Title: Ideas for scrutiny reviews in 2013/14

Report of the Corporate Director of Adult and Community Services

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<tr>
<th>Open</th>
<th>For Decision</th>
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<tr>
<td>Wards Affected: None</td>
<td>Key Decision: No</td>
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<tr>
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Accountable Divisional Director:
Glynis Rogers, Divisional Director Community Safety and Public Protection

Accountable Director:
Anne Bristow, Corporate Director Adult and Community Services

Summary:
Each municipal year, as part of their annual work programme, the Council’s Select Committees aim to complete at least one investigation into an area of Member and/or public concern to make recommendations in order to improve public services.

In recent years, HASSC has completed reviews of dementia services, smoking cessation, maternity services and, most recently, of diabetes services.

Appended to this report are three topics with case studies and suggestions for what a scrutiny of these issues might look like. Members can of course select any topic under the remit of the HASSC; the proposals appended are merely suggestions.

Recommendation(s)
The Select Committee is asked to choose a proposal from the options below or decide upon a topic of their own choosing. Officers will then work with Members to draw up a project plan and collect evidence for the review.
1. Choosing a topic

1.1 When deciding which of the proposals the HASSC would like to use as a starting point for a review, Members should be mindful of the criteria that make for good scrutiny subject matter. Good review topics should:

- fall within the Select Committee’s remit;
- be timely;
- be of importance to local residents;
- be within the Council and its partners’ power to change or influence;
- add value to at least one of the Council’s key policy objectives;
- focus on areas of weaker performance;
- avoid duplicating the work of other committees, bodies or organisations.

1.2 Members will be aware that Barking and Dagenham suffers from major health inequalities because of its deprivation, the socio-economic status of residents and their associated lifestyle choices such as diet, exercise, smoking, alcohol intake and occupation.

1.3 Members will also be aware that there are a number of challenges in the provision of local health services to the communities of Barking & Dagenham, a number of which have been subject to discussion at meetings of the Committee in the 2012/13 municipal year.

1.4 2012/13 has been an unprecedented year of change for health and social care services and, in many respects, this change is set to continue over the coming 2-3 years, with the implementation of the Health & Social Care Act 2012 and the expected passage of the Care & Support Bill which will establish new structures and expectations for social care services.

2. Approaches to scrutiny

2.1 Members may wish to specifically think about the different approaches and techniques that can be used to collect evidence to inform the review, some of which are outlined below:

- desktop-based analysis and research;
- commissioning reports (or presentations) from council departments, partner organisations, or external bodies;
- organising themed workshops with stakeholders;
- surveys, site visits, walkabouts, or ‘mystery shopping’ exercises;
- inviting experts, residents, officers, partners, local rapporteurs or other relevant persons or organisations to give oral or written evidence to a Select Committee meeting.

3. Further scoping

3.1 Following the meeting once a topic has been settled on by the Select Committee, officers, in consultation with the Chair of HASSC, will return with a more detailed project plan and the review will begin in earnest over the summer. The project plan will outline:

- Further background information on the chosen issue;
• suggested terms of reference (to be agreed formally by the HASSC at a future meeting);
• suggested methodology to be followed, including the approach to evidence gathering (see para 2.1);
• the timetable with milestones and estimated date for the completion of the project;
• a list of participants and contributors to the review.

5. Outline proposals for Members’ consideration

5.1 Members will be aware that a comprehensive Joint Strategic Needs Assessment was completed in 2011, and is undergoing refresh for 2013. In addition, the Health & Wellbeing Board, as part of its initial development, has considered the outcomes frameworks published by the Department of Health, and drawn up an outcomes framework of its own, which pulls together a locally-relevant cross section of indicators that touch on local priorities.

5.2 To support Members’ thinking about scrutiny review options for the coming year, this thinking has been drawn together and three options are provided for consideration. Members may also wish to ask officers to scope other options.
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### Overview
Local emergency health care services are the subject of considerable current debate and discussion. Accident & Emergency at Queen's Hospital has been severely criticised by the Care Quality Commission and there are changes currently being introduced to GP extended hours, out-of-hours, Walk-in and Urgent Care Centre facilities. There is concern amongst many that these proposals do not ‘fit’ consistently into an overall ‘system’ approach.

### JSNA evidence: demography and prevalence
The Joint Strategic Needs Assessment doesn’t contain detailed information on urgent care activity. However, the CCG’s business case for the closure of Broad Street Walk-in Centre, profiles activity over a four-year period as follows:

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<tr>
<th>Service</th>
<th>4 Year Total</th>
<th>% Activity</th>
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<tr>
<td>Accident &amp; Emergency</td>
<td>244,700</td>
<td>40%</td>
</tr>
<tr>
<td>King George Hosp UCC</td>
<td>27,420</td>
<td>4%</td>
</tr>
<tr>
<td>Queen's Hosp UCC</td>
<td>39,340</td>
<td>6%</td>
</tr>
<tr>
<td>Loxford Polyclinic WIC</td>
<td>5,060</td>
<td>1%</td>
</tr>
<tr>
<td>Upney Lane WIC</td>
<td>116,630</td>
<td>19%</td>
</tr>
<tr>
<td>Broad Street WIC</td>
<td>117,280</td>
<td>19%</td>
</tr>
<tr>
<td>Out of Hours</td>
<td>65,740</td>
<td>11%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>616,170</strong></td>
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### Policy and legislation issues
The Care Quality Commission investigation into the quality of services at Queen’s Hospital A&E has highlighted a number of concerns, against a national backdrop of the publication of the Francis Report into the problems at Mid-Staffordshire NHS Trust. Sir Bruce Keogh, Chief Medical Officer, has also announced a national review of urgent and emergency care, to include the full range of services described above. This is very similar to the work launched by the Clinical Commissioning Group under the title ‘Urgent Care: Case for Change’, and which links to work to improve the provision of primary care as an improved option for urgent care.

### Areas of potential enquiry
- Do the changes proposed for urgent care represent a balanced set of changes to the whole system, or are there issues in the way changes are being implemented that will cause problems elsewhere?
- The Committee could restrict its enquiry to A&E at Queen’s Hospital, asking whether the improvement plans are being robustly implemented and monitored: however, the Committee should be aware that this is already the focus of considerable activity and this option risks being one further avenue of scrutiny which may not assist the continued improvement of the hospital. Alternatively, the Committee may wish to ask whether the Health & Wellbeing Board has the required ‘system overview’ and is effectively driving improvement in emergency and urgent care services?
### Option 3: Mental health

#### Overview
Mental health services are provided by the Council (social care) and the NHS. Barking & Dagenham operates an integrated team, run on behalf of the Council by North East London Foundation NHS Trust. The operation is governed by a contract made under Section 75 of the National Health Service Act 2006.

Mental illness encompasses a range of illnesses spanning depression, anxiety and phobia through to more serious and enduring mental illness such as psychosis and schizophrenia. Taking a wider view, the prevention of mental ill-health, and the response to low-level mental illness, is critical to the wider wellbeing of the community. MIND quote estimates predicting that by 2020 depression will be second only to heart disease as an international health problem, costing £100bn per year.

#### JSNA evidence: demography and prevalence
The 2012 JSNA estimates that approximately 5.8% of borough residents are accessing care for mental health services for a range of mental health conditions. During 2008/9, 411 adult residents of Barking and Dagenham were admitted as in-patients for mental health care, while 4,403 attended either a mental health outpatient’s appointment or had contact with a community service.

It is estimated that in any given week 11% of adults in Barking and Dagenham will be experiencing depression, higher than the England average (8%) but the same as London.

#### Policy and legislation issues
The NHS Act 2006 governs the agreement between the Council and NELFT for provision of integrated mental health services. Mental health services, including the provisions for detaining those at risk of causing harm to themselves or others, are governed by a range of legislation including the Mental Health Act 2007 and Mental Capacity Act 2005.

#### Areas of potential enquiry
Given the time and resource available, Members are advised to focus in on one specific area for consideration. It is suggested that two possibilities are available:

- Firstly, to scrutinise the effectiveness of the commissioning of the joint mental health services with NELFT, their operation and the patient experience;
- Secondly, to focus on preventive mental health interventions, recognising that tackling the increases in the numbers reporting mental illness, both that have been seen and are predicted in coming years, need a concerted effort from all partners.