

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 6.35 P.M. ON TUESDAY, 11 MARCH 2014

**ROOM MP701, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE
CRESCENT, LONDON, E14 2BG**

Members Present:

Councillor Rachael Saunders (Chair)

Councillor David Edgar (Vice-Chair)
Councillor Dr. Emma Jones

Co-opted Members Present:

David Burbridge – (Healthwatch Tower Hamlets Representative)

Guests Present:

Jo Bown – Silk Court, Anchor Trust
Marcia Forsythe – Home Manager, Silk Court
Tina Kelly – Link Age Plus

Officers Present:

Deborah Cohen – (Service Head, Commissioning and Health,
Education, Social Care and Wellbeing)
Paul Iggulden – (Associate Director of Public Health)
Dorne Kanareck – Commissioning and Strategy Manager
Tahir Alam – (Strategy Policy & Performance Officer, Chief
Executive's)

Antonella Burgio – (Democratic Services)

Apologies:

Councillor Abdul Mukit MBE,
Councillor Gulam Robbani,
Councillor Lutfu Begum,
Councillor Zenith Rahman and
Dr Amjad Rahi

Apologies for lateness were received from Councillor Dr Emma Jones.

1. DECLARATIONS OF INTEREST

No declarations of pecuniary interests were made.

VARY ORDER OF BUSINESS

Noting the meeting would be inquorate, the Chair agreed to proceed on an informal basis until the arrival of Councillor Dr Emma Jones.

Accordingly the agenda order was varied and item 3.1 was considered informally as the first item of business the remainder of the agenda was discharged in the following order: item 3.2, 3.3, and 4, apologies, item 1 and finally item 2.

2. MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the Health Scrutiny Panel held on 28th January 2014 were approved as a correct record of proceedings.

3. REPORTS FOR CONSIDERATION

3.1 Education Social Care and Wellbeing (ESCW) - Update

A verbal update was given by the Education, Social Care And Well-Being Representative on issues relating to Maglish home care services. The Panel was informed that service provision had been transferred in-house on 28 February 2014, the move incorporating all staff and service users. The service was now administered from at John Onslow house.

It was reported that there had been a good transition and had taken place without impact on service users and progress since the transfer had been good. It was now intended the services to adults and children be stabilised.

The Education Social Care And Well-Being Representative thanked the staff of Maglish and Tower Hamlets for their work and cooperation in transferring the service.

In response to members questions the following information was provided:

The Authority was able to verify that there had been no impact on service users as they had been consulted before and after the service transferred, was brought in house and there had been no changes of personnel since all staff formerly employed by Maglish Home Care Services had transferred to Tower Hamlets.

It had not been possible to transfer staff under TUPE terms for the following reasons:

- concerns around the provider had required a speedy transfer to be undertaken
- due to the circumstances of the transfer, no to TUPE consultation had been possible.

- no employee records had been, were provided by a former employer. However all staff were being treated as though transferred under TUPE terms. Additionally they were now employed under the London living wage arrangements.

Concerning future learning from the matter, the Chair asked that any issues arising relating to provision of care services should be reported to the Health Scrutiny Panel promptly. The Panel also requested ongoing monitoring of the service to ensure that there would be no adverse impacts from the transfer.

The Panel was informed that:

- new service user risk assessments were being undertaken
- since English was not the first language of the service users it was essential that they retained the same carers. The Panel requested that other mechanisms to measure quality were also employed such as user groups.

RESOLVED

That the verbal update to be noted

3.2 Life Course - Old Age

The Panel received presentations on services and schemes for those of older ages from public health, link H plus, silk Court residential home, and Tower Hamlets older people services.

Public Health

The Associate Director Of Public Health gave a presentation analysing statistical analysis of older age matters. The following were noted:

- 8000 younger elderly live in the borough
- One in three live alone
- 50% live in a household of two or more
- 50% of older elderly in the borough live alone
- Tower Hamlets had a younger population than its neighbouring boroughs but the proportion of elderly was increasing over time.
- Ethnicity of older people was 66% white and white other and differed from the ethnicity of the population as a whole since the historical cohort was white.

Factors that would improve public health and well-being:

- Healthy lifestyle, healthy ageing (the healthy life expectancy in Tower Hamlets was 54 years_
- Older age services property, housing needs, behavioural lifestyle risks,
- Priorities and challenges of poverty, housing, lifestyle, day-to-day activity limitations, chronic conditions/and preferred location of death.

Future service aims were: appropriate services to support vulnerable adults, promote healthy lifestyles, support carers, tackle isolation, and improving the last years of life via service approaches.

The panel noted the impact of architecture/ physical environment and transitory populations there was isolation in the borough. A JSN fact sheet on isolation was in development and a possible intervention could be a toolkit to train local people to find out about levels of loneliness in the local area with a view to developing a local solution.

Link Age Plus

The partnership manager Link Age Plus gave a presentation on the service which is designed to help those over 50 in the borough to make the most of later life. The service was delivered via five community organisations that provided services and activities and a team of outreach workers giving one-to-one support to older people across the community. The scheme was user led by forums and steering groups and its focus was to promote independence, reduce isolation and promote a healthy lifestyle.

The scheme was piloted in a number of areas in 2006, organised through the Department for Work and Pensions; the Tower Hamlets scheme was the only remaining scheme in the country

Link Age Plus Services are administered through five centres with activities such as physical activity and cultural activities health awareness volunteering learning opportunities and advice sessions timetabled throughout the week.

Good relationships have been established with other services and partners such as Public Health, health trainers, Tower Hamlets Homes, anti-age projects and carers centres. The scheme worked with GPs but few referrals were received by this route. It was noted that many younger older people were carers and therefore their aim also was to offer respite. The scheme had initiated outreach at the Royal London Hospital and was also undertaking outreach to pharmacies. The focus for 2014 would be outreach to those with learning disabilities.

In response to Member's questions the following information was provided:

Tower Hamlets home had provided funding for some activities such as day trips and this had fostered other referrals from THH residents.

It was suggested that improvements in GP referral be prioritised during the course of the coming year.

A written response would be circulated concerning the proportion of self referrals.

The Chair confirmed that the Panel would make a recommendation to GPs that they better utilised the Link Age Plus referral system

Silk Court

The Business Partner, Anchor Trust and Silk Court Manager spoke to panel about the service provided at the residential home.

Silk Court was a residential service comprised of some self-funded and some state funded provision and operated with the support of parties in the communities such as cheaply and other service partners and accommodated 50 residents.

The demographics of the home were:

- 12 of 51 residents were private residents
- population of the home was stable with little turnover
- residents were mainly British/Irish in ethnicity and there were four black Caribbean residents
- approximately 3/4 of residents had conditions from the dementia spectrum, most were in the low range
- the home worked with the Royal London hospital dementia team

Tower Hamlets Council

The Service Manager gave a presentation on older peoples' services provided through the Council noting the supplement circulated. She advised that:

- there was signposting to other services
- Council services were accessed through eligibility criteria
- Bangladeshi services were provided specifically for this ethnic group via out of house services
- of the younger elderly accessing services often they were those with early onset dementia.
- where possible the Council aimed to support families who looked after their relatives
- comment health issues encountered were; COPD, dementia and diabetes

It was noted that:

- many service users were socially isolated and therefore the Council also tried to provide services to address isolation.
- many who use today's services also have mobility issues and need significant assistance with personal care.
- The services comprised mainly social worker students studying for social work degrees and trainee nurses.
- the Council's Day service provision would be reviewed over the coming months and a report would be made to health scrutiny panel.

In discussion the following were noted:

Regarding signing services for younger elderly with high levels of disability, Alzheimer's care services were good but there remained issues of timeliness around:

- the time taken to deliver the services that users need
- the time required for the referral and assessment

Therefore while the services were good, the time taken to implement and could be improved.

There was likely to be an impact arising from the Care Bill which would impose a statutory duty also affect the delivery of the services.

Concerning the reported Somali ethnicity data, the Panel was informed that the levels of occupancy were low and the percentage capacity indicated was correct.

Concerning internal monitoring, the Panel was informed that:

- all attending in health services had annual reviews
- each day centre carried out user group meetings
- surveys were undertaken which were analysed independently by the strategy team
- future surveys would incorporate questions on transport

The Panel noted the preventative effects of the social element of service provision in terms of public health.

The Manager Silk Court Home noted that there needed to be some external signposting to help those at the home and receiving home-care, noting that that onset of dementia of others receiving home-care would be identified by hospitals and social workers.

Concerning how 'health crisis moments' as triggers of access to care could be avoided, the Panel was informed that strategies such as better socialisation diet and mental stimulation played a part.; work towards alleviating isolation would help in this regard. It was noted that while there was a trend towards home-care the challenge remained on how social interaction could be maintained. It was suggested that this element be incorporated into future JSNA work.

The Panel noted that 'GP surgeries' were a common factor in all areas of service access and these might be a key link in addressing isolation. Additionally befriending services could be useful in this regard.

Concerning provision for the LGBT Centre, the Panel was informed that a group attended the Anchor Trust and advertised as LGBT friendly. It was confirmed that it consortium had an LGBT policy.

It was also noted that the Council also commissioned befriending services and the Chair requested a briefing on the Council's befriending service.

RESOLVED

that the verbal updates be noted

3.3 Report of the Scrutiny Review of Accident and Emergency (A&E) Services in Tower Hamlets

The Chair introduced the scrutiny review noting that accident and emergency provided one of the most responsive services to the community. The review had been undertaken to explore how primary care could be made more responsive and how staffing at A & E Departments could be made more stable.

It was noted that a CQC inspection of Barts and London hospitals identified the following issues:

- winter pressures
- late release of funds by Central Government
- provisions for winter pressures
- closer working with local authorities and partners to influence issues

Additionally the review wished to examine how to influence recruitment and encourage local more applications for employment.

The Panel noted the following:

- balance of users A & E Services against those using other services
- all services were working towards their own targets
- A & E met people's needs and the way to resolve service pressures is to provide good primary care services
- There was a collective responsibility to determine how health resources should be delivered
- it was important to understand why people used A & E services so as to assess where a similar offer could be made elsewhere
- two large A & E user groups were young men with minor health problems and young mothers with ill children
- it would be necessary to ensure good signposting to similar services
- the importance of the fifth review recommendation was noted

The Chair thanked Members and officers for their work in producing the report and moved that the findings be accepted and the report referred to OSC.

RESOLVED

1. That the report findings be approved
2. That the report referred to overview and scrutiny for endorsement

4. 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