

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 6.30 P.M. ON TUESDAY, 21 JULY 2009

**M73, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,
LONDON, E14 2BG**

Members Present:

Councillor Tim Archer (Chair)

Councillor Stephanie Eaton
Councillor Alexander Heslop
Councillor Ann Jackson (Vice-Chair)
Dr Amjad Rahi

Other Councillors Present:

Vivienne Cencora
Jean Taylor
Ben Vinter

Co-opted Members Present:

Dr Amjad Rahi – (THINK Interim Steering Group Member)

Guests Present:

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Officers Present:

Ashraf Ali – (Scrutiny Policy Officer)
Deborah Cohen – (Service Head, Commissioning and Strategy,
Adults Health and Wellbeing)
Afazul Hoque – (Senior Strategy Policy & Performance Officer,
One Tower Hamlets, Chief Executive's)
Alan Ingram – (Democratic Services)

1. APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillors Abjol Miah and Bill Turner, Myra Garrett (Co-opted Member) and Michael Keating (Head of Scrutiny and Equality).

2. DECLARATIONS OF INTEREST

Councillor Alex Heslop declared a personal interest in agenda item 7.1 – East London NHS Foundation Trust Annual Plan 2009-2010 – on the basis that his son had had considerable contact with the Child and Adolescent Mental Health Service (CAMHS), which was referred to in the report.

3. UNRESTRICTED MINUTES

The minutes of the meeting of the Panel held on 16th June 2009 were agreed as an accurate record, subject to the correction of typographical errors.

4. MATTERS ARISING FROM LAST MEETING

Mr B. Vinter, NHS Tower Hamlets, referred to the reports submitted to the last meeting by the Barts and the London NHS Trust and East London NHS Foundation Trust and sought clarification of issues contained in his circulated report.

Members commented that:

- Details of the ethnicity of persons making complaints was important, as many complaints arose from difficulties in communication and it was essential that services were being properly delivered to the whole community.
- There should be an indication of whether a complainant was a resident of the Borough.
- Data should be provided regarding the gender of complainants: Tower Hamlets Officers had offered to assist in the preparation and presentation of such information.
- Details of complaints made should also be analysed on the basis of LAP and GP surgery areas, as well as Borough-wide.
- All complaints reports should include all the equalities strands.

The Panel also supported a request that reports from NHS agencies should contain an explanatory glossary of acronyms.

5. HEALTH FOR NORTH EAST LONDON - REVIEW OF HEALTHCARE SERVICES

Mr J. Gardner, NHS Tower Hamlets, referred to the letter from Alwen Williams (Chief Executive of NHS Tower Hamlets) that had been circulated at the last meeting requesting a view on whether there would be support for separate Inner North East London and Outer North East London Overview and Scrutiny Committees to respond to proposed changes to NHS acute services.

Mr A. Hoque, Acting Scrutiny Policy Manager, commented that, following discussions with colleagues and other agencies, the consensus was in favour of the establishment of an Inner North East London JOSOC, and the Council's Overview and Scrutiny Committee meeting next week were being recommended to appoint three Members to serve thereon. He added that an Outer London JOSOC was already in operation.

The Chair indicated that Panel Members were minded to agree with that proposal. He also expressed support for a suggestion that leaflets issued concerning the services provided by the PCT and Foundation Trust should clearly identify the relevant organisation.

6. HEALTH SCRUTINY WORK PROGRAMME

The Panel discussed the proposed work programme for this municipal year and the following comments were put forward for inclusion:

- The October 2009 meeting should include a dementia strategy and access of the elderly to services in the Older People's Services item.
- The Panel should also consider how Swine Flu has been managed at their next meeting.
- Arrangements should be made for Members to be able to undertake individual challenge sessions and meet with local NHS Trusts and other agencies as required (e.g. Councillor Turner wished to follow up his work on BME organ donation).
- The Panel should have the opportunity of visiting the Royal London Hospital to view the progression of the new-build and also visit when the new facility is opened at Barts Hospital (Co-opted Members also to be invited).

7. REPORTS FOR CONSIDERATION

7.1 East London NHS Foundation Trust Annual Plan 2009-2010

Mr J. Wilkins, East London Foundation Trust, introduced the annual plan and explained how it had been prepared in consultation with clinicians, service users and the Trust members. There had been particular focus on facilities for carers and an extract of the 10 major priority points was tabled. He added that, following a recruitment drive, 67% of outstanding vacancies had been filled.

He then responded to questions put by Members, relating to:

- Work in progress to address the issues of mixed-sex wards – he undertook to provide a progress report to the Panel.
- A workforce to reflect the community – this reflected the East London community overall, but not necessarily in all service areas.
- Dementia and older persons services – eight additional community facilities were being sought in Hackney.
- A further report would be made on the reconfiguration of the older persons' service. He added that no extra money for the service was to be made available from Tower Hamlets and Ms D. Cohen confirmed that difficult decisions would have to be made.

- Older adults' services were aimed at over 65s but dementia sufferers tended to be referred there even if younger, as that was where the expertise lay.

The Panel noted the report and offered congratulations on the outcomes achieved by the Trust.

7.2 Equitable Access to Primary Medical Care Programme Procurement of a GP Led Health Centre at St Andrews

Ms C. Fry, Tower Hamlets Primary Care Trust, presented a briefing concerning the commissioning process for a GP-led Health Centre at the old St Andrew's Hospital site. She added that smaller, interim premises were being sought during the construction phase and indicated that work on planning for swine flu had slightly delayed the tendering process. However, this would allow further consultation with Bromley by Bow Ward Councillors.

She then responded to queries from Members, commenting that:

- The new premises would not be as large as the Barkantine Centre but would offer facilities for dietary advice, a dental bus, GPs pharmacy and community health services. GPs in the area were prepared to act as a group, which would effectively form a federated polyclinic.
- The registration of patients at the new premises would be entirely from scratch, with no existing lists.
- There had been no specific feedback on failure of patients to be able to register with GPs Borough-wide but agreed to provide a report on problems experienced with GP lists in the LAP6 area. However, the improvement in patient registration in Tower Hamlets was the most marked in London.
- She would raise with relevant staff concerns expressed regarding a disabled accessibility audit, to ensure adequate public consultation.
- She answered questions of detail on the tendering process and confirmed that contractors would have to provide performance monitoring information at appropriate intervals for quality/governance reports and monitoring visits would also be undertaken to monitor contractors.
- A local person would be recruited from the LAP6 area to sit on the panel which monitored the contract. She confirmed that she would convey the Panel's request for two local persons to be appointed for consideration by the Steering Committee controlling the project.
- It was agreed that the Panel would receive regular updates on the progress of the tendering process.

The Panel noted the report.

7.3 Unplanned/Urgent Dental Care Review - North East London

Ms V. Cencora, NHS Tower Hamlets, introduced a paper giving an update on the activity of the Emergency Dental Services Review and circulated a further handout summarising the main points.

She responded to queries from Members on the following points:

- Unlike the position with GPs, people did not have to register with dentists and to some degree that had resulted in people losing a connection with their own dentist. There were particular gaps in services in the Stepney, Shadwell and LAP6 areas.
- Efforts were being made to encourage parents to take their children to dentists at an early age, with oral health school teams, community dental service screening in schools and fluoride varnish provision for 3-6 year olds. The position regarding tooth decay in children had improved over the last five years, but more work was needed.
- Information was collated on the boroughs, postcodes, gender and ethnic backgrounds of dental service users but problems arose as many did not have English as a first language.
- About 70% of persons presenting for urgent attention actually needed treatment within 12-24 hours. Many of the other 30% simply had no dentist or were attracted by the Dental School's reputation.
- The St Leonard's access centre would be retained for future use.
- Provision existed for clawback of monies where dental surgeries were found to be underperforming.

Mr B. Vinter asked if it was proposed that the Health Scrutiny Panel would be included in the consultation and Mr A. Hoque, Acting Scrutiny Policy Manager, stated that Panel Members could express their views and the matter could be included in the Members' Bulletin.

The Panel noted the report.

8. END OF LIFE CARE ACTION PLAN

Ms C. Fry introduced the report outlining NHS Tower Hamlets' responses to the Health Scrutiny Panel Review on End of Life Care. She added that the Panel review had been timely, as it coincided with a national strategy and with NHS Tower Hamlets' work with the Marie Curie Charity.

Work was underway in drawing up a delivery choice programme with all local statutory and third sector bodies. A first phase report had been prepared on fact finding with local people and service providers and phase 2 would involve small, local working groups looking into particular aspects of care. The report recommendations would be fed into the process. Possible solutions to problem areas would then be considered and around October plans and ideas would have been developed to test with local groups.

A group was being organised to look particularly at the needs of dementia sufferers and their carers. This specialised field with defined needs allowed work to straddle the three boroughs in the PCT's area.

The Chair raised the matter of elderly people being moved from their flats into residential homes, then losing contact with friends and neighbours with whom they would have had longstanding relationships. The Panel felt that there should be some mechanism to maintain such connections, despite social workers' concerns about vulnerability of the elderly and the requirements for confidentiality. Ms Fry undertook to feed back the comments to the Care Planning Group and report back to a future meeting.

Members also expressed the view that the commentary of the report from which the recommendations had been extracted might help provide context for a wider understanding of the NHS review and assist in articulating the recommendations. It was agreed that the action plan would need input from Officers of the Council. Mr A. Hoque, Acting Scrutiny Policy Manager, confirmed that he would consult further with Ms Fry and Officers in the Council's Adults' Health and Well Being Directorate to put together a more comprehensive action plan which would then be reviewed by Members of last year's Health Scrutiny Panel.

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

Trauma Centre Provision

Dr A. Rahi commented that Mr J. Gardner had indicated there were proposals for the provision of four trauma centres in London with a 45 minute journey time and eight others with a 30 minute journey time. In addition, the Royal London Hospital had been selected as the major trauma centre for the area.

Noted.

The meeting ended at 8.45 p.m.

Chair, Councillor Tim Archer
Health Scrutiny Panel