LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 6.30 P.M. ON TUESDAY, 22 JANUARY 2013

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 Dr. Emma Jones
Councillor Lesley Pavitt

Other Councillors Present:
Nil

Co-opted Members Present:

David Burbridge	–	(THINk Steering Group Member)

Guests Present:

Dianne Barham	–	(THINk Director)
Jackie Applebee	–	(GP Representative, Local Medical Committee)
Dr Sam Everington	–	(Chair, NHS Tower Hamlets Clinical Commissioning Group)
Adrienne Noon	–	(Director of Communications & Engagement, Barts Health NHS Trust)
Jason Seez	–	(Associate Director of Strategic Development, Barts NHS Trust)
Dr Somen Banerjee	–	(Co-Director of Public Health, Tower Hamlets)

Officers Present:

Deborah Cohen	–	(Service Head, Commissioning and Health, Education, Social Care and Wellbeing)
Sarah Barr	–	(Senior Strategy Policy and Performance Officer, One Tower Hamlets, Chief Executive's)
Robert Driver	–	(Strategy, Policy and Performance Officer, One Tower Hamlets, Chief Executives)
Afazul Hoque	–	(Senior Strategy Policy & Performance Officer, One Tower Hamlets, Chief Executive's)
Alan Ingram	–	(Democratic Services)

COUNCILLOR RACHAEL SAUNDERS (CHAIR), IN THE CHAIR

1. APOLOGIES FOR ABSENCE

Apologies for absence were submitted from 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 13 November 2012 be agreed as a correct record of the proceedings.

MATTERS ARISING

Referring to the request for information made by Councillor Lesley Pavitt, Mr Robert Driver, Strategy, Policy and Performance Officer, updated the Panel with regard to the numbers of diabetes patients and Health Visitors in the Borough. Dr Sam Everington commented that there was a national shortage of Health Visitors and recruitment problems were compounded by some Councils (as L.B. Hackney) offering increased salary levels.

CHANGE TO ORDER OF BUSINESS

The Chair indicated that the business on the agenda would be varied to enable item 4.3 – Update on Public Health Transition – to be considered next. For ease of reference, however, items are recorded in these minutes in the original agenda order.

4. REPORTS FOR CONSIDERATION

4.1 Barts Health NHS Trust Engagement Strategy - Oral Update

Ms Adrienne Noon (Director of Communications and Engagement) and Mr Jason Seez (Associate Director of Strategic Development), Barts NHS Trust, made a detailed presentation:

- providing an overview of the emerging Barts Health strategy;
- outlining how their partners could inform planning; and
- outlining Barts' role as a founding partner of UCL Partners.

Ms Noon made the point that there had been much work on embedding values with staff at all levels and the upheaval in the NHS had been

addressed to ensure that Barts would attain Foundation Status to deliver the services that the local population needed and required. Barts was involved in UCLPartners, one of five accredited health science systems in the UK, whose purpose was to translate cutting edge research and innovation into measurable health gains for patients and populations – in London, across the UK and globally.

She commented that work on Barts Vision had been internally focused so far but all outside partners would be approached for their input. Any proposed service changes would be set out for consultation. She added that a good rapport was being developed with the Council's Overview and Scrutiny Committee.

During a wide-ranging discussion after the presentation, questions were raised on the advantages of being a Foundation Trust; the timeline for service level changes/proposals; how it could be guaranteed that required standards would be delivered by front-line staff; how ongoing PFI payments would affect services; whether good value for money was being achieved; development of a road forward on patient engagement; the Francis Inquiry report was likely to be critical of Overview and Scrutiny and staff who did not perform adequately.

Ms Noon and Mr Seez replied accordingly, including comments that:

- Foundation accreditation had been hard-won and would ensure that high quality services would be available to patients: to this end an integrated service framework was about to be launched.
- Barts NHS employed 15,000 staff and work was underway with clinical teams to ensure values were embedded. Efforts of individuals were recognised formally and Barts Health Heroes award ceremonies had been held the previous week. There had been investment in leadership to ensure that managers were first class. A programme for reward and recognition was coming together and work was ongoing on improving communications.
- PFI commitments were still there and were the equivalent of a big mortgage that required efficient operating to manage. To this end, the organisation was moving to a seven day working culture in order to make the best use of funds.
- Patient engagement had not been progressed as quickly as hoped but was proceeding and a consultation exercise inviting public representations was due to close on Friday 25 January. (**Note:** The Chair stated that she would try to elicit responses for the consultation.) Patient engagement was seen as critical to all areas of the Trust and a training programme was being developed.
- Non-Executive Directors and Governors would be happy to meet the Overview and Scrutiny Committee and the Members could also attend Trust Board meetings
- A briefing could be provided when the outcome of the Francis Inquiry report was known.

Mr Robert Driver, Strategy, Policy and Performance Officer, had been looking to set up training courses to advise on how to scrutinise an organisation as

big as Barts Health NHS Trust and it was proposed to hold a session towards the end of March. The Chair remarked that anything Members could learn as to appropriate questions to ask would be important.

The Chair thanked Ms Noon and Mr Seez for their presentation.

4.2 Tower Hamlets Health and Wellbeing Board Engagement and Communication - Oral Update

Ms Dianne Barham, THINk Director, made a presentation concerning her organisation's Engagement and Communication Strategy. This included examining all service commissioners/providers in Tower Hamlets who were looking at improvements for the community. The process involved engaging people whilst designing and delivering services to see what the community wanted and make provision accordingly. Feedback was being sought from partnerships on the basis of establishing existing known data, identifying gaps in provision and developing ways to fill them.

Work was proceeding on linking community strategies from all organisations on the Tower Hamlets Engagement and Communication Delivery Board, so as to provide co-ordinated messages.

The Chair commented that the concept of a repository of data was helpful for feedback and dialogue with the wider community was important to ensure knowledge was imparted to all.

Mr Afazul Hoque, Strategy, Policy and Performance Manager, stated that Healthwatch had a key role with a wide remit and would be trying to recruit more members. This would be the subject of a further report later in the year.

The Chair thanked Ms Barham for her presentation.

4.3 Update on Public Health Transition

Ms Deborah Cohen, Service Head Commissioning & Strategy, introduced the report updating the Panel on the progress of work to effect the transfer of public health functions and staff from the Primary Care Trust (PCT), which would close down on 31 March 2013, to the Council.

Ms Cohen outlined the working arrangements for the transfer, which had been ongoing for over a year, and commented that problems had been experienced due to the lack of legal arrangements in some of the NHS contracts that were being transferred over. There would be a high level of fragmentation in some pathways such as cancer treatment and emergency planning and this would need to be addressed by the Health and Wellbeing Board.

She added that transfer of Public Health staff was underway and there was a need to start the recruitment process for the post of Director of Public Health (DPH). The Public Health funding allocations had now been published and the sum of £32m+ allocated to Tower Hamlets was the highest in the country, reflecting the investment previously made by the PCT. The Council had been

handed the responsibility of a large and high performing Public Health department that had to continue to succeed.

Dr Somen Bannerjee, Co-Director of Public Health Tower Hamlets, stated that staff had initially been concerned about the transfer to the Council but were now looking forward to receive help from the Council on how to proceed with Public Health matters. The main issue around the Public Health budget was to review which services to commission and to prioritise the procurement process. Fragmentation of Public Health contracts meant that communication with the national commissioning body and the Clinical Commissioning Group was essential. The structure of the Public Health service in the Council's establishment and where the function would sit also needed to be resolved.

In response to queries from the Chair, Deborah Cohen stated that no Public Health growth funding had been anticipated but some had been received. If the DPH appointment were made before 31 March 2013, the process would be managed by the NHS. After that date, the recruitment would be handled by the Council. The Chair expressed the view that it would be beneficial for the post to be filled prior to transfer.

Dr Sam Everington, Chair, NHS Tower Hamlets Clinical Commissioning Group, commented that the transfer of one of the best Public Health departments in the country was an enormously powerful legacy. Their immunisation rate was the highest in London. It was critical that the DPH position be filled before transfer. There were good examples of Public Health working in partnership with local authorities and he felt that the added scrutiny of local councillors would result in better health for the community.

Councillor Lesley Pavitt expressed the view that the Chair needed to discuss the future of Public Health and the DPH with other Members to move the process forward.

Councillor Pavitt raised queries regarding her concern over fragmentation of service pathways and how this could be minimised to prevent problems; anxiety of staff awaiting transfer causing reduced performance; concern over sexual health services in the interim period; the position of the Public Health staff within the Council's establishment.

Dr Somen Bannerjee replied to the effect that:

- The risks from pathway fragmentation were recognised and it would be the role of the DPH to ensure that the system was working. In the White Paper, the profile and importance of the DPH was crucial and must have the leverage to act to prevent such problems. It would be necessary to establish an assurance board to properly inform members of the Panel and the Health and Wellbeing Board.
- Staff had largely got over the peak of anxiety. A full staff transfer list had been prepared of people who would be transferred and issues around staff moving to a new work culture were being addressed.
- On sexual health, work would proceed with the Commissioning Support Unit to ensure that the service was in a steady state through 2013/14, following which the service would be re-procured.

Ms Cohen added that it was currently envisaged that Public Health staff would be transferred to the Director for Adults' and Children's services pending the arrival of a new Chief Executive and a review of the Council's top structure.

The Chair expressed the view that she would support a relationship of the DPH reporting to the Chief Executive.

Mr David Burbridge stated that he was not aware of any patient input or representation regarding the service transfer. Ms Cohen replied that there had been an Away day on the issue on the previous Friday and THINk would continue to be involved in working on public/patient engagement. The Chair pointed out that work had been undertaken last year on service user voice/influence, etc. and this was ongoing.

Councillor Pavitt stated that there was a need for regular reports on the Panel agenda regarding patient safety/pathways.

The Chair confirmed that she would follow up on how the DPH appointment might be expedited.

Noted.

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

5.1 Community Health Assets

The Chair referred to the report circulated by Robert Driver and asked Panel members to read it and feed back any comments to Mr Driver.

5.2 Tower Hamlets Healthy Borough Programme

The Chair indicated that Mr Driver had also tabled this report and requested that any comments be forwarded to him.

Councillor Pavitt asked how the progress of all recommendations in the report could be monitored. Mr Driver replied that the report was still in draft form and would be included on the work programme for next year, so there would be an action plan for recommendations identifying responsible Officers, etc.

The meeting ended at 8.15 p.m.

Chair, Councillor Rachael Saunders
Health Scrutiny Panel