5. Appointing a Chair for the meeting

Members noted that the Committee’s Chair, Councillor Chand, and the Deputy Chair, Councillor Zanitchkhah, had both given their apologies and agreed to appoint Councillor Keller as Chair for this meeting.

6. Declaration of Members' Interests

There were no declarations of interest.

7. Minutes - To confirm as correct the minutes of the meeting held on 9 June 2016

The minutes of the meeting held on 9 June 2016 were confirmed as correct.

8. Update on the Recommendations of the Eye Care Scrutiny Review

The Programme Lead for Service Transformation (PLST) for the Barking and Dagenham (BD) Clinical Commissioning Group (CCG) outlined a report which provided an update to members on the progress of recommendations made as a result of a scrutiny review into local eye care services by the Health and Adult Services Select Committee (HASSC) in 2014/15.

One of the recommendations of the HASSC’s Scrutiny Review asked the BD CCG to review the eye care pathway and consider the clinical benefits of community optometrists being able to refer patients directly to hospital eye clinics, rather than via GPs. The BD CCG’s update report stated that the BD CCG initiated a joint procurement for a community eye service in September 2015 with the Redbridge CCG. The procurement process was concluded in March 2016 but did not result in the CCGs awarding a contract. The ophthalmology pathway review was now being taken forward in the context of the referral to treatment time (RTT) programme across the Barking and Dagenham, Havering and Redbridge (BHR) CCGs and the BHR Hospitals Trust (BHRUT). This programme had been established to ensure delivery of the NHS constitutional target for waiting time performance in response to long waiting times for some specialities provided by BHRUT for residents living in these boroughs. Ophthalmology had been identified as one of the top ten specialities where further work around RTT and sustainability was required.

The report detailed the three pathway reviews each CCG was currently leading on.
Another recommendation of the Scrutiny Review asked the BD CCG to consider the benefits of commissioning an ‘Eye Care Liaison Officer’ for local residents. The BD CCG’s update report stated that this service was currently provided through some secondary care providers it commissioned which was used by Barking and Dagenham patients. The report stated that further consideration would be required to determine whether this was a service that BHRUT could provide within existing financial resources. It was expected that this would be taken forward in wider discussions regarding the redesign and sustainability of local ophthalmology services.

The Scrutiny Review also led to a recommendation that the BD CCG considers whether cost-effective improvements could be made to the local low vision service which operated out of both King George and Queen’s hospitals. The report stated that the opportunity to review and potentially extend this service could be included as part of the CCGs’ pathway review of ophthalmology.

The Council’s Group Manager for Intensive Support (GMIS) stated that whilst the BD CCG’s report stated that an opportunity to review the local low vision service may arise during the CCG’s pathway review of ophthalmology, the intention behind the Committee’s recommendation was that the BD CCG create a specific plan to do this, as the Scrutiny Review had found evidence that local low vision services were not as holistic as they were in other parts of London. The low vision service that used to operate from premises at Porter’s Avenue had closed, with these services now being provided in local hospitals instead. He had personally used hospital low vision services and found them adequate; however, he expressed significant concern that a hospital setting would not be entirely suitable for elderly or more vulnerable people, particularly those who had been newly diagnosed with a sight condition.

Councillor Jones urged the BD CCG, as part of their ophthalmology pathway review, to consider very carefully the choice of location when commissioning services to ensure they were accessible to all members of the community. She also emphasised the need to consider the provision of transport to access health services, particular for vulnerable people such as those with vision difficulties.

9. Report on the Brookside Young People’s Mental Health Unit

Melody Williams, the Integrated Care Director (ICD) for North East London Foundation Trust (NELFT) presented a report on Brookside Young People’s Mental Health Unit, which had been temporarily closed due risks presented by staffing and estates issues.

The ICD stated that all current patients had been moved to other inpatient units within the London or Essex areas, or where possible, they were being supported at home through a revised model of care. One young person from Barking and Dagenham in the high dependency Unit had been transferred to another London based inpatient unit and two day-attendance patients were now accessing support, care and education services at home. Each child had an individual care plan and the parents or carers in each case had been fully involved in transfer process. The young people had also had a definitive say in the best place for their care and for many the option to be supported at home, as opposed moving to a new unit, had been positively received.
In terms of the future of the Unit, current discussions with NHS England, the commissioners, were focussed around an extension of the home treatment team model that had been put in place following the closure of the Unit at the end of April 2016, with a reduced number of inpatient beds at the Unit. This model was supported by clinical evidence. NELFT had also discussed the model with the Council’s Children’s Social Care staff who indicated support for the model.

Members asked whether all the beds in the Unit were occupied when it was open. The ICD stated that they were, and referred to the extensive media coverage around shortage of beds and support for young people with mental health conditions, which had led to some young people being placed in facilities very far from home. She acknowledged that there were some sensitivity around reducing the number of beds at the Unit but reiterated that the model NELFT was considering, whereby more treatment would be provided at home for young people, was supported by evidence. The proposed model may pose a dilemma for commissioners as it would be the first of its kind, in a context where there were not enough beds nationally. However, this model was now being considered nationally too.

Members asked how far the young person from Barking and Dagenham who had been transferred, had been placed and what impact the transfer had had on them and their family. The ICD stated that the young person had been transferred to the South London and Maudsley NHS Foundation Trust (in the London Borough of Bromley) and that their transfer had been agreed with them, their family and the professionals who had been involved in their care. The young person would only be repatriated back to Barking and Dagenham if this move would not be disruptive to their treatment.

Members asked how NELFT could be sure that families of the young people, who expressed agreement to care being provided at home, would be able to cope with this change. The ICD stated that the process was needs-led so that if a young person required a bed, one would be sourced as close as possible to the young person’s home. If the young person, having received treatment at an inpatient unit, showed progress and it was considered that 24/7 home treatment would be appropriate, this would then be arranged. The Local Authority and the BD CCG were currently reviewing the Child and Adolescent Mental Health Services (CAMHS) pathway which would focus on a range of services from early intervention to crisis support and would have implications for the wider system.

Members asked whether NELFT could be certain that the staffing and estates problems that led to the Unit being closed would not recur once the Unit was opened. The ICD stated that the decision to close the Unit was not taken lightly and as a result of the closure a serious incident investigation was being completed. The outcomes of the investigation would need to be reported in 60 days (starting with the day the investigation started). An analysis of the serious incident had been undertaken and the findings would be completed soon, as the Trust was towards the end of the 60 day period. The completion of the investigation would make clear how the incident occurred and what could be done differently going forward.

Members asked when the Unit would re-open. The ICD stated that the estates
works were almost complete but the re-opening of the Unit was entirely dependent on the direction of discussions with commissioners and how satisfied they were.

Members asked whether there would be ongoing consultation with families whose young family member was being treated at home, as the longer the young person was at home, the more potential there was for the pressure to impact on families. The ICD stated that NELFT had a duty to undertake consultation with service users and families on a continuous basis and this was a contractual requirement, which was monitored by commissioners.

The ICD concluded by stating that commissioning was moving to a much more outcome based approach, which was likely to lead to changes in the commissioning framework nationally. The key to ensuring good quality services for young people going forward would be in managing their care plans effectively. The CAMHS transformation project was very important also, as early intervention would mean more young people with mental health conditions could be managed without resorting to intensive health and social care services and leading to better outcomes for the young person and their families.

10. Update Report on the Sustainability and Transformation Plan and the Accountable Care Organisation Devolution Pilot

This report provided an update on:
- The Sustainability and Transformation Plan (NEL STP), a document all CCGs were required to develop to implement the NHS’s five year forward view, and
- The Accountable Care Organisation (ACO) Devolution Pilot, a large scale initiative to transform local primary and secondary health services to make them more closely integrated and to redesign patient pathways to focus on early intervention and managing the chronically ill.

The report explained that both issues were closely linked as the detail of the local contribution to the STP for north east London (NEL) would be the propositions developed through the programme to develop a business case for an Accountable Care Organisation. A strategic outline case was currently being developed which would set out the way forward for the development of an ACO.

The Council’s Commissioning Director for Adults’ Care and Support (CDACS) delivered a presentation on the NEL STP and ACO, which covered the following areas:
- Then key challenges in BHR
- The Integrated Care Coalition
- Background and timeline
- ACOs – what are they and what do we want them to be?
- Potential benefits of an ACO
- Progress
- ACO model – localities across BHR
- ACO Model – individual localities
- Devolution asks in development
- What is an STP?
- Where does the ACO fit / alignment with the NEL STP?
Next steps –

- Summer 2016: Consultation and public engagement on the STP and the ACO business case begins
- Decision to proceed to next stages (provisional):
  - Pre-decision scrutiny: 7 September 2016
    - A fuller discussion and more detail for the HASSC’s consideration
  - Health & Wellbeing Board: 27 September 2016
  - Cabinet: 18 October 2016.

Members thanked the CDACS for his report and presentation and stated that they looked forward to receiving a further item on the business case at their meeting on 7 September 2016.

11. Work Programme 2016-17 Report

The Council’s Democratic Services Officer (DSO) introduced a report which had appended to it a proposed Work Programme for the Committee for 2016/17 and an options paper which put forward three potential topics the HASSC could undertake an in-depth scrutiny review on in 2016/17, both of which had been drafted in consultation with Councillor Chand, the usual Chair of the HASSC. Members were asked to agree the Work Programme and choose one topic of the three put forward, to undertake a scrutiny review on.

The three topic options put forward for a potential scrutiny review were:
- Cancer survival rates in Barking & Dagenham;
- Oral Health in People with Learning Difficulties in Barking & Dagenham; and
- Teenage Conception Rate in Barking and Dagenham.

The Council’s Director of Public Health (DPH) summarised the issues relating to the Cancer Survival Rates option as follows:
- Barking and Dagenham has the lowest net survival rate amongst London and West Essex CCGs, ranking lowest out of 33 CCGs;
- More than 40% of all cancers are linked to behaviour and environmental exposures which could be avoided or reduced. Factors that also contribute to poor outcomes in Barking and Dagenham include poor awareness of the signs and symptoms, and late detection and diagnosis.
- B&D has a higher rate of cancers diagnosed in A&E than the England average (B&D – 29.2%; England – 20.6%).

The GMIS summarised the issues relating to the Oral Health in People with Learning Disabilities option as follows:
- People with learning difficulties generally face many health inequalities, which include poor oral health, due to the barriers they face in receiving good health care.
- There was little publicly available data about dental health problems amongst local residents with learning difficulties and the quality of services available to them.
- The borough had learned from feedback from family and carers about their difficulties in finding local opticians with the skills and confidence to provide sight tests for people with learning difficulties. This learning led to the development of the Bridge to Vision Project and the Enhanced Optometry
services for people with learning difficulties. Similar barriers exist when it comes to dental care but we do not yet fully understand the details and the magnitude of the problem.

The DPH then summarised the issues relating to the Teenage Conception Rates option as follows:

- The rate of under 16 and under 18 pregnancies have been high in Barking and Dagenham in comparison with London and the UK. Recently we have seen an encouraging decrease in rates in under 18 conception rates. However, these rates are still high.
- In addition, conception rates in the under 16s, the proportion of teenage pregnancies that end in legal abortions, and the number of repeat abortions is of concern.

In response to a question the DPH explained that the recent decrease in the under 18 conception rate was likely to be due to a number of initiatives in schools aimed at providing information to young people to make informed choices and raising aspirations amongst young people.

Members agreed that all three topics put forward for consideration were extremely important areas; however, as time and resources would only permit one in-depth scrutiny review in 2016/17, they agreed, reflecting on the criteria for selecting a topic stated in the report, that Cancer Survival Rates would be the right topic to undertake a scrutiny review on this year. Due to the scale of the issue locally, and the serious implications on people’s health, it was felt that an in-depth review into this topic would potentially, add most value.

Members stated that they would like the option to consider the issue of oral health in people with learning difficulties, at a future meeting, on a one-off basis, if there was room in the Work Programme to do so, as it appeared to be the case that some of the learning from the feedback on sight care for people with learning difficulties, could potentially be applied to oral care services. Officers stated members would need to keep some of the Work Programme free to progress the in-depth scrutiny review on Cancer Survival Rates; however, they would consider this option and feedback to members. Subject to this, the Work Programme was agreed.

Members commented that some of the followings issues could be explored as part of the Cancer Survival Rates Scrutiny Review, in addition to, or alongside the issues referred to in the option paper:

- Whether Black and Minority Ethnic groups were more likely to get cancer and at what average age;
- Whether the borough’s residents were more likely to get cancer and what the average age was, in comparison to similar areas; and
- Whether residents from the EU who were living in the borough had a higher smoking prevalence rate and therefore, a higher prevalence rate for smoking related cancers.

The HASSC asked officers to provide a draft scope for the Cancer Survival Rates Scrutiny Review and circulate this to members.