

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Dagenham Civic Centre, Rainham Road North, Dagenham, RM10 7BN
12 July 2016 (2.00 – 4.00 pm)**

Present:

COUNCILLORS

**London Borough of
Barking & Dagenham**

Peter Chand (Chairman)

**London Borough of
Havering**

June Alexander and Michael White

**London Borough of
Waltham Forest**

Richard Sweden

**Epping Forest District
Council**

Gagan Mohindra

Co-opted Members

Ian Buckmaster (Healthwatch Havering), Richard Vann (Healthwatch Barking & Dagenham) and Cathy Turland (Healthwatch Redbridge)*

*substituting for Mike New

Scrutiny officers present:

Masuma Ahmed, Barking & Dagenham

Anthony Clements, Havering (Clerk to the committee)

Jilly Szymanski, Redbridge

Also present:

Jacqui van Rossum, Executive Director, North East London NHS Foundation Trust (NELFT)

Wellington Makala, Deputy Director – Acute Services – NELFT

Nicole Sewell, Psychological Nurse and Clinical Lead – Street Triage, NELFT

Ruth Smith, Programme Director, Transforming Services Together (TST)

Ralph Coulbeck, Director Strategy, Barts Health NHS Trust

Jon Hanlon, Communications Manager, Barts Health NHS Trust

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman gave details of the arrangements in case of fire or other event which should require the evacuation of the meeting room or building.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY)

Apologies were received from:

Councillor Jane Jones and Linda Zanitchkhah, London Borough of Dagenham

Councillor Chris Pond, Essex (due to a clash with a meeting of Essex County Council)

Councillor Dilip Patel, Havering

Councillors Stuart Bellwood, Suzanne Nolan and Dev Sharma, Redbridge

Councillors Anna Mbachu and Tim James, Waltham Forest

Mike New, Healthwatch Havering (Cathy Turland substituting)

3 DISCLOSURE OF INTERESTS

Councillor Sweden disclosed a personal interest in agenda items 5 and 6 (improving access to psychological therapies and street triage service) as he was managed through, though not employed by, NELFT.

4 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 19 April 2016 were **AGREED** as a correct record and signed by the Chairman.

5 IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT)

NELFT officers explained that the IAPT programme was designed to improve access to psychological therapies at the primary care level. The treatment was mainly a form of cognitive based therapy (CBT) although other treatments were available.

There were a number of stages of treatment available starting from NELFT working with a person's GP on mental health issues and then low intensity therapies such as CBT or mindfulness. Higher intensity services included CBT or counselling for depression in durations set by NICE guidance. More complex mental health conditions may require treatment in secondary care and this was not covered by IAPT.

Access to IAPT was mainly via self-referral following a GP consultation. A single website and phone number for the service (0300 300 1554) covered all four boroughs.

The numbers of people treated by the service had increased with for example 2,482 people being treated from Redbridge in 2014/15 compared to 849 in 2013/14. Patients' recoveries were also measured based on a patient's assessment of their anxiety or depression symptoms. The IAPT service was also exceeding Government waiting time targets for the receipt of treatment within 6 and 18 weeks of referral. The average waiting time for the service was 1-2 weeks and patient feedback for IAPT was usually high.

It was expected that there would be a further rise in the demand for IAPT services over the next 5 years and NELFT was currently working with local CCGs on plans for this. IAPT provided psychological treatment for anxiety and depression and conditions such as personality disorders required different treatment that was not covered by IAPT.

Members were welcome to pass on the IAPT telephone number if they wished as this was a service that could be accessed directly by the public. Information on the service was available on the NELFT website and an advertising campaign for IAPT had been run in Barking & Dagenham, Havering and Redbridge during May 2016. Therapists also undertook visits to voluntary organisations, pharmacies, employers etc in order to raise awareness of IAPT. Officers would send to the clerk examples of the advertising for the service in order that this could be circulated to the Committee.

IAPT was already treating around 2,000 people who also had long term physical health conditions. IAPT staff could not treat the physical condition itself but could assist with adjustments for people who also had mental health issues. Officers would also confirm the identity of the provider of the IAPT service covering West Essex.

6 STREET TRIAGE SERVICE

The NELFT officers explained that the service began following the signing, in 2014, of a crisis care concordat with the Police, social services and the London Ambulance Service. The Department of Health had then funded some pilot schemes whereby local NHS services could work in partnership with the Police. This was felt necessary as dealing with mental health issues had been found to take up as much as 20% of Police time. The Police Federation had also raised concerns of the use of section 136 of the Mental Health Act which allowed the Police to detain people exhibiting mental health problems. It was also hoped to reduce the numbers of people presenting at A & E with mental health issues.

A street triage pilot had therefore been introduced in the acute care pathway in April 2015 and this was now operated jointly by NELFT, the Police and the London Ambulance Service (LAS). A dedicated phoneline had been set up, manned from 1700 to 0100 Monday – Friday. The service was funded

by the local Clinical Commissioning Groups and allowed three band 6 mental health nurses to cover the four ONEL boroughs.

Key outcomes for the service included reducing unnecessary section 136 detentions, taking up less Police time, bringing down the amount of inappropriate use of A & E as a place of safety and the lowering of costs to the Police, NELFT and the relevant Local Authorities.

Face to face assessments were carried out as well as 7-day follow-ups of identified street triage cases. Clinical and management supervision was in place and feedback on the service was sought from service users and carers. Positive feedback had also been received from the Police. Indeed the Police had asked for the service to be extended to a 24:7 basis.

The introduction of the street triage service had seen better information sharing with GPs and the London Ambulance Service. There had also been improved engagement with service users who found the service less traumatising than previous processes. Challenges for the street triage service included the large geographical area covered, the ageing and transient population of the area and that some parties remained unaware of the pilot.

A case study was detailed where a person suffering from schizophrenia had fallen accidentally at home and had been able to be treated by the service at home, thus preventing hospital admission. Some 76% of users of the street triage service were already known to NELFT.

Street triage staff would travel to wherever an incident had occurred in order to carry out an assessment. This could be at a Police station if necessary. The team was based at Goodmayes Hospital and was able to respond within 30 minutes of a call being received. Around 2 calls were received each shift on average but this varied.

The service was open at the times the Police had indicated were their busiest (Tuesday – Friday nights) but this was being reviewed and it was possible a daytime shift could be piloted. NELFT staff were not as yet based in Police call centres due to the amount of red tape involved in arranging this.

Follow ups would be carried out with the service that people were referred on to. The NELFT Home Treatment Team would look to work with service users following their assessment by Street Triage. Overall data on the effectiveness of the service could be shared with Healthwatch etc.

Waltham Forest was the busiest borough for street triage, followed by Redbridge, Barking & Dagenham and Havering. Street triage worked closely with the social care emergency duty team in each borough. Commissioners had now agreed that funding for the service in 2016/17 should be included in NELFT's baseline contract. This represented a commitment going forward

and meant that the street triage service no longer needed to be considered as a pilot.

It was confirmed that A & E staff and the Police did notify the street triage service if a person presented with suspected mental health issues. Some staff in both organisations however, remained unaware of the service. Officers felt therefore that awareness of the service was important in order to avoid use of section 136 as much as possible and to reduce the number of presentations of mental health issues in A & E. If Members could help raise awareness of the service, NELFT officers felt that this would be of great assistance.

It was noted that NELFT was the only Trust in London that had seen a reduction in the use of section 136 across its area. While the use of the service could result in lower hospital attendances, it was unlikely that any financial gain to the service would be derived from the Hospitals Trust as A & E was not felt to be the appropriate place to assist people with mental health issues. Any increase in funding would therefore have to come from the CCGs.

It was clarified that the phone number for the street triage service was only for use by the Police or Ambulance Service. A representative from Healthwatch Havering asked for NELFT to meet with his organisation to discuss the street triage service.

NELFT officers would provide details of the street triage service as regards number of cases dealt with, response times and potential cost savings.

It was **AGREED** that the clerk to the committee should draft a letter to the four local CCGs asking them to confirm that the street triage service would be made permanent.

7 **GP PRIMARY MEDICAL SERVICES CONTRACT**

The Committee noted that officers from the Commissioning Support Unit had requested to attend the October meeting of the Committee when more details of the contract review would be available.

It was **AGREED** that any immediate questions on this issue should be passed to the clerk of the committee who would seek a response from relevant officers.

8 **TRANSFORMING SERVICES TOGETHER (TST)**

Officers explained that the TST programme was a partnership between Barts Health and the Newham, Tower Hamlets and Waltham Forest CCGs. This was in response to the increasing population in these areas, the

variable quality of care and workforce issues. It was emphasised that there were no proposals to close any A & E or maternity units.

The main aims of the programme were to bring care closer to home and to establish strong, sustainable hospitals working across organisations. Engagement and project planning had been undertaken and the project was now at the point of decision making.

The engagement process had included advertisements and articles on the proposals in local newspapers and a dedicated website. Documents were also available in libraries, hospitals and Council offices and there had also been a programme of engagement with staff on the proposals. Drop-in sessions for staff and the public had been held at the hospitals and representatives of the project had attended patient meetings, health and wellbeing boards and overview and scrutiny committees. A feedback and challenge event had been held in June 2016 and comments on the proposals would be collated in the engagement report.

Given the likely rise of 270,000 in the population covered by the proposals over the next 15 years, it was accepted that a lot of new health facilities were needed and officers wanted to be ambitious with the plans. Responses to the proposals had been supportive overall but some concerns had been expressed about the distances to travel in order to have surgery. People were also broadly in favour of care being delivered closer to home, again with some reservations.

The proposals aimed to maximise surgical capacity across the three Barts Health sites and it was acknowledged that concerns had been raised over transport, patient choice and pre and post-operative care. Under the TST proposals, some colorectal and neurosurgery would move to Newham Hospital and some urology surgery would move to Whipps Cross Hospital.

The final report on the proposals would be submitted for decision to Barts Health and the CCGs in September 2016.

It was accepted that some transport issues were not easy but services would be centralised if this would benefit patients. There were reasonable transport links to Barts Hospital and there were also hospital patient transport services available in some cases. It was a challenge to ensure people e.g. moved from Newham to Whipps Cross Hospital for urology surgery rather than to a central London hospital but it was felt that evidence of better patient outcomes would persuade people to stay with the Trust under the choose & book system. It was also hoped that IT improvements would allow the availability of x-rays, blood test results etc on a single system.

It was noted that pressure groups had felt that the proposals constituted a threat to overnight surgery but officers emphasised that this was not the case. The current arrangements sometimes meant that tests were often duplicated if previous results could not be accessed if these were held on a

separate system. Testing could also be increased if necessary. It was also confirmed that the TST proposals would be incorporated into the Sustainability and Transformation plan that covered the whole North East London area.

As regards home births, it was wished to increase this to around 5% of the total number of births in the area covered by the proposals, compared with less than 1% of births as present. More use would also be made under the proposals of integrated models of care such as the introduction of physician's associates. It was also planned to make more use of telecare with more consultations undertaken by phone and alternative methods.

Efficiency savings would come from a number of different areas including A & E and IT systems although it was accepted that the savings targets in the proposals were very challenging. Current targets also included the requirement to make 2-3% efficiency savings across all service lines. New financial modelling was also currently being undertaken.

The total planned capital spend was £352 million over 5 years and £663 million over 10 years and the anticipated drop in these funds as part of the TST programme was anticipated to be £72 million. The thirteen initiatives detailed in the programme had been selected as likely to have the highest impact on the programme's aims and officers added that many were already in progress. There had been some IT successes with portals etc but officers agreed that this work was evolving with the overall aim of developing shared care records and having all three hospital sites using the same versions of IT. It was confirmed that the TST programme also had links with West Essex CCG.

The Committee **NOTED** the update.

9 **FUTURE MEETING DATES AND START TIMES**

The dates and venues for future meetings of the Joint Committee during the 2016/17 municipal year were **AGREED** as follows:

Tuesday 18 October, Havering
Tuesday 17 January (2017) Redbridge
Tuesday 18 April, Waltham Forest

It was **AGREED** that an update from Healthwatch Redbridge on their work on accessible information standards and related enter and view visits should be taken at the October meeting of the committee.

10 **URGENT BUSINESS**

The Committee noted with pleasure that an 'outstanding' rating from the Care Quality Commission had recently been received by St Francis Hospice and by the Ebury Court care home in Havering.

A representative of Healthwatch Redbridge expressed concern at the relatively sudden closure of the Brookside adolescent mental health unit in Goodmayes and would keep the Committee advised on this. This matter was also due to be discussed shortly by the Barking & Dagenham Health and Adult Services Scrutiny Committee.

Chairman