Present: Cllr Eileen Keller (Chair), Cllr Peter Chand (Deputy Chair), Cllr Abdul Aziz, Cllr Edna Fergus, Cllr Adegboyega Oluwole and Cllr Hardial Singh Rai

Apologies: Cllr Sanchia Alasia

45. Declaration of Members' Interests

There were no declarations of interest.

46. Minutes - To confirm as correct the minutes of the meeting held on 13 January 2016

The minutes of the meeting held on 13 January 2016 were confirmed as correct.

47. Falls Prevention

The Lead Member stated that representatives from a number of local organisations had been invited to the meeting to present their work on the “falls prevention” agenda. After introductions, presentations and discussions took place as summarised below.

The Council’s Senior Public Health Analyst, Mark Tyrie, presented on “Falls Prevention from the Better Care Fund” which covered:

- Background
- Preventative measures for falls in Barking and Dagenham
- Handy Person Support Service
- Whole Body Therapy
- What further can be done?

The Council’s Cluster Manager, Occupational Therapy and Sensory Unit (CMOTSU), Paul O’Brien, presented on “Keeping People Safe at Home- Falls Prevention” which covered:

- Assessment of Needs
- Home Environment
- Sensory Assessment
- Sensory Intervention
- Moving & Handling
  - Onward referral
- Risk to Individual and Adult Social Care
- Gaps in Provision

Kathryn Halford, Chief Nurse for Barking, Havering and Redbridge University Trust (BHRUT) delivered a presentation entitled “Falls are Falling” which covered:

- The journey so far
- Learning from falls with harm
Strategy highlights

Melody Williams, Integrated Care Director for North East London Foundation Trust (NELFT), presented on “Fall Prevention: The scope of work within NELFT”, which covered:

- Scope of work in the community
- Emergency response to falls
- Falls development work
- Gaps in provision for Barking and Dagenham patients.

Members asked why the whole body therapy course was only offered for a period of 12 weeks in 2015 when the outcomes were very positive. The Council’s Health and Social Care Integration Manager (HSCIM) stated that the scheme had been funded by the Better Care Fund and was currently being evaluated so consideration could be given to whether it could be continued or not. He added that by April 2016 it should be clear whether the scheme could be continued and agreed to keep the HASSC updated.

Members asked why councillors did not appear to have heard about the Handy Man Support Service and how people who were potentially in need of the service would know about it. The HSCIM stated that GPs and the Joint Assessment and Discharge Service were aware of the scheme and could refer people to it. The scheme was an eight week pilot managed by Harmony House and was also funded by the Better Care Fund. The future of the scheme was uncertain due to capacity and resource issues. The HASSC would be updated after a review of the service was undertaken. Marie Kearns, Chief Executive of Harmony House, added that other professionals such as the Council’s Housing staff could also refer people to the scheme and that literature had been produced to promote the service.

Ms Williams stated that NELFT had also developed a similar service. Going home from hospital was often a trigger for a fall so the service offered by NELFT made small adjustments at a person’s home to reduce the risk.

Members asked how the Council engaged “hard to reach” groups such as those with learning disabilities to offer falls prevention services. Council officers stated that social care and learning disabilities staff were co-located and would undertake comprehensive assessments of individuals which included the risk of falls considerations.

Members asked whether the Occupational Therapy and Sensory Unit used a standard set of questions when undertaking an assessment for an individual to see if they were eligible to receive support. Officers stated that there was a standard form of assessment which was general to all individuals and if necessary, a specialist assessment could then also take place.

Members asked how the Occupational Therapy and Sensory Unit were made aware that an individual may need a home hazard assessment. The CMOTSU stated that this was done through the intake service where people contacted the service themselves and through other professionals who could refer individuals.

Members asked whether any of the organisations present offered support for anxiety and other mental health problems. Ms Williams stated that NELFT
provided mental health support services, for example memory clinics. All health services wished to attain parity of esteem between mental health services and other services; however, this was a very challenging task given the times of austerity and there was a big need for skills development in the workforce.

A member stated that she had a fall in November 2015 and was informed that around that time that she needed physiotherapy; however, she did not receive a phone call about this from BHRUT until January 2016. She stated that this sort of delay could clearly be detrimental to an individual’s health and asked what the reason for delay was. Ms Halford stated that referral to rehabilitation services should be a part of the discharge process; however, some individuals faced a long wait due to there being only a small team to serve the population across a large area. She added that if an individual was judged to be high risk if rehabilitation was delayed, other agencies would be brought in to provide care but this would be decided on a case by case basis.

Members asked whether a cost benefit analysis had been done of the investment made into falls prevention across local health organisations. The Council’s Director of Public Health stated that information from local partners would be needed to undertake such an analysis and asked Sarah See, Director of Primary Care Transformation for the Barking and Dagenham Clinical Commissioning Group (CCG) to take this forward.

Members asked whether services worked in an integrated way with other local services such as the Police. Ms Williams stated that the First Response Service worked closely with the emergency services to enable the individual to receive care as quickly as possible.

48. Primary Care Update

Ms See delivered a presentation that updated members on developments in primary care that included an update on Abbey Medical Centre (which had been put into special measures by the Care Quality Commission following an inspection in November 2015) and a summary of the background to the review of Personal Medical Services (PMS) contracts (which were locally negotiated general practice contracts that followed national regulations).

Members asked how the PMS review would impact on access to general practitioner led primary care services for the borough’s residents; in particular, how it would impact, if at all, on the extended hours offer. Ms See stated that the nationally accepted standard was 72 appointments per 1000 registered patients (although this is not written as such in the general medical services contract) and that the CCG would need to decide whether it would commission above this. The service offer should focus on three aspects of care: accessible care, proactive care and coordinated care, all of which underpin London’s Strategic Commissioning Framework for Primary Care Transformation (SCF). The SCF has 17 indicators and the review would provide an opportunity to consider how some of these might be commissioned to ensure that all Londoners have access to the same service offer. She explained that when PMS contracts were commissioned, the premium gave some practices the chance to employ extra GPs and staff, and as part of this review it would be necessary to know how the review would impact upon each practice.
Councillor Chand asked whether it was a good thing that only 11 of the borough’s practices had PMS contracts yet it had the second highest premium in London and, whether the changes to PMS would do anything to provide an opportunity to deal with the issue that many of the borough’s GPs were near retirement age. Ms See confirmed that the borough was “under-doctored”, and that this was not an issue unique to Barking and Dagenham as it was a common issue across London and England and that organisations would need to work together locally to find solutions. As part of the primary care transformation strategy, the CCG, working with local stakeholders, would aim to attract and retain GPs and nurses, and look to develop new roles in primary care; for example, it was of note that community pharmacists were an under-utilised resource. However, it was important to be clear that the review of PMS contracts would not attract new GPs into the borough and that there was a risk that GPs would not want to sign new contracts or take this as an opportunity to retire.

Councillor Rai asked whether there were plans to help the smaller practices that might be impacted by changes and whether the CCG would commission prevention services, as set out in the NHS’s Five Year Forward View. Ms See stated that the changes from the review would be based on the principles of achieving equity for all practices across the borough, rather than being tailored toward smaller or larger practices. Having said that, it would be important to work through the transition and consider the impact on individual practices. With regards to prevention services, the CCG and partners would certainly focus on this important agenda and the PMS review would support some of this work. However, this was a big agenda and there was much work to be carried out.

Councillor Oluwole asked what the processes were around assessing a GP’s fitness to practice, given that there was no official retirement age, and whether practices wishing to place a cap on the number of patients they would accept on their list would receive a reduced premium. Ms See stated, with regards to a GP’s fitness to practice, that as long as a GP was on the General Medical Council Register, they could hold a contract. With regards to practices placing a cap on the number of patients, all Barking and Dagenham practices currently operated “open lists” which meant that if a resident lived within a practice’s catchment area they should not refuse to register the resident. Other than closing a list (which in this borough could be done when the number of patients on a GP’s list reached 2000), there was no cap on the number of patients practices could take on, although the commissioner may question the patient-to-clinical staff ratio if they felt that reasonable access to services was not being provided.

Ms Kearns asked why there were variations in premiums across the borough and how contracts could be negotiated if they would be based on achieving equity for patients after the review. Ms See stated that the reasons for variation were because the principle behind the contracts was to deliver services to meet local demand, and at the time of the PMS pilots (pre-2004), practices bid for what resource and funding they wanted as well as practices being paid on an item of service basis. Following discussions between NHS England and London’s Local Medical Committee, CCGs would be asked to consider the agreed ‘London Offer’ locally. This would include mandatory key performance indicators and a premium specification; the aim being to reduce variations in the premium and offer a similar
level of funding to GMS practices. There would be a transition period to manage any increase or reductions in funding, and the CCG would try not to place practices affected by the changes in an instable position.

In response to a question Ms See stated that a public consultation was currently not taking place on the PMS review as the CCG was in the process of understanding what changes needed to be made. If significant changes were proposed by the CCG, there would need to be a public consultation and the HASSC would be involved and notified at an early stage.

In response to a question, Ms See stated that excess money leftover as a result of the review would be re-invested into general practice; however, there was more likely to be a cost pressure to achieve equity across all providers for benefit to all residents.

49. Intermediate Care Consultation - update

The HASSC noted the update report on the Intermediate Care proposals, which stated that the Secretary of State for Health had written to the London Borough of Redbridge’s Health Scrutiny Committee, informing it that he had accepted the Independent Reconfiguration Panel’s initial assessment of the Committee’s referral that a full review of the proposals was not warranted and, that the proposals should be implemented by the CCGs as planned.

50. Joint Health Overview & Scrutiny Committee - update

Members noted the issues that were discussed at the last meeting of the Joint Health Overview and Scrutiny Committee on 19 January 2016 at Redbridge Town Hall.

51. Work Programme

Members agreed the agenda items on the Work Programme for the final meeting of the 2015/16 municipal year on 13 April 2016.