Present: Councillor S Alasia (Chair), Councillor E Keller (Deputy Chair), Councillor S E Ahammad, Councillor E Carpenter, Councillor M McKenzie MBE and Councillor J Wade

Also Present: Cllr M Worby

Apologies: Councillor T Saeed and Councillor A Salam

76. Declaration of Members’ Interests

There were no declarations of interest.

77. Minutes - 1st October 2013

The minutes of the meeting held on 01 October 2013 were confirmed as correct.


Mark Tyson (Group Manager, Service Support and Improvement) gave a presentation to the HASSC which re-capped the evidence gathering, suggested recommendations for the HASSC, and made conclusions from the findings of the review. Cllr Worby, Cabinet Member for Health and Chair of the Health and Wellbeing Board, was present to engage with the HASSC on their findings.

Cllr Worby believed that awareness of and information about services and interventions that can help people with stress, anxiety and depression needs to be developed among GPs (especially those with single-handed practices). Cllr Worby shared the HASSC’s concern that the prescribing of anti-depressants dominates the care pathway developed by the CCG and wanted to see more treatment choices for patients within the pathway. Cllr Worby highlighted non-standard approaches that have been commissioned by the Council (Beating the Blues, Big White Wall, and Mental Health First Aid) as examples of different types of interventions that are non-clinical and effective.

The HASSC asked how the impact of the recession and austerity was being monitored and what relevant intelligence was coming out of performance reporting. Cllr Worby explained that the Health and Wellbeing Board is in the process of developing its performance framework and is assigning indicators to each of its sub-groups. Once this exercise is complete the Health and Wellbeing Board will receive exception reports from the sub-groups for the Board to address; this system will ensure that issues are escalated and commissioners are aware of performance issues.

The Council has also established a Welfare Reform Officer Group to specially track the impact locally; mental health impacts are included within the terms of
reference for this group as the links between financial hardship and mental health are well documented. The work of this group will be disseminated throughout the Council to inform service delivery and decision-making.

The HASSC asked if the Health and Wellbeing Board was addressing the wider determinants of health, especially unemployment which is known to have a negative impact on wellbeing. Cllr Worby advised the HASSC that in her position of influence she was putting pressure on relevant areas of the Council to address unemployment. Cllr Worby also felt it important that support is given to local employers to recruit people with mental health conditions and support them once in employment. Arising from this exchange the HASSC suggested a recommendation that the Council conducts a ‘Mental Health Audit’ to ensure that it is maximising employment opportunities for people with mental health conditions so that the Council can become a beacon of good practice for other local employers.

The HASSC asked that recommendations around the provision of advice and information are written to be specific so that gaps or weaknesses are addressed. The HASSC wished to see further information about practical issues, self-help, and non-clinical support developed as a result of the scrutiny. Cllr Worby supported this recommendation and asked that the information offer is simplified and presented in a way that does not make the recipient feel stigmatised.

The HASSC discussed the need to build resilience and support people’s recovery and recommended that training and volunteering opportunities are created for that purpose. The HASSC highlighted the importance of training for professionals who encounter people with signs of stress or depression or those with already diagnosed mental health conditions. The HASSC believed that a key task for the Health and Wellbeing Board would be for member organisations to satisfy themselves that their workforces were suitably trained. Cllr Worby shared the HASSC’s view that residents need mental health services delivered by specialists in that field and assured members that should this recommendation be issued it would be taken forward by the Board.

A member of the public commented that people with mental health conditions need training to support them back into employment. Training on IT, literacy and numeracy is important so that people who may have not achieved good educational attainment can compete in the jobs market. It was noted that up-skilling people with mental health conditions helps to build their confidence and improve wellbeing.

The HASSC discussed with Cllr Worby the value of appointing an elected member ‘Mental Health Champion’. The exact duties and responsibilities of the role would need to be worked out as would where the role fits within the Council’s political appointments and health and wellbeing governance arrangements. Cllr Worby felt that to be fair and consistent a champion would need to be appointed to further each of the health and wellbeing priorities. Cllr Worby also believed that elected member representation on sub-groups of the Health and Wellbeing Board would help keep a focus on patient/service user experience. The HASSC felt that making such an appointment on a short term basis to lead a borough-wide initiative to destigmatise mental health problems would be worthwhile. Having discussed the possibilities and issues around appointing an elected member Mental Health Champion the HASSC wished to reflect on this recommendation during the report
drafting stage.

The HASSC agreed recommendations around measuring the impact of the recession and austerity locally, and the promotion and delivery of Mental Health First Aid training. The HASSC also agreed a recommendation that would see peer support from user-led organisations for people with mental health conditions developed.

Further to the recommendations proposed in the presentation, the HASSC wished for the report's recommendations to explore the balance of the care pathway between prescribing medicines and providing other more holistic interventions including talking therapies.

The HASSC requested that officers prepare a draft report to be circulated to Members in early December for editing and comments. The draft report will then be presented to the 14 January 2014 meeting of the HASSC for approval following which the report will be passed to the Health and Wellbeing Board for an initial response and development of a delivery plan for the recommendations.

79. **Primary Care Urgent Care Surge Pilot Scheme**

Sharon Morrow (Chief Operating Officer, B&D CCG) introduced the report to the HASSC.

It was noted that 9 of the 40 practices did not apply to be a part of the surge scheme pilot. These practices will be re-offered the chance to participate at the CCG’s next Executive Committee meeting. Some practices found it difficult to get organised in time for the start of the pilot. It is hoped that these practices are now ready to participate.

The HASSC conducted a mystery shopping exercise to see how urgent care appointments were being promoted within practices. Of the 12 practices visited by Members none displayed any information about urgent care appointments. Sharon Morrow assured the HASSC that more resources will be channelled into the communications programme for urgent care appointments.

Sharon Morrow confirmed that there have been 2653 urgent care appointments created through the Surge Scheme (82% of target) which is in-line with the CCG’s forecast for this period. All of these appointments were with the patient’s GP.

The HASSC asked at what time of day urgent care appointments were being given. Sharon Morrow did not have this level of detail to hand but confirmed that the GP practice at Broad Street will be taking appointments between 8am -8pm to ensure there is no loss of provision. Provision of out-of-hours appointments remains a concern for the HASSC although it was noted that a 7 day working model for primary care would make more of an impact than improved out-of-hours access as it is the failure to get a same day appointment that often leads to A&E attendance.

Sharon Morrow conveyed to the HASSC that a key outcome of the pilot is to better understand the appointment capacity for each GP practice. Initial data from the pilot has revealed that some practices have been able to provide more appointments than were required. The CCG hopes that the pilot will establish the
baseline capacity for each practice and work out the variance of capacity between practices. Once the baselines are known the CCG can refine the contracts it issues to GPs to ensure that they are only paid for urgent care appointments that are above the baseline. The HASSC was concerned that until the baseline is known GPs would be getting paid for urgent care appointments that should be delivered as part of their basic contract.

Members stated their disappointment at the process for conducting the pilot. Members felt that it is disingenuous to close Broad Street Walk-in Centre before the Surge Scheme pilot has been properly evaluated. Sharon Morrow advised the HASSC that the surge scheme responds directly to the wishes of patients who want better access to their GP, the pilot will thoroughly test the new model. Sharon Morrow explained that the CCG is working hard to build capacity within primary care to ease pressure on the acute sector. The HASSC was reminded that residents can access urgent care services through the centres at Upney Lane, Queen’s Hospital and King George’s Hospital after Broad Street Walk-in Centre is closed.

The HASSC agreed to receive an interim evaluation of the Surge Scheme Pilot before the end of the municipal year. The HASSC requested that the evaluation process is expedited so that there can be thorough scrutiny of the pilot and its impact. The HASSC noted that due to a time lag on A&E data it is not possible to complete the evaluation any earlier than currently planned.

80. **Diabetes Scrutiny - Review of Action Plan**

Matthew Cole (Director, Public Health) reported progress against the recommendations made by the HASSC following their scrutiny review of local diabetes services. The HASSC noted the following:

- Recommendation 6 – it was confirmed that Diabetes Booklets have been revised and sent to practices.
- Recommendation 7 – Young working age adults to not identify with current support networks. Work is required better understand this cohort of diabetics in order that a support offer can be developed for them. Healthwatch will work with 40-50 year old age group to further explore their support needs.
- Recommendation 9 – there has been a lack of progress in comparing the Porters Avenue Clinic with the SWECS Clinic. It is expected that progress will be made before Christmas by NELFT on this issue.
- Recommendation 10 – a Diabetes Steering Group has been established to review the care pathway.

The HASSC asked what evidence there was that referrals to the DAFNE and DESMOND programmes had increased. Matthew Cole advised the HASSC that evidence can be given once performance data is issued on the next audit of the 9 health checks for diabetics. The HASSC wanted assurance that nurses and health professionals had the necessary training to make referrals to the DAFNE and DESMOND programmes.