Summary:
This report updates the Health and Adult Services Select Committee (HASSC) on the issues that were discussed at the last meeting of the Joint Health Overview and Scrutiny Committee (JHOSC), held on 12 July 2016 at the Civic Centre in Dagenham.

Recommendations
The HASSC is recommended to note the update.

Reason
To keep the HASSC updated on issues discussed at JHOSC meetings.

1. Introduction and background

1.1 The Outer North East London JHOSC is a discretionary joint committee made up of three health scrutiny members of the following local authorities to scrutinise health matters that cross local authority boundaries:

- Barking & Dagenham
- Havering
- Redbridge and
- Waltham Forest.

(The Essex County Council Health Overview and Scrutiny Committee is permitted to appoint one member to the JHOSC).

1.2 As agreed by the HASSC at the meeting on 9 June 2016, the London Borough of Barking and Dagenham’s representatives on the JHOSC for 2016/17 are Councillors Chand, Zanitchkhah and Jones.

1.3 Four JHOSC meetings are usually held per municipal year and are chaired and hosted by each constituent authority on a rota basis. This report covers the matters that were discussed at the first meeting of this municipal year, on 12 July. Future meeting dates are Tuesday 18 October (Havering), Tuesday 17 January 2017...
(Redbridge) and Tuesday 18 April 2017 (Waltham Forest). The start times are to be confirmed.

2. Matters discussed at the last meeting of the JHOSC

2.1 The last JHOSC meeting was held on 12 July 2016 at the Civic Centre in Dagenham and was chaired by Councillor Chand. An outline of the matters discussed at the meeting is provided below.

2.2 Improving Access to Psychological Therapies (IAPT)

- NELFT officers delivered a presentation on the IAPT programme, designed to improve access to psychological therapies at the primary care level. The treatment was mainly a form of cognitive behavioural therapy (CBT) although other treatments were available. There were a number of stages of treatment available starting from NELFT working with a person’s GP on mental health issues and then low intensity therapies such as CBT or mindfulness. Higher intensity services included CBT or counselling for depression in durations set by NICE guidance. More complex mental health conditions may require treatment in secondary care and this was not covered by IAPT.
- Access to IAPT was mainly via self-referral following a GP consultation. A single website and phone number for the service (0300 300 1554) covered all four boroughs.
- The numbers of people treated by the service had increased and it was expected that there would be a further rise in the demand for IAPT services over the next five years. NELFT was currently working with local Clinical Commissioning Groups (CCGs) on plans for this.

2.3 Street Triage Service

- NELFT officers delivered a presentation on the Street Triage Pilot which began following the signing of a crisis care concordat with the Police, social services and the London Ambulance Service in 2014. Key outcomes for the service included reducing unnecessary section 136 detentions, taking up less Police time, bringing down the amount of inappropriate use of A&E as a place of safety and the lowering of costs to the Police, NELFT and the relevant local authorities.
- Positive feedback had been received from service users and the Police, who had asked for the service to be extended to a 24:7 basis.
- The introduction of the street triage service had seen better information sharing with GPs and the London Ambulance Service. There had also been improved engagement with service users who found the service less traumatising than previous processes. Challenges for the Service included the large geographical area covered, the ageing and transient population of the area and that some parties remained unaware of the pilot.
- Street triage staff travel to wherever an incident has occurred in order to carry out an assessment. The team was based at Goodmayes Hospital and was able to respond within 30 minutes of a call being received. Around two calls were received on each shift on average but this varied.
- Waltham Forest was the busiest borough, followed by Redbridge, Barking & Dagenham and Havering. Street triage worked closely with the social care emergency duty team in each borough.
• It was noted that NELFT was the only Trust in London that had seen a reduction in the use of section 136 across its area. While the use of the Service could result in lower hospital attendances, it was unlikely that any financial gain to the service would be derived from the Hospitals Trust as A&E was not felt to be the appropriate place to assist people with mental health issues.
• Commissioners had now agreed that funding for the service in 2016/17 should be included in NELFT’s baseline contract. This represented a commitment going forward and meant that the Street Triage Service no longer needed to be considered as a pilot. Any increase in funding would have to come from the CCGs. It was agreed that the clerk to the Committee should draft a letter to the four local CCGs asking them to confirm that the Street Triage Service would be made permanent.

2.4 Transforming Services Together (TST)

• Officers explained that the TST programme was a partnership between Barts Health and the Newham, Tower Hamlets and Waltham Forest CCGs. The Programme was in response to the increasing population in these areas, the variable quality of care and workforce issues. The TST proposals would be incorporated into the Sustainability and Transformation plan that covered the whole North East London area.
• The main aims of the programme were to bring care closer to home and to establish strong, sustainable hospitals working across organisations. Engagement and project planning had been undertaken and the project was now at the point of decision making. It was emphasised that there were no proposals to close any A&E or maternity units.
• The proposals aimed to maximise surgical capacity across the three Barts Health sites and it was acknowledged that concerns had been raised over transport, patient choice and pre and post-operative care. Under the TST proposals, some colorectal and neurosurgery would move to Newham Hospital and some urology surgery would move to Whipps Cross Hospital.
• The final report on the proposals would be submitted for decision to Barts Health and the CCGs in September 2016.

3. Implications

3.1 There are no legal or financial implications arising directly from this information report.

Background Papers Used in the Preparation of the Report:

Minutes of the JHOSC meeting held on 12 July 2016: http://democracy.havering.gov.uk/ieListDocuments.aspx?CId=273&MId=3485&Ver=4

List of appendices:
None.