MINUTES OF
HEALTH SCRUTINY COMMITTEE

Monday, 6 January 2020
(7:03 - 8:40 pm)

Present: Cllr Paul Robinson (Deputy Chair), Cllr Chris Rice and Cllr Emily Rodwell

Also Present: Cllr Maureen Worby

Apologies: Cllr Eileen Keller, Cllr Mohammed Khan and Cllr Donna Lumsden

21. Declaration of Members' Interests

There were no declarations of interest.

22. Minutes (22 October 2019)

The minutes of the meeting held on 22 October 2019 were agreed.

23. Where to go for Urgent Care

The Head of Communications and Engagement (HCE) for Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) delivered a presentation to update the Health Scrutiny Committee on the work undertaken to communicate changes to urgent care services and the winter communications campaign, which covered the following areas:

- Communications approach and ongoing engagement;
- Changes to services – new model of care;
- Who the CCGs talked to and what local people told them;
- Testing existing materials;
- Key recommendations arising from engagement work;
- Summary and next steps;
- Winter communications;
- Winter campaigns and key audiences;
- Campaign plan and targeted work in BHR; and
- Looking forward.

In response to queries, the HCE stated that she would be happy to co-ordinate information on the uptake amongst the staff at BHRUT and NELFT of the flu jab, and to provide information on where Barking and Dagenham residents go for their urgent care needs.

The Council's Director of Public Health confirmed that school rolls were the best source of data for ensuring as many children as possible were protected against the flu. Performance data would be collected by NHS England at the completion of the programme.

Members felt strongly that local NHS services and partners needed to be much clearer on what was meant by 'urgent care' to ensure residents went to the right

services, and did not go to A&E when it was not the most appropriate service for their needs. The HCE confirmed this was already identified as a key element on ongoing communications and engagement work on urgent care.

Furthermore, Members felt that residents did not always obtain a straightforward answer from the NHS 111 service, as the professionals frequently advised the parents to take their children to A&E if they felt there was a need to. The HCE stated that she acknowledged this, adding that the NHS had to be very risk averse when it came to unwell children. However, the NHS 111 service had introduced a 'fast-track' process which meant parents of young children will talk to a GP or other health professional who could give them direct advice.

Members felt that communication campaigns were only useful where services could live up to the promises made. For example, people were aware of the GP hubs that provided appointments for those who could not get an appointment with their usual GP; however, it was not always clear what phone number to ring, and there were sometimes long phone queues to get an appointment via the hubs as there was not enough capacity to meet demand. This meant that some people would end up going to A&E.

The HCE stated that she would refer questions around commissioning to meet demand to her colleagues who could attend a future meeting of the Committee to have these discussions. She added that the NHS 111 service would increasingly become the gateway to access urgent care services moving forward.

In response to questions, the HCE stated that although evaluation on communication and engagement activities were undertaken both nationally and locally, it was challenging to demonstrate impact of specific communications messages. Patient experience was the best indicator of how well messages were being received by residents; however, a true picture could only be obtained over a period of time.

Members stated that the order and range of questions asked by NHS 111 call handlers did not always help them to quickly understand the different needs of service users, particularly children. In response, the HCE said the questions were clinically tested, but said she would feedback to her colleagues on the suggestion that relevant questions about a patient's existing medical conditions should be posed earlier so that the caller could be given appropriate advice more quickly.

Members asked how the various communication methods and messages were tested. The HCE stated that her team worked very closely with the local Healthwatch organisations, used online methods and engaged directly with community groups.

Members expressed concerns at planned changes to the health commissioning landscape which would potentially see commissioners of services becoming more and more remote from the borough's residents. This posed the danger that services would not reflect the borough's needs, potentially leading to adverse health outcomes. Members felt the CCGs' communication team and clinicians had an important role in that regard, to ensure residents and partners were kept well informed of changes to governance arrangements and how to get their voices get heard.

The Chair thanked the HCE for her presentation and on behalf of the Committee requested, for a future meeting, a report on the evidence base for commissioning urgent care services and how this informed the CCGs' communications work.

24. Social Prescribing in Barking and Dagenham

The Head of Service (HoS), Community Solutions presented a report on 'social prescribing' in the borough, a term used to describe a process whereby healthcare professionals may refer their patients to local, non-clinical services to meet their wellbeing needs. Local Primary Care Networks (PCNs) had received funding for developing their social prescribing programme and had agreed to fund the Council to provide their social prescribing service following a six-month pilot. GPs may refer residents to the programme under the categories below; however, if other needs were identified, additional support could be put into place:

- Healthy lifestyles;
- Housing;
- Money and debt;
- Employment and further education;
- Social isolation;
- Family support;
- Substance misuse;
- Mental health; and
- Domestic abuse.

In response questions, the HoS stated that:

- The programme would have links to the Improving Access to Psychological Therapies (IAPT) service in the near future, after link workers had been trained and upskilled; and
- The aim was for residents to be able to refer themselves to the service (without a GP referral) eventually.

The Cabinet Member for Social Care and Health Integration stated that this model was a new and exciting way forward, which showed that PCNs had faith in the Council to deliver an excellent service. The Committee strongly supported the service which would encourage GPs to think about the potential non-medical causes behind their patient's symptoms, as drugs would not always be the best solution, and residents would also be helped out of situations which were contributing negatively to their general wellbeing.

The Chair thanked the HoS and suggested that he update the Committee in a few months' time on the progress made within the service and the outcomes achieved for residents.

25. Using the Borough Data Explorer and Social Progress Index

The Council's Head of Insight and Innovation (HII) demonstrated to Members how to use the 'Borough Data Explorer', an online tool which allowed the user to compare the borough's performance to the rest of London and, where data was available, to also visualise performance within the borough's 17 wards.

The HII then briefed the Committee on an 18-month trial of 'Appt Health', an app designed to increase uptake of NHS health checks offered by GPs. It was noted that:

- The app, which sat in the general practices' IT systems, automated the booking of health checks by directly sending residents a text, to which they could reply with a 'yes' or 'no' to indicate their attendance. The attendance data obtained from this allowed comparisons to be made between wards;
- The app was being trialled in 17 general practices (which represented a sizable proportion of the local population) to check whether there was evidence for rolling it out more widely;
- The app had been trialled for five months so far, and there was clear evidence of its positive impact on uptake – round one of the trial showed that 47% of those who received the text immediately booked an appointment, including those who previously did not attend for a health check in the last four years; and
- Over the last three months, the system had enabled 20 early detections of illnesses which would have become chronic had the resident not attended a health check. If the pattern from round one continued, in the next five years, the app would have encouraged over 37000 residents to attend a health check, leading to 300 extra years of healthy life.

The HII asked the Committee to think about what other health outcomes could be achieved if there was effective sharing of data between the Council and its health partners?

The Council's Director for Public Health stated that the Council's aim through this project was to reach people who had an underlying disease (such as high blood pressure, diabetes or cardiovascular illness), but did not think they were ill, because of a lack of obvious symptoms. If the project was adopted and rolled out more widely, there was potential for it to achieve significant savings, as increased uptake of health checks would enable health services to diagnose more people early. This was one of the main goals set out in the Health and Wellbeing Strategy. He added that Council representatives would be presenting at the next Cardiovascular Disease Prevention Conference to discuss the positive impacts of the trial.

In response to questions, the HII stated that:

- The technology was flexible and so could be used to help increase women's uptake of the smear test, for example;
- The data used to identify who to target via Appt Health came from GPs, who formed the list based on those who did not respond to a letter asking them to attend a health check; and
- Communicating with residents via Appt Health was cost-saving compared to other means of contacting those identified – a text message was far cheaper than a telephone call or letter.

The Cabinet Member for Social Care and Health Integration stated that the Council and its partners aimed to continue to find innovative ways of using technology and data to help residents improve their health outcomes. She cited the example of Dr John who, using data obtained from the Borough Explorer, found a link between fuel poverty and lung disease, a finding which enabled service providers to support those identified, which may have otherwise taken longer to address.

The Chair thanked the HII for his briefing and commended the Appt Health trial as it enabled early diagnosis, leading to significant improvements in health outcomes and savings for services.

26. Progress Report - Scrutiny Review - System-wide Review into Childhood Obesity

The Council's Health Improvement Advanced Practitioner (HIAP) presented a report to update the Committee on the progress made in implementing recommendations arising from a scrutiny review the Committee completed in 2018/19 on childhood obesity.

Members noted the progress made against the recommendations. Of particular note was the recommendation that a whole systems approach be taken to address childhood obesity and the work undertaken to establish a pilot in the Marks Gate and Heath wards, with community engagement and new partnerships emerging to take this approach forward. Members also noted that social prescribing (discussed in a previous item) offered new mechanisms to provide families support with a holistic view to health and wellbeing, thereby helping them to achieve healthy weight.

In response to questions, officers stated that:

- Most of the borough's schools had a healthy meals policy and the borough had the highest number of schools that had achieved a 'gold' standard in the 'Healthy Schools London' programme;
- There was discounted access to leisure centres for certain groups of children and young people;
- The impact of the recommendations from the scrutiny review and other interventions, on the borough's childhood obesity levels, could only be observed over a number of years;
- Effective sharing of data between the Council, GPs and other health professionals would allow services to better assess the impact of interventions, but there were barriers to this, as tracking children over a long period of time was not easy. It was clear that many children were entering primary school at a healthy weight but leaving it obese, and much more needed to be done to understand how this could be prevented; and
- The letter sent out to parents to alert them of their children's unhealthy weight was based on a national template. The Council had tinkered with the letter as far as possible to ensure it was more appropriate in how it relayed the message; however, it could not stop sending the letter entirely.

The Chair thanked the HIAP for the update.

27. Work Programme

The Committee noted the Work Programme, subject to the following changes:

- Barking, Havering and Redbridge University Trust would not be providing an update on their Clinical Strategy to the 10 February meeting, due to delays they faced in progressing the Strategy. They still aimed to provide an update at the 24 March 2020 meeting; and

- The item entitled ‘The Vision for, and the Wider Delivery of the new Locality Structure’ listed for the 10 February meeting would be moved to the 24 March meeting to allow officers time to give further consideration to the contents of the report.