MINUTES OF
HEALTH AND ADULT SERVICES SELECT COMMITTEE

Tuesday, 30 September 2014
(7:00 - 8:45 pm)

Present: Cllr Eileen Keller (Chair), Cllr Danielle Lawrence (Deputy Chair), Cllr Sanchia Alasia, Cllr Peter Chand, Cllr Faruk Choudhury and Cllr Edna Fergus

Also Present: Cllr Maureen Worby

Apologies: Cllr Syed Ahammad and Cllr Abdul Aziz

1. Declaration of Members’ Interests

There were no declarations of interest.

1. Minutes (5 February 2014)

The minutes of the meeting held on 5 February 2014 were confirmed as correct.


The Group Manager, Integration & Commissioning (GMIC), introduced the report on behalf of the Integrated Care Director, (North East London NHS Foundation Trust) as follows:

- The Health and Adult Services Select Committee (HASSC) undertook a scrutiny review on the Potential Impact of the Recession and Welfare Reforms on Mental Health in 2013/14 which resulted in seven recommendations.
- Under the Council’s agreed scrutiny processes the Health and Well Being Board (HWBB) has responsibility for the implementation of the recommendations and action plan. The Mental Health Sub Group was tasked with overseeing the development of the Action Plan to implement the recommendations.
- The Action Plan was first presented to, and agreed by the HWBB at its meeting with a follow-up update report in July 2014.
- The implementation action plan is currently being updated to reflect progress achieved to date.

The GMIC stated that the Action Plan was currently being worked on and would be provided to the HWBB at an upcoming meeting. An update on the Action Plan was provided as follows:

- Recommendation one: a Mapping exercise had been completed to identify gaps in information and advice provision. Aspects of this were also related to duties in the Care Act 2014 and would be further developed in light of the Act. A consultation event regarding advice provision was being planned for October 2014 where attendees would also be asked for views on the Local Account.
Recommendation two: actions relating to volunteering were being progressed and monitored by the Sub-group through quarterly update reports.

Recommendation three: a web resource providing a support network for young people had been developed. There had been better linking between NELFT services so there was a more seamless offer of peer support. Links had been made to the Richmond Fellowship providing vocational support services.

Recommendation three: Public Health and partners reflected on the need to support local third sector organisations to develop the role of peer educators in the JSNA.

Recommendation four: Councillor Edna Fergus was appointed the Mental Health Champion and was involved with World Mental Health day and other events. The Chief Operating Officer stated that Management Team was looking into reviewing the primary care depression pathway to ensure this is holistic and not overly reliant on the prescription of antidepressants.

Recommendation five: there had been a review of all supported living scheme contracts to ensure they were providing support to maintain tenancies to those who needed it. Substantial work had been done on this too as part of the JSNA.

Recommendation six: Continued monitoring of Local Services was occurring through continued consultation with service users and contract monitoring and evaluation.

Recommendation seven: 718 people had received Mental Health First Aid training and 478 questionnaires had been received back which would feed into the evaluation report analysing the impact of the training.

The Lead Member stated that the outcomes of the review were very positive and thanked all those involved in the implementation of the recommendations.

The Committee agreed that a further and final update on the Action Plan should be presented at its meeting in March 2015.

4. Scrutiny Review on Type 2 Diabetes Services: progress update

The Director of Public Health stated that the HWBB had approved the Action Plan stemming from the HASSC’s Scrutiny Review on Type 2 Diabetes Services 2012/13 at its meeting in July 2014, agreed that it was now complete and asked that the Action Plan be presented to the HASSC.

He added that the Diabetes Action Plan has been embedded in the Barking and Dagenham, Havering and Redbridge Integrated Care Coalition Five Year Strategy. Furthermore the Clinical Commissioning Group (CCG) had appointed a Director of Primary Care Improvement which should improve aspects of performance and organisation and further embed the processes resulting from the HASSC’s recommendations.

The HASSC noted the improvements made as a result of implementing the recommendations outlined in the report and the Action Plan and agreed that the actions stemming from the recommendations were now complete.
5. **The Joint Health Overview and Scrutiny Committee**

The Scrutiny Officer stated that the report informed the HASSC of the latest regulations and local arrangements relating to joint health scrutiny and asked the Committee to agree which three of its members would represent Barking and Dagenham on the Outer North East London Joint Health Overview and Scrutiny Committee (JHOSC). She stated that in previous years the Lead and Deputy Lead Members of the Committee had been appointed and that if the HASSC wished to continue this arrangement one further member would still need to be appointed.

Members noted the report and agreed to appoint Councillors Keller, Lawrence and Alasia to the JHOSC to represent the HASSC.

6. **Implications of the Francis Report**

Matthew Cole (Director of Public Health) introduced the report which gave the 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.

It was noted that a similar report was provided to a formal meeting of the HASSC on 29 July 2013 where members discussed the Francis Report in detail. As the HASSC of the municipal year 2014/15 comprised new members, it was considered imperative to re-present the report to the Committee because of the important implications of the Francis Report on health scrutiny.

The HASSC noted that the HWBB at its meeting on 4 June 2013 established a Task and Finish Group Chaired by Conor Burke, Accountable Officer at the CCG, to develop a local response to the Francis Report involving various partners. The Group presented its final report to the HWBB on 11 February 2014 and the Board noted the recommendations and an action plan developed by Group, outlining implementation of the actions across the Barking and Dagenham, Havering and Redbridge social care and health economy.

Members noted that the HASSC report provided an update at section 8 on the progress made since the original report went to the HWBB in June 2013. It was noted that partners have been working to implement the Action Plan focusing on ensuring that all local NHS Trusts are compliant with the statutory 'duty of candour' requirements from October 2014 and all other providers by April 2015. The report provided to the HASSC outlined the current position of the main providers on implementing the duty of candour.

The HASSC then heard audio recordings of witness testimony to the inquiry to bring to life the human aspect of the Mid-Staffordshire failings.

Members agreed that much of the system failings at Mid-Staffordshire Hospital Trust related to patients not being listened to and their concerns not being acted upon.

It was noted that all members of the Council would be invited to a Health training session on 10 November 2014 where there would be opportunities to discuss the role of health scrutiny in light of the Francis report in further detail.
In response to a question it was also noted that a number of HASSC members had agreed to undertake visits to care homes which would provide an opportunity for members to seek assurance on the quality of care from a number of providers.

7. Transforming Services Changing Lives Programme

Dr Mike Gill, clinical lead for the Transforming Services Changing Lives (TSCL) Programme, introduced the report. He stated that the local CCGs of Redbridge, Barking and Dagenham, Tower Hamlets, Waltham Forest, and Newham, NHS England, Bart’s Health and other local providers, had established this clinical transformation programme to consider how services need to change to provide the best health care for local residents. He delivered a presentation summarising the key factors for the case for change and the services within the scope of the consultation.

Neil Kennett-Brown, the Programme Director, stated that at the moment there were no concrete proposals to vary services. He stated that the HASSC was being consulted on the 'case for change' and that comments from members would be reflected in the consultation report which would be produced towards the end of October 2014. After this the 'final case for change' with proposals would be going to the relevant CCGs' governing bodies.

The HASSC asked how changes to services would lead to better health outcomes for people using them and whether the main driver for the changes was the saving that would be made. Dr Gill stated that whilst using resources more effectively was a key factor, some of the priority outcomes of the Programme were to achieve health services where patients report an excellent experience, more people surviving life threatening events such as stroke and more people supported to manage their long term condition in the community.

In response to the HASSC’s questions Mr Kennett-Brown stated that integration between different health providers and services would be a definite and essential part of the proposals. The public and patients had been consulted through Public and Patient Reference Groups and staff had also been consulted. At this stage there was an element of uncertainty amongst some staff about what the particular proposals would look like; however, overall, they were positive about the need for change.

Members commented that the case for change had been made well but urged the Programme representatives to take account of the importance of not having a 'one size fits all' approach. They asked that the next stage of developing actual proposals clearly explains the potential impact of changes to services used particularly by Barking and Dagenham residents.

Mr Kennett-Brown stated that the Programme representatives had attempted to engage with stakeholders in Barking and Dagenham; for example, two people including a clinician attended the CCG Patient Experience Forum in July, presentations had been delivered at the August Local Medical Committee, and they had attended the HWWB meeting on 9 September and tonight's meeting to obtain the HASSC's views.

Mr Gill stated that he accepted entirely that the needs of populations across local authority areas could vary greatly. He stated that at this stage the consultation was
on the case for change but once proposals to reconfigure services were more clear, the impact on and needs of local populations would also be clearer. The final report would consider the impact of particular proposals to change services on Barking and Dagenham residents.

Members commented that bearing in mind the outcomes of the 'Health for North East London (NEL)' consultation in 2009, they would expect to see a high level of robustness in the analysis of how the TSCL proposals would impact service users from the affected areas and the sustainability of the proposals. Mr Kennett-Brown stated that the TSCL Programme would need to ask and analyse why certain issues coming out that consultation were not implemented in order to learn from it.

In response to a question, Sharon Morrow, Chief Officer of the CCG stated that the Barking Dagenham CCG was a sponsor on the Programme Board. She stated that the proposals would primarily affect other boroughs but that she was mindful of the HASSC's comments tonight.

The HASSC agreed that the draft response prepared by officers reflected their comments to the case for change and that the Lead Member, Councillor Keller, may finalise and send the response on behalf of the HASSC.

8. Intermediate Care Consultation

Ms Morrow delivered a presentation on the Intermediate Care Proposals which outlined the possible changes to how NHS rehabilitation services could be provided across Barking and Dagenham, Havering and Redbridge (BHR). She highlighted the options for reconfiguring services, one of which was to reduce the number of beds to 40 - 61 (depending on need) and merge the bed base onto one site at King George Hospital.

In response to a question from the HASSC Tara-Lee Baohm (Deputy Director of Strategic Delivery, BHR CCG) stated that Thames' Residents' Association had been consulted in particular on the proposals as a result of a specific request from them. The Association sought assurances about whether the workforce was right and whether the bed modelling was robust and independently assured but their overall response was positive. Ms Morrow stated that generally the Borough's residents' response when consulted about the proposals was positive.

Members asked how residents were informed of the consultation. Ms Baohm stated that the consultation was advertised in GP practices widely, events were held in Heathway, Dagenham and Barking Learning Centre and advertised in the local press.

Members commented that whilst they were fully supportive of the principle of treating people in their own homes, the rationale for the proposals had not been fully made and the impact on Barking and Dagenham residents was not clearly made out in the consultation document. For example, the impact of residents travelling from various parts of the Borough to King George Hospital had not been considered. Members did not feel it was accurate to say that King George Hospital had a station close by or within walking distance. Goodmayes Station was approximately, on average, a 20 minute walk away.

The HASSC noted that the proposal to reduce beds and merge the bed base onto
one site at King George Hospital did not cover the alternative use of Grays Court where beds were currently provided for Borough residents. Members expressed concern that there were 17 “stroke beds” at Grays Court and whilst CCG representatives had stated that they are not subject to this consultation, it was also not clear what would happen to these beds. Furthermore there were a range of specialist outpatient services and clinics on the ground floor at Grays Court and it was also unclear what the impact would be on these services.

CCG representatives stated that at the moment there was nowhere else for the other services being provided in Grays Court to move to. The CCG was working with local authority officers to look at options for using the space in Grays Court affected by the proposals.

Members asked, in light of the closure of the Broad Street Walk-in Centre, why another health service in the Borough was closing down. They further commented that a reason King George Hospital had been selected was because it had other services; however, Grays Court also had other health services. Members expressed concern that taking away beds from Grays Court would leave a half empty building in the Borough. Furthermore, if Barking and Dagenham residents could be expected to travel to King George Hospital, it could also be argued that Redbridge and Havering residents could be expected to travel to Barking and Dagenham. Members could not support the reduction of another health service in the Borough, particularly when it was unclear what would happen to the existing premises offering the service. Members felt the lack of clarity around this lessened the credibility of the proposals.

It was agreed that the report prepared by officers for the HASSC captured members comments to the proposals and that Councillor Keller may finalise and send the formal response to the consultation on behalf of the HASSC.

9. Work Programme 2014/15

The Lead Member stated that the report asked the HASSC to agree the topic which would form the basis of its Scrutiny Review and other items to be placed on its Work Programme 2014/15. She stated that following discussions at an earlier meeting the HASSC had agreed to undertake its Scrutiny Review on Sight Loss and had also requested officers to provide a ‘one-off’ report on the funeral support services available to residents and the prevalence of ‘funeral poverty’ in the Borough.

10. Date of Next Meeting

It was noted that the next HASSC meeting would be on Wednesday 19 November 2014 which would focus on budget proposals for services within the Committee’s remit.