

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 6.30 P.M. ON TUESDAY, 16 JUNE 2009

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

Members Present:

Councillor Ann Jackson
Councillor Abjol Miah

Councillor Dr. Emma Jones

Other Councillors Present:

Nil

Co-opted Members Present:

Nil

Guests Present:

Dianne Barham	– THINK Director
Judith Bottriel	– Associate Director Governance, Barts & The London Trust
Jane Canny	– Barts & The London Trust
Vanessa Lodge	– Tower Hamlets PCT
Leeanne McGee	– Tower Hamlets Centre for Mental Health
John Wilkins	– Tower Hamlets Centre for Mental Health

Officers Present:

Ashraf Ali	– (Scrutiny Policy Officer)
Afazul Hoque	– (Acting Scrutiny Policy Manager)
Michael Keating	– (Service Head, Scrutiny & Equalities)
Helen Taylor	– (Service Head, Commissioning & Strategy)
Alan Ingram	– (Democratic Services)

1. ELECTION OF CHAIR FOR THE 2009/2010 MUNICIPAL YEAR

Mr A. Ingram, Democratic Services Officer, opened the meeting and indicated that Councillor Tim Archer had been appointed Chair of the Health Scrutiny Panel by the Overview and Scrutiny Committee on 9 June 2009. In Councillor Archer's absence, nominations were requested for a Chair for this meeting and it was **RESOLVED**

That Councillor Ann Jackson be appointed Chair of this meeting of the Health Scrutiny Panel.

Councillor Ann Jackson in the Chair

2. ELECTION OF VICE-CHAIR FOR THE 2009/2010 MUNICIPAL YEAR

RESOLVED

That Councillor Ann Jackson be elected Vice-Chair of the Health Scrutiny Panel for the Municipal Year 2009/2010.

3. APPOINTMENT OF CO-OPTED MEMBERS

Ms D. Barham, THINK, indicated that the organisation would be happy to have Dr Amjad Rahi and Ms Myra Garrett re-nominated as Co-opted Members, along with Ms Jean Taylor, if possible. Formal nominations would be proposed at the meeting of the Health Scrutiny Panel on 21 July 2009.

4. APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillors Tim Archer (for whom Councillor Dr Emma Jones deputised), Lutfa Begum, Stephanie Eaton, Alexander Heslop and Bill Turner.

Apologies were also submitted on behalf of Lynne Hunt, Assistant Chief Executive of the Eats London and City NHS Foundation Trust, whose role had changed and who would be represented by Mr John Wilkins for the next 6-9 months.

5. DECLARATIONS OF INTEREST

No declarations of interest were made.

6. UNRESTRICTED MINUTES

Referring to Item 4.1 – Tower Hamlets PCT Declaration to the Healthcare Commission 2008/09, (penultimate paragraph) the Chair made the point that it would be preferable for reports on patient issues and complaints to be provided by Barts & The London Trust and LBTH prior to the meeting of THINK.

Subject thereto, the minutes of the meeting held on 14 April 2009 were agreed as a correct record.

The Chair then indicated that the order of business on the agenda would be varied to receive item 9 – Health Scrutiny Panel 4 Year Work Programme, as

the next matter for discussion. For ease of reference, the agenda items are set out below in their original order.

7. REPORTS FOR CONSIDERATION

7.1 Health Scrutiny Panel Terms of Reference

The Panel received a report outlining its terms of reference, a schedule of meeting dates and details of membership for the Municipal Year 2009/2010. The Chair commented that further consideration might need to be given to the proposed meeting date of 23 March 2010.

The report was noted.

7.2 Annual Complaints Report 2008/2009 - BARTS and the LONDON NHS Trust

Ms J. Canny introduced the report that gave details of the central management of complaints by the Quality Development Department. She made the following points:

- A sharp increase in complaints last summer resulting from problems with implementing the new appointments system: such complaints had comprised some 44% of the total received. However, a range of issues had been addressed by the Patient Access Service and new complaints in this area had dropped significantly.
- A clinical restructure had also caused confusion resulting in complaints, along with staff leaving and moving locations.
- Transport issues were no longer in the top five causes of complaint and the top cause continued to be delays and cancellations of appointments.
- A fall in complaints performance overall had led to a decision to declare that core standard 14c (Standards for Better Health) had not been met and a plan was underway aimed at stabilising performance.
- Staff attitudes in complaints handling continued to be a source of concern and would be the subject of a further report to the Trust Board.

Ms J. Bottruell added that there was a performance target of dealing with 80% of complaints within a 25 day period and resources had been diverted towards maternity-related complaints, including staff attitudes, with particular regard to midwives. She pointed out that, if patients could achieve immediate action on, or resolution of their problems, they were less likely to proceed with a formal complaint.

In response to queries from Members, Ms Canny and Ms Bottruell commented that:

- With regard to the failure to properly address the appointment problems experienced by a Member's relative, changes had been made to enable compensation for out-of-pocket expenses. Amendments to appointments letters and the distribution system

meant that problems would be less likely. Patients who had experienced appointments problems had been contacted by phone or letter to ensure that they received essential treatment and were not medically disadvantaged.

- Posters and leaflets explaining the complaints process were provided in all clinical areas and information would be given by all staff.
- All GPs now knew how to take problems forward on behalf of patients or advise them on how to proceed.
- New regulations meant that it was no longer necessary to raise a formal complaint to have problems addressed and resolved.
- The Trust employed some 8,000 staff and training on attitudes and complaints handling was continuing. It was important that staff were taught or enabled to show empathy in order to deal properly with patients' needs and requests.

The Chair thanked Ms Canny and Ms Bottriell for their report.

7.3 Annual Complaints Report 2008/2009 - EAST LONDON NHS

Ms L. McGee, East London Mental Health Trust, introduced her report detailing the number of reports received and performance against required timescales. She added that:

- About one complaint a week was received in the Tower Hamlets part of the Trust and all patients received complaints information packs. Packs were also made available for carers.
- Of the 60 complaints received in the Tower Hamlets area, 16 were of staff attitude, 6 related to occupancy, arising from lack of bed spaces and several concerned untoward incidents involving staff.
- A strong advocacy service was available for patients who were unable to speak for themselves.
- Hygiene improvements were being made in the Mental Health Unit.
- Customer services and relevant training would comprise a big part of this year's annual plan.

In response to queries from Members, Ms McGee commented that:

- In order to reduce pressure on staff in dealing with psychiatric emergencies, a protocol had been developed that gave responsibility for such issues to the duty senior nurse and the on-call duty manager from LBTH to decide together on procedures to be used and admissions.
- Efforts were made to educate patients in the Mental Health Unit against smoking but this was permitted at certain times in the courtyard.
- Patient records systems had been improved. It was now possible to access critical information on patients 24/7 and this could be accessed London-wide, wherever a patient presented. Computers were also available on wards to enable patients to communicate with people in the outside world.

The Chair thanked Ms McGee for her presentation.

7.4 Tower Hamlets Primary Care Trust

Ms V. Lodge, Tower Hamlets Primary Care Trust, presented her report setting out details of complaints received by the Trust both as a service provider and commissioner; a summary of the new complaints regulations and their impact; the requirement that the providers of services to the PCT also had robust complaints procedures in place.

She added that there had been 92 complaints over the last year and results for reaching the targeted response time of 25 days had been poor but this would improve over the next year. This would be helped as the Chief Executive would sign in all complaints and sign them out when completed.

The new regulations removed the 25-day requirement in favour of negotiations with patients but the PCT had decided to retain the standard in order to ensure proper control.

In response to queries from Members, Ms Lodge commented that:

- Complaints could be resolved earlier than the 25 day standard and she agreed that future reports should give percentage details of complaints thus resolved.
- She indicated that she would look into possible improvements on sharing information between the PCT/LBTH through the Datex database and how this might best be used for patients' benefit.
- Consideration would also be given to using information gained from complaints as part of the work on the patient experience category and there would also be local patient surveys and focus groups in that connection.

Mr Keating and the Chair referred to the need for the Health Scrutiny Panel to have access to a single report to combine information from all of the Health Service organisations within the Borough as a single source document. This could enable further analysis of problems underlying complaints and address issues, including equalities information, in a co-ordinated manner. Ms Lodge confirmed that she would contact the other health services providers accordingly.

8. THINK UPDATE

Ms D. Barham gave a comprehensive presentation outlining the role of THINK and how the organisation tried to take a lay-person's view of health services commissioning in a fully independent way. THINK was always seeking ways to engage local people, not simply in a consultative manner, and worked with existing patient panels and forums to avoid duplication of effort.

The aim was also to undertake 10 enter and view programmes around various health services providers, which would be decided after discussions when a full membership had been achieved. The membership was currently 280 individuals, who were being asked to decide on main issues on which to focus attention.

THINK had already provided Third Party Commentary on a number of issues involving health services commissioners and had been successful in conveying patients' concerns.

In response to queries from Members, Ms Barham further commented that:

- Any resident or user of health services in Tower Hamlets could be a member of THINK.
- Their programme included training for young people on how to contact their peers to combat drug use and identify reasons why drugs were such a major issue in the Borough.
- Work was also being undertaken with PRAXIS on identifying problems experienced by Eastern European, Chinese and Vietnamese communities, Somali older women, etc. This was undertaken by an active campaign to engage people through such means as texting and phoning.
- THINK was looking at ways of interacting with the Health Scrutiny Panel to match up with the next Four Year Programme and would seek its input and support before health care commissioners were approached.
- THINK was aware of work being carried out by the Council's Disability Panel and there had been reflection on how to share information at one access point to avoid duplication. They had asked the PCT to map out all patient panels/user groups/local authority groups accordingly.
- Efforts were also being made to focus on how residents and service users may be enabled to feed into the commissioning process.

The Chair indicated that there had been previous recommendations from the Panel to the PCT and Royal London Trust identifying the need for staff training on attitude and empathy. However, this had remained a common theme for complaints as contained in all of the reports considered earlier. This could be a big issue for THINK to take on and it was also necessary to consider how to collate the information requested from the organisations.

Mr Keating commented that discussion was needed over the coming year on how the Health Scrutiny Panel could use information provided by THINK and how the organisations could best complement each other.

9. HEALTH SCRUTINY PANEL 4 YEAR WORK PROGRAMME

Mr M. Keating, Service Head Scrutiny and Equalities, introduced a presentation "Taking Stock" on the progress of the Four Year Work Programme, which was in the final year. He made the point that the Health Scrutiny Panel was not simply a process for the Council but affected and involved all its partner organisations and was crucial to achieving One Tower Hamlets.

Mr Keating then spoke regarding the key themes that had been addressed over the Four Year Programme, namely, health inequalities; health promotion and prevention; integration and partnership; access to services. He detailed the work carried out to date in delivering the programme and set out

challenges for future years, adding that the Borough also had to take account of London-wide requirements and the Mayor's Health Inequalities Strategy.

In addition, the Communities in Control White paper had the potential to lead to the building of more partnerships and Mr Keating felt that his team might be able to co-ordinate further support innovatively to wider partners and residents. It was necessary to build on and nurture the current themes to be able to move forward.

The Chair indicated that there were no equalities breakdowns in the reports from NHS bodies on the agenda and felt that the council might be able to provide assistance to them in this respect, in helping with further analysis and clarification of issues. Mr Keating commented that the Borough had achieved a Level 5 score on the Equalities Standards for local government and had a diversified network that brought people together quarterly over its area: this might be a suitable forum for consideration of the matter.

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

10.1 Health for North East London

The Chair referred to a letter from Alwen Williams, Chief Executive, NHS Tower Hamlets, requesting comments on proposals for improving local health services. Eight Councils in North East London were being asked for views on how best to review commissioning of health services. This was proposed on the basis of establishing either two joint committees to report back separately or all of the Boroughs to form a single committee to report back to the JCPCT. (The letter was circulated to those present at the meeting.)

The Chair commented that it was necessary to consider how the community would wish the matter to go forward, however, it might be that it would be preferable to establish an Inner North East London committee and Outer North east London committee so as potentially to get more people around the table. Mr A. Hoque, Acting Scrutiny Policy Manager, stated that this was the preferred view in other areas.

Discussion ensued on how to ensure that Members could be properly engaged in this process and it was agreed that a report would be provided for the Overview and Scrutiny Committee later in the year. The Chair asked that, in the meantime, Members pass on any comments to the appropriate Officers.

The meeting ended at 8.45 p.m.

Chair, Councillor Tim Archer
Health Scrutiny Panel