

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE HEALTH SCRUTINY PANEL**

**HELD AT 6.30 P.M. ON TUESDAY, 11 JUNE 2013**

**ROOM C1, 1ST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE  
CRESCENT, LONDON, E14 2BG**

**Members Present:**

Councillor Rachael Saunders (Chair)

Councillor David Edgar  
Councillor Dr. Emma Jones  
Councillor Zenith Rahman  
David Burbridge

Councillor Lesley Pavitt

**Other Councillors Present:**

Nil

**Co-opted Members Present:**

- (Tower Hamlets Healthwatch)

**Guests Present:**

Dianne Barham	– (Director of Healthwatch Tower Hamlets)
Dr Ian Basnett	– (Public Health Director, Barts Health NHS Trust)
Jacky Ndlovu	– (Barts Health NHS Trust)
Denise McEneaney	– Consultant Midwife, Barts Health NHS Trust)
Jane Batey	– (Gateway Midwife, Barts Health NHS Trust)
Jo Carter	– (Stakeholder Relations & Engagement Manager, Barts Health NHS Trust)
Prof. Graham Foster	– (Consultant Hepatologist, Barts Health NHS Trust)
Sally Shearer	– (Barts Health NHS Trust)
George Gallagher	– (Lifeline Young People's Services)
Alema Akthar	– (Osmani Centre)
Shelim Shakir	– (Osmani Trust)
Hannah Falvey	– (Tower Hamlets Clinical Commissioning Group)
Rahima Miah	– (Tower Hamlets Clinical Commissioning Group)
Jean Taylor	– (Local Resident)

**Officers Present:**

Tahir Alam	– (Strategy Policy & Performance Officer, Chief Executive's )
Sarah Barr	– (Senior Strategy Policy and Performance Officer, One Tower Hamlets, Chief Executive's)

Chris Lovitt – (Associate Director of Public Health)

Alan Ingram – (Democratic Services)

**COUNCILLOR RACHAEL SAUNDERS (CHAIR), IN THE CHAIR**

**1. ELECTION OF VICE-CHAIR**

The Chair nominated Councillor David Edgar to serve as Vice-Chair of the Panel for the remainder of the Municipal Year. The nomination was seconded by Councillor Zenith Rahman.

**RESOLVED**

That Councillor David Edgar be elected Vice-Chair of the Health Scrutiny Panel for the remainder of the Municipal Year 2013/14.

**2. APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of Councillor M.A. Mukit MBE (for whom Councillor Lesley Pavitt deputised) and Dr Amjad Rahi, Co-opted Member.

Councillor David Edgar indicated that he would have to leave at 7.00 p.m., due to other meeting commitments.

**3. DECLARATIONS OF DISCLOSABLE PECUNIARY INTEREST**

There were no declarations of Disclosable Pecuniary Interest.

**4. UNRESTRICTED MINUTES**

Mr Alan Ingram, Senior Committee Officer, reported that Ms J. Milligan, Chief Officer, Tower Hamlets Clinical Commissioning Group, had requested that her name be added to the list of those present at the meeting. This was agreed.

**RESOLVED**

That the unrestricted minutes of the meeting of the Panel held on 23 April 2013 be agreed as a correct record of the proceedings.

**5. REPORTS FOR CONSIDERATION**

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

The Panel received a report detailing the Terms of Reference, quorum, membership and dates of meetings of the Panel for the Municipal Year 2013/14.

## **RESOLVED**

That the report be noted.

## **6. LIFE COURSE - YOUNG ADULTS SESSION**

The Chair commented that the Panel would be adopting a life course approach as a focused method for arranging the business at its meetings. The current session would concentrate on issues relating to 11-24 year olds and it was hoped that recommendations would emerge that would help achieve service improvements.

### **6.1 Introduction and Presentation from Public Health on Young Adults**

Chris Lovitt, Associate Director of Public Health, introduced a presentation on behalf of the Tower Hamlets Public Health service. Particular points made were that:

- The 2011 census had provided details of young people in terms of ethnic group proportions.
- The Marmot Review “Fair Society, Healthy Lives” stressed the need to focus on the needs of children in:
  - Giving every child the best possible start in life.
  - Enabling them all to make the most of their capabilities and have control over their lives.
  - Creating fair employment and good work for all.
  - Ensuring a healthy standard of living for all.
  - Creating and developing healthy and sustainable places and communities.
  - Strengthening the role and impact of ill-health prevention.
- It was necessary to address issues around self-fulfilment needs in achieving individual potential, psychological needs relating to self-esteem, and the basic needs for healthy living and implementation of the Munroe recommendations for child protection.
- A peer-led approach to tackling healthy life issues was more effective than trying to task teachers with covering all aspects of this. The development of new social media communications was also proving important.
- Over twice the national rate of children lived in poverty in the Borough, with 57% being entitled to free school meals. There was a low amount of green space, poor air quality and a high number of reported serious youth violence in 2012/13.
- Almost all Tower Hamlets indicators scored worse than the service would want in terms of sexual health; obesity; mental health and use of drugs, alcohol and tobacco.

- The high levels of vulnerable children, looked after children and injury-related hospital emergency admissions were also cause for concern.

Mr Lovitt concluded that it was not possible for one agency to deal with the multiple elements to be addressed and a partnership approach was required. The Chair thanked Mr Lovitt for his presentation and added that consideration would be given to what was needed in terms of service provision.

## **6.2 Clinical Commissioning Group Presentation**

Ms Hannah Falvey, of Tower Hamlets Clinical Commissioning Group (CCG), made a verbal presentation on the work of the Group, including information that:

- CCG service provision for children extended to the age of 18 years.
- Quality of services was under review to improve outcomes.
- Public Health consultation was undertaken and the CCG Board included a representative of Barts Health. Development of working practices with the Council was also underway.
- The CCG's overarching commissioning services were grouped broadly, such as community health and mental health but care was also commissioned for a small number of children with longer term health problems.
- The CCG had come into being on 1 April 2013 and there was not yet a strong focus on services for children and young persons. However, a stocktake was being undertaken of all commissioned services, data received and key point indicators to determine whether they were fit for purpose. Work was also in progress on the development of a paediatric continence service and best practice for diabetes services.
- Particular attention was being given to asthma, Accident and Emergency and gastroenterology, together with the transition from children's to adults' services, in order to identify where improvements could be made.

The Chair thanked Ms Falvey for her presentation.

## **6.3 Barts Health Presentation**

At the request of the Chair, Dr Ian Basnett, Public Health Director Barts Health NHS Trust, gave an introduction to the presentation on the Trust's overview for improving the lives of the local population. He indicated that a population-based approach was being adopted, rather than simply treating patients individually and added that three themes relating to health services; staff health and determinants of health (such as employment) were included in this approach.

Dr Basnett then introduced further presenters from the Trust to comment on particular work areas.

Jane Hawdon, Group Director, Women's and Children's Health CAG, made her presentation and stated that Barts included anyone over 16 years old in adult services. However, there was a moral responsibility to ensure that care provided was age-appropriate. Youth workers were also deployed in acute care departments, especially where persons involved in or victims of crime were treated. The Trust was looking to involve a wider cohort of young people but could not work successfully in isolation from other partners/stakeholders.

Janet Lewis, Director of Operations, CHS, gave details of weight management services and school health services that were in place and indicated that a multi-disciplinary team with a single point of contact was in place, with allocated nurses for all schools in the Borough.

Denise McEneaney, Consultant Midwife, Supervisor of Midwives and Named Midwife for Safeguarding Children, spoke on the work of the specialist team of midwives for vulnerable women. She commented that this covered a range of areas and women often had more than one vulnerability. The aim was to promote improvement of their life chances and a relationship had been established with the local community, taking a pro-active approach to contacting women. All safeguarding measures were incorporated into the midwifery services and could apply to women as well as babies. Domestic abuse and violence was a significant problem and young women were helped to develop self-respect, with the help of peer support.

Dr Liat Sarnar, Consultant, HIV/GUM, addressed the meeting on problems arising from high rates of sexually transmitted infections and teenage pregnancy. She provided details of the three sexual health hubs available and how life chances could be improved for young persons. All schools received advice from OPTIONS, a dedicated service for under-25s and there was a wide range of community partners who were involved.

Professor Graham Foster, Consultant Hepatologist and Professor of Hepatology, stated that Hepatitis B was now a major health concern, for which a dedicated services had been established. This treated families as a whole, with a separate clinic for adolescents. This was currently located at the Royal London Hospital but it was intended to expand the service.

The Chair thanked the speakers for their very comprehensive and useful information.

#### **6.4 Presentations by Community Organisations**

Alema Akthar spoke regarding the work of the Osmani Trust through the Osmani Centre, which aimed to:

- reduce child obesity in Tower Hamlets by installing healthy lifestyles for young people in the Borough;
- develop the knowledge of young people and their carers so they were better able to live healthier lives;
- reduce barriers to participation in health provisions and physical activities for deprived and disadvantaged groups.

George Gallagher of the Lifeline Project stated that there had recently been large cuts in finance available and the service now comprised three substance advisors and him. This was the specialist substance Misuse Agency for young people in Tower Hamlets who were using drugs and alcohol. He then made a wide-ranging presentation on the work of the service, commenting in particular that:

- most drug/alcohol users were from hard to reach groups, i.e. poorer or more enclosed communities, and had started to smoke cigarettes and cannabis at an early age, typically 11-13 years, and this led to further substance misuse.
- There was a false myth that some ethnic groups did not use drugs or alcohol – in practice, all groups in the Borough did and there was open drug-dealing on housing estates.
- Children were being raised in an environment where drugs were normalised and parents who used drugs either allowed their children to use substances at home or simply ignored it.
- Young women who used drugs as part of a gang environment were exploited for sex.
- Cannabis was not harmless and induced psychosis. Most clients had poor mental health and there was also evidence of COPD in people in their 20s.

The Chair thanked the speakers for their presentations and opened the session to questions, from which the following emerged:

- Barts partnership work could well benefit from involving the Young Mayor, linking in with Healthwatch Tower Hamlets.
- Information sharing needed to be much better. Lifeline had good links with YOT but there was also a need to expand work with GPs and housing providers but with adequate confidentiality.
- Education services also needed to refer on young people to appropriate providers.
- Information sharing could only be successful if all partners worked well together.
- The Borough Sports and Leisure Service should be involved in encouraging measures for healthy lifestyles and schools should maximise sports time.
- The design and regeneration of estates was important, as evidence was available indicating that a non-gated and mixed community could support a healthier lifestyle.
- Car ownership could reduce playspace available to children and young people and adversely affected air pollution.
- There was a large number of off-licences in the Borough and alcohol was very easy to obtain even for children.
- The tendency to normalise drug use in certain households should be addressed through parenting classes.
- There were at least three times more shisha-smoking premises than reported and more young Bangladeshi women were using this and cigarettes.

- Bangladeshis were now tending to drink alcohol when socialising and problems for all ethnic/religious communities could also be addressed with the help of faith groups or forums.
- Now that Public Health was the Council's responsibility, it might be easier to work more with schools and youth clubs on all health issues, with a holistic approach being preferable than particular elements.
- Parents' desensitisation to children's drug use could also be mirrored to some extent in the attitude of service professionals but outcomes for persons under 18 were good when they could be admitted into treatment regimes.
- Young people should be designing services as service users listened more to peers who had been through the same problems.
- The availability of jobs and employment was the answer to many problems and reducing skills gaps could be managed by provision of training. The point was made that Barts operated an apprentice-level intake, followed by employment, as a strategic requirement.
- The Commissioning Group might well be asked to consider inclusion of a local employment focus during the re-commissioning process.
- A good location for and suitable approach for sexual health services was essential if local people were to engage with them.

The Chair thanked all present for their contributions and indicated that any recommendations that might arise from the debate would be circulated for comments at a later date.

**7. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT**

Nil items.

The meeting ended at 8.30 p.m.

Chair, Councillor Rachael Saunders  
Health Scrutiny Panel