HEALTH AND ADULT SERVICES SELECT COMMITTEE

Wednesday, 17 April 2013
(6:00 - 7:15 pm)

Present: Councillor S Alasia (Chair), Councillor E Keller (Deputy Chair), Councillor L Butt, Councillor M McKenzie MBE, Councillor C Rice, Councillor A Salam and Councillor J Wade

Also Present: Cllr M Worby

Apologies: Councillor A Gafoor Aziz

47. Declaration of Members' Interests

There were no declarations of interest.

48. Minutes

The minutes of the meeting held on 06 March 2013 were confirmed as correct.

49. Introducing Healthwatch Barking and Dagenham

Marie Kearns (Chief Executive, Harmony House) described the role of Healthwatch as set out in the report and covered some of the ways in which the HASSC and Healthwatch might interact or work collaboratively. Marie Kearns expressed her passion for Healthwatch’s work and excitement about giving profile and influence to patients and service users through reporting Healthwatch activities and intelligence at important local forums.

The HASSC noted that Healthwatch replaces Local Involvement Networks. The key differences between LINks and Healthwatch are that Healthwatch has strong branding and a voice through Healthwatch England whereby local Healthwatch organisations can feed into the national picture of issues and get influence at a national level.

The HASSC noted that Healthwatch is still developing its work programme for the year. As well as using the Joint Strategic Needs Assessment as a point of reference for compiling the work programme Healthwatch hopes to pick up on smaller issues that otherwise might get overlooked. The HASSC noted that Healthwatch has a launch event in May, the date of which is still to be confirmed.

50. Walk-in Centres in Barking & Dagenham: Consultation on Proposals to Close the Broad Street Walk-in Centre

Bruce Morris (Divisional Director, Adult Social Care) introduced the report to the HASSC and went through the salient points from section four of the report.

Dr Mohi updated the HASSC with feedback from the Shadow Health and Wellbeing Board meeting at which Board Members commented on the timing of the proposal with ongoing problems at Queen’s A&E and GP access issues undermining the vision as described in the business case.
It was reported by Sharon Morrow that since the pre-consultation business case was issued the CCG has been in discussion with NHS England and has secured an extension to the Walk-in Centre contract, which will now run until February 2014.

Members challenged the CCG about the borough being under-doctored, referring to paragraph 4.11 of the report. The HASSC was also concerned about the capacity of GP practices to accept appointments and the future of the extended hours service. Dr Mohi advised the HASSC that the LES contract has ended. The DES contract remains meaning that the majority of practices still have extended hours but there will not be as much provision as there was. Dr Mohi explained the CCG’s plans to deliver more appointments during core hours, keep an extended hours service and use telephone triaging to improve access/overcome capacity problems. However, Dr Mohi acknowledged that there will be an initial impact as GP practices attempt to absorb extra appointments.

The HASSC challenged the CCG over the use of telephone triaging and its effectiveness. Dr Mohi advised that in surgeries where telephone triaging is being used the patient satisfaction levels are high. It was noted that when the correct person with relevant expertise is handling the calls, telephone triaging can be very effective.

The HASSC asked about the problems with the launch of the 111 service. It was reported that despite problems elsewhere in the country the local roll-out of 111 has gone well. From analysing the calls the CCG is collecting good information about how urgent care services are accessed and used, this information will feed into commissioning plans.

Concern was also raised about provision in the eastern locality of the borough if Borad Street WiC was to be closed. The HASSC asked about the status of the East Dagenham Health Centre planned for the Sanoti-Aventis site. The HASSC noted that there are draft plans to develop the site into a health centre and dental school. These plans are still being firmed up. Once a schedule for accommodation has been completed it will be possible to get costings and then work up funding proposals with leases to be approved thereafter. Members asked whether an existing GP practice would move into the site or if it would be an entirely new practice. Sharon Morrow explained that one of the CCG’s priorities is to improve NHS estates. By modernising GP capacity can be improved without necessarily having more GPs or practices in the borough.

Dr Mohi feels that the Broad Street site has the potential to double its capacity if it works efficiently during its opening hours (8am - 8pm). Elsewhere across the borough access to GPs can be improved by practices working in clusters and mapping and managing demand in a better way.

The HASSC was concerned that the CCG’s proposal did not take account of the demographics of the borough and in particular the rising population. Sharon Morrow stated that the CCG is aware of the demographic changes and is planning accordingly. There is work to be done with the Public Health Team to ensure the CCG is commissioning on accurate and up-to-date figures. It was noted that the rates and formulas used by the government to calculate the CCG’s budget are in need of reviewing as they do not reflect the health need of the borough.
Dr Mohi assured the HASSC that the CCG has the right model to deliver high quality GP services and meet the demands of the borough’s population. With the contract extension secured the CCG will work to develop the localities model and address key concerns in order to convince stakeholders that this proposal will result in a better urgent care service for residents.

Sharon Morrow advised the HASSC that following the consultation the pre-consultation business case will be updated and a final business case will be presented to the CCG Board in June. Sharon Morrow stated that the CCG did not intend for there to be scrutiny of the final business case as it will be developed having regard to concerns raised through the consultation. However, in light of the apparent weaknesses in the pre-consultation business case and that the proposal has been changed (with the contract being extended until February 2014), the HASSC requested to have sight of the final business case before it is submitted for decision-making by the CCG.

The HASSC confirmed that following this meeting it would be submitting its formal response to the consultation.

51. Review on Type 2 Diabetes Services across the London Borough of Barking and Dagenham (Final Version)

The HASSC signed off the final report to mark the completion of the scrutiny review into type 2 diabetes. The Chair thanked everyone who was involved in the review and gave particular mention to Elaine Clarke, for her contributions as a co-opted member, and Louise Hider, for preparing the report on behalf of the Committee.

Cllr Worby, as Chair of the Health & Wellbeing Board, confirmed that the Board will take forward the findings of the HASSC and report back on progress of implementing the recommendations in 6 months time.

Cllr Worby advised the HASSC that the London Assembly is conducting a scrutiny review of diabetes. The Health & Wellbeing Board will be making a submission to this scrutiny review and will reference the work done by the HASSC.

52. Ideas for Scrutiny Reviews in 2013/14

The HASSC considered options 1 (Implementation of the Health & Social Care Act 2012), 2 (Emergency Health Care Provision in the Local NHS), and 3 (Mental Health). After debating the merits of each, the HASSC selected mental health for investigation in 2013/14.

The HASSC narrowed the scope of a review on mental health to focus on how the recession is impacting on peoples’ mental wellbeing and the early intervention and prevention services/initiatives that exist in the borough to give support to people of all ages who are increasingly experiencing anxiety, stress or depression.

The HASSC requested officers to produce a scoping report to be considered by Members before the HASSC’s next meeting (10 June).
53. **Updated Terms of Reference for the HASSC**

The HASSC approved the text in Appendix 1. Following approval by the HASSC Part C, Section F of the Council’s Constitution will now be updated.

54. **Work Programme going into 2013/14**

The HASSC noted the draft work programme included the report. Once appointments to the HASSC have been made at Annual Assembly and the HASSC has received its scoping report for the review on mental health services (as agreed at item 7) the HASSC will be in a position to populate next year’s work programme. The draft programme will be presented to next the HASSC meeting for further comment from Members.