

# **MINUTES OF HEALTH SCRUTINY COMMITTEE**

Monday, 10 February 2020  
(7:00 - 8:35 pm)

**Present:** Cllr Eileen Keller (Chair), Cllr Mohammed Khan, Cllr Donna Lumsden and Cllr Chris Rice

**Also Present:** Cllr Jane Jones

**Apologies:** Cllr Paul Robinson and Cllr Emily Rodwell

## **28. Declaration of Members' Interests**

Councillor Chris Rice declared a non-pecuniary interest in item 4 of the agenda as he was a member of North East London Foundation Trust's Governing Body to which he was appointed by the Council.

## **29. Minutes (6 January 2020)**

The minutes of the meeting held on 6 January 2020 were confirmed as correct.

## **30. Performance of Mental Health Services**

North East London Foundation Trust's (NELFT) Director of Integrated Care (DIC) presented a report on the 'Performance of Mental Health Services' in relation to adults and children and young people in Barking and Dagenham.

In response to a question relating to the perception that the Borough's residents had lower levels of access to the Child and Adolescent Mental Health Service (CAMHS), and comparable local access rates, the DIC stated that no referral to the service was deemed inappropriate, as all young people referred would receive the appropriate level of support for their need. For low level mental health issues, this could be self-help material, online advice or a brief intervention package. Where there was clearly a higher level of need, the patient would be assessed and if deemed appropriate, put on a specialist clinical pathway.

Members asked the DIC whether there were differences in access rates when compared with Redbridge and Havering in relation to support that was over and above brief intervention. The DIC stated that there were variations in that regard, but these were not down to differences in clinical pathway thresholds, which was the same across Barking and Dagenham, Havering and Redbridge (BHR). The differences were due to changes in local commissioning arrangements; Havering had invested in commissioning in a primary care mental health team, and in Redbridge there had been a significant period of decommissioning in that respect. Barking and Dagenham was in a more favourable position compared to Redbridge but in a less favourable position to Havering.

In response to a question, the DIC stated that NELFT recognised that some children and young people may not have a mental health condition that required a referral to CAMHS, but may require other support, for example, due to having

adverse childhood experiences. The Local Safeguarding Children's Board had completed a report on vulnerable children which had been presented at the Health and Wellbeing board in relation to this. There were ongoing discussions amongst partners on what kind of services could be commissioned and how they could be dovetailed with the early help offer, to support this group of children and young people, and this work was a priority for the BHR Transformation Board.

In response to questions, the DIC stated that NEFLT had undertaken a significant amount of work with the Council on improving mental health support for looked after children, to address all the areas for improvement identified by Ofsted, including:

- Investment into the post of a Mental Health Looked after Children Social Worker;
- A CAMHS "Hot Clinic" that worked in collaboration with the LBB Social Care Team;
- Actions to improve completion of Initial Health Assessments of looked after children;
- Establishing arrangements for looked after children who were living outside of the Borough; and
- Establishing a transition group for looked after children.

In response to questions regarding the link between the mental health of children and their parents, the DIC stated that NELFT's mental health services operated a 'think family' approach - there was one recording system for adults' and children's assessments which helped staff make links; training was based around 'think family' approaches; and a lot of the joint work NELFT undertook with partners such as the Council's Community Solutions services, fostered a 'think family' approach. Furthermore, the Improving Access to Psychological Therapies (IAPT) service was open to all adults, so parents facing low level mental health difficulties could seek help via this service.

The Council's Director of Public Health stated that in the past, sometimes the perception of the commissioning model was that it 'hit the target but missed the point'. He asked the DIC what she would ask of her commissioning colleagues, if she had one ask. The DIC stated that she did not feel that providers and commissioners sat on different sides of the fence any longer and that the BHR Clinical Commissioning Groups (CCGs) had heard NELFT loud and clear on past issues. NELFT had made it clear that the primary and secondary mental health care offer had to work better as there were few beds, and it would not be realistic to expect a significant rise in the number of GPs locally; it was therefore a very positive step that the BHRCCGs were developing business cases to address the gaps in primary and community care commissioning. She anticipated significant investment and joint working in this area and urged the Committee to monitor progress in that regard.

The Healthwatch representative asked why there were low levels of take-up for the IAPT service. The BHRCCG's Commissioning Lead for Mental Health stated that the national target for IAPT take-up increased significantly every year, whereas the workforce was not necessarily increasing at the same rate. In Barking and Dagenham, take-up had increased by 13.72 percent over the period of a year; however, the target had increased by a bigger percentage. There had recently been a significant increase in the recovery rate and local performance in that

regard now met the national target.

In response to further questions, the Commissioning Lead stated that there were no formal targets around the proportion of older people, for example, that must access IAPT; however, there were expectations. The CCGs had made a drive to improve staffing levels and communication campaigns and undertook a review on the lack of take-up of IAPT generally, as well as those from people in different demographic groups. One of the key findings was that there was significantly higher take-up of IAPT services when they were co-located with GPs. He added that IAPT now offered group therapy (in addition to one to one sessions), which worked well for many people. Furthermore, there were also new modes of service delivery, including digital, for those with different needs. The DIC stated that BHR was one of two areas selected to take part in a digital referral project to reflect that for many people, that was the preferred means of support.

Members expressed concern at the digitalisation of services as some members of the community may not be able to access these, and even if they could, these services may not be appropriate to their needs. The DIC and Lead Commissioner assured Members that digital services were not being introduced to replace current ones; in fact, access to one to one and group therapies was being increased. Digital services could involve real people, and they would be offered alongside existing therapies. There would be safeguards and systems in place to ensure they were appropriate for the patient, and that the patient could access face to face support if needed.

In response to questions, the DIC stated that NEFLT had implemented some steps to recognise the links between physical and mental health, for example, directors for different specialities now had mental health under their remits. A year-long mental health training programme was also now on offer for certain practitioners, such as nurses, to become a dual skilled practitioner so that they could offer better integrated mental and physical health care. Many of the Trust's training programmes ensured that one of the individual's rotations was mental health. She added that the Trust was also looking at improving access to appropriate therapies for those with long term conditions, as the evidence showed that they were more likely to suffer from clinical mental health issues, such as depression.

In response to a question, the DIC stated that it was no longer the case that the finalisation of Education and Healthcare (EHC) plans for children with special needs and disabilities was dependent on a diagnosis, although that view may still persist. EHC Plans were now based on needs and improving outcomes. It was recognised that a diagnosis was important to parents and schools, but this could be a very complex process and was not always a perfect science and therefore, it was not right that EHC Plans should be dependent on diagnosis.

### **31. Healthwatch Reports**

The Healthwatch Barking and Dagenham representative outlined a report describing two of Healthwatch's key projects from the past year; 'The NHS Long Term Plan – The People's Perspective' and 'Accessing GP Services'.

Members thanked Healthwatch for the informative report and for acting as a consumer champion for both health and social care, to give local residents and

communities a stronger voice to influence and challenge how health and social care services were provided within the Borough.

### **32. Joint Health Overview and Scrutiny Committee - Update**

The Chair stated that the last meeting of the Joint Health Overview and Scrutiny Committee was held on 28 January 2020 at Redbridge Town Hall. The draft minutes were now available on Havering Council's website, but to summarise, the issues that were discussed were:

- The North East London Commissioning Alliance's report on what had changed following engagement around changes to their commissioning policy that would affect our residents as well as those of City and Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest;
- Barking, Havering and Redbridge University Hospital Trust's (BHRUT) report, which covered finances and performance against constitutional standards; and
- BHRUT's response to Healthwatch Redbridge's queries around services for patients with cancer, including fast-tracking at A&E, parking and transport provision, appointments and other matters.

### **33. Work Programme**

The latest version of the Work Programme was noted.