Notice of Meeting

HEALTH AND ADULT SERVICES SELECT COMMITTEE

Tuesday, 12 November 2013 - 6:00 pm
Committee Room 2, Town Hall, Barking

Members: Councillor S Alasia (Lead Member); Councillor E Keller (Deputy Lead Member); Councillor S E Ahammad, Councillor E Carpenter, Councillor A Gafoor Aziz, Councillor M McKenzie MBE, Councillor T Saeed, Councillor A Salam and Councillor J Wade

Date of publication: 04 November 2013

Graham Farrant
Chief Executive

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AGENDA

1. Apologies for Absence

2. Declaration of Members' Interests

   In accordance with the Council’s Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.

3. Minutes - 1st October 2013 (Pages 3 - 6)


   This discussion on this item will be divided into four distinct sections:
   1) Project Update;
   2) Re-cap of evidence gathering;
   3) Engagement with Cabinet Member for Health on the emerging findings;
   4) Drawing of conclusions and arriving at recommendations to be written into final report.

5. Primary Care Urgent Care Surge Pilot Scheme (Pages 15 - 20)


7. Date of Next Meeting - 14 January 2014 (6pm, Barking Town Hall)
8. Any other public items which the Chair decides are urgent

9. To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.

Private Business

The public and press have a legal right to attend Council meetings such as the Health and Adult Services Select Committee, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). There are no such items at the time of preparing this agenda.

10. Any other confidential or exempt items which the Chair decides are urgent
Barking and Dagenham’s Vision

Encourage growth and unlock the potential of Barking and Dagenham and its residents.

Priorities

To achieve the vision for Barking and Dagenham there are five priorities that underpin its delivery:

1. **Ensure every child is valued so that they can succeed**
   - Ensure children and young people are safe, healthy and well educated
   - Improve support and fully integrate services for vulnerable children, young people and families
   - Challenge child poverty and narrow the gap in attainment and aspiration

2. **Reduce crime and the fear of crime**
   - Tackle crime priorities set via engagement and the annual strategic assessment
   - Build community cohesion
   - Increase confidence in the community safety services provided

3. **Improve health and wellbeing through all stages of life**
   - Improving care and support for local people including acute services
   - Protecting and safeguarding local people from ill health and disease
   - Preventing future disease and ill health

4. **Create thriving communities by maintaining and investing in new and high quality homes**
   - Invest in Council housing to meet need
   - Widen the housing choice
   - Invest in new and innovative ways to deliver affordable housing

5. **Maximise growth opportunities and increase the household income of borough residents**
   - Attract Investment
   - Build business
   - Create a higher skilled workforce
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Present: Councillor S Alasia (Chair), Councillor E Keller (Deputy Chair), Councillor S E Ahammad, Councillor E Carpenter, Councillor A Gafoor Aziz and Councillor A Salam

Apologies: Councillor M McKenzie MBE, Councillor T Saeed and Councillor J Wade

68. Declaration of Members' Interests

There were no declarations of interest.

69. Minutes - 29 July 2013

The minutes of the meeting held on 29 July 2013 were confirmed as correct.

70. The Impact on Mental Health Services and Primary Care

The HASSC held a question and answer session with the following representatives from the NHS:

- Dr Sivasubramaniam Srikumar (Associate Medical Director for Community Recovery Directorate, NELFT)
- Dr Asif Bachlani (Consultant Psychiatrist, NELFT)
- Julian Buckton (Barking & Dagenham CCG)
- Dr Raj Kumar (Local CCG lead for Mental Health and Vice Chair of Barking & Dagenham CCG)

The HASSC asked if GPs take account of peoples' financial circumstances which can be an obvious stress factor. GPs are aware of and take account of life stresses when in consultation with patients. Dr Kumar reported that GPs are noticing more patients presenting with stress, depression or anxiety. However, it can be difficult to establish if mental health problems were pre-existing or were triggered by more recent stresses that could be linked to the recession.

The HASSC asked if GPs recommended financial advice to patients to help deal with the underlying causes of their distress. Dr Kumar acknowledged that GPs should be promoting talking therapies and any kind of intervention that will help the patient.

The HASSC commented that members of the Service User Representative Group believed that GPs were not consistent in their approach to people suffering from depression or high levels of stress. It was reported that some GPs are unsympathetic to the patient’s suffering. Dr Kumar assured the HASSC that GPs are respectful and sensitive to mental health issues. The CCG is working hard with NELFT to de-stigmatise mental health issues and commission in a way that is patient-centred and sensitive to the needs of those with mental health conditions.
The HASSC commented that the depression care pathway presented by the CCG at the meeting was overly clinical and quick to prescribe anti-depressants. The HASSC wished to see a pathway that preferred talking therapies and was more holistic in nature. Dr Bachlani explained to the HASSC that to ease suffering and make the patient feel comfortable it is sometimes necessary to prescribe anti-depressants. It is not always possible to address the underlying issues causing depression and it would be uncompassionate to not alleviate suffering through medicine. However, Dr Bachlani was in agreement about the importance and value of talking therapies and as the pathway is developed and refined psychological therapies will feature more explicitly in the pathway. Dr Kumar also expressed his desire to see GPs promote and link up with local third sector organisations that would be able to address the social factors that cause stress/anxiety/depression.

It was noted that six additional social workers have been recruited using re-ablement funding to give support to people with mental health problems attending A&E. The purpose of the social workers’ deployment is to help people sort some of the practical issues in their life that may be causing distress. Furthermore, community mental health services have been re-configured putting more emphasis on recovery services to assist patients who have been discharged from hospital either as in-patients or out-patients. A key element of the new community recovery service involves empowering people through individual learning to be experts in their own recovery.

The HASSC asked if Patient Participation Groups (PPGs) of the CCG were discussing mental health issues. It was noted that attendance at PPGs is falling and the groups are becoming less representative/diverse in membership. Due to low attendance figures the frequency of PPG meetings has reduced from bi-monthly to quarterly. The HASSC wished to see more opportunities for patient engagement and more diversity in the ways in which people can give their views, especially virtually/digitally. It was noted that the Health and Wellbeing Board is developing an Engagement Strategy to bring together the various strands of patient engagement happening across the health and social care economy.


The HASSC noted the project update from Louise Hider (Business Unit Manager).

72. Winter Planning 2013/14

Dorothy Hosein (Chief Operating Officer, BHRUT) and Jackie Nugent (Executive Director, Estates, BHRUT) delivered a presentation to the HASSC on BHRUT’s A&E performance and winter planning arrangements. In response to the presentation the following issues or comments were raised:

- Under utilisation of the on-site Urgent Care Centre at Queen’s Hospital needs to be addressed.
- BHRUT is having to invest significant time contacting GPs to arrange appointments for patients who could be treated in the community. It was reported that it can take up to a week to wait for a GP appointment. It is therefore unsurprising that people find A&E more convenient and easy to
access, despite long waiting times to be seen.

- The seven day model of working that BHRUT and the Council are moving towards will be undermined if primary care does not follow suit as patients will gravitate to emergency services if there is insufficient primary care provision at weekends. Furthermore, it is well documented that patient safety is more at risk outside of the NHS’ core business hours.

- Recent Government announcements indicate that extra funding (£50 million) will be given to hospitals whose A&E departments are struggling. In reality, the pot of money is very small when spread nationally so it is doubtful that any funding will reach our local hospital trust to alleviate pressures.

- It was suggested that the NHS should re-think how it directs patients. Significant resources and energy is put into avert people from attending hospitals. To reflect the choices of patients it might in fact be better to front-end primary care services at hospitals.

- Receiving winter monies to the value of £7 million is dependent on the robustness of local winter pressure plans and BHRUT meeting certain performance targets. It is therefore not guaranteed that BHRUT will receive its winter monies. The local health economy is working to the Urgent Care Board to demonstrate to NHS England that plans are robust and that risks have been mitigated. Failure to receive the £7 million would hold up the plans to move to seven day working.

- The winter monies are for one year only, to carry on work from this funding stream the Urgent Care Board would need to find alternative sources of funding from existing budgets. Successful initiatives will be built into the future business planning to prevent regression of performance.

- BHRUT needs to improve the take up of staff flu jabs to prevent the spread of flu.

- The Council is supporting BHRUT by deploying additional staff at care homes to accompany patients to hospital; this improves the speed of discharge and the patient experience.

- The poor reputation of BHRUT is impacting its ability to recruit A&E doctors. BHRUT has improved its salary offer and is working in partnership with Bart’s Health to attract applicants. A programme to attract foreign doctors is also planned.

73. Member Visits to Care Homes

Bruce Morris (Divisional Director, Adult Social Care) presented the report to the Select Committee. It was noted that inviting elected members and lay people to inspect care homes is good practice as it focuses minds on experience and quality and strengthens accountability.

The HASSC asked whether unannounced visits would take place under the programme. Bruce Morris advised Members that the intention is for only announced visits to be conducted. Announced visits will be advertised to relatives/friends/carers of care homes in order to solicit their views.

The HASSC agreed to commit to the programme of visits as set out in paragraph 2.2 of the report. Between now and May 2014 officers will begin work to recruit volunteers to carry out visits with elected members.

The HASSC agreed that findings from visits to care homes would be reported
through to the HASSC to inform ongoing scrutiny of adult social care.

74. Local Account 2012/13

Anne Bristow (Corporate Director, Adult and Community Services) presented the report to the Select Committee. The HASSC noted that a glossy format edition of the Local Account would be distributed for public consumption.

The HASSC commented that previous iterations of the Local Account were briefer and therefore more accessible. Anne Bristow stated that because of lots of changes to policy and national issues that arose during 2012/13 officers felt it appropriate to give a thorough background and context to this year’s Local Account. It was noted that there is no national format for the style or content of Local Accounts.

Members asked why Barking and Dagenham has the highest proportion of carers who had stated they had not received any support in the last 12 months. Performance in this area was attributed to a low response rate to the survey from which this data derives. Reports from carers seem to contradict the data it is therefore necessary to run the survey again to get a better sample from which to draw conclusions. Once re-tested officers will have a more accurate picture as to whether carers are receiving the appropriate levels of support.

75. Any other public items which the Chair decides are urgent

Under urgent business, the HASSC received a report that outlined the arrangements for CQC’s inspection of BHRUT and the features of the new inspection regime.

The HASSC instructed officers to amend the submission to the Inspection Panel, set out in Appendix 1, in the following ways before despatching to CQC:

- Expand on concept of consistency of care
- Convey that members need to see sustained improvement at BHURT before they can have confidence in performance levels
- Be more specific when praising or criticising service areas
- Stress seriousness of staffing issues at Emergency Department
- Use examples to elucidate comments on patient experience.
### HEALTH AND ADULT SERVICES SELECT COMMITTEE

**12 NOVEMBER 2013**

<table>
<thead>
<tr>
<th>Title</th>
<th>Update Report - Scrutiny Review on the Impact of the Recession and Welfare Reforms on Mental Health</th>
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**Report of the Corporate Director of Adult and Community Services**

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<th>Open</th>
<th>For Decision</th>
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**Wards Affected:** NONE

**Key Decision:** NO

**Report Author:**
Lisa Hodges, Business Support Officer

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Tel: 020 8227 5484
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**Accountable Divisional Director:**
Glynis Rogers, Community Safety and Public Protection

**Accountable Director:**
Anne Bristow, Adult and Community Services

**Summary:**

The Health and Adult Services Select Committee (HASSC) has almost completed its scrutiny review on the impact of the current recession and the welfare reforms on the mental health and wellbeing of residents in Barking and Dagenham. As part of its investigation, the Committee has now undertaken three sessions and two site visits with representatives from various statutory Council services, voluntary organisations, Job Centre Plus and the North East London Foundation Trust (NELFT) Service User Reference Group. The Committee has also hosted a focus group with service users to coincide with World Mental Health Day on the 10 October 2013.

This report gives an update on the progress of the Scrutiny Review since the last HASSC meeting on 1 October 2013. Importantly, the report also provides Members with the first draft of the Executive Summary and recommendations of the scrutiny review report (see Appendix 1) for comment and discussion with Councillor Maureen Worby in her capacity as Cabinet Member for Health and Chair of the Health & Wellbeing Board.

Finally, the report provides a summary of the final stage of the review, before the final draft of the report and recommendations are presented to HASSC in January 2014. To inform proceedings officers will give a short presentation at the meeting to give a re-cap of the review and highlight key points raised by Members and witnesses thus far.
Recommendation(s)

Members of the Health and Adult Services Select Committee are recommended to:

1. Note the progress of the scrutiny review and the final steps in the scrutiny review process.

2. Discuss the first draft of the Executive Summary and recommendations with the Cabinet Member for Health and Chair of the Health & Wellbeing Board to inform the final report.

3. After arriving at its key findings and recommendations Members are asked to guide officers on the content of the final report.

4. Receive a full draft report for approval at the 14 January 2014 meeting of the HASSC.

1. Introduction

1.1 The Health and Adult Services Select Committee (HASSC) have chosen to conduct a scrutiny on the impact of the current recession, and the subsequent welfare reforms, on the mental health and wellbeing of residents in Barking and Dagenham as their scrutiny review for 2013/14.

1.2 Members have attended a number of site visits and sessions to inform the findings of the scrutiny review. A summary of the previous session with primary care services is outlined below, as well as a brief summary of the site visit which Members attended at Job Centre Plus and the focus group with service users on World Mental Health Day. Finally, this report gives an outline for the session on with the Cabinet Member for Health and plans the final stages of the scrutiny process.

2. Summary of the ‘The impact on mental health services and primary care’ session (1 October 2013)

2.1 The third session of the scrutiny review, entitled ‘The impact on mental health services and primary care’ took place at the start of the last Select Committee meeting on 1 October 2013.

2.2 Members met with representatives from Barking & Dagenham Clinical Commissioning Group (CCG) and North East London Foundation Trust (NELFT) to discuss the impacts of austerity and welfare reforms on mental health through the perspective of mental health services and primary care providers and to question the CCG about current commissioning of mental health services and long term commissioning plans.

2.3 Representatives from the CCG advised Members that there has been an increase in people presenting to GP surgeries with increased levels of anxiety and stress. They reported that GPs are spending more time looking at patient’s history to identify previous mental ill health as well as looking at opportunities for self-help. A ‘Primary Care Depression Pathway’ has been developed for GPs to help enable management in primary care for self help although Members were concerned by the use of anti-depressants as a method of treatment and felt that the pathway should include a ‘holistic’ approach to treatment.

2.4 Representatives from NELFT also report an increase in demand for services with a 19.6% increase in referrals in the first two quarters of this year against the same
period last year. They reported more joined up work and the development of initiatives such as the Recovery College as part of the recovery process.

3. **World Mental Health Day (10 October 2013)**

3.1 World Mental Health Day took place on 10 October 2013 and as part of the day, the Chair of the Health and Adult Services Select Committee invited residents and service users to participate in a focus group session at the Broadway Theatre to find out their views on how the current recession is affecting their mental health and wellbeing. This was the final session in which Members were able to explore issues with residents and services users.

3.2 The session was a success and there was very good representation from service users who highlighted a number of concerns including anxiety around Universal Credit and Benefits Assessments; supporting people who have experienced mental ill health to up-skill for work; and feelings of victimisation in the workplace. This highlights the fact that there is still a lot of work to do to help break down the stigma surrounding mental ill health.

4. **Site Visit to Job Centre Plus (21 October 2013)**

4.1 Following recommendations from the Select Committee Members and officers from the Council took part in a site visit to Job Centre Plus in Barking as part of the scrutiny review process on 21 October 2013.

4.2 The visit enabled Members to explore how well the service gauges emotional health and wellbeing issues in people that arrive in the service, and how well it can provide them with support; how people are supported into employment through the Work Programme and other current Government employment schemes; and to explore changing levels of people accessing the service, and whether there are changes to the types of people accessing the service and their levels of need around mental or emotional support.

4.3 Members spoke with staff and discussed the support given to people with mental ill health in terms of identifying what type of work they could do and securing employment. At least 40% of people claiming incapacity benefit have mental health problems (of approximately 8,400). Staff at the JCP explained that they are working in close partnership with employers and the council to help improve opportunities for support and employment.

5. **Outline of the session with the Cabinet Member for Health**

5.1 Councillor Maureen Worby, Cabinet Member for Health and the Chair of the Health and Wellbeing Board has been invited to the November HASSC meeting. This session is an opportunity for the Select Committee to discuss the initial findings of the Mental Health Scrutiny Review with the Chair of the Health and Wellbeing Board, in particular asking her to comment on mental health service provision in Barking and Dagenham, future commissioning intentions and priorities, and how issues that have been raised in the review may be explored in further depth.
6. **Next Steps**

6.1 An initial draft of the Mental Health Scrutiny Review has now been written, taking into account all of the analysis and information gathered during the review and the comments and questions which were raised by the Select Committee. Following this meeting a copy of the draft report will be circulated to the Chair and Members of the Health and Adult Services Select Committee for their consideration and comment. Members will have the opportunity to make further comments and amendments up until the final draft of the report is presented to the HASSC on 14 January 2013 for sign-off.

6.2 The review into the impact of austerity and recession on mental health and wellbeing will result in a number of findings and recommendations which the Select Committee will be proposing to put forward to the Health and Wellbeing Board for further exploration and action. The delivery of any recommendations will be monitored by the HASSC through a series of progress reports on the action plan produced by the Health and Wellbeing Board in response to the review.

7. **List of Appendices**

Appendix 1: Scrutiny Review on the Impact of the Recession and Welfare Reforms on Mental Health (Executive Summary - Draft)
EXECUTIVE SUMMARY

The scrutiny process for the review took place between June 2013 and September 2013, with Members drawing information from a wide range of sources to gain an in-depth understanding of how the current mental health, voluntary and statutory service works within itself and the context of the Council.

The tipping point that leads families, vulnerable adults and older people to need input from council funded social care services is often the result of a number of factors and life events that combine to reduce people’s overall resilience, therefore it was agreed that these issues would be worthy of review. It was decided that the review would seek to answer the following three key questions:

1. How is economic austerity and the Welfare Reforms impacting on our citizens?
2. Will the austerity measures, reduction in income levels and/or poverty lead to more mental ill health?
3. What can we do/are we doing to mitigate the likely impact?

The review focuses on working age adults only and therefore for the purpose of this review older people will be excluded.

The key findings are presented below, with the subsequent recommendations listed on the following page.

1. **How is economic austerity and the Welfare Reforms impacting on our citizens?**

   As the reforms are yet to be fully implemented the likely impact remains difficult to assess at this point in time and would benefit from further analysis in the future to fully determine scale of impact. However from undertaking this review there is sufficient evidence to support that increased numbers are experiencing homelessness and presenting to the Council for support with Housing need. In addition large numbers are experiencing debt through rent and council tax arrears. Overall Numbers of residents experiencing financial hardship continue to increase with a high number of applications for funds to cover basic needs i.e. food, electric and gas.

   There is also evidence to support that levels of mental health needs in the borough are increasing due to the increase in numbers presenting with mental health needs since 2008 in GP practices. However it must be noted that causal factors are difficult to evidence.

   The evidence collated within this review would reflect that early indications are that residents are experiencing financial hardship and many are also experiencing increased levels of anxiety and or depression with increased numbers presenting to Health.

2. **Will the austerity measures, reduction in income levels and/or poverty lead to more mental ill health?**
From the findings presented within the report it would suggest that potentially residents who have been directly impacted by the reforms are experiencing financial hardship due to the cuts and are therefore more likely to experience some level of anxiety and depression.

Early indications are that increased numbers of residents are presenting to mental health services and GP surgeries with depression. Although it is much more difficult to quantify if this will translate into a diagnosed mental health condition as this would be dependent on other variables. This would include the individual’s resilience factors and how services were able to intervene at an early stage to prevent crisis. However the impact in Barking & Dagenham is likely to be greater due to existing levels of deprivation.

3. **What can we do/are we doing to mitigate the likely impact?**

Locally there is a vast amount of work being undertaken from a proactive perspective. There has been a significant amount of assertive outreach work by the Council and its Partners to engage those already identified to experience cuts to their benefits and work with them to establish solutions i.e. gain employment, moving home and downsizing.

At this current time there is already in place a number of services that offer information advice and advocacy to help inform residents of their options and provide guidance around financial hardship and benefits advice, including practical support in the shape of Credit Union and Local Emergency Support Services.

North East London Foundation Trust (NELFT) also has in place clear pathways for those experiencing mental health problems and require clinical support as do GP’s with the implementation of the Primary Care Depression Pathway.

However there remain areas that can be further developed to prevent crisis or trigger additional mental health needs. The area in which most impact can be achieved is the comprehensive approach in sharing and dissemination of information, training for front line staff and on going analysis of information to inform ingoing plan to mitigate impact of reforms.
# Recommendations

Proposals have been suggested and have been collated to form the following recommendations.

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<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td><strong>1. Access to Information &amp; Support</strong></td>
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<tr>
<td>Information to be made widely available to 3 key groups to ensure that residents can access services and advice when they need it most. The 3 key groups identified are:</td>
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<tr>
<td>1. General Public</td>
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<td>2. Practitioners</td>
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<td>3. Those already known to Mental Health services</td>
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<td><strong>2. Training &amp; Volunteering</strong></td>
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<tr>
<td>Recognise the importance of Training and Volunteering in maintaining recovery and mental health well being.</td>
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<td><strong>3. Peer Support Opportunities</strong></td>
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<td>Continue to monitor user led organisations that provide peer support opportunities to prevent isolation, provide emotional support and aid access to information and advice services as needed.</td>
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<td><strong>4. Joint Working &amp; Partnerships</strong></td>
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<td>Appoint an elected member as ‘Mental Health Champion’</td>
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<td><strong>5. Continued Measure of Need</strong></td>
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<td>Welfare Officer Group to data mind information already available and collate to measure impact of reforms and review actions taken to mitigate.</td>
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<td><strong>6. Continued monitoring of Local Services.</strong></td>
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<td>Continue to monitor services to ensure that they remain fit for purpose including:</td>
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<tr>
<td>1. Enhanced Welfare Rights</td>
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<td>2. Specialist Advocacy</td>
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<td>3. Local Emergency Support services</td>
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<td>4. Credit Union</td>
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<td><strong>7. MHFA Training</strong></td>
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<tr>
<td>Targeting mental health first aid training to ensure take up of training from a variety of frontline practitioners and considering offer to local employers.</td>
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# Primary Care Urgent Care Surge Pilot Scheme

**Report of the Barking and Dagenham Clinical Commissioning Group**

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<thead>
<tr>
<th>Open Report</th>
<th>For Information</th>
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<tr>
<td>Wards Affected: ALL</td>
<td>Key Decision: NO</td>
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**Report Author:**
Gemma Hughes and Sarah D’Souza
Senior Locality Leads, Barking and Dagenham CCG

**Contact Details:**
Tel: 020 3644 2379
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**Accountable Director:**
Sharon Morrow, Chief Operating Officer, Barking and Dagenham CCG

**Summary:**
This report provides an update to the HASSC on the primary care urgent care surge pilot scheme which started on 1 October. The scheme is intended to increase capacity in, and access to, urgent GP appointments for registered patients. The scheme will be evaluated to gauge its impact on increased capacity and improved patient experience and access with a final report planned for May 2014.

**Recommendation(s):**
The HASSC is recommended to:
1. Note the update on the pilot scheme
2. Receive a further report of the evaluation of the scheme in Spring 2014.

**Reason(s):**
This report provides an update to the HASSC on the urgent care “surge” scheme that is being piloted in Barking and Dagenham. A further report will be available once the scheme has been evaluated.
1. Introduction and Background

1.1 The CCG is employing a number of enablers to improve access to primary care, supporting practices to make full use of the range incentives available through the General Medical Services (GMS) contract. These include the Direct Enhanced Service for Extended hours and incentives available in the Quality and Outcomes Framework to review A&E attendances and practice systems for managing urgent requests, same day appointments and use of telephone triage.

1.2 In addition, Barking and Dagenham CCG has developed a local pilot scheme to deliver additional urgent appointments in primary care and to improve access to urgent appointments with GPs. This is one of the ways in which the CCG is responding to clear feedback from stakeholders that they wish to see improved access to GPs in Barking and Dagenham and is part of the CCG’s strategy to improving urgent care.

2. Proposal and Issues

2.1 The CCG offered all practices in Barking and Dagenham the opportunity to participate in the pilot surge scheme. 31 out of 40 practices have signed up to the pilot scheme which started on 1 October and is intended to conclude at the end of March 2014.

2.2 The aim of the scheme is to improve patient experience of, and access to, general practice by providing primary care capacity above core contracted services and supporting patients to use their GP practice as the first port of call for urgent care. The pilot will fund an additional 25,000 appointments offered by GP practices over the six month pilot period. Additional capacity has been commissioned at locality level, based on practice list sizes. The distribution of additional appointments across the borough is outlined in Appendix 1.

2.3 The scheme is intended to deliver the following benefits to patients:
   a) Increased capacity in general practice to provide same day appointments for patients who would otherwise present at other urgent care settings
   b) Improved patient experience and access to general practice through:
      i. Enabling patients to contact a practice by telephone
      ii. Easier booking of appointments
      iii. More positive feedback from patients on the service that they receive

2.4 The pilot will fund practices to offer additional consultations for patients who have been assessed by the practice as having an urgent care need. It is expected that practices will identify patients:
   a) Through their telephone screening process
   b) By redirection from Urgent Care Centres
   c) Through contact by NHS 111

2.5 Consultations should be offered at a time that matches patients demand for urgent care services.
2.6 Practices will be using a range of media, such as practice websites and prescription scripts, to inform patients of the increased access to urgent appointments. Practices have also committed to liaising with local pharmacies to ensure their urgent care plans are communicated widely and patients are encouraged to use their GP practice as the first port of call for urgent care.

2.7 The CCG is providing some resource to support communication to patients. The CCG communications team are developing products for practices to use locally, including graphics for TV content (within practices), while the CCG borough team will support practices to develop their Patient Participation Groups.

2.8 The pilot scheme will be evaluated to see to what extent it has delivered the intended benefits noted above. The evaluation will include analysis of activity data which will show any increase in capacity in primary care as well as changes in activity in other urgent care settings; and analysis of qualitative data on patient experience of the scheme. An interim evaluation will be completed at the end of March 2014 and the evaluation will be complete 6-8 weeks after the scheme ends with the final evaluation report completed in May 2014. The evaluation will inform the CCG’s ongoing strategy to improve urgent care in Barking and Dagenham.

2.9 The CCG will collect activity information on a monthly basis from October and will provide a quarterly activity report to the Urgent Care Board, the first report being due in December 2013.

3. Options Appraisal

3.1 The service is being commissioned as a pilot to inform options around the future commissioning of urgent care service in primary care.

4. Consultation

4.1 A consultation on the review of walk in centres in Barking and Dagenham was undertaken between February and May 2013. The consultation exercise reported that patients would like more appointments and more flexible appointments with their GP. This reinforced feedback from stakeholder engagement events to gather views on the wider CCG urgent care strategy. Healthwatch Barking and Dagenham also carried out a number of engagement sessions in various public settings with the local community. They asked for people’s views and opinions concerning proposals put forward by the CCG about urgent care services and the closure of the walk in service at Broad Street. Healthwatch provided this collective public response of 200 people surveyed and that 85% would rather use their GP if they could get an appointment in a timely way.

5. Financial Implications

5.1 The CCG is investing £500K in 2013/14 to improve primary care access to urgent care appointments. Recurrent funding for 2014/15 will be agreed subject to the pilot evaluation.

List of appendices:

— Appendix 1: Distribution of urgent care surge appointments in Barking and Dagenham
### Practices Participating in the Surge Scheme

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<th>Locality</th>
<th>Number of participating practices</th>
<th>Locality population</th>
<th>Additional appointments per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - The Lawns, Dr Kashyap, Dr Teotia, Dr Haider, Highgrove, Dr Afser, Dr Goriparthi)</td>
<td>7</td>
<td>31,256</td>
<td>654</td>
</tr>
<tr>
<td>2 - Becontree, Laburnum, Dr Ola, Dr Bila, Dr Ehsan, Church Elm Lane)</td>
<td>6</td>
<td>28,997</td>
<td>608</td>
</tr>
<tr>
<td>3 - Markyate, The Gables, Dr Jaiswal,</td>
<td>3</td>
<td>11,075</td>
<td>231</td>
</tr>
<tr>
<td>4 - Dr Pervez, Dr Fateh, Dr Ahmad, Dr Alkaisy, Dr Mohan, Dr Quansah)</td>
<td>5</td>
<td>26,370</td>
<td>552</td>
</tr>
<tr>
<td>5 - Porters Ave, John Smith House, Dr John, Dr Kalkat, Dr Ansari, Abbey Medical Centre</td>
<td>6</td>
<td>31,748</td>
<td>665</td>
</tr>
<tr>
<td>6 - Dr Chawla, Barking Medical Group, Dr Chibber, Child &amp; Family, The White House</td>
<td>4</td>
<td>24,025</td>
<td>503</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>31</strong></td>
<td><strong>153,472</strong></td>
<td><strong>3213</strong></td>
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</table>
Distribution of additional appointments across the borough

Number of additional appointments per month

- 0-45
- 46-91
- 92-137
- 138-203
- 204+

Map showing the distribution of additional appointments across the borough.
Title: Diabetes Scrutiny – Review of Action Plan

Report of the Corporate Director of Adult & Community Services

Open Report For Comment

Wards Affected: NONE Key Decision: NO

Report Author: Glen Oldfield, Democratic Services Officer

Contact Details:
Tel: 020 8227 5796
Email: glen.oldfield@lbld.gov.uk

Accountable Divisional Director:
Matthew Cole, Director of Public Health

Accountable Director:
Anne Bristow, Corporate Director of Adult and Community Services

Summary:
Between July 2012 and March 2013 the Health and Adult Services Select Committee (HASSC) carried out an in-depth scrutiny review into the management of diabetes locally in response to user dissatisfaction with aspects of the service and a perception of high levels of complications and ill-health associated with the disease. The final report was agreed by the HASSC at its meeting on 17 April 2013.

The full review can be found at:

The findings and recommendations were presented to the Health and Wellbeing Board on 04 June 2013. In response to the review the Board agreed an action plan to implement the recommendations, delegated the delivery of that action plan to the Public Health Programmes Board, and agreed the process by which progress will be reported to the Board and back to the Select Committee as part of the monitoring of recommendations.

This report and the action plan set out in Appendix A is the first monitoring update to the HASSC on the implementation of its recommendations which details progress after six months. Members should note that the Action Plan is being reviewed by the Health and Wellbeing Board at its meeting on 05 November 2013, and the information contained in this report is a substantially similar summary of progress. The comments from the Board will be verbally reported to the HASSC at their meeting.
The Health and Adult Services Select Committee is recommended to
1) Scrutinise the Action Plan and comment on the progress of implementation
2) Schedule a further update on implementation of the recommendations in roughly six months time.

1 Introduction

1.1 Between July 2012 and March 2013 the Health and Adult Services Select Committee carried out themed investigations into the management of diabetes locally in response to user dissatisfaction with aspects of the service and a perception of high levels of complications and ill health associated with the disease.

1.2 The Health and Adult Services Select Committee produced ten recommendations for actions. These recommendations were converted into an action plan which became current in May 2013.

1.3 The key recommendations are around:
   - Examining the needs of people living with diabetes;
   - Improving the early diagnosis of diabetes;
   - Improving patient understanding, knowledge and compliance;
   - Improving the frequency and quality of annual (diabetic) health checks;
   - Diabetes pathway analysis, redesign and improvement;

1.4 Six months have now elapsed since the initial action plan was agreed at the Health and Wellbeing Board. This document shows how the work is progressing.

2 Progress and Problems

2.1 Albeit with a slow start, all agencies are now engaging with the process, and progress is being made.

2.2 There have been some notable achievements:
   - A diabetes patient booklet has been produced and distributed to practices and community services to share with all diabetic patients/carers – this was achieved by cooperation between Public Health and the Clinical Commissioning Group.
   - Over one hundred people with no symptoms have had diabetes detected via the NHS Health Check programme.
   - The CCG has secured funding to provide diabetes training for GPs, practice nurses and healthcare assistants.
• The CCG has defined a route to influence primary care improvement via a cluster model.

• The Quality & Outcomes Framework contract with primary care has been altered so that the nine standard monitoring tests in diabetes should be performed each 12 months and the threshold for the highest level of performance has been elevated. This should markedly improve performance.

• The three borough CCGs – Redbridge, Havering and Barking and Dagenham – have started collaborative work around diabetes and are planning to work on pathway re-design/improvement.

2.3 One of the areas not to have progressed as much is around understanding the differing outcomes between Barking & Dagenham and South West Essex for what are substantially similar service models. This exploration has moved into considering the impact of primary care provision alongside the integrated service, and measures are being finalised which would help with the comparative evaluation.

2.4 However, this remains an early stage and, with some of the entrenched diabetes problems, long term work and planning will be required.

3 List of Appendices

## Diabetes Action Plan Progress Report (November 2013)

<table>
<thead>
<tr>
<th>Number</th>
<th>HASSC recommendation</th>
<th>Processes Involved</th>
<th>Responsible Officer:</th>
<th>Progress:</th>
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<tr>
<td></td>
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<td></td>
<td>Matthew Cole</td>
<td></td>
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<tr>
<td>1</td>
<td>The select committee recommended that a future iteration of the Joint Strategic Needs Assessment provides a clearer account of the source of competing data and the 'best estimate' that the borough is using to monitor its progress and identify the challenge it faces in addressing undiagnosed diabetes.</td>
<td>Next JSNA clearly defines current prevalence, estimated actual prevalence in terms of percentages and numbers including referencing from whence come the figures. Clearly identify the target that is being used to monitor progress and trends. Provide definitions and simple explanations. Identifying the challenges in finding people with undiagnosed diabetes. Increasing diagnosis is a complex process involving public awareness, unique patient factors and healthcare related factors.</td>
<td>JSNA 2012/13 has a large diabetes section which covers this material and is available at <a href="http://www.barkinganddagenhamjsna.org.uk/">http://www.barkinganddagenhamjsna.org.uk/</a> Feedback is welcomed by Public Health.</td>
<td>G</td>
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<td>2</td>
<td>It is recommended that a programme of proactive screening opportunities is established, linked to improved entry routes to an integrated diabetes care pathway, with more medical professionals seeking opportunities for the proactive identification of diabetes in their patients and service users, and for GP’s to take a more pro-active role in diagnosis.</td>
<td>Programme for proactive screening is established.</td>
<td>Dr Sue Levi</td>
<td>G</td>
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<td></td>
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<td>Diabetes diagnosis included in the NHS Health Check programme. Audit number of newly diagnosed diabetics annually as have been doing (75 in 2011/12, 36 diagnosed in 2012/13).</td>
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<td>3</td>
<td>Specifically, it is recommended that action is taken to improve patients' understanding of the Annual Diabetes Health Checks, what they should expect to receive, and their importance in preventing complications.</td>
<td>Diabetes handbook to be produced for practices and community teams to give to all diabetic patients which will contain lifestyle advice including importance of annual health checks.</td>
<td>Sharon Morrow (CCG) via Dr Kalkat and Primary Care Improvement Group.</td>
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<td>4</td>
<td>It is further recommended that the CCG takes steps to ensure that all clinicians are familiar with the NICE recommendations for the Annual Diabetes Health Check and have arranged the provision of high-quality interventions, with associated processes for prompt arrangement of patient appointments and their reminders.</td>
<td>Encourage all GPs to refer people with newly diagnosed diabetes attend patient education sessions (DAFNE or DESMOND) within six months of new diagnosis. Continue to commission DESMOND and DAFNE programmes and to raise awareness of these to practices, patients, and providers.</td>
<td>Sharon Morrow (CCG) via Dr Kalkat and Primary Care Improvement Group.</td>
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<td></td>
<td>It is further recommended that the CCG takes steps to facilitate clinician familiarity with the NICE recommendations for the Annual (diabetes) Health Check and awareness of best practice on performing checks, subsequent interventions and follow up.</td>
<td>Using the locality model to support improved primary care management of patients with diabetes. Enrolling Clinical Champions and Primary Care Improvement Group to produce incremental improvements in care</td>
<td>Sharon Morrow (CCG) via Primary Care Improvement Group</td>
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<td></td>
<td>The Primary Care Improvement Group has rolled out feedback and peer influencing sessions via the cluster structure. The locality management paper sets out the role of the CCG in influencing primary care improvements through the cluster model.</td>
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<td>Page 27</td>
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<td><strong>DPH to write to the Quality and Outcomes Framework administrators and NICE in official capacity to attempt to move remuneration onto annual checks rather than 15 monthly checks</strong></td>
<td>Dr Sue Levi/ Matthew Cole</td>
<td>G</td>
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<td>Remuneration has been changed to requiring annual checks (rather than 15 months). Starts in 2013/14 so expect improvement to be ‘visible’ from late 2014/early 2015.</td>
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<td><strong>DPH to write to NHS England to highlight problems in Primary Care diabetes performance and invite comment on how performance management might be improved</strong></td>
<td>Dr Sue Levi/ Matthew Cole</td>
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<td>Quality and Outcomes framework has been altered for 2013/14 to raise the threshold for maximum payment on many indicators. Hence, remuneration structure should improve performance.</td>
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<td><strong>For the longer term, it is recommended that the data is improved and the baseline for understanding uptake of the nine health checks is brought up to date, with on-going robust monitoring thereafter</strong></td>
<td>Public Health to provide the CCG and HWB with intelligence on outcomes relating to diabetes through public health profiles and other available datasources to support commissioning decisions</td>
<td>A</td>
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<td>Currently, there is a national survey with annual retrospective publication. The data is not held locally and extraction would be complicated and involve confidentiality issues as well as have resource.</td>
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<td><strong>The Committee recommends that the whole range of information provided to people already diagnosed and people newly diagnosed with Type 2 diabetes is reviewed, ensuring that it gives them what they need to know to improve self-management of their diabetes and their understanding of long-term complications.</strong></td>
<td>Patient consultation via Healthwatch to define exactly what information is required beyond the diabetes booklet, 1 to 1 clinical attention and public domain sources.</td>
<td>A</td>
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<td>Diabetes booklets have been revised and distributed to practices. Still need to promote their use in practices, pharmacies and community services.</td>
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<td><strong>That the Health &amp; Wellbeing Board facilitates consideration of how young people with diabetes (either Type 1 or Type 2) could be supported in the Borough, inviting the participation of the health group of the Barking &amp; Dagenham Youth Forum.</strong></td>
<td>[Note diabetes is uncommon in children so may need to go via healthcare route to identify families]</td>
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<td>Surveys have been developed and sent to all families who attend the children’s diabetes service. Report will be available end of October 2013.</td>
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<td>Page</td>
<td>Text</td>
<td>Notes</td>
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<td>8</td>
<td>That the Diabetes Support Group participates in a short review of the support needs of younger adults developing Type 2 diabetes, and how they may be met from a service user led group, led by an agency to be identified by the Health &amp; Wellbeing Board.</td>
<td>Health Watch – Marie Kearns. A Initial meeting to be held on 11&lt;sup&gt;th&lt;/sup&gt; November with the diabetes support group. Final Report to be available end of November 2013.</td>
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<td>9</td>
<td>That the Health &amp; Wellbeing Board ask Public Health professionals to work with commissioners and North East London NHS Foundation Trust to understand the reasons why services which are on the face of it similar appear to be linked to different outcomes for patients, and to capture the lessons for future local commissioning.</td>
<td>Barking &amp; Dagenham Public Health will work with NELFT to understand the evidence of what actions in relation to the NELFT commissioned service are most likely to impact on patient outcomes. NELFT wishes to emphasise that access to and quality of Primary Care will have significantly more impact than any direct interventions that are under the remit of NELFT. Dr Steve Feast (MD at NELFT) to provide measures of different performance and Public Health will support him in this review R Approach being finalised so as to get the most valuable measures.</td>
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<tr>
<td>10</td>
<td>That the Health &amp; Wellbeing Board oversees a review of the care pathway to ensure that all opportunities for joint working are being harnessed and that the flow of patients between services is effective.</td>
<td>Sharon Morrow/ Sarah D’Souza A The planned care steering group is in place covering BHRUT and CCGs and is establishing a diabetes project group that would support pathway redesign. Workshop convened for October 2013.</td>
<td></td>
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</tbody>
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