21. Declaration of Members' Interests

There were no declarations of interest.

22. Minutes - To confirm as correct the minutes of the meeting held on 20 January 2015

The minutes of the meeting held on 20 January 2015 were confirmed as correct.

23. Presentation on the 'local picture'

The Director of Public Health (DPH) delivered a presentation to provide the Committee with the ‘local picture’ of eye health, as part of the Health and Adult Services Select Committee’s (HASSC) scrutiny review on local eye care services. The presentation covered:

- The local prevalence of major eye care conditions
- The relationship between eye care and other local health issues
- Prevention and eye health
- Local services and pathways

The Committee particularly noted the following issues raised in the presentation as possible areas for further consideration as part of its Review:

- The England average number of children having eye sight tests was 25,167 in every 100,000 children whilst the Borough average was equivalent to 20,761 in every 100,000 children.
- 870 local people were registered as sight impaired whereas the estimated number of people living with sight impairment was 3910, which meant that only about 22.3% of those with sight impairments were registered as blind. This meant that there was possible a large number of people who were not getting the services they needed.
- Blindness caused by diabetes can be prevented.
- The biggest cause of preventable blindness in England is diabetes.
- People who are of BME origin are more likely to suffer from diabetes.
- Fear of having to buy glasses is well known to be an obstacle to visiting an optician, especially in less affluent neighbourhoods.
- Eye tests are free for many people and there was a need to raise more awareness of this.
• Access to an optician is good for people in the majority of the Borough; however, there were areas with no optician service such as Mayesbrook, Parsloes, Heath and Eastbrook.
• Those aged over 40 years and have a first-degree relative with glaucoma, or are over 60 years old, are eligible for a free glaucoma screen at their local optician; however, there was no information on the take-up of this offer.

Members thanked the DPH for his presentation.

24. Workshop

The Lead Member stated that this part of the meeting would involve a workshop between members and stakeholders of the HASSC’s Scrutiny Review on local eye care services. She encouraged members to engage with those who had been invited to the workshop, including service-user groups and professionals, to find out what the current challenges were in meeting the Borough’s eye health needs. She asked attendees to move to committee rooms 1 and 2 to take part in the workshop and to return to the chamber in 45 minutes for the continuation of the meeting.

25. Verbal feedback from the Workshop

The Lead Member invited members and other participants to provide their feedback from the workshop, which would potentially help contribute to the Committee’s Review on local eye care services.

A member of the HASSC stated that one of his constituent’s GP had told them that they could only go to a certain local service for their eye problem whereas the constituent wished to go to another local service. The member asked why this was the case. Local ophthalmologists stated that there were many local eye care providers and it seemed to be the case that GPs did not have all the information they required about them, which could get in the way of patient choice. It was important for the Committee to look at this and the commissioning of eye care services as part of its Review and consider how pathways could be improved to achieve better outcomes for local people.

The Chair of the Local Optical Committee stated that the way commissioning was designed at the moment meant that local optometrists were not being utilised for their expertise, which sometimes lead to a pathway which was not entirely efficient for the patient. She stated, for example, that until recently, local optometrists had a cataract referral system which meant that if they suspected a cataract, they could invite the patient back to discuss the condition and talk about the patient’s treatment options. This was no longer the case; primary care was not being utilised effectively which was likely to mean costs more in the long run.

The Lead Member asked members to note the comments made and stated that the Committee would consider delving further into the issues raised as part of its Review.

The Corporate Director, Adult & Community Services (CDACS) stated that over the next few months the Committee would continue to find out more about local eye care services during this Review with a view to making recommendations to
improve the way services work. Towards the end of the Review a report would get written up with the Committee’s findings and recommendations which would be presented to the Health and Well Being Board (HWBB) and shared with local stakeholders.

The Lead Member thanked those who gave up their time to present information about local eye care services as part of the workshop.

26. Intermediate Care Proposals- Redbridge Health Scrutiny Committee's referral to the Secretary of State

The Divisional Director, Adult Social Care (DDASC), presented the report updating the Committee on the developments relating to the Intermediate Care Consultation which involved proposals made by the Clinical Commissioning Groups (CCGs) of Barking and Dagenham, Havering and Redbridge. The proposals were to change the way NHS rehabilitation services were provided across the three boroughs by reducing the number of inpatient beds and providing more treatment in people’s own homes via an Intensive Rehabilitation Service and a Community Treatment Team. After the consultation period the three CCGs made the decision to:

- permanently establish the home-based services
- reduce the number of community rehabilitation beds to 40 - 61 for the three boroughs and
- locate these beds on one site at King George Hospital in Redbridge.

Following the announcement of the CCGs’ decision, Redbridge’s Health Scrutiny Committee agreed to refer its concerns relating to the proposals and the consultation to the Secretary of State for Health.

Members noted the written update from the Barking and Dagenham CCG (BDCCG) on the potential implications of Redbridge’s referral, which was appended to the report.

The Cabinet Member for Adult Social Care & Health (ASCH) stated that the HASSC and the HWBB had had robust discussions with the CCGs during the consultation regarding the Local Authority’s concerns relating to the proposals, as noted in the HASSC’s formal response to the consultation. One of the key concerns was that there was a lack of clarity around the impact the proposals would have on other services in Gray’s Court, including stroke beds. It was very disappointing that the CCG’s response to this point was to state that there would be a separate ‘stroke consultation’ which would deal with those concerns. She stated that she wished to express support for Redbridge’s referral to the Secretary of State as she also felt that the basis of the bed modelling in the proposals was not robust.

HASSC members echoed the Cabinet Member’s comments and agreed to support the referral made by Redbridge’s Health Scrutiny Committee and delegated the responsibility to write to the Secretary of State for Health on behalf of the HASSC to the Lead Member.

27. Urgent care 'surge' appointments in primary care - verbal update

The Scrutiny Officer circulated a briefing from the BDCCG which provided
information on the provision of urgent GP appointments in the Borough. The briefing stated that a GP-led service had opened in the Borough for patients with urgent needs, to improve care and help ease pressure on local A&E departments. The practice “hub” opened on Monday 19 January 2015 and was based at Barking Community Hospital in Upney Lane. It was being run by Together First, an organisation set up by local GPs to provide the new service, with initial funding provided from the Prime Minister’s Challenge Fund.

The Cabinet Member for ASCH stated that it would be helpful for members to see data on how many people the Hub had served since opening in January 2015. She expressed disappointment that Together First did not show a commitment in the briefing to working with the Local Authority, in addition to working with HealthWatch, on the best location for opening a second hub. The CDACS stated that she would be interested to know why the boroughs of Redbridge and Havering already had two hubs, when Barking and Dagenham was the first of the three boroughs to have a hub. Members stated that in their collective experience, GP practices overall were not referring patients to the Hub when they were unable to offer an urgent appointment.

Sarah D’Souza, Senior Locality Lead for the BDCCG, stated that representatives of Together First could attend the Committee’s meeting in June 2015 to answer the above questions and provide more in-depth information on the service, which the Committee agreed to. The CDACS suggested that NHS England and CCG representatives be present at the June meeting if it was the case that commissioning decisions in relation to the hubs were made by these parties.

28. Implementation of the Care Act 2014

The HASSC noted the report informing the Committee on the progress made on implementing The Care Act 2014. The Care Act Programme Lead (CAPL) delivered a presentation which covered the reporting structure in place to ensure implementation and the risks and challenges associated with this, such as the short time period in which to deliver a large and complex programme, pressure on the Local Authority’s budgets, additional demands and expectations from residents, and the IT changes required.

Members thanked the CAPL for his report and presentation.

29. Barking & Dagenham HealthWatch’s Enter and View of Fern Ward, King George Hospital

Manisha Modhvadia, Barking and Dagenham HealthWatch Officer, presented a report by HealthWatch on an ‘enter and view’ it carried out of Fern Ward at King George Hospital on 8 October 2014. Specific areas for observation during the visit were nutrition, personal hygiene and interaction between staff and patients. Whilst HealthWatch found that the patients they talked to were satisfied overall with their care, there were some areas for improvement, which were outlined in the report.

Members asked whether Ms Modhvadia felt that HealthWatch’s findings were potentially a reflection of other wards at King George Hospital. Ms Modhvadia stated that it was difficult to say without having visited other wards; however, HealthWatch did intend to carry out ‘enter and views’ of other wards in the near future, and if it did find cross-cutting issues, it would raise this via the appropriate
channels.

The DDASC stated that many of the patients of Fern Ward and their relatives were often very vulnerable and it was positive that HealthWatch had given them a voice through this report. Whilst the issues identified by HealthWatch did not require large scale changes, they were important in ensuring the comfort and safety of patients. He asked whether HealthWatch was pleased with BHRUT’s response to its recommendations. Ms Modhvadia stated that HealthWatch was pleased with the response; however, it would have liked to have seen, in addition, BHRUT explore the possibility of offering a befriending service for parents, perhaps through the use of volunteers.

Members praised HealthWatch for their report and were particularly pleased that the Senior Nurse at Fern Ward had been identified as responsible for implementing the recommended actions arising from the enter and view.

BDCCG stated that the work of HealthWatch was very valuable as it provided a good snapshot of the quality of services and helped the CCG accumulate information about services and identify trends.

Ms Modhvadia asked what the best way would be to keep the HASSC up-to-date on HealthWatch’s enter and view visits going forward. The Committee agreed that HealthWatch should keep the Scrutiny Officer up-to-date on its visits, who would, in liaison with the Lead Member and senior officers, come to a view on which of the enter and view reports should be presented to the HASSC.


Gill Mills, Integrated Care Director at North East London Foundation Trust (NELFT) presented the final update on the Scrutiny Review on the Potential Impact of the Recession and Welfare Reforms on Mental Health 2013/14, which was noted by the HASSC.

Ms Gills stated that in order to ensure that the issues raised by this Review continued to receive priority, they had been incorporated into a wider piece of work on a full Mental Health Needs Assessment which was led by Public Health. This work incorporated the Borough’s response to Closing the Gap and the Mental Health Crisis Concordat, produced by the Department of Health. Two service user and carer engagement events had taken place since September 2014 to gather information and feedback to inform the Mental Health Needs Assessment. Following these events the membership of the Mental Health Sub Group had widened to include a service user and a carer.

Members commended the effort to implement the recommendations and continue to ensure mental health remained a priority by incorporating the issues raised by the Review into wider work.

In response to a question Ms Mills stated that ‘Mental Health First Aid’ training had been delivered to hundreds of professionals including GPs. The CDACS stated that this training was open to members also and was listed in the Member Development Programme.
The DDASC stated that one of the key findings of the Review was that too often anti-depressants appeared to be the first treatment offered in the depression pathway and asked if this was still the case. Gemma Hughes, Senior Locality at BDCCG, stated that the BDCCG had been working hard with GPs to ensure that the usual first port of call for depression and anxiety was talking therapies. There were national targets for CCGs to ensure psychotherapy services were available and BDCCG was targeting GPs with low referrals to talking therapies to improve. Ms Gills stated that NELFT were promoting the Improving Access to Psychological Therapy (IAPT) Service through which people could refer themselves for talking therapies.

Members commended the initiative to allow people to self-refer to talking therapies for problems like anxiety and depression, particularly with current challenges in GP appointment waiting times.