken up at a national level.

A Member noted that there had been positive feedback from parents on dental health promotion even though the data show no improvement on four years ago. He also asked about the recognition of possible safeguarding concerns in cases of tooth decay not only among the under-fives but also among older children.

Ms Yadin reported that safeguarding is part of mandatory training for dentists. It is commonly known that there is a link between dental neglect and safeguarding. There are also processes for dentists to follow if parents repeatedly don't bring their children to attend dental appointments.

Ms Yadin noted that it has been continuously difficult to improve oral health in children, despite ongoing efforts, and this is particularly frustrating for the dental profession. The model being followed involves the oral health promoter, general dental practitioner and referral on to community services and is a well-trodden one with the aim of reducing hospital admissions.

Ms Slater-Robbins added that data is used to work out which schools to target for health promotions, although the team is happy to engage with all schools who request their services whether they show poor figures in oral health, weight management and infant feeding or not.

Dr Djuretic reported that the service is small in relation to the Borough's size and alternative models need to be developed as part of a bigger response towards preventing obesity, including Sugar Smart and other activities.

A Member noted that according to the figures presented in the report, the London improvement is twice that of Barnet in 2017-19 and asked what can be learnt from this and whether the faster improvement pan London fed into the Team's strategy. The Member asked if this presents an opportunity to harness the positive engagement work in relation to the vaccine, as discussed earlier, and to link oral health into this.

Ms Yadin explained that commissioning oral health promotion is fragmented and not the same in each Borough. Some Boroughs have no provision at all. There is scope to improve things, although it is difficult and the Team is looking at new ways of engaging, reviewing best practice and collaborating with oral health promoters pan London.

Another Member commented that she had been informed that there is a shortage of specialist dentists for under-fives in Barnet and there can be a long waiting list, especially for extractions. Ms Yadin noted that any child can be referred to a community dental service and emergency cases will always be seen. She mentioned the Whittington Hospital, in particular. The Chairman also mentioned the Eastman Dental Hospital and Ms Yadin recommended that people contact 111 to find out what the current situation regarding dental emergencies is due to the Covid pandemic.

Dentistry is also using different methods during the pandemic to help deal with pain as waiting times have been impacted but she emphasised that emergencies should be referred on for rapid care.

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

13. BIRTH REGISTRATIONS AND CHILDHOOD INOCULATION (Agenda Item 13):

The Chairman introduced the written report provided by Dr Janet Djomba who would be attending the HOSC in May with a further report. The Chairman suggested that the Committee contact Dr Djomba if they had any queries regarding the report.

A Member noted that in the past children could disappear from the system and there is a concern this could happen due to the challenges in birth registration. It would be helpful if the report could comment on this as in some cases there may be pregnancies where there are safeguarding concerns.

RESOLVED that the Committee noted the written report.

14. FORWARD PLAN (Agenda Item 14):

10 May 2021

- Coronavirus and Vaccination Update
- Quality Accounts: Royal Free London NHS Foundation Trust, Central London Community Healthcare and the North London Hospice
- Royal Free London NHS Foundation Trust Update on data collection issues at the RFH.
- Childhood Inoculation and Birth Registration

7 July 2021

- Coronavirus and Vaccination Update

To be allocated

- Children and Young People's Oral Health Update (early 2022).

15. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 15):

The meeting finished at 8.33 pm