LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT TIME NOT SPECIFIED ON TUESDAY, 26 JUNE 2012

COUNCIL CHAMBER, 1ST FLOOR TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG

Members Present:

Councillor Lesley Pavitt
Councillor Rachael Saunders
Councillor Denise Jones
Councillor Dr. Emma Jones
Dr Amjad Rahi
David Burbridge

Other Councillors Present:

Co-opted Members Present:

Dr Amjad Rahi – (Chair of THINk/ Local Healthwatch)
David Burbridge – (THINk Steering Group Member)

Guests Present:

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Officers Present:

Afazul Hoque – (Senior Strategy Policy & Performance Officer, One Tower Hamlets, Chief Executive's)

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1. ELECTION OF VICE-CHAIR

Councillor Lesley Pavitt nominated Councillor Denise Jones to serve as Vice-Chair of the Committee for the remainder of the Municipal Year. The nomination was seconded by Councillor Emma Jones.

RESOLVED

That Councillor Denise Jones be elected Vice-Chair of the Pensions Committee for the remainder of the Municipal Year 2012/13.

2. APOLOGIES FOR ABSENCE

An Apology was received from Cllr Mukit

3. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

4. UNRESTRICTED MINUTES

RESOLVED that the unrestricted minutes of 24 April 2012 be agreed as a correct record of the meeting.

5. REPORTS FOR CONSIDERATION

5.1 Health Scrutiny Panel Terms of Reference, Quorum, Membership and Dates of Meetings

The Chair presented the Terms of Reference report. The committee was informed that the report sets out the Terms of Reference, Quorum, Membership and Dates of meetings of the Health Scrutiny Panel for the municipal year 2012/2013.

With regards to co-optees, the Chair asked officers to look into the list of co-optees of the Hea the last five years if the committee has had other organisation co-opted unto the committee, as various people have expressed an interested.

David Burbridge listed Anna Livingston from the medical committee, as a possible co-optee. The Chair stated that Ms Livingston has attended several Health Scrutiny Panel meetings and is very welcome, however she is moving into another role and had nominated other individuals from the local medical committee.

The pharmaceutical committee and or opticians were also suggested as possible co-optees.

Action:

RESOLVED

That the report be noted

5.2 Verbal update from Tower Hamlets Clinical Commissioning Group

John Wardell, Chief Operating Officer, presented the report to the committee. The committee were informed that the commission support arrangement has been in operation since April 2011. There is already a multidisciplinary board membership in place, consisting for example of GP, practice managers, nurses, representation from the Local Authority, as well as the Local engagement Think network. Also led on the commissioning strategic plan last year and currently undergoing authorisation and will be in wave three for that process, and currently in process of compiling the names of the individuals who will be contacted in the 360^{o} assessment that the national commissioning board will run as part of its authorisation process, and the chair of Health Scrutiny Committee is nominated individual.

In terms of the commissioning support offer, the full operating cost for clinical commission group is £25 per head. The committee should be mindful that only functions that would have sat with PCT will be taken on, and other functions will move to other departments. Initial work has been to set up internal governance and managerial arrangement cost. Tower Hamlet's approach is to look to buy all of its commissioning support service through one organisation. There is an agreement in principle about what that would include, however still waiting for further national guidance about the role of the CCG around safeguarding.

We are keen to work with Public Health and agree a memorandum of understanding, as we want to preserve public health relations with the local PCT to ensure we have robust public health advice around commissioning and to continue working in a partnership way. There is also a desire to find new ways of working with councillors.

In response to questions from the committee, the following information was provided.

The Chair a=In terms of relationship with coming support organisation, do we have an understanding of how that will vary locally.

- each Clinical Commissioning Group (CCG) have gone through a similar process and have taken a varying approach. There will be a core offer in relations to service, but the difference will be about contracts that is being commissioned.

- in terms of the new organisation, the main changes are that there is a reduction in management cost and a lot of time has been spent reducing duplication. However, we are still awaiting the final guidance about the role of the CCG in safeguarding. Internal communication will be managed by the organisation but broader or national communication will be commissioned. We have a statutory responsibility to manage the finance and therefore a chief finance officer will sit internally. Mr Everington responded that in a bid to influence commissioning, every practice has a commissioning lead, and that commission lead will attend a locality meeting once a month and give feedback. There are also other ways i.e. setting up intranet service so that

any GP or Nurse can send in their message which will be directed to the suitable source. John Wardell also stated that there are number of forums that meet at lunch time and in evenings in order to tap into different groups.

- With regards to the possibility of buying services from the council, Mr Wardell replied that replied that there is clarity as to the end of commissioning support service after the national CSS has expired. The urge is for support CSS to form into social enterprises. As a ccg we have to constantly ensure that we are getting value for money for commission support.
- Old pct system cllrs were representaed on the board, understanding of a new legislation taking out councillors, how will you find ways to allow elected councillors to influence your board…Everington replied that the Health and Wellbeing Board is key area for official communication for cllrs but there is a whole raft of communication.

- in response to a question on how effective will the Health Scrutinty Board and Health and Wellbingboard panel be, Mr Everington replied that, the Health and Wellbeing Board is statutory and has excellent opportunities in health matters, and will be able to work in hand in hand with the board to make things happen. Mr Wardell continued that any forum that scrutinise work is fruitful, and any feed back from the various channel will be positive and will come to HSP as frequent as requested. As the CCG moves forward it is likely that we will be faced with challenges so any forum that we can come to arrive a solution will be welcomed
- CCG received an invite from PUSH for internet website which we accepted, but we have to think of ways to imbed it into the current system. Keen to have a public face, but have to ensure that this is coordinated accordingly and that all website are updated at the same time.

-Mr Wardell replied that there will be a requirement for providers to adhere to the same standard governance around sharing information. The technical issue will be if that provider falls out of NHS family, in order for them to meet to become a provider they have to need to ensure the safeguards around all of those issues they will fail in relation to be awareded.

Update on Tower Hamlets Olympic Games Planning

Steve Gilvin, Director of Primary Care Commissioning, NHS North East London the City, presented the update report to the committee. The team manages the contracts to GP and pharmacist across that patch – Hackney to Havering. The focus on the planning process is to provide business as usual during the Olympics and Paralympics games in London. Sufficient preparation has been done for the games and there are contingency in place in the eventuality that anything goes wrong.

Barts and London NHS Trust is one of the designated hospital for athletes, the key risks are related to keeping business a usual given the expected disruption, for example to staff getting to location, patients getting to services and the delivery of mediation. Each of the acute trust will have their own process in place to deal with these.

In terms of increase activity, we are expecting only 5% increase based on lessons from previous games, as a lot of visitors will be displaced by the other visitors in the capital in that period. The sign posting for patients to access healthcare will be to go to a pharmacist first, walk in centre next and hospital as a last result and a small proportion are expected to access GP surgeries. We have been securing blue line access for ambulances, and key transports, drugs deliveries to pharmacist will decrease to possible one delivery a day. A lot of work have been done with local pharmacists to be aware of regulations that affect athletes, and members of the games family if they should attend a pharmacy.
In terms of general practices for GP and Pharmacist, we have been issuing guides and gone through assurance processes to ask each contractor to provide a statement that they have gone through the check list.

- There is a daily report schedule that we are required to do to the Department of Health, nhs London, each day throughout the games period, enhance emergency arrangement for that period also embrassed additional capacity in those period with some of key providers during business period ie. When tourch arrives.

In response to questions

- With regards to reports of patients with long term conditions getting around, being exacerbated during the games, the problem is mainly around the quota system introduces. This has caused some delays and production of some of the drugs, however the games shouldn't affect this. I have contacted the APPI to ask for relaxed rules during the games so that can stock up during the games. There is the contingency of using courier drugs to patients. But we are Confident that supplies during the games will be able to cope, but it is a possibility to maybe ask patients to come earlier to obtain prescription.

- for each of the pharmacists who may have difficulties in receiving their drugs it use there is the option to deliver to a neighbouring phamarcist so that they can collect themselves, there is also the option of night time delivery and working through them to decide which option to choose.

The director of Primary Care Commissioning, informed the committee that the department will be migrating to the National Commissioning Board in the future and will be happy to return to update members

RESOLVED

That the verbal update be noted

5.3 Verbal update on merger of the Adults, Health and Wellbeing Directorate and the Children, Schools and Families Directorate

Isobel Cattermole, Corporate Director, Children, Schools and Families provided the update to the committee. The integration board was set up at the beginning of the year, consisting of key people and officers from both directorates across the council. As a result of meetings and discussion with Management across both directorates, a list of benefits from the integration has been identified:

- strengthening family focus and transition pathway for children with disabilities and mental illness.
- promoting independence and early intervention across the whole life course, and this sets the theme for the new children and young peoples plan. This aligns with the Health and Wellbeing Board, Public Health and other department priorities.
- maximising efficiency and reducing duplication in the back office
- enriching professional skills of work force
- building on safeguarding and safeguarding adults

The integration is being managed in two phases. phase 1 will deliver the directorate's new management team at which point, educational social care and well being will come in, and that was the name of the new directorate, this phase is nearing completion and expect to be delivered over the summer.
phase 2 is going to be the new directorate management team and there will possibly be a reduction in one service head, which is yet to be approved. Adult social care and children social care will be kept distinct under two service heads, this will happen after the Olympic, preferably September onwards. The two phase approach will enable us to plan the change and avoid unnecessary disruption. A risk assessment has been carried out, as this would be the biggest directorate in the council with the most staff and budget, so there is a risk log, and we report back to the corporate management team.
A paper will be brought to cabinet detailing all the issues covered as well as the risk in managing the process.
There is plan to have a lead member for Adults and Children services, There is currently a safeguarding board for children and adult and would like both of these to remain. In the future we would like to look at having one safeguarding board

In response to questions from the committee, the following information was provided.

- with regards to the matter of having one service head, we consider this proportionate, but this is a high risk area because of the vulnerability of the client, but it is measured that both directorate are very well resources and managed. Moreover, the co-oporate risk is being shared by the corporate management team. Both directorate have worked closely with partners and the risk is shared across a partnership.
- public health will move and be part of the new board but it has not been decided on where it will sit. There is a view that it is in line with this

directorate, but there are parts of public health that could sit elsehwere. It may be that some of its service may sit in different parts of the council.

- in terms of assistant directors, there are two from adult and wellbeing which will remain and four in children schools and family but because of the shift of some services to CRC, it will be reduced to 3 and so the proposal is to have 5 in total.
- life long learning is in CRC

Cllr Pavitt congratulated the looked after children department for informally receiving an outstanding in their recent Ofsted inspection. This was echoed by other members.

5.4 Developing a Local Healthwatch in Tower Hamlets

Afazul Hogue, Senior Strategy, Policy and Performance Officer presented the update report to the committee. Local Healthwatch organisations are being set up to give people greater influence over their local health and social care services. Local authorities are to be placed under a statutory duty to commission effective and efficient local Healthwatch organisations by April 2013.

In response to comments and questions from the committee, the following information was provided.

A member raised concern that the new organisation may not be able to fulfil all roles with the level of staffing, specifically on the delivery on advocacy which is a highly skilled and time intensive. The Senior Strategy, Policy and Performance Officer confirmed that these concerns were recognised that stated that advocacy will be commissioned separately, a sub group is undertaking analysis of this.

A member stated that there may be tensions in how the organisation is set up, also raised concern that this could be exacerbated by encouraging people to point out what the issues are, at the same time providing information for the same institution. There needs to be a demarcation of the functions so to avoid potential conflict of interest. The Senior Strategy, Policy and Performance Officer replied that talks with colleagues is underway about how to get that right inorder to be able to carry out the different roles without conflict of interest arising

A co-optee member commented that there are too many functions of the local health watch and queried whether they will be able to fulfil all.

A member highlighted that the Local HealthWatch has the power to enter and comment on a service, and would like to see the local healthwatch be the

eyes and ears of the Health Scrutiny Panel, and would like to receive reports on such visit so that the committee's comments can be followed up.

A member wanted to ensure that local health watch remains independent as far possible.

A member wanted – possibility of relocating to be access commented that past criticism was that were not visible, try and locate to visble and accessible

RESOLVED

That the report and comments be noted.

5.5 Verbal update on the Health Scrutiny Panel's work programme

The Chair gave an update of the committee's work programme. As a result of a useful workshop meeting, three broad areas were identified, which were the scrutiny of Barts, namely the impact of cuts on services and the integration of 3 trusts. There were concerns about small changes which will affect patients as as substianl variation. The second area was on 'accountability to us and beyond us' which was the promotion of health scrutiny as a channel for serious concerns to be raised by councillors, residents, and Healthwatch in a public forum. The third area identified was 'transition of public health to the council: maximising opportunities across the life course'.

Sarah Barr, Senior strategy policy and performance officer stated that the workshop did not produce details of the proposed areas but outline. With reference to the work programme paper, she highlighted that the proposed work streams have been placed in three columns, the first being issues raised by Councillors, partners, and intelligence gathered, whilst the second and third are spread over two years work stream. The committee has four more meeting this year, so the committee can look at information between meetings and also perform site visit. The Barts Health NHS Trust theme came across very strongly, and so the committee needs to work out how to conduct it and it be worth getting outside opinion and assistance on this. Lewis Russell is keep

Old people, early years may be for next year. The focus on mental heath and mental health promotion also came across strongly. Lewis Russell is leading on the development of the health and wellbeing strategy on behalf of the health and wellbeing is keen that health scrutiny panel contributes to this and this is also a role for the committee to scrutinise, and this needs to be worked into the programme.

The Senior, Strategy Officer suggested that the work programme be developed outside of the meeting via email and formally sign off at the September meeting.

Chair also stated that Sam Everington is keen to do more on public health and schools and would like to a challange session on that this year

A member expressed concern – need to map PCT services that were being provided in th before they are disbanded. Currently very reluctant to tell us . need to know what services they intend to de

The chair agreed with this action but ? that the services may genuinely not know, in which case a follow up question should be sent for them to provide information.

RESOLVED

That the update work programme be noted

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

The Chair informed the committee/reported back for information, august 2011 cabinet decision set the health and wellbeing board said it will be meet in public and said the chairs of overview and scrutiny and hsp will attend however, i was asked to leave the last meeting i attended and was told that the mayor no longer wants to stand by his previous decision. overview and scrutinty has agreed to write a letter to the mayor setting out the chain of events and asking for ameeting between myself/ann jackson and the mayor to have a conversation about how health and wellbing board and hsp can work togehter more effectively. the letter will be circulated to the committee.

The meeting ended at Time Not Specified

Chair,
Health Scrutiny Panel