TOWER HAMLETS

Meeting of the

HEALTH SCRUTINY PANEL

Tuesday, 27 January 2009 at 6.30 p.m.

A G E N D A

VENUE
Room M72, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

Members:	**Deputies (if any):**
Chair: Councillor Stephanie Eaton **Vice-Chair:Councillor Ann Jackson**	
Councillor Lutfa Begum **Councillor Alexander Heslop** **Councillor Dr. Emma Jones** **Councillor Abjol Miah** **Councillor Bill Turner**	Councillor Ahmed Hussain, (Designated Deputy representing Councillor Dr. Emma Jones) Councillor Denise Jones, (Designated Deputy representing Councillors Ann Jackson, Bill Turner, Md. Abdus Salique and Motin Uz-Zaman) Councillor Azizur Rahman Khan, (Designated Deputy representing Councillor Stephanie Eaton) Councillor Abdul Matin, (Designated Deputy representing Councillor Stephanie Eaton) Councillor Abdul Munim, (Designated Deputy representing Councillor Abjol Miah) Councillor Tim O'Flaherty, (Designated Deputy representing Councillor Stephanie Eaton) Councillor M. Mamun Rashid, (Designated Deputy representing Councillor Abjol Miah)

	Councillor Dulal Uddin, (Designated Deputy representing Councillor Abjol Miah)

[Note: The quorum for this body is 3 Members].

Co-opted Members:		
Mr Nuruz Jaman	–	Tower Hamlets PCT Patient and Public Involvement Forum (Vice-Chair)
Mr John Lee	–	East London NHS Foundation Trust Patient and Public Involvement Forum (Vice-Chair)
Dr Amjad Rahi	–	Barts and The London Patient Public Involvement Forum (Chair)

If you require any further information relating to this meeting, would like to request a large print, Braille or audio version of this document, or would like to discuss access arrangements or any other special requirements, please contact: Amanda Thompson, Democratic Services, Tel: 020 7364 4651, E-mail: Amanda.Thompson@towerhamlets.gov.uk

LONDON BOROUGH OF TOWER HAMLETS

HEALTH SCRUTINY PANEL

Tuesday, 27 January 2009

6.30 p.m.

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Chief Executive.

		PAGE NUMBER	WARD(S) AFFECTED
3.	**UNRESTRICTED MINUTES**	**3 - 8**	
	To confirm as a correct record of the proceedings the unrestricted minutes of the ordinary meeting of Health Scrutiny Panel held on 14 October 2008.		
4.	**REPORTS FOR CONSIDERATION**		
4.1	**Introduction to East London NHS Foundation Trust Members**	**9 - 14**	**All Wards**
	Dinah Morley and Peter Nichol - ELNFT Council Members.		
	(10 minutes)		
4.2	**THINk - Update on the Tower Hamlets Involvement Network**		**All Wards**
	Dianne Barham – Director, THINk		
	(15 minutes)		
4.3	**Barts and the London NHS Trust Update on Annual Health Check Results 2007/08**		**All Wards**
	Matthew Hopkins – Chief Operating Officer, Barts and the London NHS Trust		
4.4	**PCT Managed Practices - Consultation**	**15 - 16**	**All Wards**
	Charlotte Fry – Associate Director, Primary Care Commissioning, THPCT		
	(25 minutes)		

4.5	**Emergency Dental Services Review - North East London** Vivienne Cencora – Associate Director, THPCT **(20 minutes)**	**17 - 22**	**All Wards**
4.6	**Healthcare for London - Update on Progress** Jeremy Gardner – Head of Communications and Engagement, THPCT **(20 minutes)**	**23 - 28**	**All Wards**

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

DECLARATIONS OF INTERESTS - NOTE FROM THE CHIEF EXECUTIVE

This note is guidance only. Members should consult the Council's Code of Conduct for further details. Note: Only Members can decide if they have an interest therefore they must make their own decision. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending at a meeting.

Declaration of interests for Members

Where Members have a personal interest in any business of the authority as described in paragraph 4 of the Council's Code of Conduct (contained in part 5 of the Council's Constitution) then s/he must disclose this personal interest as in accordance with paragraph 5 of the Code. Members must disclose the existence and nature of the interest at the start of the meeting and certainly no later than the commencement of the item or where the interest becomes apparent.

You have a **personal interest** in any business of your authority where it relates to or is likely to affect:

(a) An interest that you must **register**

(b) An interest that is not on the register, but where the well-being or financial position of you, members of your family, or people with whom you have a close association, is likely to be affected by the business of your authority more than it would affect the majority of inhabitants of the ward affected by the decision.

Where a personal interest is declared a Member may stay and take part in the debate and decision on that item.

What constitutes a prejudicial interest? - Please refer to paragraph 6 of the adopted Code of Conduct.

Your personal interest will also be a prejudicial interest in a matter if (a), (b) and either (c) or (d) below apply:-

(a) A member of the public, who knows the relevant facts, would reasonably think that your personal interests are so significant that it is likely to prejudice your judgment of the public interests; AND
(b) The matter does not fall within one of the exempt categories of decision listed in paragraph 6.2 of the Code; AND EITHER
(c) The matter affects your financial position or the financial interest of a body with which you are associated; or
(d) The matter relates to the determination of a licensing or regulatory application

The key points to remember if you have a prejudicial interest in a matter being discussed at a meeting:-

i. You must declare that you have a prejudicial interest, and the nature of that interest, as soon as that interest becomes apparent to you; and

ii. You must leave the room for the duration of consideration and decision on the item and not seek to influence the debate or decision unless (iv) below applies; and

iii. You must not seek to improperly influence a decision in which you have a prejudicial interest.

iv. If Members of the public are allowed to speak or make representations at the meeting, give evidence or answer questions about the matter, by statutory right or otherwise (e.g. planning or licensing committees), you can declare your prejudicial interest but make representations. However, you must immediately leave the room once you have finished your representations and answered questions (if any). You cannot remain in the meeting or in the public gallery during the debate or decision on the matter.

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 6.30 P.M. ON TUESDAY, 14 OCTOBER 2008

ROOM M72, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG

Members Present:

Councillor Stephanie Eaton (Chair)

Councillor Ann Jackson
Councillor Abjol Miah
Councillor Bill Turner

Other Councillors Present:
Nil

Co-opted Members Present:

Mr John Lee	- East London NHS Foundation Trust

Guests Present:

Dr Somen Banerjee	– Assistant Director for Public Health, THPCT
Steph Diffey	– East London NHS Foundation Trust
Jill Goddard	– Tobacco Control Lead, THPCT
Myra Garrett	– The Link Steering Group (Think)
Brigid MacCarthy	– Head of AMH Psychology, East London NHS Foundation Trust
Brian Toye	– East London NHS Foundation Trust
Alwen Williams	– Chief Executive, THPCT

Officers Present:

Deborah Cohen	– (Service Head, Disability and Health Services, Adults Health and Wellbeing)
John Goldup	– (Corporate Director, Adults Health and Wellbeing)
Michael Keating	– (Service Head Scrutiny & Equalities, Chief Executive's)
Shanara Matin	– (Scrutiny Policy Officer)
Kelly Rickard	– (Communications Officer)
David Tolley	– (Environmental Health Commercial Service Manager, Communities Localities and Culture)
Alan Ingram	– (Democratic Services)

1. APOLOGIES FOR ABSENCE

No apologies for absence were submitted.

2. DECLARATIONS OF INTEREST

Councillor Bill Turner declared a personal interest on the basis that he was a Foundation Governor of the East London NHS Foundation Trust.

3. UNRESTRICTED MINUTES

The minutes of the meeting held on 22 July 2008 were agreed as a correct record.

3A ELECTION OF VICE-CHAIR

The Chair indicated that Councillor Motin Uz-Zaman had stood down as a member of the Panel and had been replaced by Councillor Alex Heslop. Accordingly, the post of Vice-Chair of the Panel was vacant.

The Chair requested that the thanks of the Panel be recorded for Councillor Uz-Zaman's valuable contributions to its work.

The Chair **moved** and it was RESOLVED:

That Councillor Ann Jackson be elected Vice-Chair of the Panel for the remainder of the Municipal Year 2008/09.

4. REPORTS FOR CONSIDERATION

4.1 Tobacco Cessation Review Action Plan - Update

Mr David Tolley, Environmental Health Commercial Service Manager, introduced the report and indicated that the Tobacco Control Alliance was now up and running and in a strong position to deliver core objectives. The PCT had dedicated £1.5m this year in order to address the challenges, with a further £800,000 being requested for 2009/10. He outlined the progress of the smoke free policy and links with businesses that particularly addressed the position of the Bengali and Somali communities, in terms of smoking prevention. He added that the work of the Alliance had also been recognised at regional level.

Mr Tolley continued that testing had been carried out both on contraband and counterfeit tobacco. He also detailed enforcement measures that had been taken.

Ms Jill Goddard, Tobacco Control Lead, THPCT, gave a progress report on the position of the Health Scrutiny Review of Smoking Cessation in the Borough, which had also been circulated, and commented that, additionally, work was being focused on other ways in which tobacco was used, such as

smoking in Shisha pipes and chewed tobacco (Paan). Groups to be especially targeted were 30-50 year old Bengali men, large numbers of whom smoke, and the high levels of Bengali women at all ages who chewed betel nut, which was also carcinogenic.

A full discussion then ensued, when Panel members drew attention to matters including:

- Premises allowing the practice of Shisha smoking and ways to promote awareness of its effects on health, likewise with regard to betel nut chewing and sweet tasting tobaccos.
- Possible enforcement action targeted at such premises.
- Smoking cessation in a mental health context, including clients who did not require hospital services.
- The need to be able to quote amounts of toxic substances identified in contraband and counterfeit tobacco in comparison with the level of such substances present in normally produced tobacco, with a view to publicising the information.
- Proper packaging of items containing tobacco products was required if they were on sale in retail outlets.

The Chair stated that Councillor Anwara Ali had proposed an amendment to the Panel report when it was considered at Cabinet but although the Chair endorsed the comments, she did not feel it was necessary to add them to the report recommendations.

4.2 Early Intervention Service

Ms Brigid MacCarthy, Consultant Clinical Psychologist, introduced a briefing paper and presentation on the proposals for the introduction of an early detection service for environmental health and referred to work which had resulted in the reduction of the Duration of Undiagnosed Psychosis from 23 weeks to 6 days.

During a detailed discussion of topics arising from the presentation, Ms MacCarthy and Mr Brian Toye (Early Intervention Service) responded to queries and comments, such as:

- While the full age range of Early Intervention Service clients was 14-25 years they were predominantly from 16 years upwards.
- Information on the service would be rolled out to teaching/education staff so they could make an input if appropriate.
- It was important that the point of first contact of the service had an approachable ‘shop front’ appearance to encourage people to self-refer, although it was likely that GPs would be able to identify treatment-seeking people.
- The Police should be included as partners as people experiencing psychosis could present as if carrying out criminal acts.
- Full networking would be essential between all agencies involved.

- It was hoped that the service could include identifying family problems and assist where people were resistant to seeking help.
- Sensitivity to cultural and religious diversities was essential if the whole community was to support the service, together with recognition of the fact that young people could use alternative personal therapies such as cannabis.
- It should also be recognised that people could be suffering from a cluster of conditions of which psychosis comprised only one.

The Chair expressed the view that the questions in the presentation aimed at assisting the development of the service should be made available to all Councillors. She further asked that, when the service was structured and in a form to start delivery, there should be another report to the Panel due to the enormous potential value to the community.

4.3 Adult Protection

Deborah Cohen, Service Head Disability and Health, introduced the Annual Report of the Adult Protection Service in Adults' Health and Wellbeing for 2007/08. This was the first occasion the annual report had been made available to the Panel and Ms Cohen gave a presentation on the main points it contained. During a full discussion of the report, the following points were made:

- There had been a significant increase in funding since last year, which would allow the service to grow and the NHS was investing more resources, in terms of funding and posts.
- To encourage extending mental health advocacy rights to older persons with confusion, much work was being undertaken under the mental Capacity Act to allow assessments to be made by people other than doctors or social workers.
- It was essential to make sensitive responses in the case of persons notified to the Council or agencies as potentially in need of help and workers at all levels would have to be apprised of the need to observe confidentiality of patient details.
- Differing family structures in the Borough's communities had to be respected and a wide community network should be established with a view to the Adult Protection Team not necessarily having to make the first intervention.

The Chair expressed the view that the points made should be taken forward by those implementing the service.

4.4 Joint Strategic Needs Assessment

Dr Somen Banerjee, Associate Director for Public Health, THPCT, introduced a briefing paper and presentation on the Joint Strategic Needs Assessment process, which was a new duty that started on 1 April 2008.

It was essential to communicate with Tower Hamlets residents to find out what they considered their health and welfare needs to be; what could be done to meet them; what needed to be discontinued and how there could be successful working with the public.

Six steps to take forward included core data set collation; audit of community strategies; gap analysis; production of a foundation JSNA; consultation on the JSNA; preparation of a summary document. So far, the first step had been completed and the foundation JSNA would be completed by the end of the month and details later reported to the Panel.

The presentation also included information on emerging findings such as inadequacies socially and health-wise; links with deprivation and ethnicity to cardiovascular disease, cancer and lung disease; the fact that some 18,000 people in the Borough were considered to have significant mental illness.

The main concerns expressed by the population had been identified, along with cross-cutting themes to improve service delivery and take account of current local variations and inadequacies in service provision.

A wide discussion ensued and Dr Banerjee responded to points made, including:

- The scope of the partnership could allow investigation of the link between heart disease and the large number of fast food outlets in the Borough – there was a possibility of the local authority being able to intervene using its planning and licensing powers.
- The quoted figure of 18,000 persons suffering severe mental illness was new information and would be revisited in view of comments by the Panel.
- Deprivation and health were also a concern for housing strategy, as this had a wide impact on the well-being of Borough residents.

Dr Banerjee concluded that further information would be provided to the Panel on the formalising of a Steering Group with wide membership, establishing streamlined measures for data collation and agreement of plans to enable the work of the JSNA to proceed successfully.

4.5 Improving Health and Wellbeing Strategy Refresh

Ms Alwen Williams, Chief Executive, THPCT, tabled a presentation document on the refreshing of the partnership strategy for improving health and wellbeing. She outlined the main components of the ten year strategy, commenting that this was at an early stage and a further report would be made to the Panel.

Mr John Goldup, Corporate Director Adults' Health and Wellbeing, spoke on the drivers and key issues of the strategy which had started two years ago, since when much had happened. There had been huge changes in joined-up working and Primary Care networks and many London-wide/national changes to take on board concerning the whole NHS. In addition, the Government was

promoting its initiative to transform social care to allow individuals to decide how their care should be organised. The JSNA should push forward the refresh of the strategy and it was necessary to consider needs 5-10 years in the future.

Following full discussion of the strategy, points were made that;

- The strategy was aspirational and aimed at a 2016 delivery. The target was that there should be equal access and choice for all, rather than limitless provision.
- The NHS and social care had struggled with massive IT problems but hoped to achieve the point of people not having to provide the same information repeatedly to various health workers.
- The vision as set out in the document was built from what residents had said they wanted and delivery would be challenging but should not be diluted.
- GPs were held to contracts by the PCT and it was hoped to raise the bar of access to and quality of services
- There were some concerns about wording relating to the Barkantine surgery improvements, as it was felt that this could alienate people in other areas where services were not at that level.
- There should be a message about people taking responsibility for their own health, but without a negative element of blame.

The point was made during discussion that the Council was withholding £38,000 of funding from Think and the Chair indicated that she would take this forward.

Ms Williams stated that the PCT's view was to be culturally sensitive and not punitive. People would need the right information to allow them to access services and there were various incentives that could be used to encourage personal responsibility. It was hoped to launch the health initiative in November.

Following discussion on the further involvement of the Panel, the point was made that feedback could be made before January 2009 and the possibility of an all-Member seminar was raised. Ms. Williams added that she was open to the possibility of additional meetings being held for this purpose.

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

Nil

The meeting ended at 9.20 p.m.

Chair, Councillor Stephanie Eaton
Health Scrutiny Panel

Paper from the Tower Hamlets members of the East London Foundation Trust (ELFT) Council

What are Foundation Trusts?

NHS Foundation Trusts replace the former hospital or health services trusts and are intended to provide and develop services for NHS patients according to NHS principles and standards and are subject to NHS systems of inspection. NHS Foundation Trusts are able, overseen by Monitor (see below), to tailor their services to best meet the needs of the local population and tackle health inequalities more effectively. They are regulated by Monitor rather than by the Department of Health, feeding in to Government at Cabinet level.

'NHS Foundation Trusts have greater freedoms to manage their own affairs and improve services. The purpose in establishing NHS Foundation Trusts is to:

1. Devolve more power and responsibility to the local level so that NHS hospitals are better able to respond to the needs of patients. The establishment of NHS Foundation Trusts aims to bring about improved access to higher quality services for NHS patients by incentivising innovation and entrepreneurialism.
2. Devolve accountability to local stakeholders including NHS patients and staff. NHS Foundation Trusts operate governance arrangements that give local stakeholders and the public opportunities to influence the overall stewardship of the organisation and its strategic development.
3. Support patient choice by increasing the plurality and diversity of providers within the NHS.'

The Government website gives full information on: (http://www.dh.gov.uk/en/Healthcare/Secondarycare/NHSfoundationtrust/DH_4062806)

Foundation Trusts are governed by Monitor which is at 'arms length' from the Cabinet and, as such, is intended to give greater independence to the Foundation Trust movement.

'Monitor receives and considers applications from NHS Trusts seeking foundation status and negotiates terms of authorisation with each applicant Trust which set out the conditions under which an NHS Foundation Trust is required to operate, covering:

- a description of the goods and services related to the provision of healthcare that the NHS Foundation Trust is authorised to provide

- limits on the amount of income that the NHS Foundation Trust is allowed to earn from private charges
- limits on the amount of money that the NHS Foundation Trust is allowed to borrow
- financial and statistical information the foundation trust is required to provide

Once NHS Foundation Trusts are established, Monitor regulates their activities to ensure that they comply with the requirements of their terms of authorisation. Monitor has the powers to intervene in the running of an NHS Foundation Trust in the event of failings in its healthcare standards or other aspects of its activities, which amount to a significant breach of their terms of authorisation.'

Further information can be found on the web site as follows: (http://www.dh.gov.uk/en/Healthcare/Secondarycare/NHSfoundationtrust/DH_4131783)

What is the East London NHS Foundation Trust?

East London NHS Foundation Trust is a mental health trust and was set up in 2007, bringing together mental health services to the City of London, the London Boroughs of Hackney, Tower Hamlets and Newham and largely replacing the East London Mental health Trust. The Trust provides a range of community, outpatient and inpatient services for children and young people, adults and older people, and also provides forensic services to the London Boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest, as well as some specialist mental health services to North London,

The Trust's Headquarters are located in Tower Hamlets. It operates from 47 community sites, four main inpatient sites and has 660 inpatient beds. (See appendix for Tower |Hamlets Services) The Trust has an income of £184.7 million and most of this comes from the local Primary Care Trusts.

The ELFT is linked with the University of London, City University and South Bank University.

Who are the ELFT Council Members

In their commitment to devolve some power to local residents, Foundation Trusts have to have members. In East London over 7000 local people have already joined up to have a say in the way local mental health services are developed. Becoming a member is free. Seven Tower Hamlets members are elected to the Members' Council for a 2/3 year period. Currently Tower Hamlets has s further

two appointed members on the Members council, one of whom specifically represents the BME community. Information about the members can be found on the ELFT website as follows:
http://www.eastlondon.nhs.uk/admin/misc_pages/preview.asp?recordid=871

Possible Relationship with the Borough's Health Scrutiny Panel

As a democratically elected group of members we have a responsibility to all ELFT members to represent and articulate their concerns as thoroughly as possible. One way of furthering this objective would be to have representation from the ELFT Members Council on the Health Scrutiny Panel, either co-opted or as observers.

This would allow for a flow of information both ways and enable both ELFT elected members and LBTH elected members to be more effective in representing the mental health needs of residents in the borough. As such we believe that as ELFT elected members we need a direct relationship with LBTH in its health role.

Proposal

We suggest that two members from the ELFT Members Council attend the LBTH Health Scrutiny committee on a regular basis.

Tower Hamlets Mental Health Services provided by ELFT
(http://www.eastlondon.nhs.uk/our_services/tower_hamlets_services.asp)

Adult Services - Early Intervention Services

- Tower Hamlets Early Intervention Service

Assertive Outreach Teams

- Assertive Outreach Team - Tower Hamlets

Community Mental Health Teams - Adult

- Bow & Poplar CMHT
- Bethnal Green & Globe Town CMHT
- Stepney & Wapping CMHT
- Isle of Dogs CMHT

Community Rehabilitation/Continuing Care Teams

- Community Recovery and Rehabilitation Team

Crisis Resolution/Home Treatment Team

- Home Treatment Team

Day Centre/Resource Centre

- Memory Clinic - Tower Hamlets

Emergency Clinics/Walk in Centres

- Emergency Assessment and Mental Health Liaison Service

Inpatient Wards/Units - Adult

- Lea Ward (formerly Ansell Ward)
- Brick Lane Ward (formerly Green Ward)
- Globe Ward (formerly Lansbury Ward)
- Millharbour Ward
- Roman Ward (formerly Monro Ward)

Mental Health Crisis Intervention Service

- Crisis Intervention Service - Tower Hamlets

Perinatal Service

- Perinatal Service

Psychiatric Intensive Care Units - Adult Services

- Rosebank Ward - Psychiatric Intensive Care Unit

Psychological Therapy and Counselling

- Psychology - Tower Hamlets
- Community & Primary Care Psychology & Counselling
- Department of Psychology - Tower Hamlets

Psychological/Occupational Therapies - Adults

- Occupational Therapy - Tower Hamlets

Psychotherapy - Adult Services

- Psychotherapy Services - Tower Hamlets

Older People Services
Clinical Psychology - Services for Older People

- Psychology Care Of Older People - Tower Hamlets

Community Mental Health Teams -Older People

- Mental Health Care for Older People - Tower Hamlets
- Community Mental Health Team for Older People

Inpatient Wards/units - Services for Older People

- Leadenhall Ward (formerly Hastings Ward)
- Robinson Ward
- The Green (Assessment)

Management Offices - Older People Services

- Mental Health Care for Older People - Tower Hamlets Management offices

Psychological/Occupational Therapies- Older People

- Occupational Therapy Mental Health Care of Older People - (TH)

Respite Units for Older People

- The Green (Respite Unit)

Child & Adolescent Services
Adolescent Specialist Addiction Treatment Service

- Child and Adolescent Specialist Substance Misuse Services

Child & Adolescent Community Teams/Service

- Child & Family Consultation Service - Tower Hamlets Outpatients
- Child & Adolescent Psychiatry - Tower Hamlets
- Child & Family Consultation Service - Tower Hamlets

Specialist Addiction Services
Specialist Addiction Services

- Specialist Addiction Unit - Tower Hamlets
- Blood Borne Virus Team

Corporate Services
Medical Education and Academics

- Academic Department of Psychiatry

Administration & Support Services
Management Office Services

- Directorate/Management Offices - Tower Hamlets

Medical Records

- Medical Records

Learning Disabilities Services
Learning Disabilities

- MHS for People with Learning Disabilities - Tower Hamlets
- Community Learning Disability Service

Tower Hamlets NHS
Primary Care Trust

QUESTION AND ANSWER FOR CONSULTATION ON PCT MANAGED PRACTICES

This document answers some commonly asked questions about the PCT Board decision to allow it's directly managed GP practices and associated staff to become independent of the PCT.

It has been designed for patients of All Saints, Barkantine, East One Health and Whitechapel Health practices.

Why is the PCT undertaking this process at my practice?
Your GP Practice is currently managed by the PCT which is unusual as most other GP practices are managed independently. The goal is for your practice to become independent of the PCT and manage itself in the same way as other GP practices in Tower Hamlets.

Why is it better to be managed independently?
PCTs do not have expertise in managing general practices as they are usually managed independently of PCTs by partnerships or other independent arrangements. The normal job of the PCT is to manage the GP contract, not the services itself.

Directly managing your GP practice is therefore not an appropriate long-term arrangement for the PCT, or the practice itself. Furthermore, clinicians working at your practice have said they are interested in gaining independence

So how will my practice become independently managed?
Achieving independence is a complex process. It is important to make sure that the team at each practice has the knowledge and skills to manage the practice effectively. We set standards that we wanted each of the teams at the practices to achieve. We want to see them achieve these standards before the take over the management of the practice. Your practice did well enough for us to be able to consider transferring management of the practices to the staff working there.

Can you tell me more about this process?
There are three stages of process which are:-
Stage One
This stage has already taken place and was designed to identify those practices that are providing an acceptable standard of care, are working well with the PCT to make further improvements, have a clear development plan and are committed to achieving standards equivalent to some of the best performing practices in Tower Hamlets. Your practice passed this stage.

Stage Two:
Your practice has been invited to take part in a trial period of 12 months to prove that it can operate and develop their services. The progress of each practice is being monitored quarterly to determine that services have not been adversely affected by the changes and that they are making good progress towards the model of services the PCT aims to reach.
Stage three:
For practices that successfully pass stage two and an assessment in March 2009, the practice management team will be invited to submit a business case to take over the practice. The PCT Board will decide whether to continue to process towards independence or seek alternative ways of enabling the practices to become independent.

So what does it mean for me, as a patient?
This process offers your practice the opportunity to improve the future shape and scope of the services it delivers to you, and you will therefore see a positive difference to the care that you receive.

Will I have an opportunity to have my say as a patient?
Questionnaires will be delivered to the practices in mid January and they will ask you your opinion on the process of transferring the management from the PCT to the staff. This questionnaire will ask you to what extent you agree or disagree with the decision, how satisfied you are currently with the team, services and service and whether you would like to see any improvements.

Where can I find out more information?
For further information about this process or your practice please call our Patient Advice and Liaison Service (PALS) on 0800 389 3093.

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	27 Jan 2009.	Unrestricted		
Report of: **Tower Hamlets PCT** **Originating Officer(s):** **Vivienne Cencora** **Bernadette Beckett**		**Title: Emergency Dental Services Review – North East London** **Ward(s) affected: All**		

1. Summary

The Tower Hamlets PCT has lead a review of Emergency Dental Services which is to be taken forward for consultation with the communities and stakeholders within the London North East Boroughs commencing end January and concluding end April 2009. This paper has been put forward to the Tower Hamlets Health Scrutiny Panel to inform elected members about the review and the consultation process.

2. Recommendations

1. The Emergency Dental Services (EDS) Steering Group welcomes the views of Elected Members on the proposals for the future delivery of the Emergency Dental Services across North East London.

2. The EDS Steering Group would like to know how best to involve the Elected Members in the consultation process.

LOCAL GOVERNMENT ACT, 2000 (SECTION 97)
LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Background paper	Name and telephone number of and address where open to inspection
Scrutiny Review File held in Scrutiny Policy Team	Afazul Hoque 020 7364 4636

3. Background

Please see attached report.

4. Concurrent Report of the Assistant Chief Executive (Legal Services)

5. Comments of the Chief Financial Officer

6. Equal Opportunity Implications

7. Anti-Poverty Implications

8. Sustainable Action for a Greener Environment

9. Risk Management Implications

Report to the Health Scrutiny Panel

Emergency Dental Services Review – North East London

Introduction

This paper has been put forward to the Tower Hamlets Health Scrutiny Panel to inform elected members that a review of Emergency Dental Services is to be taken forward for consultation with the communities and stakeholders within the London North East Boroughs commencing end January and concluding end April 2009.

Background

PCTs have been required to provide Out of Hours dental services from April 1st 2006. This service, covering North East London boroughs, is currently provided by Tower Hamlets PCT and consists of a telephone triage service and walk in service at the London Hospital. This was set up as a temporary arrangement. The PCTs within North East London all make equal contributions towards the delivery of the triage service.

The current Emergency Dental Service (EDS) includes both triage and face-to-face consultation. The service is accessed by a single Out of Hours (OOH) telephone number for the whole of the NE Sector. The calls are triaged by a dentist. The patient may be offered anything from advice to referral on to a face-to-face consultation at either the London Hospital or Hornchurch. In addition, to accessing the service through triage, there is also a walk in service at the London Hospital and Hornchurch.

The telephone triage service opening hours are:

Weekdays	6.30 p.m.	-	10.00 p.m.
Weekends	7.30 a.m.	-	3.00 p.m.
Bank Holidays	7.30 a.m.	-	8.00 p.m.

The London dental OOH service based at Whitechapel (Tower Hamlets PCT) provides clinical care during:

Weekday	7.00 p.m.	-	11.45 p.m.
Weekends	8.00 a.m.	-	5.15 p.m.
Bank Holidays	8.00 a.m.	-	10.00 p.m.

The emergency dental service only provides a temporary dental care solution and therefore patients are advised to access their local general dental practices to continue with ongoing dental care.

Review of North East Emergency Dental Care Services

At the request of the Dental Services Commissioning Group across the North East sector a review was carried out of the arrangements for providing dental triage across the sector and the urgent care dental services (EDS) based at the London Hospital.

Whilst the current arrangements allow patients the flexibility of accessing the triage service for advice and information, or limited open access to the EDS, the ongoing availability of two

different types of entry to the service is inconsistent and does not provide equitable access. It is also difficult to manage and causes a number of problems for patients:

- **Equity of access**: Initially whilst patients with a true urgent need were definitely seen if they went through the triage this was not necessarily true for the patient that queued. The service is operating at full capacity and therefore even patients who access the triage and are assessed as having true urgent need may not be able to get an appointment if all the care slots have been taken;
- **Confusion:** It is difficult for patients to understand that queuing up for hours may still result in being turned away, while they see patients who have been triaged coming forward and jumping the queue;
- **Patient wellbeing:** The walk in service is provided on a small site within the London Hospital and therefore those that queue have to wait outside in all weathers. Queuing often starts at 5.00 p.m. and therefore patients can be waiting for 2 hours before the doors are opened for emergency dental care to be provided. On most occasions the numbers within the queue immediately fill all the available slots for the evening for walk-in patients and often some of those queuing have to be turned away and advised to ring triage. A patient with urgent care needs still may not access care that evening if all the triage slots have also been taken;
- **Health and Safety:** Open door means limited control of the number of patients that arrive at any one time, as well as the frequency with which they arrive. As the clinic is small, there is often overcrowding and even those patients that are able to be seen have to be sent away and asked to return later, causing upset, inconvenience to the patient and on occasion aggression towards staff working within the service.
- **A service of convenience**: A number of people call and attend the service more than once even though they are only provided with a temporary solution and should really go on to more permanent arrangements for their care in general practice later**.**
- **Ineffective systems:** Having two systems of access to the service makes it possible for patients to ensure they are seen despite not having urgent care needs. A patient refused a face-to-face contact during a triage consultation knows that if they come along early enough the next day, they will be guaranteed to see the dentist
- **European Working Time Directive:** The current opening hours mean that shift finish times – 11.45 p.m. on weekdays, do not permit an adequate rest period for staff who may be working the following day.
- **Triage Costings** - The triage service is presently delivered by dentists and the cost per call is approximately double the cost than if the service was provided by dental nurses using proven algorithms. There is considerable precedent in other parts of the UK, for dental nurses providing telephone triage of dental problems.
- **In hours demand** - There is an unquantified daytime demand for emergency dental treatment that comes through informal arrivals at the EDS premises when it is closed and telephone calls to the walk-in service. This would suggest that patients are unaware of how to access local dental care that should be available in hours.

The objectives of the review:

i. To enable consistent prioritisation of urgency for treatment, i.e. to give priority to patients where a delay in time could have significant impact on the outcome of subsequent treatment;

ii. To reduce the number of unnecessary face-to-face contacts between patients and dental professionals

iii. To ensure non urgent patients are referred appropriately and develop long term relationships with a local dentist, therefore improving oral health outcomes.

iv. To improve the cost effectiveness of the triage service.

v. To ensure that all patients with a true emergency need have access to a clinical contact

vi To ensure that the Emergency Dental Service works within a 'whole system' approach to providing emergency dental care in the sector by ensuring effective interfaces and consistent protocols between this service and other out-of-hours and in-hours emergency dental service provision, such as the daytime emergency service at the London Hospital, the out-of-hours service at Hornchurch and any newly commissioned emergency slots in GDS practices.

The proposals for change

The following recommendations are proposed:

- Linking the telephone triage with face-to-face services through direct appointments in general dental services;

- Removing the current open-door access route to EDS at the London Hospital, and ensuring that patients are provided with emergency care when needed at the London Hospital or Hornchurch; and urgent care through appointments in General Dental Practices across the sector

- Employing dental nurses, rather than dentists, to provide telephone triage using proven algorithms.

- To reduce the hours of the service

Consultation

Tower Hamlets and the PCTs within the North East sector are committed to involving patients and the public in any changes to service delivery and therefore are taking forward a three month consultation starting end January, and concluding end April 2009. The consultation will involve stakeholders, patients and the public and will ensure that the future delivery of emergency dental services within North East London meets the needs of the community and there are no gaps in provision. The consultation document will be provided to members of the Health Scrutiny Committee.

A Steering Group has been set up to oversee the implementation of activity and a representative of the Tower Hamlets LINk, THINK, has been invited to participate in this group, alongside a stakeholder representative from outer London.

Recommendations

2. The Emergency Dental Services (EDS) Steering Group welcomes the views of Elected Members on the proposals for the future delivery of the Emergency Dental Services across North East London.

3. The EDS Steering Group will keep Elected Members informed of activity as deemed appropriate by the Health Scrutiny Committee

Bernadette Beckett
Interim Project Manager
Tower Hamlets PCT

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	27th Jan 2009	Unrestricted		
Report of: **Tower Hamlets PCT** **Originating Officer(s):** **Jeremy Gardner**		**Title: Health Care for London- report on Consultation** **Ward(s) affected: All**		

1. Summary

The NHS is required to consult on the proposals contained in Lord Darzi's plans for the future of health care in London. A joint committee of PCTs has been established to manage the consultation. This paper explains how the consultation will be conducted.

2. Recommendations

The Health Scrutiny Panel is asked to note the consultation process and to identify how it would wish to be included in the consultation.

LOCAL GOVERNMENT ACT, 2000 (SECTION 97)
LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Background paper	Name and telephone number of and address where open to inspection
Scrutiny Review File held in Scrutiny Policy Team	Afazul Hoque 020 7364 4636

3. Background

Healthcare For London is a programme to modernise health services and improve the health of London's. The proposals have a strong emphasis on quality. Recognising that London is behind many major cities in terms of such measures as survival rates for a number of conditions and within the capital there are considerable health inequalities. There website which contains Lord Darzi's full report which is www.healthcareforlondon.nhs.uk. This london wide consultation focuses on two areas where significant improvement in quality of servicer and outcomes for patients can be achieved; these are stroke and trauma services (severe injury).

4. Concurrent Report of the Assistant Chief Executive (Legal Services)

5. Comments of the Chief Financial Officer

6. Equal Opportunity Implications

It is important that the consultation reaches all of our community including the under represented groups.

7. Anti-Poverty Implications

8. Sustainable Action for a Greener Environment

9. Risk Management Implications

Healthcare for London; improving stroke and major trauma services public consultation

Introduction

1. London Primary Care Trusts will be consulting on Healthcare for London proposals around acute stroke and major trauma services from January 30 to early May 2008. This is a 14-week consultation.

2. This is subject to agreement by the Joint Committee of PCTs (JCPCT) meetings on 21 and 27 January. The second of these meetings is in public and takes place at Dexter House, Royal Mint Street, EC3.

   The consultation will look at where acute stroke and major trauma services could be delivered to provide better access to high-quality, specialist services for everyone in the capital. Clinical evidence suggests the changes would save many lives.

4. Consultation will be on:

   Adult services for acute stroke care – the location and coverage of hyper-acute services and acute services in London

5. The stroke consultation will include configuration of specific hospital sites to provide equality of access to excellent acute stroke services for adults in London. While the consultation documentation will include information on rehabilitation, community care and prevention, these services are not being consulted upon.

   Adult services for trauma care – the location and coverage of major trauma services in London

6. The major trauma consultation will cover the establishment of major trauma networks for the whole of London. These networks will comprise a major trauma centre linked with a number of trauma centres. Proposed major trauma centres will be identified and subject to this consultation.

   Background to the consultation

7. A consultation based on a model of care proposed by Lord Ara Darzi took place from 30 November 2007 to 7 March 2008 across London.

8. Lord Darzi identified eight reasons why change is needed.
   a. Need to improve Londoners' health
   b. NHS not meeting Londoners' expectations
   c. Big inequalities of care across the city
   d. Hospital not always the answer
   e. Need for more specialised care for some conditions
   f. London should be at the cutting edge of healthcare
   g. Workforce and buildings are not being used effectively
   h. Need to demonstrate best use of taxpayers' money

9. The consultation involved a wide range of stakeholders in Tower Hamlets, including events organised by the PCT, by the Community Organisations Forum, and with stakeholders including

staff of Barts and The London NHS Trust, the East London Foundation Trust and a roadshow open meeting involving representatives of the local NHS organisations and local authority.

10. A number of workstreams have been developing proposals for change to improve health services, in particular around stroke, trauma, local hospitals, unscheduled care, polyclinics and diabetes. Further workstreams are being initiated around maternity care, children and young people, mental health and end of life care.

11. A JCPCT was responsible for overseeing the Healthcare for London consultation and in June 2008 made 19 decisions and agreed a range of recommendations to take forward the Healthcare for London vision.

12. Among those decisions were two relevant to the forthcoming consultation. The JCPCT agreed:
    To develop some hospitals to provide more specialised care to treat the urgent care needs of patients suffering a stroke. About eight hospitals in London would provide 24/7 care of a quality not currently available in London. All stroke patients would be taken to one of these centres until their condition is stabilised. The number and location of these hospitals will be the subject of the new consultation.
    To develop some hospitals to provide more specialised care to treat the urgent care needs of trauma (severe injury) patients - probably between three and six hospitals. The number and location of these hospitals will be the subject of the new consultation.

13. This consultation is provisionally entitled *Healthcare for London: Improving stroke and major trauma services*.

Managing the consultation

14. In order to facilitate this process a joint committee of PCTs has been established to agree the consultation process and a consultation document for *Healthcare for London: Improving stroke and major trauma services*. This is expected to be completed on 27 January.

15. A joint Overview and Scrutiny is being formed to oversee the consultation process and this is being supported by the majority of London OSCs, including that of Tower Hamlets council.

16. The Healthcare for London office will manage the London-wide elements of the consultation. This includes arranging and managing consultation meetings with London-wide or national bodies there will be presentations for bodies such as the Royal Colleges.

17. Mori-Ipsos will collect and analyse comments and prepare a report following the consultation. Also, they will provide a London-wide consultation freephone.

18. A new patient and public advisory group has been established to help inform Healthcare for London's work.

19. Healthcare for London received nearly 70 applications to join the group, and approximately 25 members were selected by an independent panel following recruitment events. Members are required to belong to their Local Involvement Networks (LINks), the new borough-based networks supporting health and social care. There will be further opportunities for individuals and organisations to join the group.

20. Healthcare for London's patient and public advisory group will contribute to the development of Healthcare for London by analysing plans, proposals and products, and suggesting improvements to the programme's work.

21. The first meeting of the group was held on 8 December. At this meeting, members:
    • heard about work done to date on stroke and major trauma;
    • provided suggestions on effective ways to engage with the public in the future.

22. The group is providing advice to Healthcare for London in the lead-up to the pan-London consultation on stroke and major trauma care.

Consultation plan

23. The consultation – objectives and principles

- We will be clear to participants where their comments will feed into:
- The Healthcare for London consultation on acute strike service
- The Healthcare London proposals on trauma services

- Our consultation will aim to ensure:
- Stakeholders are informed about, and can influence, the proposal
- The consultation process on Healthcare for London proposals is timely and legal
- Communications will be appropriate to appropriate for diverse audiences
- Duplication in asking the same people questions on health care is reduced
- The resulting recommendations are supported by as many stakeholders as possible.

- The following messages will be appropriate for all:

Changes need to be made to improve health and deliver safe, accessible health care

24. The PCT will:
    - ensure a full distribution of consultation materials within the borough
    - assemble a panel of speakers to present the consultations
    - develop a programme of local meetings, events and briefings, in conjunction with THINk (the Tower Hamlets Local Involvement Network) and Tower Hamlets Partnership, using Partnership meeting and other consultation structures where possible. These will include:
        a. Events in each of the borough's four localities involving the public and stakeholders
        b. THINk meeting for third sector
        c. Meetings for staff in social care, PCT, BLT and East London Foundation trust
        d. Meetings with organisations with particular interests in stroke or trauma, such as the Stroke Association, Restart, Headway East London and carers' groups
        e. Events to engage under-represented groups, organised in conjunction with THINk
- Work with Barts and the London NHS Trust and East London Foundation Trust to ensure staff are able to make informed comments
- Organise an open meeting and roadshow allowing members of the public to attend, learn and talk about the proposals and to comment.
- ensure coverage of the issue within the local media, including local community media.

25. Healthcare for London consultation materials will include:
    - A consultation document
    - A summary document for local authorities, voluntary organisations
    - A summary document for London NHS staff
    - An easy-read document and material in the 15 most common languages, Braille, CD and take
    - Media packs
    - Newspaper and radio advertisements
    - Roadshows
    - Website

Jeremy Gardner
Head of Communications and Engagement

This page is intentionally left blank