27. Declaration of Members' Interests

There were no declarations of interest.

28. Minutes - To confirm as correct the minutes of the meeting held on 13 November 2017

The minutes of the meeting held on 13 November 2017 were confirmed as correct.


The Care Quality Commission (CQC) is the independent regulator of health and social care services for England. In October 2014, they introduced its new inspection framework for adult social care and, for the first time, rated services as outstanding, good, requires improvement or inadequate. By February 2017 they had inspected all adult social care services registered with them.

In July 2017, CQC published a report entitled ‘The State of Adult Social Care Services 2014 to 2017’, with their initial findings of inspections in adult social care across England over that three-year period. Amongst the report’s conclusions were that almost four-fifths of adult social care services in England were rated as good (77%) or outstanding (2%) overall, with 19% requiring improvement, and 2% rated inadequate.

For London, a quarter of those services rated inadequate were in London. Barking & Dagenham is positioned in the worst 20% of local authorities nationally for services rated as requiring improvement or inadequate.

This report outlined the key points of the CQC State of Care report, reflected on the Council’s own local assessment of the state of care in the borough, and presented the challenges and our local approach to improving quality and standards in the adult care provider market.

The Commissioning Director, Adults’ Care and Support (CDACS) provided a presentation to the Committee which included the following areas:

- Overview
- National Picture
This report was published several months ago although it was difficult to draw specific conclusions but it was important to nurture good relationships between all levels and all providers and seek to retain staff and improve standards. There was a challenge to improve and he noted that there were no providers identified as being outstanding.

It was noted that Private nursing home staff were not paid as high as NHS rates although improvements have been made in Nursing homecare, one quarter required improvement in that sector.

Members welcomed the report and noted that some supported living was identified as being inadequate. They asked what support was offered by the Council to providers and our residents in such cases. The CDACS said the process of improvement plans were not intended to be punitive but being clear as to the areas where improvements were needed. This might also include the offer to provide temporary management support.

Members noted the national and local performance comparisons following inspections. The CDACS stated that two years ago there was a significant increase in provider costs and the borough were one of the lowest payers although there was no real correlation between CQC and how much was being paid for services; there was a dialogue with providers to sustain and ensure quality and improve care provision.

Members had been concerned about the performance data following inspections although were subsequently reassured about improvements, however they were worried about staff retention and feedback in the social worker team. They noted that Adults’ Care and Support were also in the process of reviewing the Council’s own internal processes for assuring the quality of work within its social work teams. The CDACS stated that he did not have any significant concerns about the quality of social work routine procedures. He added that a Principal Social Worker
had recently been appointed to assist the team. The Operational Director, Adults Care and Support added that there were five social workers in the team dealing with Residential and Care Homes and it was fully staffed in Adult Social Care. In addition there was no problem or high turnover and that 95% were satisfied with the care received.

30. The Challenges in Primary Care

The Select Committee received a presentation from Sarah See, CCG on “Primary Care Transformation Update”. The areas included in the presentation were:

- Personal Medical Contracts (PMS) being reviewed
- Local context across Barking, Havering and Redbridge
- Financial affordability principles
- Next steps
- CQC Inspections across BHR
- CQC re-inspections across BHR
- CQC support offered to practices
- GP networks
- Diabetes local incentive schemes update
- Results from Barking and Dagenham Phase 1 September 2017
- Resilience scheme
- Workforce
- Primary Care investment: Advice and guidance initiative

Members asked what action was being taken to recruit more General Practitioners into the borough as it was short by about 50 GP’s. Sarah See responded that there would be an allocated number of overseas GPs being recruited. In addition there was engagement with NHS England, who were aware there was a national shortage of GP’s. They were managing this centrally and working with agencies to recruit more GP’s. She added that it would not be possible to recruit for all 50 GP’s short within two years’ time but stated that eleven would be recruited for September 2018. There was an intention that the borough should not be over-reliant on locums to plug the gap. It was noted that the borough had the lowest level of GPs in London and possibly the country.

Members noted that many of the borough’s GPs had now joined a large-scale organisation called the Federation. This had been formed to help cope with rising pressure and policies demanding longer hours and better service. Sarah See responded that there was a national drive for the Federation which was originally set up to help deliver the PM’s Challenge Fund for general practice. Workforce initiative and support practices. It had helped to provide a GP Hub at 2 sites. There were a number of large GP practices in the borough but there was not a “one size fits all” approach to these practices.

Members asked if the Federation initiative could be sustained. Sarah See stated that it provided out of hours services when GP’s practices were closed and was intended to take the pressure off GP centres. There was a review of Urgent Care Services and the CCG were looking to streamline this for patients.

In answer to a question, Sarah See stated that the CCG were keen to increase patient appointments in working hours and availability as part of the Personal
Medical Contracts review (PMS). Members asked why the opening of the new Urgent Care Unit at Queens Hospital on 10 January 2018 had not been sufficiently publicised. Sarah See would liaise with her colleagues at BHRUT and let the Committee receive a response in this matter.

31. **Overview of the current Health Partnership Developments in Barking and Dagenham, Havering and Redbridge, and relationship to London Health Devolution**

The Council was committed to working as part of the Integrated Care Partnership for Barking & Dagenham, Havering and Redbridge, together with local NHS commissioners and providers and the neighbouring local authorities. This was seen as the key delivery mechanism for the opportunities presented by the London Health Devolution settlement and, indeed, previous work done by the BHR Partnership has helped to shape what is in the Devolution agreement.

There had been a number of developments over recent months, and the Committee received a presentation by the Commissioning Director, Adults’ Care & Support (CDACS) which provides an overview of the current work.

This will include:
- The way in which the work is arranged across Barking & Dagenham, Havering and Redbridge, including the structures and governance, and connections to democratic processes;
- The London Health Devolution settlement, what it contains and what it may mean for Barking & Dagenham;
- Current work priorities for the partnerships, including two workstreams planned which will see how releasing providers from their current contracts can improve diabetes care, and the services people receive to support their rehabilitation on discharge from hospital.

The report included the summary version of the London Devolution settlement provided by the Mayor of London’s office, for Members’ information.

The CDACS emphasised that this model provided the opportunity of greater decision making at the local level for those managing front line services and helped shaped the solutions by reducing waste and bureaucracy. This offered democratic accountability to addressing local needs and gave examples of new initiatives at local level e.g. Cornwall Council was working closely with their local CCG.

The CDACS added that there was £1b in land value by the NHS in London that could be freed up for increasing local NHS resources and the borough needed to ensure it was able to get part of the London share. The model sought to decentralise from NHS England and take decisions as close as possible at the local level.

Members enquired about joining up services by ensuring that patients and users had a voice. The business plan included about engaging with focus groups and bringing together new ideas to involve everyone.
Members asked about recording changes to the evaluation of services. This took place although a communications plan had not yet been realised.

The Select Committee noted the presentation, when it has been delivered and considered the implications for the future work programme for the successor body for HASSC and the Joint Health Overview & Scrutiny Committee.

32. Draft Report- Oral Health in Early Years Scrutiny Review

At the HAASC meeting on 20 September 2017, it was agreed that the following three key questions should form the terms of reference of the oral health mini-scrutiny review:

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 draft report presented the findings of the scrutiny review and made eight recommendations to improve the oral health of children in the London Borough of Barking and Dagenham.

Members welcomed the report and thanked officers for their hard work on this draft. They looked forward to receiving the final version at the meeting on 21 February. Members also noted that oral health was strongly embedded at health centres at an early age and requested that this should be emphasised and reinforced to a greater degree in the final report.

The Select Committee noted the draft report.

33. Results of Inspections undertaken by the Care Quality Commission on Local Adult Social Care Services- Quarter 2 207/18

This report was an overview of CQC inspection reports, published during Quarter 2 of 2017: (1 July – 30 September 2017). The report provided an overview of the inspections as well as the actions that have been taken. The report covered CQC inspection reports on providers in the Borough and those providing services to residents outside the Borough.

Members noted the report and were concerned about some of the private providers level of care. The Commissioning Director, Adults’ Care and Support (CDACS) explained that issues were not just about resources but also there was a need for good management in such cases. It was noted that there was a need for greater liaison with service providers in such cases. The Council supported residents who may wish to move from poor providing care homes.

Links to the CQC inspection reports were found at Appendix 1 to the report.

The Select Committee noted the report.
34. **Health and Wellbeing Board Forward Plan**

The Forward Plan was noted.

35. **Healthwatch Barking & Dagenham's Enter & View and Project Reports**

The Select Committee received the latest Healthwatch update report which included their Enter and View visits between the period August 2017 and November 2017. These included:

- On 18 and 19 September 2017 HealthWatch Barking and Dagenham carried out an Enter and View of Oncology services at Queens Hospital. The visit was carried out as a result of feedback received from service users.

- Healthwatch also undertook an Enter and View visit to a GP Practice, Grove Surgery on 14 November 2017. This visit was carried out after a number of residents were unhappy with the service being provided. Although the practice is based in Redbridge there are a number of Barking and Dagenham residents registered with the GP. At the time of writing this report, Healthwatch were in process of concluding the findings, therefore unable to give details. A response from the GP practice would be forwarded to Members once available.

With reference to the oncology report, this had included feedback from service users at Queens Hospital concerning appointments, care received and the relationship between staff and patients, the majority of the latter were receiving radiotherapy. Patients stated that they were pleased with staff at the hospital but were not happy that patients were being called from the hospital corridors where some patients could not hear and the waiting rooms were often cold. There were also concerns about appointment delays where some patients were having to wait up to hours for the drug to come from the pharmacy and there was also no consultation between the reception and the patient if these delays occurred.

Following their oncology visit, Healthwatch had received an action plan from the Trust and Healthwatch would do a follow up visit at a later stage to note how things had improved.

Members welcomed the reports although they were concerned about the potential closure of the oncology unit at King George Hospital. In addition they asked if patients at King George Hospital could be visited by Healthwatch as well as those at Queens Hospital.

The report was noted.

36. **Work Programme**

The Committee noted the Work Programme and agreed two changes for the meeting being held on 21 February:

1) The report on Mental Health Transformation would be postponed from the meeting and considered at a later stage.
2) Members expressed their concern about winter pressures and the Chief Executive of Barking and Dagenham, Havering and Redbridge University Trust (BHRUT) would be invited to the meeting in order to provide an explanation to the Committee about the winter pressures in BHRUT and what specific actions were being taken to deal with it.