MINUTES OF
HEALTH AND ADULT SERVICES SELECT COMMITTEE

Wednesday, 3 May 2017
(7:00 - 8:50 pm)

Present: Cllr Peter Chand (Chair), Cllr Sanchia Alasia, Cllr Edna Fergus, Cllr Jane Jones, Cllr Hardial Singh Rai and Cllr Faraaz Shaukat

Also Present: Cllr Maureen Worby and Cllr Adegboyega Oluwole

Apologies: Cllr Eileen Keller

38. Declaration of Members' Interests

There were no declarations of interest.

39. Minutes - To confirm as correct the minutes of the meeting held on 1 March 2017

The minutes of the meeting held on 1 March 2017 were confirmed as correct, with one amendment

Minute 35- to remove the line “caused by smoking”

40. Primary Care Update

The report was introduced by the Director, Primary Care Transformation (DPCT) She confirmed that the CCG were looking at modelling and locally commissioned contracts that are nationally negotiated. There should be equity for providers and patients. The CCG were also looking at affordability and have overall funding issues with a growth in delegated budgets. The presentation as part of the report provided some basic detail of current progress on the review of Personal Medical Services (PMS) GP contracts and also included an update on the Care Quality Commission’s inspections of GP practices in the borough, and on new GP “localities” that were being set up to encourage sharing of good practice and increase the focus on key local health challenges.

Members were concerned as to what sanctions could be imposed if GP practices were inadequate and/or needing improvement. It was noted that there were three GP practices in the borough that were rated as ‘inadequate’ and under “special measures, seven ‘required improvement ‘and the others were “good.” Those deemed as inadequate were requested to attend a voluntary improvement programme. The DPCT provided an example of the Abbey GP practice which had moved from “inadequate” to “good” in a four-month period. There was also a range of training programmes available. She stated that two practices were participating in the voluntary scheme and had a willingness to engage and improve and would be subject to action plans for improvement. They wanted to address issues with the practices, get them working together and improve learning, prior to future CCG visits. Members were concerned that the courses were not compulsory. If GP practices did not improve in the long run, the CCG could ultimately close down the practice and special measures were implemented too. The DPCT added that GP
practice performance was taken very seriously.

Members were concerned that in visits to 30 practices, a number needed improvement particularly as the borough was short of 50 GP’s. The DPCT stated that £2.1m was the previous PMS budget and all GP practices were paid approximately £80 per patient. B&D practices had an average of 2,600 patients on their records, which was one of the worst ratios in the country. The CCG were working with NHS England to try and recruit more GP’s into the borough and want to attract them into London.

Members were concerned that many residents had difficulties in obtaining GP appointments and some were waiting several weeks and asked if there was anything that could be done to ensure that patients could be seen quicker. The DPCT stated that as part of the PMS review, the CCG were seeking to secure more appointments at “hub” practices. A number of these appointments would be “out of hours”. She added that work was being undertaken to ensure that patients see the right clinician. There was a need to improve access for patients and this included booking appointments online and work with pharmacists. Members noted the new the ‘hub model’ but were concerned that there were some patients with complex needs to which this may not be suitable. The hub appointments would run into existing GP practice normal hours in order to provide greater access to patients and ease demand on other GP practices.

In answer to a question, it was noted that there was low morale amongst GP’s and some younger GP’s were leaving the profession earlier but all were very committed to the profession. There was an emphasis on training for health education and improving morale and GP skills.

Members were concerned about the high level of GP appointments where patients were not attending or providing any explanation for their non-attendance (known as ‘do not attend’ or DNA). They asked what actions were being taken to address this. The DPCT stated that there were a number of practical steps that were being taken by some GP practices, including follow-up letters and conversations with patients. It was hoped that with booking appointments on-line with text reminders would assist in reducing the number of DNA’s.

The DPCT advised that GP appointments were generally ten minutes in duration although the contract did not detail a specific time and had stated a “reasonable” time. This could be reviewed at a future stage and monitored.

The Select Committee noted the update.

41. Results of Inspections undertaken by the Care Quality Commission on Local Adult Social Care Services in Quarter 3

This report was an overview of CQC inspection reports, published during Quarter 3 of 2016/17 (1 October – 31 December 2016). The report provided an overview of the inspections as well as the actions that have been taken as a result of inspections where improvements were required. The report covered CQC inspection reports on providers in the Borough or those who provide services to our residents outside the Borough. A summary of the findings was shown at appendix 1 of the report.
It was noted that three adult social care providers inspected required improvement: Efficiency for Care Limited, Abbey Care and Alexander Court. There were programmes in place for improvement and in the case of Alexander Court, it had been taken over by a new social care provider. An update report would be provided at the next meeting of the Select Committee in June 2017.

Members sought clarification about the term “safe” as referred to in the report and it was clarified that this did not mean safe in terms of the building but a safe environment for residents.

The Select Committee noted the report.

42. Health Checks Performance Report

This report was presented to the Select Committee, as a summary of the NHS Health Checks prevention programme. Health checks were undertaken to find and treat residents with chronic diseases as early as possible. Prevention was an important part of the changes to the health service driven by the Five Year Forward View and being implemented through Sustainability and Transformation Plans.

The report explained the purpose of the programme, how performance and activity in the borough was measured, and explained some important successes and challenges with the programme. Targets for achievement are behind what was expected and the report drew attention to the variability of performance within Primary Care, which is the route through which the programme is delivered.

The report was introduced by the Director of Public Health (DPT). It was noted that the checks were well resourced and GP’s were paid to undertake screenings. The programme offered checks for patients aged 40-74 who were not already identified with chronic heart disease. In a five-year cycle, patients would be invited for a check and there was a recall system. He also advised that the health checks had been extended to Council staff via occupational health.

Members noted that the health check take up was about 50-60% but the target take up is 75% and 17,000 have been screened so far. The 75% target needed to be reached as there is poor health in the borough. It was noted that there was quite a wide variation in GP practices in the borough and there was even over-performance in some cases. The Cabinet Member for Health and Social Care Integration stated that she met Conor Burke and Dr Mohi in this regard and considered that take up on health checks needed to be improved. She provided an example of a free programme to stop smoking but this was only for a period of twelve weeks, which was not anywhere not long enough.

Members also expressed concern about the low take up and requested the DPH to do a report on progress to both Health and Wellbeing Board (HWBB) and the Select Committee including the risk factors for cardiovascular disease e.g. smoking. This should also address the variations in take up at GP practices in the borough.

The Select Committee noted:
(i) The proposals to reduce variability in health checks delivery in both quantity and quality, and

(ii) The appendices that accompanied this report:

- Appendix 1 explains the background to the targets
- Appendix 2 contains latest data for health check completion by practice
- Appendix 3 shows charts of comparative between Barking and Dagenham and other areas.
- Appendix 4 gives data on referral to lifestyle services from the health check
- Appendix 5 has data on numbers of people admitted to disease register following a health check.

43. Barking and Dagenham Healthwatch Update

The report was introduced by Manisha Modhvadia at Healthwatch and referred to two visits undertaken by them with reports of their findings and recommendations.

a) An unannounced enter and view visit to Mandarin ‘A’ Ward at Queen’s Hospital on 16 September 2016. This would be followed up at some stage in the future.

b) On 27 September 2016 Barking and Dagenham Healthwatch carried out an announced enter and view visit to Bennetts Castle Care Centre. It was noted that the agency staff at this inspection was very low. In answer to a question about agency staff, it was the responsibility of managers to ensure that staff at care homes required sufficient training and DBS checks.

The Select Committee noted the report.

44. Report arising from Scrutiny Review into Cancer Prevention, Awareness and Early Detection

At the start of the 2015/16 municipal year, the Health & Adult Services Select Committee (HASSC) had agreed to undertake an in-depth scrutiny review into cancer prevention, awareness and early detection. Appended to the report was the proposed final report arising from this scrutiny, which made twelve key recommendations to the Health and Wellbeing Board and partners to help improve the health and cancer awareness and early intervention and raise the profile of cancer awareness in the borough. The appended scrutiny report provided the background to why the HASSC chose to review this area, the methodology for the scrutiny, what the scrutiny found in relation to cancer prevention, awareness and early detection for Barking and Dagenham residents, and the evidence base for the recommendations made.

The Select Committee was consulted on the draft report at its meeting on 1 March 2017 and Councillor Worby, the Cabinet Member for Health and Adult Social Care,
and Chair of the Health and Wellbeing Board, also had an opportunity to view the recommendations.

As standard scrutiny practice, a monitoring report will be presented to the HASSC providing an update on the progress of the recommendations in approximately six months’ time in order to help the Select Committee evaluate the effectiveness of this scrutiny review and to what extent it had helped improve services for the borough’s residents.

Members welcomed and agreed the report and extended thanks to officers for their hard work in this matter, especially Sue Lloyd and Masuma Ahmed.

The Cabinet Member for Health and Adult Social Care welcomed the report and extended her thanks to the Select Committee. In particular, she asked them to let her know any ideas and suggestions how these recommendations could be implemented and for views on what worked for residents. She referred to the “prevalence of smoking” and announced that there would be an important event in this regard be held in summer 2017. All of the current programmes were held in term times and they would be targeted in the school holidays. She was working with DPH on programmes for hard to reach groups. She felt that there needed to be greater cultural sensitivity and awareness and there were a number of national initiatives being carried out and promoted but they were not necessarily pertinent to the local community.

The Select Committee agree the appended scrutiny report on local cancer awareness and early detection services, which makes twelve recommendations as follows:

1. The Health and Wellbeing Board (HWB) takes action to reduce the prevalence of smokers in the borough, to levels comparable with London;

2. The HWB sets out to the HASSC what action it is taking to reduce the number of overweight and obese individuals in the borough, to levels comparable with London;

3. The HWB takes action to increase residents’ awareness of the how lifestyle, including exposure to the sun, can affect the likelihood of developing cancer, the signs and symptoms of cancer and the importance of early diagnosis, and screening;

4. The National Awareness and Early Detection Initiative informs the commissioners on what action it is taking to target specific ‘at risk’ groups;

5. The Barking & Dagenham Clinical Commissioning Group (BDCCG) ensures that GPs are auditing and acting on audit information to ensure that patients enter the cancer pathway appropriately, and cancer is diagnosed at as early a stage as possible;

6. The BDCCG, in partnership with Macmillan and Cancer Research UK, takes action to increase the proportion of residents returning bowel cancer screening kits, within the next year;
7. The HWB, along with MacMillan and Cancer Research UK, takes action to raise awareness of the importance of screening and to increase uptake of breast and bowel screening in the borough to a level comparable with England within the next year;

8. The HWB, along with MacMillan and Cancer Research UK, takes action to raise awareness of the importance of screening and reduce the variation in cervical screening uptake between GP practices within the next year;

9. The Committee urges NHS England to make the Cancer Dashboard available within one year;

10. The HWB takes action to raise awareness of the importance of the Health Check and reduce the variation in Health Check uptake between GP practices;

11. NHS England provides assurance to it that residents will continue to have in-borough access to breast screening; and

12. The BDCCG, working through the North-East London Cancer Commissioning Board, assures the Committee of the action it is taking to increase awareness of the signs and symptoms of cancer.

45. Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups' 'Spending NHS Money Wisely' Engagement Document

The Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups' (BHRCCGs) published an engagement document, provided at Appendix 1, ‘Spending NHS money wisely’ which discussed potential future savings options to achieve a saving of £55 million, in relation to the following services:

- IVF;
- Sterilisation;
- Prescribing;
- Cosmetic procedures and
- Weight loss surgery.

The Chief Operating Officer, CCG stated that the CCG needed to identify financial savings and spend money wisely and this largely reflected policy elsewhere. She clarified that consultations were on-going and the deadline for responses was 18 May, which had commenced on 23 March. The CCG Governing Body would make decisions in this matter in summer 2017. There had been 90 responses from Barking and Dagenham residents and they were seeking as much feedback on their proposals as possible.

Members provided their views on a number of areas and requested details of the Equality Impact Assessment as shown in the report in order to demonstrate it was reaching all members of the community. They were particularly concerned about the following areas:

- IVF: they considered that IVF treatment should not cease.
- **Sterilisation**: this should continue to be funded. If this ceased, other forms of contraception would need to be considered. It was also noted that some women may need this option owing to cases of domestic violence.

- **Soya milk prescribing**: this should remain as the borough was a deprived area. If someone receives currently whilst receiving benefits, it could be considered that this could be accessed via tokens to be redeemed at supermarkets.

- **Cosmetic procedures**: this should be considered on an individual basis.

- **Breast reduction surgery**: this should remain as an option.

- **Bariatric/weight loss surgery**: this should remain as it could cost more in the long run if surgery is not provided.

- **Dental prescribing**: this should continue as some residents may have difficulty swallowing and it could lead to other issues and problems.

The Select Committee would provide a response to the CCG by the deadline of 18 May.