

Meeting of the

HEALTH SCRUTINY PANEL

Tuesday, 26 July 2011 at 6.30 p.m.

A G E N D A

VENUE

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

Members:

Chair: Councillor Rachael Saunders

Vice-Chair:

Councillor Abdul Asad
Councillor Lesley Pavitt
Councillor Denise Jones
Councillor David Edgar
Councillor Dr. Emma Jones
1 Vacancy

Deputies (if any):

Councillor Tim Archer, (Designated Deputy representing Councillor Dr. Emma Jones)
Councillor Mizan Chaudhury, (Designated Deputy representing Councillors Rachael Saunders, Abdul Asad, Lesley Pavitt, Denise Jones and David Edgar)
Councillor Anna Lynch, (Designated Deputy representing Councillors Rachael Saunders, Abdul Asad, Lesley Pavitt, Denise Jones and David Edgar)
Councillor Helal Uddin, (Designated Deputy representing Councillors Rachael Saunders, Abdul Asad, Lesley Pavitt, Denise Jones and David Edgar)

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

Co-opted Members:

David Burbridge – (THINK)
Dr Amjad Rahi – (THINK)

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: Zoe Folley, Democratic Services, Tel: 020 7364 465 4877, E-mail: zioe.folley@towerhamlets.gov.uk

LONDON BOROUGH OF TOWER HAMLETS

HEALTH SCRUTINY PANEL

Tuesday, 26 July 2011

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.

3. UNRESTRICTED MINUTES

PAGE NUMBER	WARD(S) AFFECTED
3 - 8	

To confirm as a correct record of the proceedings the unrestricted minutes of the ordinary meeting of Health Scrutiny Panel held on 21st June 2011.

4. REPORTS FOR CONSIDERATION

4.1 Presentation from the Care Quality Commission

To receive a presentation from the Care Quality Commission, a key stakeholder.

4.2 Presentation from Barts and The London NHS Trust

To receive presentations from key stakeholders.

4.3 Progress update on Transforming Adult Social Care and Efficiency Programme – Adults, Health and Wellbeing Directorate.

To consider a progress report on the Transforming Adult Social Care and Efficiency Programme.

Report to follow

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

Agenda Item 2

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, 21 JUNE 2011

**ROOM M72, SEVENTH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE
CRESCENT, LONDON, E14 2BG**

Members Present:

Councillor Rachael Saunders (Chair)

Councillor Abdul Asad
Councillor Lesley Pavitt
Councillor Denise Jones
Councillor David Edgar
Councillor Dr. Emma Jones

Other Councillors Present:

Nil

Co-opted Members Present:

Nil

Guests Present:

Dianne Barham – (THINK Director)
John Wilkins – East London NHS Foundation Trust
John Wardell – NHS Tower Hamlets
Jane Milligan – (NHS East London & City/Tower Hamlets PCT)
Alastair Camp – (Vice-Chair, East London & City PCT)
Chris Lovitt – (NHS Tower Hamlets)
Dr Sam Etherington – (Chair, Tower Hamlets NHS Consortium)

Officers Present:

Michael Keating – (Service Head, One Tower Hamlets)
Deborah Cohen – (Service Head, Commissioning and Strategy, Adults Health and Wellbeing)
Rachael Chapman – (Strategy & Policy Officer, Adults Health & Wellbeing)
Sarah Barr – (Senior Strategy Policy and Performance Officer, Strategy Policy and Performance, Chief Executive's)
Alan Ingram – (Democratic Services)

1. ELECTION OF VICE-CHAIR

The Chair invited nominations for the position of Vice-Chair of the Panel for the Municipal Year 2011/2012. Councillor Lesley Pavitt **proposed** Councillor Denise Jones and, there being no further nominations, the Panel **RESOLVED:**

That Councillor Denise Jones be elected Vice-Chair of the Health Scrutiny Panel for the remainder of the Municipal Year 2011/2012.

2. APOLOGIES FOR ABSENCE

There were no apologies for absence.

3. DECLARATIONS OF INTEREST

There were no declarations of interest.

4. UNRESTRICTED MINUTES**RESOLVED**

That the minutes of the meeting of the Panel held on 19 April 2011 be agreed as a correct record and signed by the Chair.

5. REPORTS FOR CONSIDERATION**5.1 Health Sector Horizon Scanning: The Perspective of NHS East London and the City, Tower Hamlets GP Consortium and Tower Hamlets Involvement Network**

Ms J. Milligan (NHS East London & City/Tower Hamlets PCT) and Mr A. Camp (Vice-Chair, East London & City PCT) made a presentation detailing the changes in the NHS structure locally, including the position regarding Primary Care Trust arrangements and the Commissioning Service. PCTs would be abolished in April 2013 and information was supplied to the Panel concerning proposals for future service delivery and efficiency savings. Health Service staff were eager to engage with Council personnel so as to achieve the best possible results. It was important to ensure that a Joint Improvement Wellbeing Strategy was put in place, along with a Joint Borough Plan, to make sure that networking principles were observed and care was delivered in the right place and at the right time.

The presentation then focussed on the following points for Public Health Priorities:

Public Health Transition

- Positioning with the Local Authority

- Ensuring good links with NHS commissioning

Joint Strategic Needs Assessment

- Influence on commissioning priorities
- Joint health and wellbeing strategy

Tackling Inequalities in Health

- Poverty and the wider determinants
- Inequalities within Tower Hamlets
- Focus on Early Years

Reducing Premature Morbidity and Mortality

- Cancer
- Cardiovascular Disease
- Respiratory Disease
- Diabetes

Supporting Behaviour Change and Healthy Lives

- Tobacco control
- Physical activity, healthy eating and obesity
- Alcohol and substance misuse
- Sexual health

Health Protection and Emergency Planning

- Immunisation
- TB
- Pandemic flu preparedness
- Olympic Games planning

Dr Sam Etherington, a local GP and Chair of the Tower Hamlets NHS Consortium, described the evolutionary approach being taken by the GP Board, comprising eight GPs elected from the eight local LAP areas, to look at integration with the London Hospital and best use of resources. He made the point, however, that despite high levels of commitment by professionals, the health of Tower Hamlets residents could be poor from an early age. A paper was also circulated setting out the local issues contributing to health inequalities compared to the rest of the country.

Ms Dianne Barham, THINK Director, also circulated a paper and made a presentation demonstrating how the organisation engaged with the community and analysed feedback of their comments. She outlined the powers of THINK to require responses to recommendations made to health providers, together with further action open to the organisation. She then provided detailed information concerning the current numbers of THINK representatives, together with statistical information on the requests for information made and recommendations provided, arising from visits undertaken to health and social care providers' premises.

Ms Barham then described how THINK members engaged with GPs, including the piloting of a project in LAP6 to get people actively engaged with

commissioners, aimed at establishing service scrutiny at a very local level. She further outlined the THINK work programme and Local Health Watch activities that would help review older people's services across health care, looking at obtaining pathfinder status with an independent complaints and arbitration service.

The Chair commented that, whilst this was the first meeting of the Panel for the year, she felt that a great start had been made on setting the stage for developments in the NHS and its links with the Council.

Councillors Pavitt and Edgar, together with the Chair, declared personal interests in that they were, or intended to become, THINK members.

Members then asked detailed questions on a number of issues including the costs involved in NHS changes; the need to involve the BME community in proposed developments; the new clinical commissioning Board structure and how a voice for the BME community could be represented; how people could best be made aware of services available and appropriate delivery points, including the home.

The NHS representatives present provided in-depth responses from the point of view of the local GP Body and the overall management perspective, on ways to inform and engage all sectors of the community.

The Chair stated that the Panel this year was interested in working with other stakeholders and service providers outside of a strictly formal setting and there would be opportunities arising from structural change to bring together Councillors and other interested parties to secure service improvements. She thanked Ms Milligan, Mr Camp and Ms Barham for their presentations, the contents of which were noted by the Panel.

5.2 Health Sector Horizon Scanning: Establishing the Health and Wellbeing Board and the Perspective of Public Health

Ms D. Cohen, Service Head Commissioning and Strategy, introduced the report setting out proposals for the development of the Health and Wellbeing Board (HWBB) in Tower Hamlets, in line with changes proposed by the NHS White Paper 'Equity and Excellence: Liberating the NHS' and the accompanying consultation paper 'Local Democratic Legitimacy in Health'. She added that the circulated report had been considered by the Mayor's Advisory Board and it was intended to hold a preliminary working meeting in July, with the first HWBB meeting in September.

In order to remove overlap in the work of the HWBB and the Healthy Communities Community Plan Delivery Group (CPDG), it was proposed that the latter group be stood down and its role and remit be handed to the HWBB.

Membership of the HWBB was very fluid at present and details were set out in the report.

The Chair expressed the view that the Health Scrutiny Panel should be represented on the HWBB either by its Chair and Vice-Chair, or they should have speaking rights. Members stressed the need for the Health Scrutiny Panel to have a proper representation and impact in connection with the HWBB, to strengthen the scrutiny process.

Mr C. Lovitt, NHS Tower Hamlets, addressed the meeting from the public health viewpoint and indicated that many such functions were to be transferred out of the NHS by 2013 and the transfer of related budgets would need much discussion, with particular reference to ensuring there was no decrease in quality of service. He referred further to the circulated document outlining health inequalities in Tower Hamlets, where high levels of mental health, diabetes and cancer were prevalent and still presented substantial challenges.

The Chair commented that she would be happy to receive public health representatives for further discussions, possibly at the Panel meeting in October 2011. It would be necessary to have Member-level talks to address how the new responsibilities could be properly taken forward, especially in terms of conditions of service and accountability.

The report was noted, with the above comments.

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

6.1 Work Programme

Following a debate on suitable topics for consideration during the coming year, the following were proposed for future meetings of the Panel:

- Whipps Cross Hospital – possibly 26 July 2011
- Care Quality Commission – possibly 26 July 2011
- Further discussion on NHS/PCT mergers and structure of likely finance cuts, with briefing paper – possibly 26 July 2011
- Development of Social Care and how to engage the public/solicit opinions of service user groups
- Challenge Session on Mental Health Strategy
- Health Re-housing Strategy
- Challenge Session on Royal London Hospital Outpatient Appointments System
- Royal London Hospital move into new premises and how this may be managed on the basis of local community requirements.
- Public Health Perspective and feedback from service user groups – possibly 18 October 2011

- Sexual Health/HIV/Teenage Pregnancy issues – possibly 24 January 2012

The Chair referred to the desirability of additional Co-opted Members from current NHS bodies and asked that Dr A. Livingstone be provided with details of future Panel meetings. She extended thanks to all who had attended and declared the meeting closed.

The meeting ended at 9.00 p.m.

Chair, Councillor Rachael Saunders
Health Scrutiny Panel