

HEALTH SCRUTINY SUB-COMMITTEE

Thursday, 15 September 2016 at 6.30 p.m.

C1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London,
E14 2BG

SUPPLEMENTAL AGENDA

This meeting is open to the public to attend.

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Access to Health and Social Care

Health Scrutiny Panel – 15th September 2016

Agenda Item 4.2

Challenges and barriers to access

- **Population**

- Tower Hamlets is facing significant population growth, creating challenges in keeping up with the growing demand
- The transient nature of the local population means that we have high numbers of un-registered patients who access healthcare only through urgent care and A&E, meaning they often don't receive preventative and proactive care
- Whilst we offer advocacy and translation services, the high-numbers of non-English speakers in the borough can impact on their ability to access health and social care services

- **Workforce challenges**

- All sectors of the healthcare system are facing challenges in recruitment and retention of many healthcare professionals, creating capacity issues within providers, particularly Primary Care

- **Complex systems**

- Parts of our system are highly complex, particularly aspects of urgent care, where there are multiple access points that can be difficult to navigate

- **Financial situation**

- The current financial situation of the health system will inevitably create challenges in ensuring sufficient capacity

CCG response to improving access:

This presentation highlights four key areas where we are improving access:

- Primary Care
- Urgent Care
- Planned Care
- Mental Health
- Learning Disabilities

Primary Care

Where are we now?

- GP contacts represent over 90% of activity within the NHS
- In the latest Tower Hamlets GP patient survey, 78% of respondents said they were able to see or speak with a health professional last time they needed to, and 88% said this was at a time convenient to them.
- We are piloting four locality hubs to offer additional GP, nurse, pharmacist and HCA appointments on evenings and weekends
- We are working intensively with four practices to support their operational delivery to release capacity and improve access.
- We have undertaken significant engagement with a range of local residents, particularly those of working-age who are often the ones that find primary care access a challenge

What are we doing – delivering the Primary Care Strategy

- Over the last nine months we have been developing and engaging on our Primary Care Strategy, of which understanding access has been a core component. This includes:
 - Developing the ‘Tower Hamlets Health and Well-Being Club’: streamlining the registration processes and promoting well-being
 - Commissioning an access specification for 16/17 that seeks to bring together current urgent and extended access services
 - Ensuring there is a consistent primary care offer across the borough – to ensure patients have the same access everywhere
 - Increasing the digital access offer, with all practices offering online appointment booking, e-consultations and phone appointments
- Further engagement is planned between September-December and we would value the health scrutiny committee’s feedback on the outline model.

Urgent Care

Where are we now?

- Tower Hamlets has multiple access points to a range of urgent care services (GP OOH, NHS 111, Walk in Centres, Urgent Care Centre, A&E)

What next – delivering Integrated Urgent Care

- We are working across North East London to procure a new NHS 111 service, which will have enhanced clinical input and ability to directly book into local services
- We are undertaking a review of all urgent care services, in line with the National Urgent and Emergency Care Review, for implementation over the next two years. This will include:
 - A 24/7 primary care-led Urgent Care Centre at the front-door of A&E with full access to diagnostics
 - An aligned urgent care offer out of hospital with locality-based primary care hubs
 - Support for people to self-care; through patient education programmes and by making best use of online technology - such as directory apps and /disease and injury advice platforms

Planned Care

Where are we now?

- Currently, GPs refer the majority of patients onwards to the hospital's outpatient departments when specialist advice is required. Patients wait for a scheduled appointment with a consultant based in the hospital, and may eventually be discharged back to their GP with a letter about how to manage their condition.
- The CCG has recently introduced alternative pathways, streamlined referral mechanisms and substitute tests for some specialisms to improve current provision, e.g. dermatology services

What next – improving outpatients

- The aim is to accelerate the introduction of alternatives to outpatient referrals, as part of a wider ambition to radically changing the way specialist clinical expertise is accessed and care provided.
- Reduce the number of physical outpatient attendances by shifting care into community settings, by providing access to specialist advice in primary care directly and by increasing the use of telephony and other technology to offer non-face to face consultations with patients.
- Change the traditional mechanism of access to specialisms via outpatient appointments, as part of a more fundamental transformation of clinical pathways and developing more integrated working between primary and secondary care. This may involve payment reform to incentivise the more flexible use of specialist clinical expertise when patients need it.
- Reduce unnecessary diagnostic testing and provide GP direct access to most appropriate tests to improve quality of care, better clinical management and best use of resources.

Mental Health and Learning Disabilities

Learning Disabilities

- We are aiming to close the mortality gap and improving health outcomes across a number of areas:
 - Annual Health Checks and Health Action Plans with a focus on 14-18 year olds
 - Review usage and effectiveness of Hospital Passports
 - Review access to disease prevention, health screening and health promotion in: Obesity, Diabetes, Cardio vascular disease and Epilepsy
 - Review uptake by people with LD for: Cervical screening, Breast screening and Bowel screening
- NHS Quality Checker Scheme pilot to audit reasonable adjustments
- Review of the continuing support arrangement for people with LD in acute care
- Better involvement of people with LD and their families in service planning and decision making
- Improving support for people who are at risk of or diagnosed with dementia

Mental Health

- Development of access and waiting times targets for key mental health services – e.g. Early Intervention Services.
- Dementia Friendly GP practices pilot
- Co-development with The Alzheimer's Society of a post diagnostic pack for newly diagnosed people and those with advanced dementia and their carers (living with dementia booklet, help card, prescription leaflet, local services, respite, education, training, emotional and psychological support).
- Strengthening participation and engagement of children, young people and families in developing and shaping local accessible services.
- Development of local on-line access to information and resources for mental health awareness and self-management for children and young people
- Providing training for schools in identifying and responding to early signs of mental distress

TST and the STP

The previous slides outline the CCG plans to improve access. These relate and are aligned to the Transforming Services Together programme and the STP.

Workforce is a major challenge across the health and social care system, working across the TST and STP footprint offers opportunity to innovate the way we attract and retain health and social care professionals.

A summary of the STP is outlined below:

- The north east London (NEL) sustainability and transformation plan (STP) will set out how local health and care services across seven boroughs will transform and become sustainable over the next five years, building and strengthening local relationships, closing gaps in health, finance and quality of care, and ultimately delivering the Five Year Forward View vision.
- STP acts as an 'umbrella' plan for change. Underneath it are several existing local plans, including the Transforming Services Together programme. It will also support the improvement programmes of our local hospitals, including Barts Health NHS Trust, out of special measures.

Our top three ambitions are:

- **Promoting prevention and self-care** – to reduce the burden on health care services, we want to encourage more people to look after themselves and their health so that they stay well.
- **Improving primary care** – to meet the rising demand placed on our primary care services, we will transform primary care by working together and using multi-disciplinary teams comprised of community, social care and healthcare professionals.
- **Reforming hospital services** – most of our hospital care does not currently meet the required standards. We will change this by reforming hospital care through redesigning patient pathways and working together more closely.

Setting the scene: Feedback on access to social care

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Luke Addams & Nasima Patel
6th September 2016

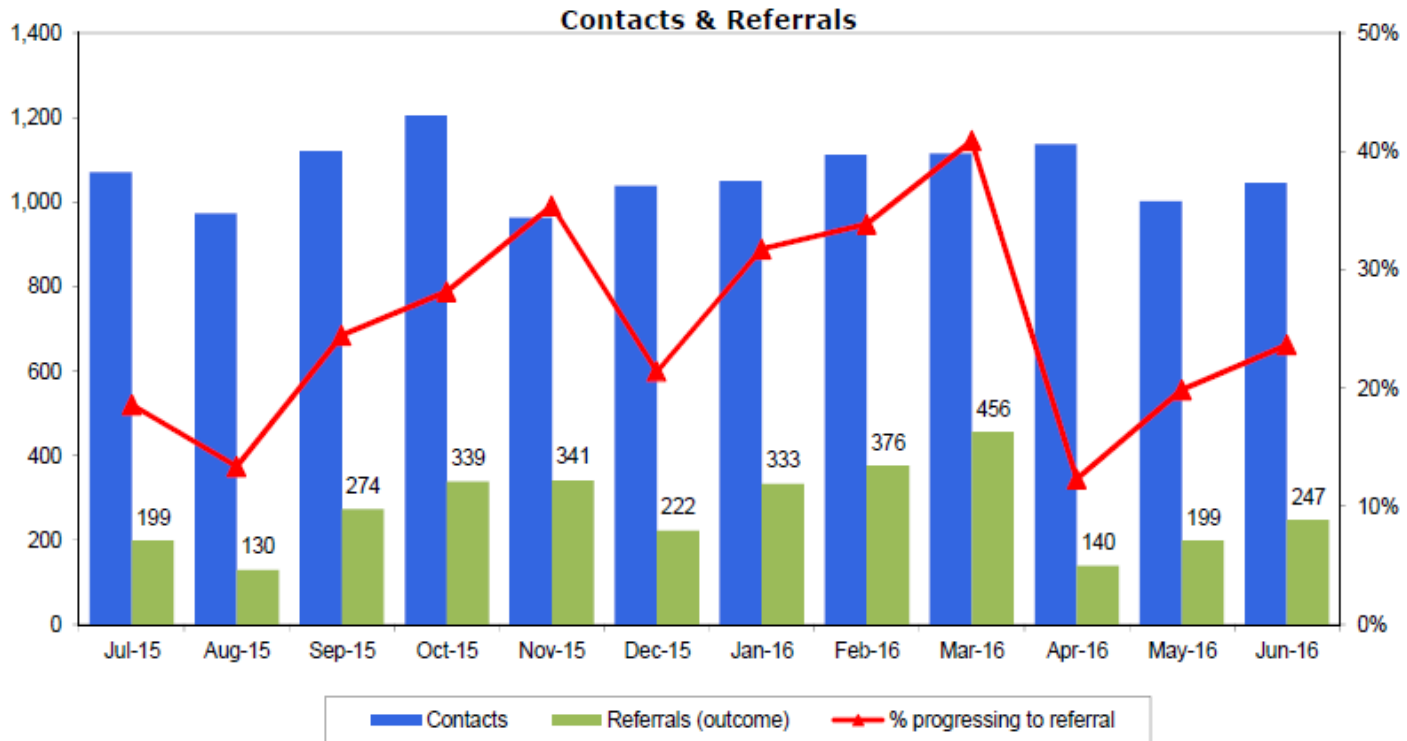
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Access levels – adult social care

- In 2014-15:
 - 3510 people got in contact with adult social care
 - 1468 adults received an assessment
 - 4476 people received a service.
- In 2015-16:
 - 3273 people got in contact with adult social care
 - 1736 adults received an assessment
 - 4093 people received a service.

Access levels – children’s social care

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Contacts progressing to Referral

Current month = 23.64%

Rolling Year= 25.38%

Main barriers to access in adult social care – lack of awareness

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Barrier	Work to address this
Public awareness of adult social care	Information Plan
Carers being able to identify themselves as such	Carer Strategy
Professional awareness of adult social care	Information Plan and Tower Hamlets Together
“Pathway” into social care not always clear	Information Plan

Main barriers to access in adult social care – perception

Barrier	Work to address this
Perception that social care will want to reduce or withdraw support	Local Account, publications and staff
Perception that social care will “interfere”	Local Account, publications and staff
Perception that people can manage	Local Account, publications and staff

Main barriers to access in children’s social care

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Barrier	Work to address this
Thresholds for help	Family Wellbeing Model Early Help Hub Child Protection Advice Line
Delays or difficulties in identifying types of abuse or neglect	Neglect Strategy and LSCB
Sometimes negative public perception of children’s social care	Communications

Legislation and access to adult social care

2014 Care Act:

- New legal duties around information, advice and prevention
- New eligibility threshold
- New legal assurances for carers

Legislation and access to children's social care

- National policy has put a spotlight on particular issues, which often leads to an increase in referrals – e.g. child sexual exploitation
- One of the aims of recent and up-and-coming legislation is to make access to adoption easier and swifter

Integration and access to social care

- Work so far
 - Joined up working
 - Community Health Teams in Adult Services
 - Better availability of social workers in hospitals
- Direction of travel
 - Joined up working
 - Promoting care closer to home
 - Behaviour change

Charging and access to adult social care

- We are developing a framework for charging for community-based services
- Charging will not start until early next year
- In consultation, concerns have been raised about charging putting people off accessing support
- However, research into this issue in other parts of the country suggests that charging does not have a significant impact on access levels