Decisions of the Health Overview and Scrutiny Committee

7 December 2021

Members Present:-

Councillor Alison Cornelius (Chairman)
Councillor Linda Freedman (Vice-Chairman)

Councillor Golnar Bokaei	Councillor Alison Moore
Councillor Saira Don	Councillor Geof Cooke
Councillor Lisa Rutter	

Apologies for Absence

Councillor Anne Hutton

1. MINUTES (AGENDA ITEM 1)

Corrections to the Minutes of the meeting held on 12 October 2021:

Cllr Barry Rawlings was not present at the meeting held on 12 October 2021

Matters arising from the minutes of the meeting held on the 12 October 2021:

Agenda Item 8, Page 4 of the Minutes - Coronavirus and Vaccination Update:
The Director of Public Health, Dr Djuretic advised that there was no evidence to suggest that the uptake of the flu vaccine had been any higher this year, in comparison to previous years. Dr Djuretic would circulate figures from this year and last year to the Committee.

Agenda Item 9, Page 5 of the Minutes – Long Covid and Recovery of Services:
Dr Akinlabi would be invited to the next meeting of the Health Overview and Scrutiny Committee to present his presentation on Long Covid. The response to the question raised at the last meeting about whether Barnet had more cases than any of the other five North Central London boroughs or whether the number of cases was in proportion to its population, would be chased and circulated to members once received.

RESOLVED that subject to the correction outlined above, the Committee approved the Minutes of the Meeting held on 12 October as an accurate record.

2. ABSENCE OF MEMBERS (AGENDA ITEM 2)

Councillor Hutton sent apologies.

3. DECLARATION OF MEMBERS' INTERESTS (AGENDA ITEM 3)

Councillor Cornelius declared an interest by virtue of being the Vice-Chairman of Eleanor Palmer Trust.

4. REPORT OF THE MONITORING OFFICER (AGENDA ITEM 4)

None.

5. PUBLIC QUESTION TIME (IF ANY) (AGENDA ITEM 5)

A public question was submitted by Mr Samuel as follows:
'I have a question about item 10 quality accounts. I am a resident using Linux, an operating system for computers which is an open-source architecture, much more secure with personal sensitive data, than Microsoft systems, which are proprietary and full of software bugs. The NHS is wasting time and money on its IT. A former doctor complained on twitter that while working at the NHS he was forced to use windows computers and that he would spend a lot of time waiting for the computers to start. Will our NHS re-consider its contracts which only allow Microsoft computers, which are open to viruses and take ages to boot-up'

The question would be answered during the relevant agenda item.

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 meeting of the North Central London Joint Health Overview and Scrutiny Committee held on 1 October were noted.

8. COVID UPDATE AND FLU VACCINATION VERBAL UPDATE (AGENDA ITEM 8)

The Chairman invited the following to the table:

- Dr Tamara Djuretic, Director of Public Health, London Borough of Barnet (LBB)
- Deborah Sanders, Chief Executive, Barnet Hospital
- Colette Wood, Director of Integration, North Central London Clinical
- Commissioning Group (NCL CCG) (jointed remotely)
- Ms Bhavita Vishram, Public Health Strategist, LBB

Dr Djuretic explained that Barnet has seen a slight increase in the cases of Coronavirus, most of these being associated with children in school. She said that two cases of the new Omicron variant had been reported so far. However, there was evidence of community transmission of Omicron, as cases were no longer directly linked with overseas travel. She also confirmed that currently the new variant had not resulted in increased hospital admissions.

Dr Djuretic informed the Committee that the Coronavirus updates nationally had changed: mask wearing was now mandatory in public spaces, apart from hospitality venues. She said that currently contact tracing was taking place for confirmed Omicron cases however, due to community transmission, this was likely to cease. The main course of action for protection was to receive the booster vaccination. She also reported that the programme for vaccination of 12–15 year-olds was going well.

Dr Djuretic reported that hospital admissions were currently stable and that there were two reported cases of staff and two residents in Care Homes with Coronavirus. However, schools had seen an increase in reported cases with 153 cases compared to 59 the previous week.

She explained that the Barnet Control Plan had been updated and published, which outlined the actions that would be taken. The main strategy was to continue to encourage residents to get vaccinated as the main form of protection. She said that additional vaccination sessions had been put in place in the Brent Cross area. Overall, the vaccination rates within the Barnet population were high at 73% across all ages.

Dr Djuretic advised that the 'flu vaccination uptake was currently 25% but was higher within the NHS and Social Care setting at around 42%. She said she would look at the figures from the previous week and was happy to circulate this to Members of the Committee.
Action: Dr Djuretic

Dr Charlotte Benjamin advised that the vaccine take up in Barnet was better than the overall average for London. She explained that overall people in Barnet were keen to be vaccinated and that work was taking place in collaboration with Public Health to reach those more hesitant about having the vaccine. Dr Benjamin said that children could access the vaccine via the school programme and that a clinic had been set up in PCN2 and PCN3 for any who had missed the school session or for those home schooled.

Dr Benjamin reported that those dying in hospital were predominantly un-vaccinated and that the best protection came from having both the first and second dose. She advised the Committee that AstraZeneca was starting to be introduced for those requiring a third dose of the vaccine and were housebound, as the vaccine did not require observations following administration, thus enabling the role out to be swifter.

A Member queried why pharmacy and GP systems did not appear to be aligned as some patients who had received the vaccine were still getting messages reminding them to book. Dr Benjamin explained that there was sometimes a small delay between the pharmacy system and the GP system and therefore this sometimes caused confusion.

A Member raised an issue which was being experienced by Carers trying to access lateral flow testing kits, as a code was now required and often Carers were struggling to get these. Ms Vishram advised that collection codes had recently been introduced, but reassured the Committee that Carers were still able to pick up a pack even if they turned up without a code. Ms Vishram agreed to investigate improving communication on this.
Action: Ms Vishram

A Member enquired how elderly housebound people could be offered the booster as often families were struggling to contact GPs, due to not being on the care list. Dr Benjamin said that arranging transport to a Hub would be the quickest way to arrange a booster. However, they could also contact their GP and consent to the GP sharing medical information on their behalf.

RESOLVED that the Committee noted the verbal Coronavirus and Vaccination Updates.

9. CHILDHOOD INOCULATION (AGENDA ITEM 9)

The Chairman invited to the table:

- Ms Bhavita Vishram, Public Health Strategist, LBB
- Dr Janet Djomba, Consultant in Public Health, LBB

Ms Vishram introduced the report and explained that partnerships were essential to the delivery of an effective, equitable and quality assured immunisation service. Ms Vishram explained that the Action Plan had been developed together with a range of stakeholders. She said that learning had been taken from the Covid vaccination

programmes and would be implemented into the Action Plan. She also said that there were a number of opportunities to promote vaccines in Barnet and the aim was to share best practice and to offer support where required. Ms Vishram highlighted the benefits of the collaborative work and the range of stakeholders involved, which was helping to reduce inequalities.

A Member commented on how the work was exciting and that tackling health inequalities was always a priority for Members. The Member also said that adults were often much more willing to accept vaccinations if they had been vaccinated in childhood, so education about the importance of vaccinations was crucial. The Member said it would be exciting to see the impact of the Action Plan in local communities.

A Member queried why children were being vaccinated for cervical cancer and genital warts at such a young age. Dr Djuretic explained that the programme of vaccination had started in 2008 and the vaccine had resulted in a measurable drop in cases. Dr Djuretic also explained that the vaccine was only effective before the young person becomes sexually active, which is why the age range is young.

The Chairman asked why London was seeing a decline in vaccinations and whether this was associated with increased misinformation. Ms Vishram explained it was difficult to accurately record the reasons as the populations were so transient. The Chairman also asked if all GPs currently have a designated immunisation lead to proactively identify all those with uncertain or incomplete MMR status. Ms Vishram said that an immunisation Task and Finish Group was collating this list which ideally each GP should have.

A Member questioned the dropping trend in 2021 and asked whether this had been because of the pandemic. Ms Vishram said that there had been a decline identified across all PCNs, but a strategy had been devised to collate this information and outline how GPs could be supported to improve this. She said that the PCNs that were struggling the most would be given support.

Dr Djuretic said there was a concern around a measles outbreak for all Directors of Public Health. This potential threat was being escalated to all services to try and improve the vaccination uptake, but there was limited capacity within the system. She said that across the country everyone was working hard to put more resources into catching up on vaccinations. The Infection Control Practioner (ICP) workstreams included inequalities and also prioritisation of childhood immunisations, with Officers hoping to see an effect within three to six months. Dr Djuretic said she would bring any information and update on the vaccine catch-up programme to the Committee and that any relevant updates from the Immunisation Forum would be shared.

RESOLVED that the Committee:

- **Supported the implementation of the Action Plan to increase childhood and school agreed immunisations in Barnet.**
- **Noted the update on the developments of the Action Plan and ongoing engagement work.**

10. MID-YEAR QUALITY ACCOUNTS (AGENDA ITEM 10)

North London Hospice

The Chairman invited the following to the table:

- Fran Deane, Director of Clinical Services, North London Hospice.
- Nada Schiavone, Assistant Director Quality, North London Hospice

The Chairman thanked the North London Hospice for the mid-year Quality Accounts submission.

Ms Deane advised that the North London Hospice currently had 10 new volunteers for front of house roles, who had replaced those that had not returned due to age or ill health reasons. Ms Deane said there had been some issues around staff recruitment in other roles but that this was common across the sector.

She also advised that, in relation to medication incidents, research was being done to investigate how Care Homes administer their drugs in order to share best practice. However, more controlled drugs were used at the Hospice compared with Care Homes, so liaison with other Hospices would also be taking place. Ms Deane also raised the point that there was a positive attitude within the organisation in terms of staff wanting to report near misses and incidences of error, to be open and transparent and to create a culture of improvement. She said that approximately over 250 medicines are administered each day, so when looking at the overall number of incidents, the numbers were very small and most medication errors caused no harm to patients. However, the Hospice is dedicated to continually reducing the numbers of errors.

A Member asked if the need for reporting incidents was included in training and upskilling sessions for staff so that they understood the importance of doing this. Ms Schiavone confirmed that competency was a significant focus within all training and that the education team worked closely with any members of staff requiring additional support. She also said that staff were counselled in relation to any near misses in order to avoid similar incidences reoccurring.

A Member raised concerns regarding the number of medication errors as they felt that even a small error was still a major incident. The Member asked what measures or processes were being put in place to ensure these errors were avoided at all costs and whether the staff were medically trained. Ms Schiavone said there is primarily a focus on staff competence and that individual performance was regularly reviewed. She said there was an on-site education team available for support as well as senior nurses on duty on every shift to provide medical advice. Ms Schiavone stressed that all incidents were investigated as soon as they occurred and were taken very seriously, and that staff regularly attended Hospice webinars to learn from others. Ms Schiavone clarified that the incidents were not always in relation to providing the wrong drug or dosage, often they were minor errors.

A Member asked if the Clinical strategy would be included within the Quality Accounts. Ms Deane said she was happy to forward a copy for circulation to Committee Members. A Member also requested more information in relation to the projects being undertaken. Ms Deane agreed to include an update on projects within the end of year Quality Account reports.

RESOLVED that the Committee noted the North London Hospice verbal updates.

Community London Central Healthcare NHS Trust

The Chairman invited the following to the table:

- John McLinden, Divisional Director of Nursing and Therapies, North Central Division, Central London Community Healthcare Trust (CLCH).
- Denis Enright, Director of Operations at Central London Community Health Care NHS Trust (CLCH)

Mr McLinden provided a verbal response to the public question that had been submitted. He said that the NHS nationally through NHS Digital have either procured Microsoft products on behalf of the NHS, in the case of Windows10, or negotiated improved procurement at scale in the case of Office 365. These are the de facto systems in use within the NHS and are familiar to staff and allow a commonality of communication between providers working in an integrated and collaborative manner. CLCH as a provider have taken advantage of these opportunities provided nationally and have maintained a Microsoft environment that is familiar to our staff and in line with the systems that partners utilise.

Mr McLinden informed the Committee that the Trust had reviewed how health visits were being done and had identified what improvements needed to be put in place, as well as what parts of a health visit could be performed by Community Staff Nurses and Nursery Nurses. He advised that the programme was in its final stages and that recruitment was taking place internationally, with the completion due to end in early 2022.

A Member questioned the rise in patient safety incidents resulting in 'severe harm' over the past year compared to the previous year and asked whether this was as a consequence of training staff on the importance of reporting. Mr McLinden said that this was partly due to more patients being taken on last year which had skewed the numbers. However, he advised that there had been a decrease in Category 2 pressure ulcers and that a review of the data needed to take place. He explained that the increased figures in relation to point 9 of the report was also related to a greater number of beds and therefore more patients being cared for. Mr Enright said that the 30-40% growth in beds correlated to the increase in incidents as well as the increased complexity of patients on the Ward during Covid who required more one to one care.

In relation to point 7 of the Report, relating to CLCH needing to check records and improve communication with acute providers, a member asked why information on vaccines was not updated. Mr McLinden explained that the system used by the NHS and GPs was different and that CLCH did not have access to update GP records through E-miss themselves. However, CLCH was planning to move over to the E-miss system next year.

The Chairman noted the responses that had been provided by the Royal Free Trust. The Chairman requested that the Governance Officer asked the Royal Free to provide answers to all the outstanding questions and that these be circulated and published.

Action: Governance Officer

RESOLVED that the Committee noted the verbal updates.

11. ACCESSING YOUR GP REMOTELY VERBAL UPDATE (AGENDA ITEM 11)

The Chairman invited the following to the table:

- Colette Wood, Director of Integration, North Central London Clinical Commissioning Group (NCL CCG) Joined virtually
- Dr Charlotte Benjamin, Vice-Chairman North Central London Clinical Commissioning Group (NCL CCG)
- Ms Janice Tausig – Chairman of the Dr Azim and Partners Patient Participation Group (PPG)
- Two Carers – Mrs Shah and Mr Gallagher
- John MCLINDEN, Divisional Director of Nursing and Therapies, North Central Division, Central London Community Healthcare Trust (CLCH).
- Denis Enright, Director of Operations at Central London Community Health Care NHS Trust (CLCH)

Mrs Shah provided an account of her personal experiences when trying to access her GP. Mrs Shah explained that she was still waiting to receive her hearing aid, with long delays since 2019 having arisen due to referrals from her doctor not being properly processed. She advised that she had received batteries for a hearing aid in the post that did not belong to her, because of messages not being properly conveyed between medical departments.

Mrs Shah also explained that her husband had been allocated both a nurse and a doctor due to his disabilities. Since being allocated these two professionals, the doctor had only visited her husband on one occasion in the last two years for an introductory meeting. Mrs Shah said she had not received any assistance from them since the first meeting, with her messages and calls going unanswered or without response.

Mrs Shah said she had tried numerous ways to contact her GP using the phone and computer but was not very confident with computer use and so she had to rely on family to assist. The situation was making life difficult and distressing.

Dr Benjamin thanked Mrs Shah for bringing her personal story to the attention of Members and Officers and apologised for the difficulties she had faced. Dr Benjamin explained that long delays were being seen in audiology because of Covid. She advised that Covid had meant that many staff working in the department had been redeployed elsewhere in the hospital to help with covid patients and that audiology was one of the last services to be set back up, due to the risks surrounding transmission and infection.

Dr Benjamin acknowledged that some patients found using technology like E-consult or Patches difficult and that alternatives for accessing GPs was important. She noted that the entire medical system was overloaded and that Officers were working to deal with the issues as efficiently and effectively as possible.

The Chairman then invited Mr Gallagher to the table to share his personal experience. Mr Gallagher explained that he was a Carer for his father who had vascular dementia. His father had had a fall last year and was admitted to hospital and during the stay he was taken off his medication. After returning home, Mr Gallagher tried to sort out getting his father back onto his medication but found the experience very difficult. He contacted the GP by both phone and email but found getting through to a doctor took too long. Mr Gallagher was also advised to take his father back to hospital to have his fracture assessed. However, due to the distressing experience and very long waits experienced during the first visit, the family were not happy to take their father back.

Mr Gallagher also told the Committee about his daughter having to wait 13 hours in A&E to be seen and being left waiting on a plastic chair the whole time. Once seen, the daughter was diagnosed with having a bleed on her brain, but the process of getting transferred to Great Ormond Street from Barnet Hospital was traumatic. He also advised that the security guards at Barnet Hospital were rude and unhelpful, which made the situation worse for vulnerable people attending. Mr Gallagher said that the Royal Free hospital was much more organised and the A&E department functioned far more efficiently. Therefore, he would be very reluctant to take his father or daughter back to Barnet Hospital.

Mr Gallagher also commented that elderly people found using technology very difficult and had to rely on family or friends to book appointments for them.

Dr Benjamin thanked Mr Gallagher for raising the issues. She explained that plans were being worked on across North Central London to ensure patients were being discharged as efficiently as possible, which in turn would enable patients coming through A&E to be seen at a much more reasonable rate. She explained that the long waits were a symptom of the huge pressure on the system.

Ms Wood explained that ways to manage the demand on the system were being investigated and that everyone was aware that there was currently immense pressure and that not all patients were receiving the best quality service.

A Member provided an account on behalf of another Carer whose husband had been suffering from urinary tract infections. The Carer stated that she had telephoned the GP every day at 8.30am to try and get an appointment but was unable to get through for three weeks. When she finally got through on the phone, she was asked why she had taken so long to book an appointment. The Carer had also attempted to use the on-line system but was locked out and asked for authorisation which she was unable to complete. The Chairman further introduced a written statement from a fourth Carer about their difficulties getting their mother a booster jab and the worry and frustration this had caused. Mr McLinden agreed to investigate this issue.
Action: Mr McLinden

A Member raised concerns that carers had been expressing anxiety around the fact that receptionists were taking control and making decisions about care, despite not being qualified to do so.

Dr Benjamin explained that there was a large infrastructure surrounding the online packages and acknowledged that E-Consult could be clunky to use. However, it did have the benefit of additional safety features, which more simpler applications did not. She advised that GP surgeries were not able to make changes to the system themselves, but that feedback could be given to the companies so that issues could be addressed. She also explained that vaccines could not just be administered by Community Nurses when making other visits, as the solutions were made up via dilutions that had to be administered within six hours.

Dr Benjamin said that training for receptionists across North London was being investigated. Receptionists often felt they were holding the fort and frequently experienced abuse on a daily basis, making their role very difficult. She said that work was taking place between the Royal Free, CLCH and the Local Authority to be as

efficient and effective as possible within a pressurised system, which had been exacerbated by Covid.

Mr McLinden stated that a specific team was deployed to deliver booster vaccinations and that due to the practicalities it was not possible for Community Nurses to provide these boosters at the same time as making visits for other reasons. The Committee was told that GPs were and should be undertaking home visits when asked about this matter.

Janice Tausig, Chairman of the Dr Azim and Partners Patient Participation Group (PPG), explained that her Practice had originally been using E-consult and patients had found the system very difficult to use. Following conversations with the lead Partner, the system was subsequently changed to Patches. Ms Tausig said patients were not notified about the change, which led to confusion when they were presented with a new interface. However, feedback in general was that Patches worked well and Dr Azim had subsequently asked that every Practice in PCN5 move to Patches. Ms Tausig felt that the elderly, disabled and other groups that had found online platforms difficult would find Patches much easier to operate. She said that often the complaints relating to the online systems were associated with the way in which the surgeries were operating. Ms Tausig felt the Healthwatch report gave an excellent summary of the issues and that the recommendations provided should be implemented. She also felt that the main issue was the lack of communication between GPs and patients and suggested that the CCGs should be working with the Barnet Primary Patient Network and the Patient Participation Groups as this would reduce patients' anxieties around change.

Ms Wood agreed that communication was key and that this would continue to be built on moving forward. She said that the Primary Care Networks (PCNs) were very keen on resident and patient engagement.

The Chairman complimented the Healthwatch Report on behalf of the Committee and re-iterated that the recommendations should be implemented as quickly as possible.

RESOLVED that the Committee noted the verbal update on Remote Access to GPs.

12. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (AGENDA ITEM 12)

10 February:
- Children's Oral Health Report
- Coronavirus and 'Flu Vaccination Update
- Long Covid Update

25 May:
- End of year Quality Accounts

6 July:
- Solutions 4 Health Update
- Alternative Provider Medical Services (APMS) Cricklewood Update

To be allocated:
- Suicide Prevention Strategy Update- July or 19 October 2022

RESOLVED that the Committee noted the Forward Work Programme.

13. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (AGENDA ITEM13)

Barnet Healthy Child Programme (HCP) Services Update on Contract Award Decision

Dr Djuretic explained that a paper had been taken to Policy and Resources Committee in February 2017 which outlined different options and feasibility studies that were undertaken in relation to each of the options. She explained that when the In-House options were reviewed, it was agreed that this was not the best option. The decision was therefore taken to go out to procurement. Dr Djuretic explained that the programme had been inherited by the Local Authority from the CCG in 2015 without many performance indicators, which made it difficult to drive through improvements.

Dr Djuretic explained that a closed procurement took place in 2019 via a Section 75, two bids were received, however one was a non-complaint bid. The award was given to the other bid in 2019 however, subsequently, in January the bid was withdrawn, so the Local Authority had no option but to extend the CLCH contract.

In the meantime, Officers tried to secure a procurement with another NHS NCL provider, but the CCG did not support this as they felt it was not the appropriate time. The Local Authority was left with only one option which was to go through an open procurement which resulted in bids from two NHS providers and one private provider. Solutions 4 Health received the highest score and their bid demonstrated an ability to deliver the Healthy Child Programme Services as specified within the service specification and within the budget. Solutions 4 Health demonstrated that they have experience of delivering HCP and other NHS services elsewhere and that they share the values of Barnet Council in putting children and families first.

Consequently, several consultations and meetings with staff took place, due to the change in moving from an NHS provider to a private one. The main concern and focus was on ensuring the improvement of services and ensuring that there was no impact on outcomes for children.

A Member raised concerns that this was the second time a private contractor had been chosen and the process had not felt particularly open. The Member also said that the HOSC had a clear interest as previous reports had been scrutinised in 2017. The Member said it had been clear at the end of the Policy and Resources Committee that Members wished for in-house solutions to be looked at, due to key areas of the service under performing. The Member felt that once the in-house option had been found to be unsuitable, the item should have been brought back to the Committee to allow scrutiny and challenge. The Member also asked what the contingency was in the event that the provider failed to deliver within the financial envelope agreed for these services.

Dr Djuretic explained that the process had been transparent throughout and that the Report was taken back to the Policy and Resources Committee. She said the HOSC did not play a role in scrutinising procurement processes. Dr Djuretic explained that the financial schedules, penalties and performance management processes were all outlined in the contract.

A Member asked about the advertisement for an HR advisor for Solutions 4 Health. Dr Djuretic said that the adviser would be focusing on driving through solutions for reducing inequalities.

The Chairman asked when the handover from CLCH to Solutions 4 Health would be completed. Dr Djuretic advised that the contract would start on 1 April 2022, with the next three to four months being the transitional phase. She said she was happy to bring an update to the HOSC in July 2022.

RESOLVED that the Committee noted the update on the Barnet Healthy Child Programme Services and the awarding of the contract to Solutions 4 Health.

The meeting finished at 21.59