

Decisions of the Health Overview and Scrutiny Committee

25 May 2022

Members Present:-

Councillor Philip Cohen (Chair)

Councillor Zakia Zubairi	Councillor Giulia Innocenti
Councillor Caroline Stock	Councillor Shuey Gordon
Councillor Matthew Perlberg	Councillor Alison Cornelius
Councillor Rishikesh Chakraborty	

Apologies for Absence

Councillor Anne Hutton

1. MINUTES

Before introducing the item the Chair said he was delighted to be chairing HOSC and was well aware as a previous member of the important work it did to hold the NHS to account and keep the council informed of health-related issues. He wanted to record his thanks to the previous Chair, Cllr Cornelius, and to Cllr Stock who were very committed to the work of the committee. One of the current challenges will be to establish the implications of the Government's legislation setting up Integrated Care Systems and what this will mean for patients, users and local authorities.

The Chair noted that he was keen to discuss the public health agenda and for the HOSC to invite patient and user groups to future meetings so that the Committee could become a forum for local users of services. It is important to bear in mind the pressure GPs and health services are facing also.

Minutes of the previous meeting

Dr Djuretic, Director of Public Health, noted that 25% (rather than 1/3 as stated in the report) of young children in Barnet have tooth decay. She noted that the 40 settings identified to take part in the Young Brushers project had been circulated to the Committee following the meeting.

Cllr Cornelius enquired which schools had had an Awareness Day. She hoped these would take place more frequently and asked whether one had taken place since the last meeting. Dr Djuretic would provide a response after the meeting.

Action: Dr Djuretic

RESOLVED that the minutes of the meeting held on 10 February 2022 be agreed as a correct record.

2. ABSENCE OF MEMBERS

Apologies were received from Cllr Hutton. The Chair thanked Cllr Velleman for standing in at short notice.

3. DECLARATION OF MEMBERS' INTERESTS

Cllr Alison Cornelius declared in an interest by virtue of being Vice Chairman and a Trustee of the Eleanor Palmer Trust.

4. REPORT OF THE MONITORING OFFICER

None.

5. PUBLIC QUESTION TIME (IF ANY)

None.

6. MEMBERS' ITEMS (IF ANY)

None.

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

Cllr Cornelius commented that at meeting of the JHOSC held on 28th January 2022 there had been an update on the Estates Strategy (item 20). Representation was requested from the JHOSC on the Estates Board – she enquired whether the Chair would consider sitting on the Board. The Chair noted that he would consider this.

Cllr Cornelius also asked whether the Chair would attend meetings of the Estates Forum for Barnet, which included around 20 partners and a member from Barnet. She recommended that the Chair ask Nicola Theron, NCL Director of Estates, for further details.

Action: Chair

Cllr Cornelius suggested that an update on disposable assets be brought to the HOSC. The Chair would consider this.

Action: Chair

Cllr Innocenti asked whether sustainability could be discussed and asked where would be the most appropriate committee. Dr Djuretic responded that sustainability sits within the Environment and Climate Change Committee's Terms of Reference. She suggested that it be added to the Forward Plan for HOSC as a lot of work was taking place with Trusts.

RESOLVED that the minutes of the JHOSC, 28th January 2022 were noted.

8. COVID-19 AND FLU VACCINATION UPDATE

- Beverley Wilding – Deputy Director, Urgent & Emergency Care, NCL CCG

- Dr Tamara Djuretic – Joint Director of Public Health and Prevention, LBB

Ms Wilding presented the report on behalf of Colette Wood, Director of Integration at NCL CCG.

Ms Wilding reported that the CCG had run a successful vaccination programme in Barnet with two vaccines and a booster being offered. There had been a good uptake in Barnet with national targets met within the timescales set by central government. Vaccinations had also been offered in the community to housebound residents and a programme had been set up for residents with learning disabilities, all children aged five and above. Also the CCG has been working with Barnet Council to target the homeless and asylum seeker population and offer them vaccinations.

Dr Djuretic reported that £485k funding had been provided from the Department of Housing and Communities to recruit Vaccine Champions and improve vaccination uptake. The council is focusing on areas where uptake was lower, including Cricklewood, Hendon and Burnt Oak, and also on Jewish and Muslim faith groups and other groups where evidence suggests a lower uptake.

Dr Djuretic noted that there continues to be a decrease in Covid-19 cases, with currently 86 per 100k population compared to 400 cases per 100k two months previously. Also hospital admissions due to Covid-19 had decreased. Also the Flu Programme continues via the CCG, with around 75% uptake this year.

Cllr Innocenti enquired whether the vaccination programme had been promoted in schools. Ms Wilding responded that it had in senior schools, but the programme did not include primary schools due to clinical governance issues, though promotion for children with underlying conditions was allowed.

Cllr Velleman enquired whether the hotel accommodation offered to asylum seekers during the pandemic had continued after January 2022. Ms Wilding would respond after the meeting as she did not have this information to hand.

Action: Ms Wilding

Cllr Stock asked whether monkey pox was a concern with most cases being in London. Dr Djuretic responded that research is ongoing, but that monkey pox though not recognised as a sexually transmitted disease was affecting men who have sex with men and through close contact. It was therefore having a big impact on sexual health clinics.

RESOLVED that the update was noted.

9. NCL HEALTHWATCH LONG COVID UPDATE

The item was deferred due to the NCL Healthwatch representative being unable to attend.

10. FINCHLEY MEMORIAL HOSPITAL, EDGWARE WALK-IN CENTRE AND APMS CRICKLEWOOD UPDATE

- Kay Isaacs, Director of Operations, North Central Division, CLCH
- Beverley wilding. Deputy Director, Urgent and Emergency Care, NCL CCG
- Dawn Wakeling, Executive Director, Adults & Health, LBB

Finchley Memorial Hospital and Edgware Walk-In Centre

Ms Issacs reported that Edgware Community Hospital (ECH) had closed during the Covid-19 pandemic. It was chosen as the centre to close due to its limited capacity to retain social distancing whereas Finchley Memorial Hospital (FMH) remained open throughout the pandemic, with reduced services. The ECH reopened on 25th February 2022 and prior to this in October 2022 before being forced to close in December 2021 due to another wave of the pandemic.

Ms Isaacs reported that currently ECH sees approximately 76 patients daily, just over half the number who attended prior to the pandemic. FMH sees 133 daily, 86% of the attendance prior to the pandemic. Ms Isaacs reported that waiting room capacity and staff recruitment continued to be challenges faced by the ECH, but work was ongoing on these. The staff vacancy levels are causing some difficulties with resuming usual services. She added that some Covid restrictions remain in place, but as national infection prevention and control (IPC) guidance is updated, adjustments are made.

A Member enquired about whether health inequalities appeared to have worsened due to the pandemic. Ms Isaacs responded that there remained gaps in some services, so this is possible. She offered to report back with more detail on the WICs if helpful.

A Member enquired why ECH rather than FMH was chosen to be closed during the pandemic. Ms Isaacs stated that this was due to redeployment of staff and also the nature of the building being less amenable to safely caring for patients during the pandemic. Ms Wilding noted that the decision had to be made quickly due to the speed of the pandemic. It remained closed as staff were redeployed to support the recovery programme. Ms Wakeling added that staff supported care homes and later on the Covid vaccination programme, including for housebound patients. There were high levels of absence across health and care staff nationally and staff had had to be prioritised in this way. She added that there are no plans to close ECH.

A Member enquired about the current staff vacancy rates. Ms Isaacs responded that FMH has 20% of vacant positions and ECH is slightly higher. Agency staff are being deployed whilst substantive recruitment is an ongoing process. There is a dedicated focus group working to attract staff. Due to the long closure of ECH, some staff had left, so efforts were being made to attract staff back in.

Alternative Personal Medical Services (APMS) Contract

Ms Wilding reported that the GP Practice which had been reprocured in December 2021, would move to a new premises a small distance over the border into the Borough of Brent, on Edgware Road, between Barnet, Brent and Camden Boroughs. The Practice currently has 4000 patients registered and the new premises would give them capacity to expand to cater for population growth in the area, up to at least 6000 patients.

A Member enquired how to ensure that patients who used the previous site would be served during the transition to the new premises. Ms Wilding noted that this would be offering GP services only; the previous site also had a WiC which had closed further to an engagement process with Brent CCG.

A Member commented that patients from outside Brent had asked what the implications are of the move for them. Ms Wilding noted that the contract would be overseen by NCL

CCG and would not move to NWL CCG, which Brent sits under, so there would be no change for patients from Barnet or Camden.

A Member asked whether more GPs would need to be recruited, to cater for an additional 2000 patients. Ms Wilding noted that this would be the practice's decision as they may use a different skill mix to cover services. The workforce constraints with GPs currently are a factor, although the practice currently has a pool of GPs available.

A Member noted that there had been controversy over the closure of Cricklewood WiC. The out-of-hours could be helpful for residents – would these be accommodated elsewhere? Ms Wilding responded that the GP Practice has responsibility for delivering services until 6.30pm and within Barnet there are arrangements around the Borough to provide these services. Extended GP hours services are run by the GP Federation. In addition Barnet has FMH and ECH with FMH open until 10pm. She noted that Barnet is the only borough in NCL with two WiCs.

A Member noted that it could take pressure from GP services if patients are aware when they can go to FMH and ECH WiCs. Ms Wilding agreed that there is probably a population who don't know when they can use the WiC although in Barnet they are generally well known, according to engagement work that had been carried out. However this could be strengthened further. In addition the 111 service can direct residents to the WiCs.

A Member asked who patients are seen by at WiCs. Ms Isaacs responded that they are seen by Nurse Practitioners, whereas at the GP Practice they can either be seen by a GP or Nurse Practitioner.

A Member asked about patient records and how treatment is communicated if they visit a WiC. Ms Wilding noted that all information from WiCs will be forwarded to the patients' GP.

RESOLVED that the verbal updates were noted.

11. NHS TRUST DRAFT QUALITY ACCOUNTS 2021-22

Royal Free Hospital NHS Foundation Trust

- Professor Derralynn Hughes, Director Clinical practice groups and Clinical director research and development

Further to a presentation by Professor Hughes, the Committee discussed the Quality Account. They then put on record the following comments:

- The Committee congratulated the Trust on its continued recovery from the Covid-19 pandemic, including its successful research and development and Covid-19 vaccination programme, and for its continued support to the community during a very difficult time.
- The Committee was pleased to see the improvements in patient records meaning that records could easily be shared across all three sites in the Trust.
- The Patient Experience Strategy as part of priorities for improvement, 2020-21, was welcomed by the Committee, in particular additional tools in relation to dementia practice and the cross-Borough Carer Steering Group. The Committee

was pleased that support was being provided for patients in understanding their care. The Committee would be interested to receive information on outcomes for patients.

- The Committee welcomed the advanced care planning as part of End-of-Life Care.
- The improvements in clinical effectiveness were noted
- The Committee welcomed the improvements in patient safety, with the reduction of never events down from five to one.
- It was noted by the Committee that the action taken to improve data quality was a positive step.
- The Committee complimented the Trust on reducing the 18-week waiting times.
- The Committee welcomed the progress on improving maternity services.
- The restart of kidney transplantation at the Royal Free Hospital was welcomed.
- The Committee congratulated the Trust on reducing its cancer waiting times and referrals backlog caused by the pandemic. The speed of treatment being offered to patients is impressive.
- The Committee was pleased to see that there was an improvement in the number of C.Diff cases since the report in 2019-20 rates.
- It was noted that the Trust was given no 'must do's' but has 'should do's' which is an improvement.

However:

- It was noted that the avoidable harm targets had not been met and that the Trust had achieved less than it had hoped and was well below the score. The Committee would be interested to know whether the approach to this would be reviewed.
- The target to reduce inpatient falls had not been met and the Committee enquired what action could be taken to improve this as it is important for elderly, patients with dementia and with learning difficulties.
- The Committee wondered what could be done to meet national cancer waiting times targets in relation to GP referrals.
- The Committee had been informed that patients still reported having difficulties contacting a hospital doctor even whilst on the wards. They reported leaving their contact details and then not being contacted and having to wait around to try to speak to a doctor. The Committee requested that this be fed back to the Trust.
- The Committee was concerned that mental health support in maternity services, antenatal check-ups and midwife and health visitor check-ups did not receive good feedback in the questionnaire and wondered what would be done to improve this.
- The Committee was concerned that there had been three avoidable deaths over the past year.
- The Committee hoped that the Trust could improve its scoring on 'recommendations to friends and family' as this reflected the earlier comment on communication with doctors and information on patient care.
- The Committee was disappointed that the Trust had only achieved the 62-day target for first definitive treatment for 69.3% of patients, and this had been decreasing since April 2021.

In addition to the above comments being submitted for publication in the Quality Account, the following comments were made:

A Member commented that the Trust had only moved from 'inadequate' in maternity services to 'requires improvement', with 14 'should do's' remaining (page 71). Professor Hughes responded that work was ongoing within the maternity teams who were reporting back regularly and are subject to regular overview and scrutiny. Dr Greenberg could revisit HOSC with specific details in the future.

Action: RFL

The Member enquired about the timescale for improvements and when would the CQC revisit the Trust. Professor Hughes noted that Dr Greenberg could provide more information, but the requirements were being actioned urgently.

Action: RFL

A Member enquired whether the Trust is noticing an increase in comorbidities and worsening of existing conditions due to the longer waiting times (page 50) and whether this resulted in additional treatments being needed. Professor Hughes noted that patients waiting longer than 62 days receive reviews to look into additional harm as a result. The Trust is seeing more comorbidity than usual in patients who have waited longer to be seen. Professor Hughes added that data on this may be available if required.

Action: RFL

A Member asked what criteria was used to find out which areas were ineligible for research and development (R&D) in the post Covid era (page 112). Also what efforts had been made to step up the research and development not yet begun. Professor Hughes responded that cancer studies had continued but many others had been paused. The requisite governance process had been followed and all studies had now been reviewed and most restarted. New guidance from the National Institute for Health and Care Research (NIHR) stated that studies that are not meeting recruitment targets should be closed as they waste R&D resources.

The Chair thanked Professor Hughes for attending and requested that any follow up data could be provided following the meeting.

Central London Community Healthcare NHS Trust

- Kathleen Isaac, Director of Operations, NC Division, CLCH
- Noyola McNicolls-Washington, Divisional Director of Nursing and Therapies, NC Division, CLCH

Further to a presentation by Ms Isaac and Ms McNicolls-Washington, the Committee discussed the Quality Account. They then put on record the following comments:

- The Committee congratulated the Trust on its strong performance against the key performance indicators.
- The Trust's work with volunteers is impressive including the implementation of a new Volunteer Communications and Engagement Plan, and the increase in the number of volunteers that had been recruited.

- The Trust was congratulated on its success in meeting its targets, in Covid-19 vaccine delivery and in managing the deployment of staff to the Nightingale Hospital at the start of the pandemic.
- The Committee complimented the Trust on its diverse representation of patients in patient feedback questionnaires, which would help to enhance patient experience further.
- The Committee was pleased that an annual volunteer survey had been introduced, to help to understand the benefit of volunteers on patient experience.
- The Committee welcomed the new CLCH Research Strategy and the commitment to reducing health inequalities and that it had become a member of the North West London Clinical Research Trials Alliance.
- The Committee congratulated the Trust on the provision of mobile phones for homeless people during the pandemic.
- The Committee was impressed with the 'Outstanding' rating from the CQC for its community health services for adults and suggested this be displayed more clearly in the report as the chart was difficult to read.
- The Committee welcomed the team's initiative to improve equity of access to CLCH services.
- The Committee was pleased to see that Long Covid training packages had been developed by the Trust.
- The Committee complimented the Trust on the introduction of the School Engagement workstream, which provided presentations in schools about employment opportunities in the Trust.

However:

- The Committee noted that the Trust had received a CQC rating of 'requires improvement for the 'safe' domain for children and young people. However there was no information in the report on action that would be taken to improve this.
- The Committee commented that the Trust has some challenges outstanding. The audit results showed that some patients were not given the correct fluids and had not seen their families either in-person or virtually during the pandemic.
- The Committee noted that 13 patient safety incidents had occurred resulting in severe harm.
- The Committee was pleased that the CLCH had introduced the Freedom to Speak Up (FTSU) project for staff including a FTSU Guardian but requested some anonymised data to show how well this programme was being followed.

In addition to the above comments being submitted for publication in the Quality Account, the following comments were made:

A Member asked whether outcomes from the Freedom to Speak Up project were available (page 21). Ms McNicolls-Washington noted that a Guardian had been appointed to support staff in speaking up and there was evidence that this was effective, with staff being willing to speak to the Guardian. This had helped to improve quality of care, and staff morale. Ms McNicolls-Washington would ask for some data on this. Ms Isaac reported that a recent staff survey showed a 10% increase in staff being willing to share their concerns.

Action: MsNicolls-Washington

Ms Isaac noted that she could provide details on the reimagined health visiting model that the Trust is developing, if helpful. The CQC inspection had predominantly been

related to health visiting services and the number of children on caseloads due to recruitment issues. She would also find out the vacancy rate.

Action: Ms Isaac

A Member asked what the biggest challenge is in mitigating the risks of families not being seen either physically or virtually resulting in patient safety incidents. Ms McNicolls-Washington responded that the step down of services due to the pandemic had been a challenge as also the acuity of those patients increased in those circumstances. There had however been a definite improvement in performance and monitoring using Commissioning for Quality and Innovation (CQUIN) and learning had been shared across the division.

A Member noted that it was good to see the support for homeless people in providing three months' connectivity and mobile phones. Ms Isaac offered to share further information on this pilot scheme which included community dental services for homeless people.

Action: Ms Isaac

A Member noted that the 'outstanding' rating by the CQC is excellent but requested that the charts (page 22) be bigger in the report as they were difficult to read.

A Member asked what actions had been taken on the 'requires improvement' rating for the 'safe domain' for children and young people.

Action: Ms Isaac/Ms McNicolls-Washington

The Chair thanked Ms Isaac and Ms McNicolls-Washington for attending the meeting. Ms McNicolls-Washington noted that HOSC Members are welcome to attend the CLCH Quality Forums.

North London Hospice

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

Further to a presentation by Ms Deane and Ms Schiavone, the Committee discussed the Quality Account. They then put on record the following comments:

- The Committee thanked the NLH for the hard work that had gone into providing services during the Covid-19 pandemic and recovery from the pandemic.
- The Committee appreciated the NLH taking account of all patients and relatives when undertaking its 'digital first' approach
- The Committee was impressed by the recruitment and work of the NLH's volunteers and by the Walk&Talk Group which provided support due to the pandemic.
- The Committee looked forward to the development of a formal community engagement and user involvement strategy.
- The Committee commended the NLH for receiving 207 written compliments from friends and relatives of patients which showed the high quality of care provided, including for the kindness of staff and for support during difficult times.

- The Committee congratulated the NLH that 368 clinical and non-clinical incidents and near misses, and reports on organisational learning, had been reported in 2020-21 which showed a continuous improvement over the past three years.
- The Committee was pleased to see that the number of patient falls had reduced from 37 the previous year to 24.
- There had been no patients who had contracted Clostridium Difficile, MRSA or norovirus cases. The Committee congratulated the NLH on this.
- The Committee commended the NLH for its ongoing work on recruitment, including internal promotion opportunities and the recruitment of two new members of staff.

However:

- The Committee was disappointed to see an increase in new pressure ulcers being reported.
- The Committee noted that medication incidents had increased from 67 to 81 though it was noted that only quarters 1 and 2 were reflected in the figures.
- The Committee noted that recruitment was still a problem, but ten fewer members of staff had left compared to the previous year, and it was noted that the pandemic had had an impact on recruitment and retention.

In addition to the above comments being submitted for publication in the Quality Account, the following comments were made:

A Member asked whether the transition to digital working during the pandemic had been more difficult due to the age range of patients. Ms Deane responded that the Hospice had been surprised at the relative ease of this transition but that a hybrid model is in operation so that those who need it could be seen face-to-face. The Hospice had never stopped home visits or closed its inpatient unit and had never been closed to visitors and has a 24-hour service. The Hospice is aware of the population it is serving and has the support through compassionate neighbours. Often digital assessments are preferred by some patients. She added that feedback showed that families are satisfied with communication from the Hospice.

A Member enquired about the increase in the number of patients presenting with pressure ulcers. Ms Deane responded that the Hospice had seen patients arriving with increased frailty who had waited much longer during the pandemic for end-of-life support, and patients not having received the usual level of pressure care. She added that pressure ulcers can develop on the unit which can be due to the skin dying at this stage of life. The Hospice is always concerned about pressure ulcers and is starting a more in-depth review of pressure ulcers that develop on the unit.

The Chair thanked Ms Deane and Ms Schiavone for attending the meeting.

RESOLVED that all three Quality Accounts were noted, and that the Committee would submit their comments within the time frame agreed for them to be published within the Quality Accounts.

12. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME

The Chair spoke to the draft Forward Plan and noted that any ideas from the Committee on additional items would be welcome at any time.

13. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

None.

The meeting finished at 9.26 pm