

Meeting of the

HEALTH SCRUTINY PANEL

Tuesday, 26 June 2012 at 6.30 p.m.

A G E N D A

VENUE

Council Chamber, 1st Floor Town Hall, Mulberry Place, 5 Clove
Crescent, London, E14 2BG

Members:	Deputies (if any):
Chair:	
Vice-Chair:	
Councillor Lesley Pavitt	Councillor Peter Golds, (Designated Deputy representing Councillor Dr. Emma Jones)
Councillor Rachael Saunders	Councillor Amy Whitelock, (Designated Deputy representing Councillors Rachael Saunders, Denise Jones, Lesley Pavitt, Mohammed Abdul Mukit, MBE and Abdal Ullah)
Councillor Denise Jones	Councillor Zenith Rahman, (Designated Deputy representing Councillors Rachael Saunders, Denise Jones, Lesley Pavitt, Mohammed Abdul Mukit, MBE and Abdal Ullah)
Councillor Dr. Emma Jones	Councillor Motin Uz-Zaman, (Designated Deputy representing Councillors Rachael Saunders, Denise Jones, Lesley Pavitt, Mohammed Abdul Mukit, MBE and Abdal Ullah)
Councillor Mohammed Abdul Mukit MBE	
Councillor Abdal Ullah	
Councillor Gulam Robbani	

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

Co-opted Members:

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: Evelyn Akoto, Democratic Services, Tel: 020 7364 4207, E-mail: evelyn.akoto@towerhamlets.gov.uk

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LONDON BOROUGH OF TOWER HAMLETS

HEALTH SCRUTINY PANEL

Tuesday, 26 June 2012

6.30 p.m.

1. ELECTION OF VICE-CHAIR

The Overview & Scrutiny Committee will appoint the Chair of the Health Scrutiny Panel for the Municipal Year 2012/2013 at their 19 June 2012 meeting.

However, it is necessary to elect a Vice-Chair of the Health Scrutiny Panel for the Municipal Year 2012/2013.

2. APOLOGIES FOR ABSENCE

3. 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.

4. 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 24 April 2012.

5. REPORTS FOR CONSIDERATION

5.1	Health Scrutiny Panel Terms of Reference, Quorum, Membership and Dates of Meetings	9 - 20
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5.2	Verbal update from Tower Hamlets Clinical Commissioning Group	
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5.3	Verbal update on merger of the Adults, Health and Wellbeing Directorate and the Children, Schools and Families Directorate	
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5.4	Developing a Local Healthwatch in Tower Hamlets	21 - 26
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5.5	Verbal update on the Health Scrutiny Panel's work programme	
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**6. ANY OTHER BUSINESS WHICH THE CHAIR
CONSIDERS TO BE URGENT**

Agenda Item 3

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 ON TUESDAY, 24 APRIL 2012

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

Members Present:

Councillor Rachael Saunders (Chair)

Councillor Denise Jones (Vice-Chair)
Councillor David Edgar
Councillor Lesley Pavitt
Councillor Helal Uddin

Other Councillors Present:

Councillor Peter Golds

Co-opted Members Present:

Dianne Barham - THINK
Dr Anna Livingstone - LMC

Guests Present:

Peter Morris – Chief Executive, Barts Health
Dr Steve Ryan – Medical Director, Barts Health

Officers Present:

Deborah Cohen – Service Head Commissioning and Strategy
Rachael Chapman – Strategy and Policy Manager, AHWB
Rob Driver – Strategy Policy and Performance Officer, One
Tower Hamlets
Simone Scott-Sawyer – Democratic Services

1. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Dr Emma Jones. An apology for absence was also received from David Burbridge.

2. DECLARATIONS OF INTEREST

No declarations of personal or prejudicial interests were made.

3. UNRESTRICTED MINUTES

The Chair **MOVED** and

It was agreed that the minutes of the meeting of the Panel held on 24th January 2012 be agreed as a correct record and signed by the Chair.

Matters arising

Page 4 – second paragraph: with regards to matters arising, Councillor Lesley Pavitt asked if there had been any further developments on press coverage about orthopaedic surgeon resignations and if the vacant positions had been filled. Robert Driver, Strategy Policy and Performance Officer, said he would follow this up and report back to the Panel.

Page 5 – fourth bullet point: with regards to the work of the Health and Wellbeing Board in developing a strategy, Councillor Lesley Pavitt wished to know what the Council's plan was to link into the strategy. Mr Driver promised to look into it and report back to the Panel.

Members also requested feedback to respondents with regards to the Health Event at Burdett. Furthermore, they asked that an update letter be sent to the Barts NHS Trust about GUM clinics.

4. REPORTS FOR CONSIDERATION

4.1 Barts Health NHS Trust - Verbal Update

Peter Morris, Chief Executive and Dr Steve Ryan, Medical Director from Barts Health NHS Trust gave a verbal update to the Panel.

Mr Morris gave a brief introduction about the ongoing merger and outlined the following points for the Panel:

- The Executive team was now fully recruited to and they were in the process of making appointments to the structures below;
- The three hospital sites corresponding to the original three trusts were currently being managed as three separate units with a view to moving to an integrated management structure based around clinical groupings in six months' time.
- They had started new and encouraging dialogue with ELC and the new clinical commissioning groups in the three boroughs served by the Trust.

Dr Ryan gave a presentation and highlighted the following points:

Looking back

- Significant progress had been made in improving quality and safety. Although the trajectory set had not been achieved, infection rates were reducing;
- The Trust was second in the country for low mortality rates and it strove to maintain this record;
- Recent changes had been implemented to ensure safer medical cover at night and the Executive agreed to resource an additional five neonatal members of staff due to safety concerns raised;
- In-patient survey – progress made in 8 areas, but there was still room for improvement;
- Community Services and neo-intensive out-patients showed satisfaction levels were rising;
- Accommodation breaches no longer occurred as a result of the new build at the Royal London hospital;
- Nutrition – matrix report to Board every month who in turn regularly monitor the figures;
- Department of Health rated the Trust as “performing”;
- The Cardiac, Stroke and Chest units showed excellent results.

Going forward

- The aim was to keep patients better informed about their care and treatment, not just during their hospital admission, but pre and post admission;
- Staff were keen to get timely feedback on their issues and concerns – currently there were good reporting lines, however, the Trust needed to ensure that staff were kept informed about action to be taken;
- One of the tangible objectives that the Trust hoped to achieve was the cessation of smoking – a new Assistant Medical Director was to be appointed whose remit would be Public Health;
- Delivering compassionate care was of importance.

Following questions raised by Members, the following points emerged:

The Chair questioned how a big organisation like Barts Health NHS Trust would manage to stay responsive to Tower Hamlets’ residents. Mr Morris stated that the Trust’s objective was to deliver a health care system of a consistent standard, i.e. the “Barts Standard” across the whole organisation but with tailor-made services according to local conditions and need where required.

The three areas of focus for 2012-13 were:

1. Care of the frail elderly;
2. End of life care; and

3. Children's services and how these integrate into a seamless local experience.

In response to a specific question about GUM services and the on-going uncertainty as to where these services would be housed, Mr Morris promised to get back to Members.

Dr Ryan added that the Trust needed to revisit frail, elderly care to improve services and make sure that resources were deployed as effectively as possible. This meant providing support to people to remain in their own homes and communities. The Trust was keen to have a proper debate on how we could work in partnership to achieve these aims.

Diane Barham, THINK Director expressed some concern about the outbreak of MRSA and five "*never events*" at the Royal London in the last six months. In response, Dr Ryan explained that the occurrence of "*never events*" which had included an incident involving dental work, were unfortunate and the Trust was working to learn from and prevent such incidents happening.

Members fed back mixed experiences at the London including good experiences at A&E but some poorer care within the main hospital. Mr Morris clarified that more than 95% of patients were seen in less than 4 hours. The Royal London currently had the best response times in the A & E departments in London.

Dr Ryan described the plans to establish an Assistant Director of Public Health in the Trust whose role would be to improve the health of the workforce [making staff ambassadors for health] as well as impacting on the wellbeing of patients.

Dr Anna Livingstone expressed some concern about appointments and follow-up times within the hospital as approximately 20% of patients who had undergone treatment or were admitted, "got lost in the system" and failed to receive follow up appointments for instance. Where patients suffered from serious ailments, the risks associated with this could not be overlooked. Concern was also expressed about the numbers of community health staff and the lack of a joined up approach, particularly when one patient needed to see consultants from different specialties in the same hospital. Mr Morris stated that a consistent, swift and holistic approach to patient care was what they strove for and sought to work with partners to achieve this.

Ms Barham also commented that advocacy and interpretation services had been affected due to cuts and these services were needed for patients.

RESOLVED

THAT the presentation be noted.

4.2 HEALTH AND WELLBEING BOARD ENGAGEMENT SUB-GROUP - VERBAL UPDATE

Dianne Barham from THINK gave a verbal update to the Panel.

There was concern that there needed to be more integration across the board and that Barts Health Trust needed to engage more with the workings of the Health and Wellbeing Board Engagement Sub-Group.

Ms Barham tabled a “Health Community” document and introduced the report. She explained how THINK tried to engage with the community and outlined the following points:

- The aim was to motivate and incentivise residents to have a better and healthier community, and ensure that local people were commissioning local services;
- There was a need to identify community needs and aspirations;
- The intention was to aim for two health watchers from each network, a total of 16 across the borough;
- The aim was to build on knowledge that had already been acquired and information gathered during this process would be added to the repository of information – attention would be focused where there was a lack of knowledge.

The Chair thanked the officer for the presentation and requested that members fed their comments back to Robert Driver and that this would form part of the formal feedback.

RESOLVED

THAT the presentation be noted.

4.3 CONSULTATION AND ENGAGEMENT IN ADULT SOCIAL CARE - DISCUSSION.

The Chair referred to the tabled document “Consultation and Service User Engagement by Adult Health and Wellbeing” and highlighted the following salient points:

- There were clear points at which service users could make an impact on the decision-making process with regards to social care;
- There ought to be direct communication with service user groups at some point in the future;
- The idea of developing a pool of health watchers was welcomed;
- The role of the Health Scrutiny Panel was crucial in complementing the work of the Health and Wellbeing Board [HWB];
- Members’ enquiries were another useful way of ensuring the views of local residents were fed back to the Adult Social Care team.

Anna Livingstone added that it would be helpful to have an all-inclusive approach and for the strategy to have a sustainability element to it. She had some apprehension however about how much authority the HWB had.

The Chair also voiced her concerns about her input on the HWB. As Chair of the Health Scrutiny Panel [HSP], her attendance was required at the HWB, although her impression was that her input was not wholeheartedly embraced. The Panel therefore sought some clarification on the relationship between the HWP and the HSP.

RESOLVED

THAT the presentation be noted.

4.4 QUALITY ACCOUNTS 2011-12 - EAST LONDON FOUNDATION TRUST.

RESOLVED

THAT the report be noted.

4.5 QUALITY ACCOUNTS 2011-12 - MILDAY HOSPITAL

RESOLVED

THAT the report be noted.

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

Nil items.

The meeting ended at 8:10 pm.

Chair, Councillor Rachael Saunders
Health Scrutiny Panel

Agenda Item 5.1

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	26 th June 2012	Unrestricted	HSP001/012	5.1
Report of: Assistant Chief Executive Originating Officer(s) : Evelyn Akoto, Democratic Services		Title : Health Scrutiny Panel Terms of Reference, Quorum, Membership and Dates of Meetings Ward(s) affected: N/A		

1. Summary

- 1.1 This report sets out the Terms of Reference, Quorum, Membership and Dates of meetings of the Health Scrutiny Panel for the Municipal Year 2012/13 for the information of members of the Committee.

2. Recommendation

- 2.1 That the Health Scrutiny Panel agrees to note its Terms of Reference, Quorum, Membership and Dates of future meetings as set out in Appendices 1, 2 and 3 to this report.

3. Background

- 3.1 At the Annual General Meeting of the full Council held on 16th May 2012, the Authority approved the proportionality and establishment of the Committees and Panels of the Council.
- 3.2 At the first meeting of the Overview and Scrutiny Committee held on 19th June 2012, the Committee noted the proportionality and establishment of the Health Scrutiny Panel and approved the appointment of Members thereto.
- 3.3 It is traditional that following the Annual General Meeting of the Council at the start of the Municipal Year, at which various committees are established, that those committees note their Terms of Reference, Quorum and Membership for the forthcoming Municipal Year. These are set out in Appendix 1 and 2 to the report respectively.
- 3.4 The Committee's meetings for the remainder of the year, as agreed at the Annual General Meeting of the Council on 16th May 2012, are as set out in Appendix 3 to this report.
- 3.5 In accordance with the programme of meetings for principal meetings, meetings are scheduled to take place at 6.30pm.

4. Comments of the Chief Financial Officer

- 4.1 Matters brought before the Committee under its terms of reference during the year will include comments on the financial implications of decisions provided by the Chief Finance Officer. There are no specific comments arising from the recommendations in the report.

5. Concurrent report of the Assistant Chief Executive (Legal)

- 5.1 The information provided for the Committee to note is in line with the Council's Constitution and the resolutions made by Council on 16th May 2012 and resolutions made by the Overview and Scrutiny Committee on 19th June 2012.

6. One Tower Hamlets Considerations

- 6.1 When drawing up the schedule of dates, consideration was given to avoiding schools holiday dates and know dates of religious holidays and other important dates where at all possible.

7. Sustainable Action for a Greener Environment

- 7.1 There are no specific SAGE implications arising from the recommendations in the report.

8. Risk Management Implications

- 8.1 The Council needs to have a programme of meetings in place to ensure effective and efficient decision making arrangements.

9. Crime and Disorder Reduction Implications

- 9.1 There are no Crime and Disorder Reduction implications arising from the recommendations in the report.

LOCAL GOVERNMENT ACT, 1972 SECTION 100D (AS AMENDED) LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Brief description of "background paper"

If not supplied
Name and telephone
number of holder

None

Zoe Folley
Democratic Services
020 7364 6961

APPENDIX 1

EXCERPT FROM THE LONDON BOROUGH OF TOWER HAMLETS CONSTITUTION

(Council Constitution Part 2 “Articles of the Constitution”, Article 6 - Overview and Scrutiny Committee and Scrutiny Panels)

Article 6 - Overview and Scrutiny Committee and Scrutiny Panels

6.01 Terms of Reference

The Committee will appoint a standing Sub-Committee to discharge the Council’s functions under the Health and Social Care Act 2001 to be known as the Health Scrutiny Panel; it will also appoint such other Sub-Committees or Scrutiny Panels as the Committee considers appropriate from time to time to carry out individual reviews under the Overview and Scrutiny work programme.

6.03 Specific Functions

- (b) **Scrutiny.** The Overview and Scrutiny Committee and the Scrutiny Panels may:
- (i) Review and scrutinise decisions made by the Executive and the performance of the Executive and/or Committees and Council officers both in relation to individual decisions and over time.
 - (ii) Review and scrutinise the performance of the Council in relation to its policy objectives and performance targets and/or particular service areas.
 - (iii) Question members of the Executive and or Committees and chief officers about their decisions and performance whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects.
 - (iv) Make recommendations to the Executive and/or appropriate Committees and/or Council arising from the outcome of the scrutiny process.
 - (v) Review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the relevant scrutiny body and local people about their activities and performance.
 - (vi) Question and gather evidence from any person.

6.04 Allocation of Responsibilities

The Health Scrutiny Panel shall have responsibility for scrutiny of the local health service, in accordance with the provisions of the Health and Social Care Act 2000. This will be a standing Sub-Committee and will meet at least four times a year.

It shall:

- a) review and scrutinise matters relating to the health service within the Council's area and make reports and recommendations in accordance with any regulations made thereunder;
- b) respond to consultation exercises undertaken by an NHS body; and
- c) question appropriate officers of local NHS bodies in relation to the policies adopted and the provision of services.

The Scrutiny Lead Member for a healthy community shall be appointed as a Member and Chair of the Health Scrutiny Panel.

6.05 Reports

The Overview and Scrutiny Committee will report to full Council, Cabinet or the appropriate Cabinet member and make recommendations, as appropriate. All reports and/or recommendations of Scrutiny Panels shall first be considered by the Overview and Scrutiny Committee before being reported to full Council, Cabinet or the appropriate Cabinet member, as appropriate.

6.06 Proceedings of Scrutiny Panels

The Overview and Scrutiny Committee and its Scrutiny Panels will generally meet in public and conduct their proceedings in accordance with the Procedure Rules in Part 4 of this Constitution.

**(Council Constitution Part 4 “Rules of Procedure”, Section 4.5 -
Overview and Scrutiny Procedure Rules)**

4.5. Overview and Scrutiny Procedure Rules (Extracts relating to Health Scrutiny Panel.)

1. THE ARRANGEMENTS FOR OVERVIEW AND SCRUTINY

1.1 The Council will establish the Overview and Scrutiny Committee and Sub-Committees or Scrutiny Panels set out in Article 6. The Council will appoint Members of the Overview and Scrutiny Committee and the Overview and Scrutiny Committee will appoint Members of the Sub-Committees or Scrutiny Panels.

1.2 There will be one standing Scrutiny Panel to discharge the Council’s functions under the Health and Social Care Act 2001.

1.4 The Health Scrutiny Panel will undertake the Council’s functions under the Health and Social Care Act 2001 and to consider matters to the local health service as provided by the NHS and other bodies including the Council:

- (a) To review and scrutinise matters relating to the health service within the Council’s area and make reports and recommendations in accordance with any regulations made thereunder;
- (b) To respond to consultation exercises undertaken by an NHS body; and
- (c) To question appropriate officers of local NHS bodies in relation to the policies adopted and the provision of the services.

1.5 The membership of individual Scrutiny Panels and their terms of reference will be determined by the Overview and Scrutiny Committee. They will include the following:

- (a) To investigate, scrutinise, monitor and advise in relation to:
 - How services are being delivered and the Council’s functions discharged.
 - How policies have been implemented and their effect on the Council's corporate strategies (i.e. equal opportunities, anti-poverty and crime and disorder).
 - The development of relevant policy.
 - How resources are being used, spent and managed.

- Any other matter, relevant to the specific remit of the Scrutiny Panels, which affects the Council's area or any of its inhabitants.

2. WHO MAY SIT ON OVERVIEW AND SCRUTINY?

2.1 All Councillors except Members of the Executive may be Members of the Overview and Scrutiny Committee and Scrutiny Panels. However, no Member may be involved in scrutinising a decision in which s/he has been directly involved.

2.3 The Lead Scrutiny Member for a Healthy Community shall be appointed as a member and Chair of the Health Scrutiny Panel.

(Council Constitution Part 4 “Rules of Procedure”, Section 4.1 - Council Procedure Rules)

4.1. Council Procedure Rules (Extracts relating to Quorum)

8. QUORUM

- 8.1** Subject to any specific statutory requirement, and to any specific quorum requirements set out in the terms of reference of a particular body, the quorum of a meeting will be one quarter of the whole number of Members or three voting Members, whichever is the greater. If a quorum is not reached 15 minutes after the time appointed for the start of the meeting, the meeting will stand adjourned. During any meeting if the Mayor counts the number of Members present and declares there is not a quorum present, then the meeting will adjourn immediately. Remaining business will be considered at a time and date fixed by the Mayor. If s/he does not fix a date, the remaining business will be considered at the next ordinary meeting.

Accordingly, the Health Scrutiny Panel’s quorum is 3 (Three) voting Members.

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APPENDIX 2

Labour Group Members (and deputies)	Conservative Group Members (and deputies)	Other Members (and deputies)
<p>Cllr Rachael Saunders Cllr Denise Jones Cllr Lesley Pavitt Cllr Md. Abdul Mukit, MBE Cllr Abdal Ullah</p> <p><u>Deputies</u></p> <p>Cllr Amy Whitelock Cllr Zenith Rahman Cllr Motin Uz-Zaman</p>	<p>Cllr Dr Emma Jones</p> <p><u>Deputies</u></p> <p>Cllr Peter Golds</p>	<p>Cllr Gulam Robbani</p> <p>Co-opted Members: To be appointed by the Overview & Scrutiny Committee</p>

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APPENDIX 3

SCHEDULE OF DATES 2012/13

HEALTH SCRUTINY PANEL

26th June 2012
11 September 2012
13th November 2012
22nd January 2013
23rd April 2013

It may be necessary to convene additional meetings of the Committee should urgent business arise. Officers will keep the position under review and consult with the Chair and other Members as appropriate.

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Agenda Item 5.4

Committee Health Scrutiny Panel	Date 26 th June 2012	Classification Unrestricted	Report No.	Agenda Item No. 5.4
Report of: Assistant Chief Executive, Legal Services		Title: Developing a Local Healthwatch in Tower Hamlets		
Originating Officer(s): Afazul Hoque Senior Strategy, Policy & Performance Officer		Ward(s) affected: All		

1. Summary

- 1.1 This report provides the Health Scrutiny Panel with an update on the local and national situation regarding the commissioning and establishment of a Local Healthwatch as required by the Health & Social Care Act 2012.

2. Recommendations

The Health Scrutiny Panel is asked to:

- 2.1 Note and comment on the development of a local Healthwatch and associated functions.
- 2.2 Comment on how the Health Scrutiny Panel would like to work with the Local Healthwatch.

3. Background

- 3.1 Local Healthwatch organisations are being introduced to give people greater influence over their local health and social care services, and to support individuals to access information about the choices available to them under the Health and Social Care reforms.
- 3.2 The Health and Social Care Act 2012 is expected to amend the Local Government and Public Involvement in Health Act 2007 so as to place local authorities under a statutory duty to commission effective and efficient local Healthwatch organisations by April 2013. Amendments to the original bill have been added to ensure that local authorities have some flexibility and choice over the organisational form of local Healthwatch so they can determine the most appropriate way to meet the needs of their communities.

LOCAL GOVERNMENT ACT 1972 (SECTION 100D)

LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Background paper

Name and telephone number of and address where open to inspection

None

N/A

3.3 New functions to be commissioned by local authorities either as part of, or linked to Healthwatch include NHS Complaints Advocacy Service and Signposting and Advice Services currently provided by local PCT Patient, Advice and Liaison Service (PALS). Secondary legislation for Healthwatch will be released in September 2012.

4. Healthwatch Functions

4.1 The proposals set out in the Act mean that local Healthwatch will be expected to:

- provide information and advice to the public about accessing health and social care services and choice in relation to aspects of those services
- make the views and experiences of people known to Healthwatch England helping it carry out its role as a national champion
- make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern
- promote and support the involvement of people in the monitoring, commissioning and provision of local care services
- obtain the views of people about their needs for and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of care services
- make reports and recommendations about how those services could or should be improved.

4.2 NHS Independent Complaints Advocacy Service (Currently provided by POhWER (www.pohwer.net) (in London as part of a national contract with the Department of Health). This function can be commissioned separately to the other Healthwatch functions

5. National Context

5.1 In August 2010, the Government's Health White paper proposed the creation of a new organisation, Local Healthwatch, which would succeed Local Involvement Networks (LINK). It would continue their responsibilities as well as take on new ones, currently performed by PCT PALS and the national NHS Independent Complaints Advocacy Service (ICAS) Contract held by the Department of Health. This has subsequently been given effect by the Health and Social Care Act 2012.

5.2 Since the Act received Royal assent, a number of clarification documents have been issued by the Department of Health and others to assist local authorities in commissioning local Healthwatch.

5.3 The Local Government Association have also developed an implementation programme to ensure local authorities are informed and assisted in their duties to commission local Healthwatch by April 2013.

5.4 Recent National Policy Changes are as follows:

1. Healthwatch will now include (subject to Ministerial Approval) a remit which extends to Children's Social Care Service
2. NHS Independent Advocacy may now be commissioned separately to Healthwatch
3. Guidance on secondary legislation will be issued by the Department of Health in September 2012.

6. Regional Context

- 6.1 Officers from the One Tower Hamlets Team who will be commissioning the Local Healthwatch have been part of Regional Commissioning meetings facilitated by the Joint Improvement Partnership. A simulation event was held on 29th May 2012 with key stakeholders from across East London and the City which enabled participants to take part in simulated problem-solving exercise related to the new Healthwatch and Health and Wellbeing Board arrangements. The event ended with borough representatives focusing on how to build on existing good practice in public and patient engagement and suggestions for areas of improvement. The key points are summarised below:

Building on good practice	Areas for improvement
Smooth transition to Healthwatch	Increase diversity of Members
Positive relationships with stakeholders	Increase profile of Healthwatch to make it more accessible
Evidence based reports	New duty to provide information and advice

- 6.2 The Regional Commissioning Group has been exploring the value of maintaining a regional contract for the Complaints Advocacy Service and a sub group is undertaking analysis of this. We are currently awaiting borough activity data to ascertain the demand locally.

7. LINK and the Hosting Contract Arrangements

- 7.1 The Local Involvement Network (Tower Hamlets Involvement Network, THINK) hosting arrangements have been in place since 2008 when Urban Inclusion was awarded the contract following a competitive process.
- 7.2 The Council has been satisfied with the host's performance in achieving the agreed outcomes and the hosting arrangements were extended for a year in March 2012, given the national extension of the deadline for the establishment of Local Healthwatch and the lack of central guidance regarding its implementation.
- 7.3 LBTH and THINK were awarded Pathfinder status in 2011 and we will use the additional funding, announced in January 2012 to consult local people on their views regarding the vision for a Local Healthwatch and in particular what constitutes a good NHS Complaints Advocacy Service and Signposting and Advice Services – both new functions to be commissioned by Local Authorities either as part of, or linked to Healthwatch by April 2013.

8. Developing Healthwatch Tower Hamlets

- 8.1 The THINK has been discussing with its Members the vision for a local Healthwatch and will continue to work with the Council to support the transition. A wider consultation programme is currently being developed and will include mechanism such as online questionnaire, focus groups, discussions with existing groups and three information events at idea stores.
- 8.2 There is also on-going discussion with the Mayor and wider stakeholders around the organisational form of Healthwatch and funding options and this will be communicated to all stakeholders.

9. Indicative funding

- 9.1 The government currently allocates £27 million each year to local authorities for LINKs through the local government Formula Grant. The Department of Health guidance document states that this will continue and additional funding will be made available to local authorities from 2013/14 to support the information function that local Healthwatch will have and also for commissioning of NHS Complaints Advocacy Service.
- 9.2 The Council will find out in December 2012 the total funding that will be available to commission this service however this will be subject to existing planned reductions in its overall Formula Grant as part of its medium term financial plan and therefore existing funding allocated to LINKs will be required to fund expenditure for all future requirements under the new legislation.

10. Timetable

Activity	Deadline
Consultation on Healthwatch Tower Hamlets with stakeholder	June – July 2012
National consultation on regulations	May-June 2012
Commissioning approach for Healthwatch functions agreed	June 2012
Secondary legislation (Healthwatch regulations) released by the Department of Health	September 2012
Healthwatch Service Specification presented to HWBB	September 2012
Local Funding allocation for Healthwatch confirmed	December 2012
Healthwatch and new functions commissioned	March 2013
Launch of Healthwatch Tower Hamlets	April 2013

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

- 11.1 Whilst the Health and Social Care Act 2012 received royal assent on 27 March 2012, the provisions of the Act that are intended to make relevant amendments to sections 221 and 222 of the Local Government and Public Involvement in Health Act (to require local Healthwatch arrangements) have not yet been commenced. It is intended that the obligation on the Council will be to make arrangements with a body corporate which is a social enterprise and which satisfies such criteria as may be prescribed by regulations made by the Secretary of State. As indicated in the report, the regulations are not expected until later in 2012.
- 11.2 The Council will need to go through a procurement process to select an appropriate social enterprise for the purposes of its local Healthwatch arrangements. In doing so, the Council will need to comply with its procurement procedures and be mindful of its obligations as a best value authority under the Local Government Act 1999. The Council will also need to carry out any procurement process having due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't.

- 11.3 The functions required to be exercised by the Council's local Healthwatch are listed in section 221(2) of the Local Government and Public Involvement in Health Act 2007. More functions will be added when the "Healthwatch" provisions of the Health and Social Care Act 2012 take effect. If the existing functions are currently being exercised by another body, then there may well be implications under the Transfer of Undertakings (Protection of Employees) Regulations 2006 and this will be taken into account when making the new arrangements.

12. Comments of the Chief Financial Officer

- 12.1 The Health and Social Care Act 2012 confers a statutory duty on local authorities to commission effective and efficient local Healthwatch organisations by April 2013.
- 12.2 Some initial costs will be incurred in 2012/13 and these are expected to be contained within the Local Healthwatch Set-up fund of £17.5k which is distributed through the Department of Health Learning Disabilities and Health Reform Grant.
- 12.3 Details of government funding for future years will not be made available until later this year and a further report will be submitted once this information is known. However, the Council has budgeted already for a reduction in its Formula Grant as part of its medium term financial plan over the next five years and therefore existing funding allocated to LINKs will be required to fund expenditure for all future requirements under the new legislation. Officers will therefore be obliged to seek the appropriate financial approval before further financial commitments are made as part of the implementation of this new legislation.

13. One Tower Hamlets consideration

- 13.1 The key to developing a Local Healthwatch will be to ensure that it is able to reflect the voice and concerns of the diverse population of the borough. A key requirement will be for the organisation to ensure this is reflected in its membership and its work programme. The Local Healthwatch will provide services to individuals through advice and information. This will be open to all but are likely to be particularly valuable to people who face barriers to finding out about services and their rights]: including people with learning disabilities, mental health service users, people without internet access and residents whose first language is not English or who find reading difficult.
- 13.2 The Local Healthwatch will enable local people to take on a community leadership role in the health and social care sector and therefore influencing commissioning and delivery of services according to local needs. Tackling health inequalities will be central to the work of the Local Healthwatch through their involvement in Health & Wellbeing Board, preparation of the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy.
- 13.3 The Local Healthwatch will be subject to the Public Sector Equality Duty under section 149 of the Equality Act 2010 and should prepare and publish an equality policy showing how they will meet the duty.

14. Risk Management Implications

- 14.1 There are no direct risk management implications arising from this report. However, it will be important to consider risk management issues in the transition from THINK to Healthwatch.

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