Present: Councillor S Alasia (Chair), Councillor E Keller (Deputy Chair), Councillor S E Ahammad, Councillor M McKenzie MBE, Councillor T Saeed and Councillor A Salam

Apologies: Councillor E Carpenter, Councillor A Gafoor Aziz and Councillor J Wade

61. Declaration of Members' Interests

There were no declarations of interest.

62. Minutes - 10th June 2013

The minutes of the meeting held on 10 June 2013 were confirmed as correct.

63. Closure of Broad Street Walk-in Centre

Bruce Morris (Divisional Director, Adult Social Care) introduced the report to the HASSC.

Further to concerns raised at its meeting on 17 April, the HASSC remained concerned that if the Walk-in Centre service at Broad Street is withdrawn residents will present at A&E putting pressure on an already overwhelmed department at Queen’s Hospital.

The HASSC did not feel assured that the business case identified where additional capacity in primary care would come from, as such the HASSC requested that the CCG share detail of how and where 25k to 50k additional GP appointments would be created and give information about the Surge Scheme and how it relates to the Broad Street locality. While the HASSC accepted that procurement of GP services at Broad Street would be done by NHS England, Members wished to know how the CCG was influencing this process to ensure the procured services meets the local need.

The HASSC also re-iterated its concern from 17 April that there is insufficient provision of out-of-hours services and could not see in the CCG’s plans clear alternatives for residents who would otherwise have used Broad Street.

Dr Burack (Clinical Director, B&D CCG) reassured the HASSC that the Walk-in Centre proposal was part of a larger Urgent Care Strategy and not a proposal that is being taken forward in isolation from other strategies and objectives of the Partnership. Furthermore, the new model for urgent care will see GPs having a more prominent role in urgent care resulting in patients receiving more holistic care.

The CCG drew Members’ attention to findings from a patient audit which showed
that the majority of Walk-in Centre users could have been treated by their GP. In light of this the CCG is re-focussing investment to improve urgent care by having it GP-led. The CCG does recognise that primary care needs to ‘step-up’ if this plan is to prove successful.

Dr Raj Kumar (B&D CCG) explained to the HASSC how access would be improved at GP practices through the use of telephone triaging, better appointments systems, and the sharing of patient lists within GP clusters. Despite these measures the HASSC still felt that problems with getting appointments would persist as there is simply not the capacity to meet demand.

Marie Kearns (Chief Executive, Harmony House), on behalf of Healthwatch Barking and Dagenham, asked the CCG how many additional GPs are required to deliver the additional appointments and when exactly these GPs would be in post. Dr Burack advised the HASSC that the procurement of new GPs is taking longer than expected due to new arrangements whereby NHS England is the commissioner of GP services. It is expected that appointments will be made by September.

The HASSC requested to see the CCG’s plans for alternative provision in light of the Walk-in Centre being decommissioned. The HASSC also requested that it is given the opportunity to scrutinise the pilot of the new model and is presented with the 3 month and 6 month evaluations that will be conducted by the CCG.

64. **BHRUT Letter on Closure/Downgrade of King George A&E**

The HASSC was briefed by officers with regard to a letter sent from the local hospital trust Chief Executive, Averil Dongworth (BHRUT). The letter followed the recent publication of a further Care Quality Commission investigation report, which found continued problems in the Emergency Department at Queen’s Hospital. Of particular interest to the borough was the information about ‘radical thinking’ that is needed to respond to the performance issues of Queen’s Emergency Department which includes the option to cease blue light ambulance attendances overnight at King George Hospital in order to facilitate moving clinical capacity from that site to support the Emergency Department at Queen’s.

Concern was raised by officers that BHRUT was considering this plan of action without proper consultation with key health and social care stakeholders and without the full backing from their commissioner (the CCG) or the sector’s Urgent Care Board which has been tasked with addressing system-wide problems related to urgent and emergency care.

The option described in the letter to the HASSC effectively downgrades King George A&E but does so outside of the agreed plans from the Health for North East London programme which, after being reviewed by the Secretary of State, clearly state that King George A&E will only be downgraded once safety at Queen’s Hospital is assured. However, officers believe that there is insufficient evidence, backed up by findings from recent CQC inspections, to give BHRUT a mandate to downgrade King George Hospital A&E in this way.

The HASSC agreed to delegate any further action required by the Committee to scrutinise this decision to the Chair and Deputy Chair.
Matthew Cole (Director of Public Health) introduced the report to the HASSC. The report gave background to the Francis Report, summarised the overall findings of the inquiry, and highlighted the specific criticisms of local government scrutiny in the events of Mid-Staffordshire. The report went on to consider the issues arising from Francis in a local context and suggested areas where local scrutiny arrangements can be strengthened. After Matthew Cole’s introduction the HASSC heard audio recordings of witness testimony to the inquiry to bring to life the human aspect of the Mid-Staffordshire failings.

In response to the criticisms of Francis, the Chair encouraged the members of the Committee to ensure that they arrive at meetings fully prepared and ready to scrutinise the information presented before them. Officers requested feedback from members on the format and content of briefing materials and reports to see if they could be written differently to make them more relevant and useful to Councillors or reflective of the concerns of residents.

In the wake of the Francis Report the HASSC was reminded of its responsibilities to speak up for residents on issues of service quality and standards of care and to be rigorous and challenging when scrutinising health and social care services. The HASSC warned themselves against complacency in their role as scrutineers and resolved to be more pro-active and probing in its approach.

The HASSC agreed the recommendations in the report (section 5.1) that will form a local response to the issues raised by Francis in relation to local government scrutiny, and accountability more generally. Those recommendations are as follows:

- Ensure that clear information on how the committee works, responsibilities of health scrutiny and sources of information is included in the first meeting of any municipal year where membership changes;
- Request officers to review the forward plan and scrutiny project plans to ensure that the user voice is clearly incorporated. It is recommended that HASSC liaise with Healthwatch in taking this recommendation forward;
- Make contact with the local CQC Team and other regulators and scrutineers to consider how it links up with regulatory bodies to report concerns and use intelligence collected through inspections and auditing to inform local scrutiny activity;
- Reflect on the issues planned for the coming year and identify early where HASSC members may need additional background briefing or technical assistance;
- Consider, in conjunction with the Cabinet Member for Health, how information can be regularly gathered and collated from Ward Councillors regarding the views of their constituents on local health services.

Further to those recommendations, the HASSC agreed proposals from the Chair to:
• Receive bespoke questioning skills training that is framed within a health and social care context

• Hold an all committee in-depth briefing session should issues with Queen’s Hospital further deteriorate so as to ensure a robust response from the HASSC.

66. **Mental Health Scrutiny Review Update**

   The HASSC noted the update given by Louise Hider (Business Unit Manager, Adult and Community Services).

   The HASSC approved the menu of involvement set out in section 4 of the report and confirmed its intention to organise an engagement event to coincide with World Mental health Day on 10 October 2013.

67. **A New Start: Consultation on changes to the way CQC regulates, inspects and monitors care**

   The HASSC approved the draft submission (section 4 of the report) to the CQC consultation about the new inspection regime.

   The HASSC commented that they would have wished to have seen local authority representatives on the inspection teams to give them more expertise and understanding of social care issues.