MINUTES OF
HEALTH AND ADULT SERVICES SELECT COMMITTEE

Wednesday, 20 September 2017
(7:00 - 8:45 pm)

Present: Cllr Adegboyega Oluwole (Deputy Chair), Cllr Hardial Singh Rai, Cllr Linda Reason and Cllr Chris Rice

Apologies: Cllr Peter Chand, Cllr Sanchia Alasia, Cllr Jane Jones, Cllr Eileen Keller and Cllr John White

9. Declaration of Members' Interests

There were no declarations of interest.

10. Minutes - To confirm as correct the minutes of the meeting held on 21 June 2017

The minutes of the meeting held on 21 June 2017 were confirmed as correct, subject to the following caveat:

A member of the Committee asked the question, ‘do you consider sending a homeless patient to housing offices in the middle of the night, a safe discharge’ to the Chief Operating Officer for Barking, Havering, Redbridge University Trust (BHRUT), which should have been included in paragraph 6 of minute 4.

11. North East London Foundation Trust's Improvement Journey

The Director for Integrated Care (DIC), North East London Foundation Trust (NELFT), stated that she was in attendance to update the Committee on the progress NELFT had made following a comprehensive inspection by the Care Quality Commission (CQC) of its services in April 2016, which led to an overall rating of 'requires improvement' for the Trust.

She delivered a presentation which covered the following areas:

- Introduction:
  - The CQC inspect against five domains. NELFT received the following overall ratings for each domain:
    - Safe – Requires improvement
    - Effective – Requires improvement
    - Responsive – Requires improvement
    - Caring – Good
    - Well-led – Requires improvement
- Ratings for Mental Health Services
- Ratings for Community Health Services
- CQC re-inspection in September 2017 - result by Core Service
  - The Brookside in-patient unit for young people was a particular concern following the April 2016 inspections, which resulted in a number of ‘inadequate’ ratings across the inspection domains for the Unit.
  - Following changes to the Unit and the re-inspection in September this
year, the Trust was pleased to see that many of these ratings for the Unit had improved to ‘good’.

- Improvement Plan
- Strategic CQC Quality Improvement Group
- Locality Quality Groups reporting arrangements
- CQC Recommendation Themes
- Recommendations affecting services within Barking & Dagenham
- Re-inspection and End of Life Inspection
- Mock Inspections & Peer-Led Reviews
- Conclusion.

In response to questions from members, the DIC stated that:

- NELFT mainly provides secondary care services and some specialist, tertiary services. It did offer the Improving Access to Psychological Therapies (IAPT) service, which was a primary care service aimed at supporting people with lower level mental health issues, such as anxiety and/or low to moderate depression. There was no particular concern raised in relation to the IAPT service by the CQC in terms of safety.

- The Trust saw 90 percent of those referred to the IAPT service within six weeks and was one of the highest performing IAPT services in London. There would be some people who were on the verge of needing higher intensity services and the IAPT service would refer these people on. Some patients may be resistant to treatment, in which case, the service would need to liaise with their GP to ensure that the person was on the right medication, for example.

- The Trust had obtained some royal colleges’ support for further investment following research that looked at issues such as local population growth and demographic changes, but decisions around further investment lied with the local Clinical Commissioning Groups (CCGs) who were yet to make a decision. CCGs were under financial pressure due to the requirement to make large scale savings. In the meantime, however, demand for mental health and other community services surpassed capacity, making it a challenging time for local providers, including NELFT.

- The way the Trust had significantly improved its mandatory training compliance was by consistent, individual-level encouragement and monitoring, but this success had come at the high price of regular scrutiny;

- Details of complaints raised by patients were not held on individual patient records and the Trust would expect its staff to uphold its values of treating all patients well, regardless of whether they had raised a complaint in the past or not.

The Chair thanked the DIC for her comprehensive update of progress made by the Trust since the CQC inspection of its services in April 2016.

12. East London Health and Care Partnership: Consultation on Payment Development and Drivers for Change

The Council’s Commissioning Director for Adults’ Care and Support (CDACS) presented a report on the East London Health and Care Partnership’s (ELHCP) consultation on payment mechanisms within the NHS. (The ELHCP was the new name for the partnership formerly referred to as the Sustainability and Transformation Plan partnership). The report stated that the Health and Wellbeing
Board (HWB) received a report on 6 September 2017, which set out the points that may be made in response to the consultation from the London Borough of Barking & Dagenham. The CDACS invited the Select Committee to further consider the HWB report and explained that if there were additional comments, or points of disagreement, by the Committee, then they would be flagged up in the combined response as having been provided by this Committee.

To support the Committee in considering the response to the consultation, the ELHCP’s Director of Financial Strategy (DFS) was in attendance and delivered a presentation covering:

- Background to the consultation;
- Consultation and engagement process;
- Overview of consultation paper; and
- Proposed milestones for consultation process.

In response to questions from members, the DFS stated that:

- Patients who would be affected by proposals brought by the ELHCP, including these proposals, would be those registered with a GP based in the geographical area covered by the Partnership and
- This consultation related to payment systems within the NHS and not NHS staff directly.

In response to comments, the CDACS stated that it was correct that it appeared to be very difficult for an individual to obtain the ‘health’ equivalent of a personal budget (an amount of money the council allocates to an individual to meet their eligible social care support needs). There was potential for these to become more widely available if NHS systems were changed; however, many factors would need to be considered before such a change could be effectively implemented.

The Committee noted that the proposals set out by the ELHCP in their consultation document, whilst quite generalised at this stage, were broadly consistent with the work that had been undertaken across Barking and Dagenham, Havering and Redbridge (BHR) to scope the development of ‘accountable care’ approaches to integrate health and social care. Members agreed that currently, organisations in the system were driven by the competing requirements of their commissioners, and therefore new payment arrangements were needed to drive a focus on preventative and outcomes-based approaches to health and care. The overall funding gap in East London was projected to be £578 million by 2020/21 so to do nothing was not an option.

Members agreed with the proposed outline response in the report that went to the HWB on 6 September, which included representations regarding:

- Governance and timing;
- The localities model;
- Services in scope; and
- Questions about data and analytical capacity.

Members agreed to delegate authority to Councillor Chand, the Select Committee’s Chair, to approve its contribution to the final response to the consultation, for submission by the deadline of 29 September 2017.
13. **Health Checks Performance Update**

The Council’s Public Health Strategist (PHS) presented a report on NHS health checks performance in the borough. She stated that the Committee received a report in May this year which highlighted the successes and issues with the programme; tonight’s paper was an update on the May 2017 report, and outlined the progress as to how the problems of both quantity and quality of health checks were being addressed.

A member commended the Council’s Public Health team as she had recently attended a health check, which she felt was an excellent experience.

A member asked whether GPs faced a financial disincentive when referring people to health checks and whether this could be a reason for poor rates of health check referrals by some GPs. The PHS stated that as far as she could see, there was no disincentive, rather, in the long term, there was potential financial incentive to refer people because GPs receive financial ‘points’ for monitoring patients with certain conditions, which may be picked up as a result of a health check. The Council’s Director of Public Health (DPH) stated that GPs would only need to pay the cost of the prescription to anyone referred to the leisure centre as a result of a health check, but overall, GPs had a financial incentive to refer people.

In response to a question, the DPH stated that questions around the rules in relation to removing people from GPs’ lists were ones for the CCGs; however, GPs and hospitals were doing more to reduce the number of ‘do not shows’ for appointments by texting, phoning and writing to patients to remind them of their appointments and informing them as to the approximate cost to the NHS if they did not attend.

In response to a question, the PHS stated there was robust monitoring of GP health check referral rates via the monitoring of service level agreements on a monthly and quarterly basis, and records were then updated using spreadsheets, for example, which were matched against payments.

The Chair thanked the PHS for the report.

14. **Scoping Report**

The PHS presented a report on the proposed scope of a ‘mini’ scrutiny review on ‘Oral Health in Early Years’ by the Committee. The report proposed a work plan and time-table for the review, and the following terms of reference:

i. What are the reasons for young children in Barking and Dagenham having poor oral health?

ii. What is the quality of services that are available to residents and what do they deliver to improve oral health?

iii. What are the best ways of getting the right messages out to parents about looking after their children’s oral health?

The Committee agreed the timetable, workplan and terms of reference for the scrutiny review.
15. **Oral Health in Early Years - Presentation by Public Health**

The PHS delivered a presentation to provide members with information on the local context of the Committee’s scrutiny review on ‘Oral Health in Early Years’, which covered the following areas:

- 2010 oral health survey (Barking and Dagenham): three to four-year olds;
- 2013 oral health survey (national): three-year olds;
- 2015 oral health survey (national): five-year olds;
- Percentage of 5-year olds with experience of decay in North East London;
- Percentage of 3 and 5-year olds with experience of decay (local, London and England);
- Dental services and dental access;
- Percentage of children accessing dental services (by age and ward);
- Hospital admissions for dental extractions;
- Preventing dental decay in young children;
- Return on investment; and
- What is Barking and Dagenham doing?

A member asked what the possible reasons could be for higher rates of decay and untreated disease in Asian children. The PHS stated that there was a mixture of reasons for this including a lack of awareness in parents, the types of food in Asian children’s diets and, possibly, a misconception that it was less important to look after baby teeth because they would fall out. This would be an important area to investigate during the review.

In response to questions from members, the PHS stated that:
- Dentists were paid in units of dental activity (UDA) and there was a cap. It would be useful to meet with the Chair of the Local Dental Committee to consider ways the rate of access by children to dental services could be improved;
- The local ‘Teeth for Life’ initiative, a pilot project aiming to promote and teach children and parents how to brush children’s teeth properly, would be targeted at certain communities. The results of the pilot would be monitored and analysed so there would be data at the end pointing to priority areas for improvement. This pilot would include testing ways to support parents, staff and children take responsibility for oral health; and
- There was a perception that NHS dental care had to be paid for when it was in fact free for many groups including those who were pregnant, under 18 and on certain benefits, for example.

The Chair thanked the PHS for her presentation.

16. **Results of Inspections Undertaken by the Care Quality Commission on Local Adult Social Care Services in Quarter 1**

The Committee noted the report.

17. **Joint Health Overview & Scrutiny Committee - update**

The Committee noted the report.
18. Health and Wellbeing Board Forward Plan

The Committee agreed that, at this stage, there were no items on the Health and Wellbeing Board Forward Plan which needed pre-decision scrutiny.

19. Work Programme

The Democratic Services Officer proposed the following changes to the Committee’s Work Programme:

- The BHR CCGs had indicated earlier in the year that they would be starting a consultation on proposals to change community urgent care services. To ensure the HASSC would have an opportunity to examine these proposals, an extra meeting had provisionally been arranged for 23 October 2017; however, BHR CCGs had informed her that these proposals would not be published until November and therefore, it was proposed that the 23 October meeting be cancelled and that this item be moved to the meeting on 13 November 2017;

- The BHR CCGs had announced that they had started a consultation, ‘Spending NHS Money Wisely - Phase Two’, in relation to proposals to change some NHS services to make savings. The consultation would close at 5.00 p.m. on 15 November 2017. It was proposed that the Committee include an item on this consultation on its agenda for its meeting on 13 November 2017 to give officers an opportunity to obtain members’ views on the proposals, which would form the official response from the Committee to the consultation;

- To accommodate the above two items on the agenda for November, it was proposed that some items which were initially listed for the November meeting, be moved as follows:
  - Sustainability and Transformation Plans and Accountable Care Partnership updates be moved from November to the meeting on 10 January 2018; and
  - Updates from BHRUT on A&E performance and referral to treatment times be moved from November to the meeting on 21 February 2018.

The CDACS stated that the Work Programme included an item, ‘primary care update’ for the January meeting agenda and that since the CQC were due to publish a report on the state of NHS primary care nationally, this update could incorporate an outline of the CQC report with comparisons to the local state of primary care.

A member stated that, having watched a television programme regarding poor care nationally for people who had developed sepsis (a complication of an infection, which could be fatal if not treated promptly), she was concerned about the local standard of care. Officers suggested that BHRUT could include an update on their performance around providing care for people with sepsis when they attend the meeting in February 2018.

The above proposed changes to the Work Programme were all agreed by the Committee.