Present: Councillor S Alasia (Chair), Councillor E Keller (Deputy Chair), Councillor S E Ahammad, Councillor E Carpenter, Councillor A Gafoor Aziz and Councillor A Salam

Apologies: Councillor M McKenzie MBE, Councillor T Saeed and Councillor J Wade

68. Declaration of Members' Interests

There were no declarations of interest.

69. Minutes - 29 July 2013

The minutes of the meeting held on 29 July 2013 were confirmed as correct.

70. The Impact on Mental Health Services and Primary Care

The HASSC held a question and answer session with the following representatives from the NHS:

- Dr Sivasubramaniam Srikumar (Associate Medical Director for Community Recovery Directorate, NELFT)
- Dr Asif Bachlani (Consultant Psychiatrist, NELFT)
- Julian Buckton (Barking & Dagenham CCG)
- Dr Raj Kumar (Local CCG lead for Mental Health and Vice Chair of Barking & Dagenham CCG)

The HASSC asked if GPs take account of peoples’ financial circumstances which can be an obvious stress factor. GPs are aware of and take account of life stresses when in consultation with patients. Dr Kumar reported that GPs are noticing more patients presenting with stress, depression or anxiety. However, it can be difficult to establish if mental health problems were pre-existing or were triggered by more recent stresses that could be linked to the recession.

The HASSC asked if GPs recommended financial advice to patients to help deal with the underlying causes of their distress. Dr Kumar acknowledged that GPs should be promoting talking therapies and any kind of intervention that will help the patient.

The HASSC commented that members of the Service User Representative Group believed that GPs were not consistent in their approach to people suffering from depression or high levels of stress. It was reported that some GPs are unsympathetic to the patient’s suffering. Dr Kumar assured the HASSC that GPs are respectful and sensitive to mental health issues. The CCG is working hard with NELFT to de-stigmatises mental health issues and commission in a way that is patient-centred and sensitive to the needs of those with mental health conditions.
The HASSC commented that the depression care pathway presented by the CCG at the meeting was overly clinical and quick to prescribe anti-depressants. The HASSC wished to see a pathway that preferred talking therapies and was more holistic in nature. Dr Bachlani explained to the HASSC that to ease suffering and make the patient feel comfortable it is sometimes necessary to prescribe anti-depressants. It is not always possible to address the underlying issues causing depression and it would be uncompassionate to not alleviate suffering through medicine. However, Dr Bachlani was in agreement about the importance and value of talking therapies and as the pathway is developed and refined psychological therapies will feature more explicitly in the pathway. Dr Kumar also expressed his desire to see GPs promote and link up with local third sector organisations that would be able to address the social factors that cause stress/anxiety/depression.

It was noted that six additional social workers have been recruited using re-ablement funding to give support to people with mental health problems attending A&E. The purpose of the social workers’ deployment is to help people sort some of the practical issues in their life that may be causing distress. Furthermore, community mental health services have been re-configured putting more emphasis on recovery services to assist patients who have been discharged from hospital either as in-patients or out-patients. A key element of the new community recovery service involves empowering people through individual learning to be experts in their own recovery.

The HASSC asked if Patient Participation Groups (PPGs) of the CCG were discussing mental health issues. It was noted that attendance at PPGs is falling and the groups are becoming less representative/diverse in membership. Due to low attendance figures the frequency of PPG meetings has reduced from bi-monthly to quarterly. The HASSC wished to see more opportunities for patient engagement and more diversity in the ways in which people can give their views, especially virtually/digitally. It was noted that the Health and Wellbeing Board is developing an Engagement Strategy to bring together the various strands of patient engagement happening across the health and social care economy.


The HASSC noted the project update from Louise Hider (Business Unit Manager).

72. Winter Planning 2013/14

Dorothy Hosein (Chief Operating Officer, BHRUT) and Jackie Nugent (Executive Director, Estates, BHRUT) delivered a presentation to the HASSC on BHRUT’s A&E performance and winter planning arrangements. In response to the presentation the following issues or comments were raised:

- Under utilisation of the on-site Urgent Care Centre at Queen’s Hospital needs to be addressed.
- BHRUT is having to invest significant time contacting GPs to arrange appointments for patients who could be treated in the community. It was reported that it can take up to a week to wait for a GP appointment. It is therefore unsurprising that people find A&E more convenient and easy to
access, despite long waiting times to be seen.

- The seven day model of working that BHRUT and the Council are moving towards will be undermined if primary care does not follow suit as patients will gravitate to emergency services if there is insufficient primary care provision at weekends. Furthermore, it is well documented that patient safety is more at risk outside of the NHS’ core business hours.

- Recent Government announcements indicate that extra funding (£50 million) will be given to hospitals whose A&E departments are struggling. In reality the pot of money is very small when spread nationally so it is doubtful that any funding will reach our local hospital trust to alleviate pressures.

- It was suggested that the NHS should re-think how it directs patients. Significant resources and energy is put into avert people from attending hospitals. To reflect the choices of patients it might in fact be better to front-end primary care services at hospitals.

- Receiving winter monies to the value of £7 million is dependent on the robustness of local winter pressure plans and BHRUT meeting certain performance targets. It is therefore not guaranteed that BHRUT will receive its winter monies. The local health economy is working to the Urgent Care Board to demonstrate to NHS England that plans are robust and that risks have been mitigated. Failure to receive the £7 million would hold up the plans to move to seven day working.

- The winter monies are for one year only, to carry on work from this funding stream the Urgent Care Board would need to find alternative sources of funding from existing budgets. Successful initiatives will be built into the future business planning to prevent regression of performance.

- BHRUT needs to improve the take up of staff flu jabs to prevent the spread of flu.

- The Council is supporting BHRUT by deploying additional staff at care homes to accompany patients to hospital; this improves the speed of discharge and the patient experience.

- The poor reputation of BHRUT is impacting its ability to recruit A&E doctors. BHRUT has improved its salary offer and is working in partnership with Bart’s Health to attract applicants. A programme to attract foreign doctors is also planned.

73. Member Visits to Care Homes

Bruce Morris (Divisional Director, Adult Social Care) presented the report to the Select Committee. It was noted that inviting elected members and lay people to inspect care homes is good practice as it focuses minds on experience and quality and strengthens accountability.

The HASSC asked whether unannounced visits would take place under the programme. Bruce Morris advised Members that the intention is for only announced visits to be conducted. Announced visits will be advertised to relatives/friends/carers of care homes in order to solicit their views.

The HASSC agreed to commit to the programme of visits as set out in paragraph 2.2 of the report. Between now and May 2014 officers will begin work to recruit volunteers to carry out visits with elected members.

The HASSC agreed that findings from visits to care homes would be reported
through to the HASSC to inform ongoing scrutiny of adult social care.

74. Local Account 2012/13

Anne Bristow (Corporate Director, Adult and Community Services) presented the report to the Select Committee. The HASSC noted that a glossy format edition of the Local Account would be distributed for public consumption.

The HASSC commented that previous iterations of the Local Account were briefer and therefore more accessible. Anne Bristow stated that because of lots of changes to policy and national issues that arose during 2012/13 officers felt it appropriate to give a thorough background and context to this year’s Local Account. It was noted that there is no national format for the style or content of Local Accounts.

Members asked why Barking and Dagenham has the highest proportion of carers who had stated they had not received any support in the last 12 months. Performance in this area was attributed to a low response rate to the survey from which this data derives. Reports from carers seem to contradict the data it is therefore necessary to run the survey again to get a better sample from which to draw conclusions. Once re-tested officers will have a more accurate picture as to whether carers are receiving the appropriate levels of support.

75. Any other public items which the Chair decides are urgent

Under urgent business, the HASSC received a report that outlined the arrangements for CQC’s inspection of BHRUT and the features of the new inspection regime.

The HASSC instructed officers to amend the submission to the Inspection Panel, set out in Appendix 1, in the following ways before despatching to CQC:

- Expand on concept of consistency of care
- Convey that members need to see sustained improvement at BHURT before they can have confidence in performance levels
- Be more specific when praising or criticising service areas
- Stress seriousness of staffing issues at Emergency Department
- Use examples to elucidate comments on patient experience.