

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 6.30 P.M. ON TUESDAY, 13 NOVEMBER 2012

**ROOM C1, FIRST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE
CRESCENT, LONDON, E14 2BG**

Members Present:

Councillor Rachael Saunders (Chair)

Councillor Denise Jones (Vice-Chair)

Councillor M. A. Mukit MBE

Councillor Lesley Pavitt

David Burbridge

Other Councillors Present:

Nil

Co-opted Members Present:

David Burbridge

Guests Present:

Jean Taylor

– THINK (Deputy)

Dr Sam Everington

– (Chair, NHS Tower Hamlets Clinical
Commissioning Group)

Adrienne Noon

– (Barts Health NHS Trust)

Dr Sheila Adam

– (Interim Director of Public Health, Barts Health
NHS Trust)

Simon Twite

– (Tower Hamlets Public Health)

Hannah Falvey

– (NHS Tower Hamlets Clinical Commissioning
Group)

Lisa Vaughan

– (Senior Strategist, Tower Hamlets Public Health)

Jackie Applebee

– (GP Representative, Local Medical Committee)

Dr Steve Ryan

– (Barts Health NHS Trust)

Esther Trenchard-Mabeere

– (Assistant Director, Tower Hamlets Public Health)

Officers Present:

Robert Driver

– (Strategy, Policy and Performance Officer, One
Tower Hamlets, Chief Executives)

Deborah Cohen

– (Service Head, Commissioning and Strategy,
Adults Health and Wellbeing)

Frances Jones

– (Service Manager One Tower Hamlets, Chief
Executive's)

Wesley Hedger

– (Strategy & Policy Officer, Children, Schools &

Families, LBTH)

Alan Ingram

– (Democratic Services)

COUNCILLOR RACHAEL SAUNDERS (CHAIR), IN THE CHAIR**1. APOLOGIES FOR ABSENCE**

Apologies for absence were submitted from Councillor Dr Emma Jones and Dr Amjad Rahi (Co-opted Member).

2. DECLARATIONS OF INTEREST

No declarations of Disclosable Pecuniary Interest were made.

3. UNRESTRICTED MINUTES

RESOLVED that the unrestricted minutes of the meeting of the Panel held on 11 September 2012 be agreed as a correct record of the proceedings.

MATTERS ARISING

Councillor Pavitt sought clarification regarding information that had been requested for Members regarding the numbers of Health Visitors in the Borough (Item 4.1) and diabetes patients (item 4.3). The Chair indicated that the requests for information would be followed up accordingly.

4. REPORTS FOR CONSIDERATION**4.1 Health Priorities for Children Living in Tower Hamlets**

The Chair welcomed those present and indicated that it was her intention that the meeting should focus on Children and Public Health issues.

At the request of the Chair, Wesley Hedger (Strategy, Policy & Performance Officer) gave a detailed presentation in support of the Council's Children and Families Plan (CFP) 2012-15, as circulated with the meeting agenda pack. He commented that the Plan was targeted at meeting the most vulnerable children and families. A life-course approach had been taken, at stages of five year blocks with appropriate interventions proposed for each stage from birth to 24 year olds.

He indicated that, given the level of health inequalities within the Borough, a focus on maternity and early years within the Health and Wellbeing Strategy was vital to ensure that health and wellbeing outcomes were improved in future. The governance structure of the Children and Families Partnership would support the Maternity and Early Years principle of the Joint Health and Wellbeing Strategy. The Maternity, Early Years and Childhood

Commissioning and Delivery sub-group of the CFP would report back on delivery activity to the Health and Wellbeing Board.

Esther Trenchard-Mabeere (Public Health Tower Hamlets), commented further on the presentation, indicating that:

- 9% of babies were of low birth rate but infant mortality was not high, possibly due to low rates of smoking and alcohol use.
- There were high levels of obesity and dental decay in under 5s but there had been some reductions in both. Obesity levels seemed to have plateaued and it was hoped there would be further decreases.
- There had been a significant reduction in under 18 conceptions.
- The Borough had the highest child vaccination rate in London.
- Emergency hospital admissions due to unintentional or deliberate injuries were very high and more information on causes of injury was required. Asthma, epilepsy and diabetes also resulted in hospital admissions of children.

Officers then responded to questions put by Members of the Panel, including the following information:

- Consideration of nutritional problems was broadening beyond obesity issues towards vitamin deficiencies and malnutrition. A wider, holistic view was being taken as obesity comprised only one indicator of risk.
- The part played by schools in children's health required a whole systems approach including food and physical activity/play as 13% of children entered primary school obese, which had risen to over 25% on leaving aged 10.
- The incidence of female genital mutilation was under investigation with other partner organisations and would be one of the issues taken up by the recently-appointed Violence Against Women and Girls Co-ordinator.
- Healthy Families ambassadors were helping address lack of parental knowledge throughout communities in the Borough.
- It was acknowledged that some reductions in the Public Health budget were likely and it would be necessary to work creatively and closely with partnerships and other agencies in the Borough.
- Access to the maternity service at the target stage of 12 weeks and 6 days had improved from under 60% 6 years ago to about 92% currently. There was a very low take-up of home births at less than 2%. The Barkantine Centre was a popular choice for births but could only be used for low risk instances.

A presentation was then made by Dr Sheila Adam (Interim Director of Public Health, Barts Health NHS Trust) on the Barts Health vision for population health and reducing working in partnership with the wider public health community. Work was ongoing to make the hospital become a recognised part of the community by contact with local groups and building on initiatives from the legacy Trust's.

Dr Adam further indicated that the Children's Clinical Academic Group (CAG) had gone live on 1 October 2012 and was based at Newham University. Its

main priorities would be neonatal mortality and morbidity; breast feeding initiation and continuation; immunisation; Hepatitis B prevention and immunisation; smoking cessation; childhood obesity; childhood diabetes; psychosocial morbidity (gang involvement, school non-attendance, young people's health, sexual health).

Briefing meetings would be arranged between the CAG leadership team and Councillors over the next few weeks. Barts Health would have a focus on lifetime transitions, which would be progressed by the Public Health and Equalities Committee as part of the Trust's core business.

In response to queries from the Panel, Dr Adam and Dr Steve Ryan (Medical Director, Barts Health NHS Trust) commented that:

- Attempts would be made to build a new relationship with the community, provide opportunities and support candidates for jobs to the interview stage. Early apprenticeship programmes would also be increased. The Trust Board was also aiming to access schools and sixth form colleges to encourage young people into employment.
- There were 15,000 staff in the Trust and many lived locally. Their health and wellbeing was also a priority accordingly. They would be encouraged to be more active during work hours and would be supported to stop smoking, eat healthily and combat stress. All patient interactions were opportunities for staff to promote healthy living.
- There was an aspiration to appoint a Young Persons' Ambassador to sit on the Board of the Children's CAG but it was recognised that this would take some time to develop.

A wide-ranging discussion then ensued and the following comments and information emerged:

- GPs were only a small part of the whole sector of children's health provision and needed to work in partnership with schools, who had much more direct contact with children. It was hoped that partnerships with schools would extend to all GP practices.
- Driving up the health of the population as a whole would be much more successful than concentrating mainly on those people who were most in need.
- Pathway work was essential around long-term conditions such as asthma, diabetes and epilepsy and families needed to be engaged to promote self-care as far as possible and managing minor ailments.
- Ongoing work on links between dampness in housing and asthma should include social landlords and Tower Hamlets Homes in particular. The major influence of housing conditions on overall health must be addressed and ways found to influence private landlords.
- Planning conditions were now available to affect the location of fried chicken shops in the vicinity of schools, etc. and an award scheme had been introduced for shops offering healthier food.
- GPs now shared data widely between practices, with league tables available for all areas of work undertaken. The principle should also be extended to schools, e.g. in terms of providing swimming and

tackling obesity. It was noted that Headteachers would be provided with details of schools' banding on child obesity numbers.

- Competition between schools in expanding health provision could be useful in driving up standards but would be better expressed in accreditation terms, rather than "name and shame".
- Communities and parents should be involved in the development of strategies for delivering children's health measures, together with inclusion of all relevant partnerships.
- There had been improvements made in the face of difficulties of helping one of the most deprived communities in the country, although there were no grounds for complacency.
- The NHS needed to improve bringing children into the decision-making process.
- A Fairness Commission had been established and would run for six months and there would be a themed session in February 2013 on the subject of people falling through social safety nets. Information arising could be made available to the Health Scrutiny Panel.

The Chair stated that particular points had been made regarding:

- the wider definition of malnutrition;
- the need to build on measures such as the Young Mayor to ensure young people's voices were heard;
- the need to address damp housing conditions;
- banding in schools to address obesity on the basis of celebrating achievement and accreditation awards;
- development of relational states to be able to help people.

She then thanked those who had attended to make presentations.

4.2 Update on Healthy Community Project

Ms Dianne Barham (THINK Director) presented an update on the development of community led health projects in the wards of Whitechapel, Stepney Green and St Katharine's and Wapping, which aimed to set up a Healthy Community Group of at least 200 people who would be provided with information, training, support and resources in return for their providing information on their experience of services, ideas on improving services and taking part in healthy lifestyle activities.

She tabled a report in that respect concerning:

- A summary of key issues raised by patients and the community.
- How THINK had or proposed to engage with patients and the community to tackle those issues.
- What impact THINK hoped to achieve as an outcome.

Ms Barham added that the aim was to have at least 3,000 members involved in HealthWatch and there would be a report to the Clinical Commissioning Group in December 2012 on the possibility of rolling out the scheme to the

rest of the Borough. She confirmed that community mapping information would be included in the report and asked that Panel Members contact her direct with any comments they wished to put forward.

The report was **noted**.

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

Visit to Royal London Hospital

The Chair expressed the view that a date should be arranged for Panel Members to visit the Hospital new-build and have clarification of any associated teething problems.

**Action by:
Robert Driver**

Healthy Borough

The Chair indicated that evidence sessions were to be held on 19th and 21st November 2012.

To note

The meeting ended at 8.50 p.m.

Chair, Councillor Rachael Saunders
Health Scrutiny Panel