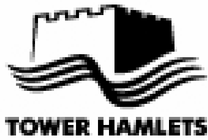

TOWER HAMLETS HEALTH AND WELLBEING BOARD

Tuesday, 13 January 2015 at 5.00 p.m. Committee Room MP702, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London E14 2BG

This meeting is open to the public to attend.

Members:	**Representing**
Chair: Mayor Lutfur Rahman	(Mayor)
Vice-Chair: Councillor Abdul Asad	(Cabinet Member for Health and Adult Services)
Councillor Alibor Choudhury	(Cabinet Member for Resources)
Councillor Gulam Robbani	(Cabinet Member for Children's Services)
Councillor Mahbub Alam	(Executive Advisor on Adult Social Care)
Councillor Denise Jones	(Non - Executive Group Councillor)
Robert McCulloch-Graham	(Corporate Director, Education Social Care and Wellbeing)
Dr Somen Banerjee	(Interim Director of Public Health, LBTH)
Dr Amjad Rahi	(Healthwatch Tower Hamlets Representative)
Dr Sam Everington	(Chair, NHS Tower Hamlets Clinical Commissioning Group)
Jane Milligan	(Chief Officer, Tower Hamlets Clinical Commissioning Group)
Co-opted Members	
Steve Stride	(Chief Executive, Poplar HARCA)
John Wilkins	(Deputy Chief Executive, East London and the Foundation Trust)
Mahdi Alam	(Young Mayor)
James Ross	(Hospital Director at Newham Hospital)
Suzanne Firth	(Tower Hamlets Community Voluntary Sector)
1 Vacancy	

The quorum of the Board is a quarter of the membership including at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group.

Questions
Before the formal business of the Board is considered, up to 15 minutes are available for public questions on any items of business on the agenda. Please send questions to the Officer below by **5pm the day before the meeting**.

Contact for further enquiries:
Zoe Folley, Democratic Services
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG

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E:mail: zoe.folley@towerhamlets.gov.uk
Web: http://www.towerhamlets.gov.uk/committee

Role of the Tower Hamlets Health and Wellbeing Board.

- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.
- To prepare the Joint Health and Wellbeing Strategy.
- To be involved in the development of any Clinical Commissioning Group (CCG) Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.
- To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local HealthWatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.
- To carry out new functions as requested by the Secretary of State and as advised in guidance issued from time to time.

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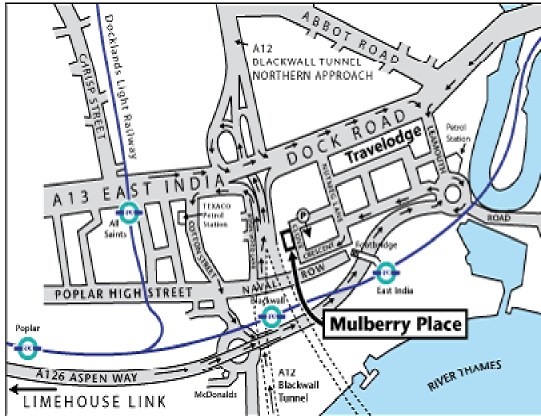

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PAGE NUMBER(S)

1. STANDING ITEMS OF BUSINESS

1 .1 Welcome, Introductions and Apologies for Absence

To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.

1 .2 Minutes of the Previous Meeting and Matters Arising — **1 - 12**

To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on 9th December 2014.

1 .3 Declarations of Disclosable Pecuniary Interests — **13 - 16**

To note any declarations of interest made by members of the Board. (See attached note of Monitoring Officer).

1 .4 Forward Programme — **17 - 18**

To consider and comment on the Forward Programme.

Lead for Item: Dr Somen Banerjee (Interim Director of Public Health, LBTH)

ITEMS FOR CONSIDERATION

2. HEALTH AND WELLBEING STRATEGY

2 .1 Breast Cancer Screening Assurance — **19 - 24**

Recommendations:

1. Note the significant decline in breast cancer screening in Tower Hamlets over the past year

2. Seek assurance from NHS England (London) that it is taking the necessary measure to reverse the decline in uptake of breast cancer screening in the local population e.g. by providing evidence-based outreach and primary care endorsement services such as those it funds in Newham.

3. Continue to monitor progress on breast cancer screening uptake through 15/16 (via the Health and Wellbeing Board Executive Officers Group)

Lead Officer: Somen Banerjee, (Interim Director Public Health, LBTH)

2 .2 The National Cancer Patient Experience Survey 2014 - Tower Hamlets results **25 - 34**

Recommendations:

1. Note the findings of the survey and the areas where there has been improvement and where there continue to be gaps

2. Seek assurance from service provider representatives and commissioner representatives that the issues of concern are being addressed

Lead for Item: Dr Somen Banerjee (Interim Director of Public Health, LBTH)

2 .3 Request for HWB to consider becoming a supporter of the Halve it Coalition **35 - 42**

Recommendations:

1. To note the good progress that has been made in reducing the late diagnosis in Tower Hamlets of HIV through effective partnership work across the NHS, council and voluntary sector.

2. To ask the Mayor, as chair of the Health Well Being Board, to contact the Halve it Coalition and request that the Tower Hamlets Health and Well Being Board is listed as a supporter of the coalition's aims.

3. Continue the work across the partnership to increase the availability and uptake of HIV testing to ensure the health benefits of early diagnosis are realised.

Lead for Item: Chris Lovitt (Associate Director of Public Health, LBTH)

3. REGULATORY OVERSIGHT

3 .1 Winterbourne Review Report - Time for Change (2014) **43 - 52**

Recommendations:

1. Note the contents of the report and agree that a 'Post-Winterbourne Actions Project Team' is set up to formulate an action plan for way forward. This means all commissioners across all areas (including housing) work with Public Health to identify the gaps, and put in place a clear plan for delivery of commissioning priorities, which is time specific, and informed by the people who use the service;

2. Note the second annual update of local actions since the Winterbourne Review, and note proposals of future actions specified, especially those marked out in paragraph 6.2 (e);

3. Agree that the actions from recommendation one are delegated to the Learning Disabilities Partnership Board to set up a commissioning specific work-stream which will put into place a plan of action based on the eleven recommendations. To report back to the Health & Wellbeing Board at a future date.

Lead for Item: Bozena Allen (Interim Head of Adult Services, Education Social Care and Wellbeing)

4. ANY OTHER BUSINESS

To consider any other business the Chair considers to be urgent.

Date of Next Meeting:
Tuesday, 10 March 2015 at 5.00 p.m. in Committee Room MP701, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London E14 2BG

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.00 P.M. ON TUESDAY, 9 DECEMBER 2014

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

Members Present:

Councillor Abdul Asad (Vice-Chair)	(Cabinet Member for Health and Adult Services)
Councillor Alibor Choudhury	(Cabinet Member for Resources)
Councillor Mahbub Alam	(Executive Advisor on Adult Social Care)
Robert McCulloch-Graham	(Corporate Director, Education Social Care and Wellbeing)
Dr Somen Banerjee	(Interim Director of Public Health, LBTH)
Dr Amjad Rahi	(Healthwatch Tower Hamlets Representative)
Dr Sam Everington	(Chair, Tower Hamlets Clinical Commissioning Group)
Richard Fradgley (Substitute for Jane Milligan)	(Deputy Director of Mental Health and Joint Commissioning, Tower Hamlets Clinical Commissioning Group/LBTH)

Co-opted Members Present:

Steve Stride	(Chief Executive, Poplar HARCA)
John Wilkins	(East London NHS Foundation Trust)
Mahdi Alam	(Young Mayor)
Suzanne Firth	(Tower Hamlets Community Voluntary Sector)

Other Councillors Present:

None.

Others Present:

Sarah Baker	(Tower Hamlets Independent Local Safeguarding Children's Board Chair)
Dianne Barham	(Director of Healthwatch Tower Hamlets)
Brian Parrott	(Independent Chair - Tower Hamlets Safeguarding Adults Board)
Esther Trenchard-Mabere	(Associate Director of Public Health, Commissioning & Strategy)
Sarah Castro	(Poplar HARCA)
Anna Lynch	(Tower Hamlets Family Nurse Partnership Representative)

Helen Miller	(Tower Hamlets Health Visitor Representative)

Officers in Attendance:

Louise Russell	(Service Head Corporate Strategy and Equality, Law Probity & Governance)
David Galpin	(Service Head, Legal Services, Law Probity & Governance)
Justin Morley	(Senior Solicitor Legal Services, Law Probity & Governance)
Leo Nicholas	(Strategy, Policy and Performance Officer, Education, Social Care and Wellbeing)
Zoe Folley	(Committee Officer, Directorate Law, Probity and Governance)

Apologies:

Jane Milligan, Tower Hamlets Clinical Commissioning Group

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

Councillor Abdul Asad Chair

The Chair reported that this meeting would be focusing on two of the Health and Wellbeing Strategy's priorities and one enabler. Moving forwards this would be the format of all future Health and Wellbeing Boards,(HWBB) with the aim of better aligning Board business with the Joint Health and Wellbeing Strategy. The two priorities for today's meeting were Mental Health and Maternity & Early Years. The enabler would be patient engagement, therefore, the Board would be receiving Healthwatch Tower Hamlet's annual report.

The Chair then reported that James Ross, Hospital Director at Newham Hospital, would be replacing Robert Rose on the Board. Furthermore, Suzanne Firth had replaced Sharon Hanooman as the Tower Hamlets Community Voluntary Sector representative. Additionally, Alastair Camp, Non-Executive Director, Barts Health and Chair of the Integrated Care Board, had stepped down from his role on the HWBB and his replacement would be attending the next meeting of the Board.

1.2 Minutes of the Previous Meeting and Matters Arising

Resolved:

The minutes of the meeting held on 9th September 2014 be approved as a correct record.

1.3 Declarations of Disclosable Pecuniary Interests

A Member sought clarity on the need for Members to declare interests on any items involving their service or profession. (i.e. where the Member was a GP and the item involved GP services). The Member requested that arrangements be put in place for declaring such non disclosable pecuniary interests, (in accordance with the Members code of conduct) save Members having to announce such interests at the start of each meeting

1.4 Forward Programme

Steve Stride (Chief Executive, Poplar HARCA) reported that the Tower Hamlets Housing plan would be submitted to the March 2015 meeting of the Board.

The Board noted the Forward Plan.

1.5 Healthwatch Update

See item 3.1 Healthwatch Annual Report Patient and User Voice Summary Report Aug 2013 - Sept 2014

2. HEALTH AND WELLBEING STRATEGY

2.1 Health and Wellbeing Strategy Monitoring 2013/14

Louise Russell (Service Head, Corporate Strategy & Equality, LBTH) introduced the report that detailed progress against the HWBB Strategy delivery up to March 2014. It also detailed areas requiring further work. She drew attention to the format of the report. Members were invited to comment on the usefulness of the format. It was noted that there were a small number of areas that could not be effectively measured as, due to the nature of the information, it could not be made available yet.

Officers were in the process of refreshing the delivery plans in the strategy to ensure they were up to date as agreed by the HWBB Sub-Group. Accordingly, the updated plans would be submitted to the Board in March 2015 as well as ideas for refreshing the HWBB Strategy for 2016 onwards.

The Board asked questions about the data on the cause of child injury presenting to A&E. Steps needed to be taken to gain information on the cause of the injury.

Sarah Baker (Chair, TH Safeguarding Children Board) explained that the Partnership were working with services through its strategy to obtain detailed and accurate information in respect of children safeguarding issues. This was an important area. More action needed to be taken, particularly with A&Es to identify reasons for the injury and safeguarding information.

She also stressed the need to link the HWBB Strategy with the Safeguarding Children Board Action Plan and the Children and Families Plan. This matter had been discussed recently at their Partnership Board where it was agreed that the plans would be reviewed to better tie in with the HWBB Strategy.

The Board expressed a wish to question the services providers on outstanding issues highlighted in the report. It was Agreed that they would be invited to a future meeting. **ACTION:** Leo Nicholas (Strategy and Performance Officer, LBTH)

Resolved:

That the update on performance set out in part 3 of the report and detailed in Appendices 1- 5 be noted.

2.2 Mental Health Strategy Update

Richard Fradgley, (Lead Commissioner for Mental Health Tower Hamlets Clinical Commissioning Group (CCG)) gave an update on the Mental Health Strategy that was a five year plan for improving outcomes for people with or a risk of mental health problems in Tower Hamlets. He explained the key priorities in the plan and in particularly the intention to focus on Children and Young People Mental Health (CAMHS) as this had been identified as a top priority for the services. He began by showing the Board a short video about a patients experience with mental health services from childhood through to adulthood.

He then presented some statistics about the high number of children with such issues in the Borough and highlighted the profound effect this had on young people and their families. The research also showed that a significant number of people first experienced mental health conditions in their teenage years. All of which showed the importance of early intervention, supported by a robust evidence base. Especially, intervention in schools

The Board were reminded of the scope of the services and aims in the strategy. There would be a results based approach with close working with key services, children and families. Consultation had been carried out with children and young people recently at workshops that had raised some interesting issues that had been fed into the work. It was planned to carry out

further workshops with a broader range of stakeholders. It was intended that the CAMHS service would be extended to support age range up to 25 years old.

Mr Fradgley also referred to the Health Select Committee enquiry on Child and Adolescent Mental Health services. One of the main issues identified was the fragmentation of services. The government had now set up a task force to review the commissioning of CAMHS.

In response, the Board drew attention to the link between mental and physical health and the need to integrate services for children to deal with both issues. This could help prevent the onset of physical illness in adulthood. It was felt that raising awareness in schools was key. Other alternative ideas such as running awareness campaigns in shopping centres or virtually through apps could be considered.

Esther Trenchard – Mabere (Associate Director of Public Health LBTH) reported that that the new specification for school nurses included training on mental health issues and early preventative work.

It was also noted that there were plans to have a crisis line for East London and that the Children HWBB recently held a meeting on CAMHS. The outcome of this discussion would be incorporated into this work.

The Board also asked about the support available to schools in terms of fulfilling the requirements under the new Special Educational Needs legislation with relation to mental health. Officers expressed confidence that they were well prepared for the changes.
Questions were also asked about the availability of statistics for adopted children. It was felt that there was a lack of information on their wellbeing.

It was also suggested that there may be merit in encouraging schools governing bodies to have representatives with experience in children's health and wellbeing.

The Board also stressed that steps should be taken to address the perceived fragmentation of services.

Mr Fradgley noted the points raised. He reported that the outline business plan was being developed and this would inform the refresh of the Strategy. The refresh should address the outstanding issues

Resolved:

That the progress made in delivering the Tower Hamlets Health & Wellbeing Board Mental Health Strategy be noted.

2.3 Transfer of Commissioning Responsibility for early years (0-5 years) Public Health Services from NHS England to the Local Authority

Esther Trenchard-Mabere, Associate Director of Public Health, LBTH presented the report regarding the transfer of commissioning responsibilities for early years (0-5) public health services, specifically, the health visiting service (HV) and the family nurse partnership (FNP) from NHS England to the local Authority on 1st October 2015.

The Board noted the importance of these services in view of the Marmot Review 2010 that concluded that intervention in early years had a real impact on life long health and the subsequent government decision to expand this service nationally.

This was the final stage of the transfer of services that had been timed to allow for the expansion of the HV service and the roll out of the FNP. Local Authorities would have the freedom to 'localise' the national service specification to reflect local needs. There would also be a number of mandated elements with less local flexibility regarding how these services would be delivered.

The transfer, along with the significant expansion of the HV workforce, presented opportunities to strengthen the HV service and to develop new specification to improve integration with other services.

The Board also noted the plans underway to prepare for the change, the proposed budget and the transfer process.

Public Health were carrying out an in depth consultation exercise on the changes in the early part of next year and it was suggested that results would be shared with the Board.

The Board then watched a video about the Family Nurse Partnership with service users giving feedback on the success of the initiative and the ways that it had helped them. Anna Lynch from the Family Nurse Partnership explained some of the background to the initiative nationally and in Tower Hamlets. She outlined the eligibility criteria for support from the Partnership. Some of the aims including: helping with school readiness, the child parent relationship and helping the mother in terms of education and employment.

In response to questions, it was reported that Public Health were engaging with NHS England about the initiative. It was anticipated that the outstanding issues identified in the report regarding the budget accommodation etc. would be addressed before the contract was finalised. But if not, the Board would be notified about this. It was felt that there were sufficient capacity in the service to support all those who meet the eligibility criteria. The Board welcomed their work in supporting whole families.

The meeting also heard from Helen Miller from the Health Visiting services. Whilst there had been investment to increase numbers, a current aim was to

develop their role further. This including developing specialisms in mental health issues. Ideally, they should be in a position to share good practice and spread knowledge. In response, a Board Member asked whether the HVs could have a teaching role in schools and in health services.

In response to further questions, the Board noted the importance of the HV needs assessment, in particularly in linking the child and families to other services that might need their help.

It was noted that one area where the Board could really have an impact was in influencing the locally determined services. Particularly, in ensuring that collectively, the Borough gets the best outcomes. It was reported that there would be a workshop on this process. All Members of the Board would be invited.

Resolved:

That the proposed Stakeholder Engagement process be endorsed and the overview of the implementation of the new localised service specification

That it be noted that Public Health will report back periodically to the panel on progress.

3. BOARD OVERSIGHT

3.1 Healthwatch Annual Report Patient and User Voice Summary Report Aug 2013 - Sept 2014

Dianne Barham, (Director of Healthwatch Tower Hamlets) presented the Healthwatch Annual report and User Voice Summary Report. She highlighted the outcome of the survey. According to the results, most respondents were generally satisfied with the health and social care services in Tower Hamlets. However, concerns had been raised about a number of issues in the patient care journey around: accessing GPs appointments and referrals from GP to secondary care that was a real concern given the aspiration to treat conditions early.

Concerns had also been raised about inconsistencies across practices, accuracy of information, issues with changing appointments, being seen promptly when at appointment, path finding, patient transport, staff attitudes and quality of support when arriving home.

Other issues identified were that the complaints procedure was too complex and there was a lack of translation services.

It was concluded that there was clearly a need to improve the administration and appointments system and staff training to provide a patient focused service. Specifically, more in depth work was required around the patient

journey and support services, (particularly for the elderly and the young) and around expectations, quality care and the experiences of underrepresented groups. Measures should be put in place to see if improvements were having an impact.

In response, the Board noted that the impact of the budget cuts on primary care services and staff workload in particular that would obviously affect services. It was also felt that there needed to be a clarity of pathways to signpost patients to the appropriate services and that more help should be offered to key workers in the Borough given the shortages of such staff. This needed to be seriously considered.

Consideration should also be given to what this Board could do, not only individually, but with the other HWBB in London to address these issues. Possible the respondents and service providers should be asked to give some ideas on solutions.

It was also suggested that this Health Watch presentation should be given to other important forums in view of the issues raised. It was **Agreed** that the presentation should be given to a future meeting of the Mayors Advisory Board. . **ACTION:** Leo Nicholas (Strategy and Performance Officer, LBTH)

The Board also discussed the issues at Bart Health in particularly a Member stressed the need for the hospital to notify patients at the earliest possible stage about waiting times for treatment and intended action

Resolved:

1. That the report be noted.

2. Agree to work with Healthwatch to develop a more in-depth understanding of the four key issues outlined in the report.

3.2 Tower Hamlets Clinical Commissioning Group Commissioning Intentions

Richard Fradgley, (Lead Commissioner for Mental Health Tower Hamlets Clinical Commissioning Group (CCG) presented the report on their commissioning intentions. He explained the aim of the intentions building on the two year operating plan for 2014/15 that supported the Health and Wellbeing Strategy.

The Board noted a summary of commissioning intentions for the services commissioned from Barts Health Acute Contract, Community Health Service contract, East London Foundation Trust and services commissioned in other areas.

It was planned that the expression of interest would be submitted to NHS England in March 2015 and it was hoped that the Board would have involvement in this.

More detailed business cases would be reviewed and scrutinised by the CCG. The final set of plans would go to the CCG Governing body for final approval. The majority of plans would implemented by 1st April 2015.

Dr Sam Everington explained that it was expected that the CCG would take on new responsibilities in the future. He outlined the CCG governance structure and highlighted the separation in powers in the interests of accountability.

Resolved:

That the report be noted.

3.3 Safeguarding Adult Board report 2013/14

Brian Parrott, (Independent Chair of the Safeguarding Adult Board (SAB)) presented the Safeguarding Adult Board report 2013/14. He firstly highlighted the protocol between the HWB, Local Safeguarding Children Board and SAB approved by the Board last year. He then highlighted the achievements of the SAB over 2013/14. This included: improved performance review arrangements, constructive liaison in relation to the Care Quality Commission's Scrutiny of Barts, helping organisations in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards, the promotion of simplified guidance to raise awareness of safeguarding and preparation for the Care Act to come into effect in April 2015.

Future priorities included: continued working with others to generally encourage greater inter agency working in Adults Safeguarding. This needed to be a priority and would be really important in implementing the Care Act. Other ongoing issues were the need to look at the lessons learnt from serious case reviews, education and training, continued improvement of performance information from across the agencies where necessary and continuous improvement of monitoring. The action plan was included in the committee papers

Mr Parrott considered that it was essential that SAB was owned by the Council as a whole.

In response to was noted that most safeguarding incidences occurred in the home. The Board were reassured that greater information on the nature of these cases and the action taken would be provided in next year's report. The number of such incidences could be attributed to greater awareness of safeguarding issues. Mr Parrott stressed the importance of having an accurate information base to provide a realistic picture.

Resolved:

That the 2013/14 Safeguarding Adult Board annual report be noted.

3.4 Tower Hamlets Safeguarding Children Board Annual Report 2013-14 and Business Plan 2014-16

Sarah Baker, (Chair Tower Hamlets Safeguarding Children Board (LSCB) presented the Annual Report 2013-14 and Business Plan 2014-16. The report outlined the work undertaken by the LSCB and its partners to safeguard children and priorities for the year ahead. It also provided a transparent account of its budget.

Ms Baker began by highlighting some of the key achievements of the Board in relation to the targeted priorities areas. In particularly, she highlighted the steps taken to ensure that the LSCB had a robust governance and accountability in place. Furthermore, the partnership now included representation from lay Members. She also highlighted progress against the other key areas including: early help and assessment, improving processes and quality assurance, learning and improvement including lessons learnt from serious case reviews and working in partnership.

Priorities for this year included a review of child sex exploitation in the Borough as commissioned by the Council's Head of Paid Services. Ms Baker would be chairing this review.

It was required that a copy of the report be made available to the Chair of the HWBB and was signed off by the LSCB in August 2014.

In response to questions, it was reported that the partnership included GP representatives and they were fully engaged with the work of the Board. Every effort was made to ensure that GPs were fully aware of their duties in respect of children's safeguarding and Tower Hamlets had stringent requirements to ensure that GPs were fully aware of the issues.

Robert McCulloch – Graham (Corporate Director, Education Social Care and Wellbeing, LBTH) noted that November was the Borough's safeguarding month. He thanked Board Members for this contributions to this.

Resolved:

That the content of the Safeguarding Children Board's(LSCB) Annual Report and the LSCB's priorities and business plan for 2014-15 in relation to the work of the HWBB be noted.

4. OTHER REPORTS

4.1 Pharmaceutical Needs Assessment-Progress Note and Permission to go to Consultation

Dr Somen Banerjee (Interim Director of Public Health, LBTH) presented the report. There was a statutory requirement to produce, on behalf of the Board, a Pharmaceutical Needs Assessment (PNA) by March 2015. The PNA involved looking at the distribution of pharmacies across the Borough and the services they provide as well as assessing the population health needs for those services, before recommending any changes in service provision. Also factored in were the public views on current services.

This report sets out the work in hand and proposes to bring the full Consultation report to the Board for discussion in January 2015 and the final recommendations in March 2015.

The timetable was tight due to the need for a 60 day consultation on the emerging proposals, and the consultation report needed to go out in the next few weeks.

Resolved:

1. That the activities in progress in the report be noted.
2. That the information to be brought to the next meetings of the Board
3. That the Director of Public Health be authorised to prepare the consultation draft of the pharmaceutical needs assessment and to commence the consultation.

4.2 Community Plan Refresh Workshop

Louise Russell, (Service Head, Corporate Strategy & Equality, LBTH) reported that it was intended to circulate material to the Board regarding the Community plan refresh rather than hold the workshops as it was felt that this would be a more effective method of consultation.

Resolved:

That the update on the Community Plan Refresh be noted.

5. ANY OTHER BUSINESS

Mahdi Alam, (Young Mayor) reported on a new campaign to raise awareness of the dangers of smoking and shisha. The ‘health squad’ consisting of 5 leading members and a workforce had visited a number of local schools and held workshops to raise awareness of such issues. It was hoped that such

events could be run regularly. Somen Banerjee and Robert McCulloch-Graham agreed to meet with the Young Mayor outside the meeting to consider this.

The Board congratulated the TH Clinical Commissioning Group on being named Commissioning Group of the Year at the Health Service Journal (HSJ) Awards

The meeting ended at 7.45 p.m.

Vice Chair, Councillor Abdul Asad
Tower Hamlets Health and Wellbeing Board

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

Further advice

For further advice please contact:-

Meic Sullivan-Gould, Monitoring Officer, Telephone Number: 020 7364 4801

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

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Health and Wellbeing Board Forward Plan

Date: 13th January 2015				
	Report Title	**Lead Officer**	**Reason for submission**	**Time**
Public Questions	Public Questions			
Standing Items	Apologies & Substitutions Minutes & Matters Arising Forward Plan			
Health and Wellbeing Strategy	National Cancer Survey	Somen Banerjee		
	Cancer Screening paper	Somen Banerjee		
	Halve it motion	Chris Lovitt		
Board Oversight	Winterbourne View update	Bozena Allen		
For Information Only				

Date: March 2015				
	Report Title	**Lead Officer**	**Reason for submission**	**Time**
Public Questions	Public Questions			
Standing Items	Apologies & Substitutions Minutes & Matters Arising Forward Plan			
	Healthwatch Update	Dianne Barham		
Health and Wellbeing Strategy	HWBS Delivery Plan refresh	Louise Russell		
	BCF - Section 75 agreement	Dorne Kanareck/Jane Milligan		
	Homeless Health Charter	Somen Banerjee		
	PNA	Somen Banerjee		
	The Local Account 2013/14	Robert McCulloch Graham		
Board Oversight				
For Information Only				

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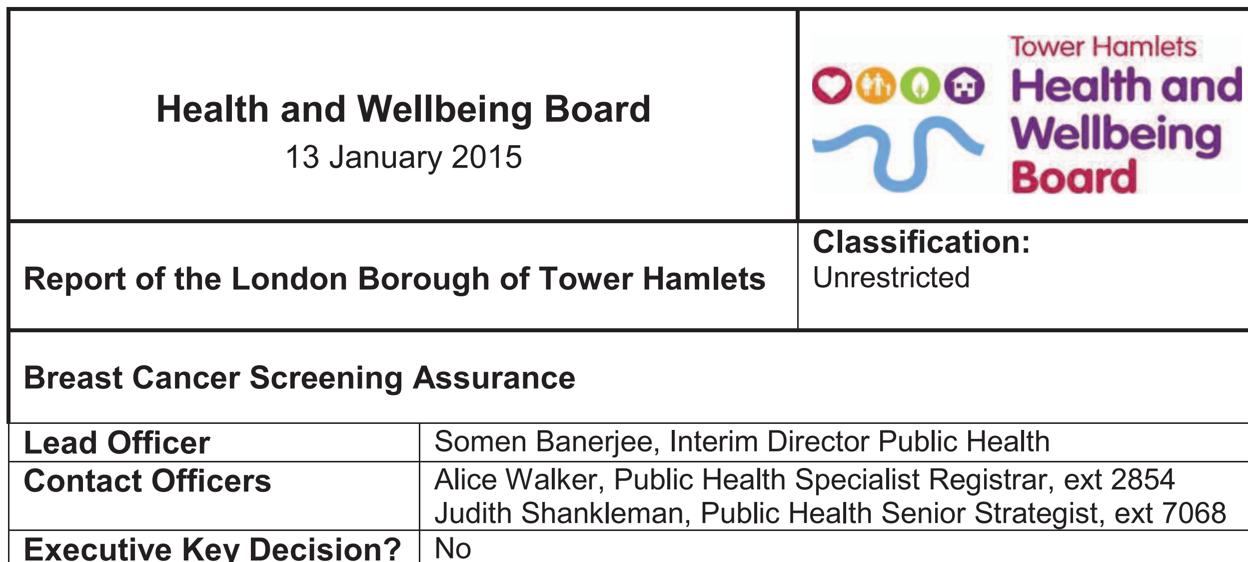

Health and Wellbeing Board 13 January 2015	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Breast Cancer Screening Assurance	

Lead Officer	Somen Banerjee, Interim Director Public Health
Contact Officers	Alice Walker, Public Health Specialist Registrar, ext 2854 Judith Shankleman, Public Health Senior Strategist, ext 7068
Executive Key Decision?	No

Executive Summary

In April 2013 commissioning of NHS screening programmes was transferred from the former Tower Hamlets PCT to NHS England (NHSE). However, Local Authority Public Health maintains an assurance role to monitor trends and to highlight concerns, in order to ensure adequate delivery of the service to the local population. A review of current trends around cancer screening programmes (breast, cervical and bowel) highlighted a particular area of concern around breast cancer screening where there has been a decline of 6.5% in breast cancer screening coverage over one year. This is the focus of this paper

Recommendations

The Health and Wellbeing Board is asked to:

1. Note the significant decline in breast cancer screening in Tower Hamlets over the past year

2. Seek assurance from NHS England (London) that it is taking the necessary measure to reverse the decline in uptake of breast cancer screening in the local population e.g. by providing evidence-based outreach and primary care endorsement services such as those it funds in Newham.

3. Continue to monitor progress on breast cancer screening uptake through 15/16 (via the Health and Wellbeing Board Executive Officers Group)

1. Background to the Breast Cancer Screening Programme

The NHS Breast Screening Programme provides free breast screening every three years for all women aged 50 and over. Because the programme is a rolling one which invites women from GP practices in turn, not every woman receives an invitation as soon as she is 50. But she will receive her first invitation before her 53rd birthday. Once women reach the upper age limit for routine invitations for breast screening (age 70), they are encouraged to make their own appointment.

The programme is now phasing in an extension of the age range of women eligible for breast screening to those aged 47 to 73. This started in 2010 and is expected to be

complete by 2016.

Research indicates that the NHS Breast Screening Programme has lowered mortality rates from breast cancer in the 55-69 age group and that the benefit of mammographic screening in terms of lives saved is greater than the harm from over-diagnosis. Between 2 and 2.5 lives are saved for every over-diagnosed case.

Coverage of breast cancer screening is a Public Health Outcome Framework indicator and is measured as below:

Data Source: Public Health Outcome Framework website (HSCIC/Open Exeter/PHE)

Public Health Outcome Indicator: 2.20i Corresponding to % of eligible women screened adequately within the previous 3 years on 31st March.

Coverage Definition: The percentage of eligible women in the resident population, aged 53-70, who were screened adequately within the previous three years on 31 March

Target coverage: 70%

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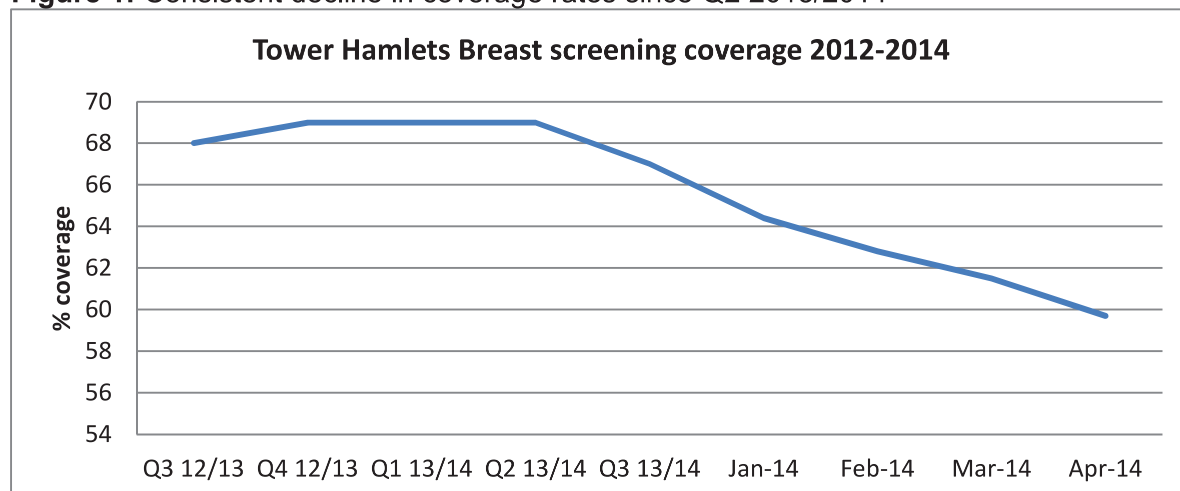
2. Breast cancer screening coverage

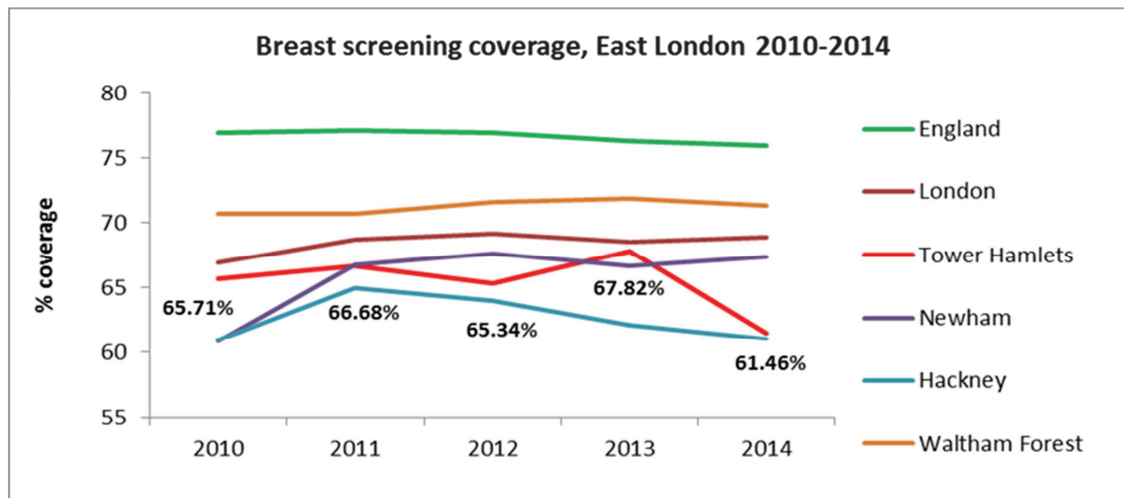
Data released by Public Health England in November 2014 shows a sharp reduction in breast screening coverage in Tower Hamlets (67.8% to 61.5%) in the year following transfer of responsibility and budget for screening to NHS England (April 2013 to March 2014). The downward trend appears to be continuing into April 2014 (figure 1).This reverses a trend of increasing coverage over the 6 previous years, in line with significant investment by Tower Hamlets PCT in cancer screening during this period.

Figure 1: Consistent decline in coverage rates since Q2 2013/2014



Source: PHE Public Health Outcomes Framework from Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

Figure 2. Despite sharing the same screening service provider, other East London boroughs have not experienced a similar decline



3. NHS England Response

3.1. In summer 2013 NHS England acknowledged numerous concerns over the quality of service delivery at Central & East London Breast Screening Service (CELBSS). Most concerns are around leadership and management within the Trust, capacity within the call/recall function and administration; there were 9 reported incidents, the majority of which related to administrative functions.

3.2. NHS England, London Quality Assurance Reference Centre and CELBSS management team met to discuss the service and ways to address the areas of concern. Following this meeting a number of actions were put in place.

3.2.1. The service has implemented a managed, time limited, slow-down of invitations. This will impact on round length and inevitably on coverage, however this will be kept to a minimum by the extension of round length to no more than 40 months.

3.2.2. Since the establishment of a new management structure there have been significant improvements in the quality of service provided to the population; call/recall functions have been strengthened; a clinical effectiveness review has been instigated; the Quality Management System (QMS) within the unit has been improved through the appointment of a QMS manager and a process of updating all SOPs has begun; a staffing review across both screening and symptomatic services has been completed and a number of posts have been created and appointed - including 4 consultant posts, 3 radiographer and two mammographer posts; the admin team is now fully staffed. The service has begun its phased increase from the managed slow down and will be back to full capacity by October 2014 with round length back to 36 months by end of December. The service has agreed to an uptake CQUIN as part of the 2014/15 contract; this is designed to deliver a sustained 3% increase in uptake over the year (Source: NHS England Quarterly Assurance Dashboard)

4. Concerns Identified by Tower Hamlets Public Health

4.1. Lack of outreach service to increase screening uptake in Tower Hamlets

4.1.1. In April 2013 investment totalling £352,000 for increasing the uptake of cancer screening, was transferred to NHS England (London region), the new commissioner. This included £236,000 for a team of 4 screening facilitators provided by Barts Health Community Services and £116,000 for screening

promotion through community outreach. It represented considerable investment over 6 years by the former Tower Hamlets PCT in response to poor outcomes from cancer in the local population (high mortality rates, poor survival and low uptake of cancer screening programmes). Interventions were based on a social marketing approach which included strengthening commissioning, making changes in the way screening is offered to local women, community outreach and engagement and support for primary care to endorse screening uptake.

4.1.2. A report[1] on the risks of transferring the budget and responsibility to NHS England was produced by Public Health in February 2013. It recognised that "the experience that we have built up over the last 5-6 years has taught us the importance of developing local strategies and delivery plans" and concluded that "there are significant risks in the short-term regarding transfer of responsibilities and in the longer term that the signifcant improvements we have achieved in Tower Hamlets might not be sustained." The paper recommended early review because of the risk that NHSE would choose not to continue locally developed services.

4.1.3. In July 2013 the commissioner reported serious concerns in the performance of the breast screening provider, CELBSS (see above). It was expected that the "slowing" of the breast screening service (as part of the package of measures to manage performance) would impact on screening coverage. However, the decline seen in breast screening coverage in Tower Hamlets in 2013/4 has not occurred in the neighbouring boroughs of Newham, Hackney or Waltham Forest also served by CELBSS.

4.1.4. During 2013/4, NHSE London continued to commission Community Links (a local voluntary sector organisation) to provide an outreach and "calling" service in Newham, to telephone women from GP practices and provide endorsement and support to attend screening appointments. Evidence of the impact of this model on increasing the uptake of screening in Tower Hamlets was published in 2009[2]. However no similar service was provided in Tower Hamlets despite the transfer of funds to enable this. The team of 4 cancer screening facilitators in Tower Hamlets was decommissioned by NHSE in the form of notice to Barts Health in April 2014. No replacement services have been provided by NHS England.

4.2. Difficulties in obtaining accurate and timely screening coverage data

Data quality reports by NHSE during the previous year were infrequent and used a different data source to the validated PHE coverage data. These reports also used a different age cohort, and included women aged 50 to 52, some of whom had not yet been invited for screening. It was therefore not possible to foresee the final coverage for March 2014.

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[1] Trenchard-Mabere E Transition of responsibilities for screening, immunisation and aspects of early years public health provision from PCTs to Public Health England and the NHS Commissioning Board. Summary Paper for Tower Hamlets Public Health Transition Board Monday 18th February 2013

[2] Eilbert KW Carroll K, Peach J, Khatoon S, Basnett, I, McCulloch N (2009) British Journal of Cancer 101(S2), S64 – S67

5. Recommendations

The Health and Wellbeing Board is asked to:

- Note the significant decline in breast cancer screening in Tower Hamlets over the past year

- Seek assurance from NHS England (London) that it is taking the necessary measures to reverse the decline in uptake of breast cancer screening in the local population e.g. by providing evidence-based outreach and primary care endorsement services such as those it funds in Newham.

- Continue to monitor progress on breast cancer screening uptake through 15/16 (via the Health and Wellbeing Board Executive Officers Group)

1. REASONS FOR THE DECISIONS

Not applicable

2. ALTERNATIVE OPTIONS

Not applicable

3. COMMENTS OF THE CHIEF FINANCE OFFICER

There are no direct financial implications as a result of the recommendations in this report.

4. LEGAL COMMENTS

The recommendations to note the decline in uptake of breast cancer screening, seek assurance from NHS England (London) that it is taking the necessary measures to reverse this decline and continue to monitor its progress, are consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and wellbeing strategies.

These recommendations are within the terms of reference of the HWB agreed by the Mayor in Cabinet on 4 December 2013, in particular:

i) To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
ii) To consider and promote engagement from wider stakeholders.

iii) To have oversight of the quality, safety, and performance mechanisms operated by member organisations of the Board, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health. Areas of focus to be agreed from time to time by members of the Board as part of work planning for the Board.

5. ONE TOWER HAMLETS CONSIDERATIONS

Tower Hamlets has significantly higher levels of cancer mortality and 5 year survival from cancer compared to the rest of the country. Providing the highest standard of care for patients is therefore an important priority if these inequalities are to be reduced

6. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

Not applicable

7. RISK MANAGEMENT IMPLICATIONS

Not applicable

8. CRIME AND DISORDER REDUCTION IMPLICATIONS

Not applicable

9. EFFICIENCY STATEMENT

Not applicable

Appendices and Background Documents

Appendices

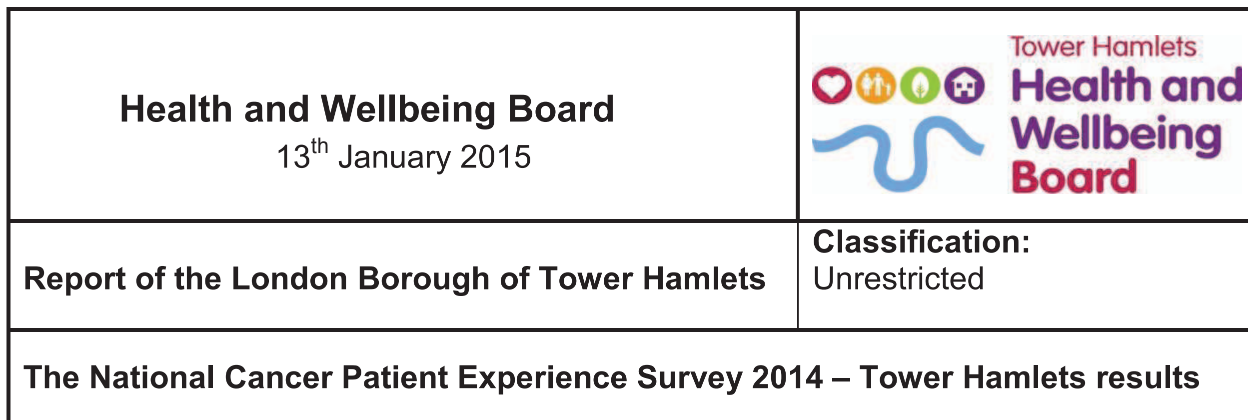
None

Background Documents

- Not a decision making report

Officer contact details for background documents:

Judith Shankleman, Senior Strategist in Public Health
Judith.shankleman@towerhamlets.gov.uk
0207 364 7068



Health and Wellbeing Board 13th January 2015	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
The National Cancer Patient Experience Survey 2014 – Tower Hamlets results	

Lead Officer	Somen Banerjee, Interim Director Public Health
Contact Officers	Judith Shankleman, Senior Strategist Tower Hamlets Public Health; Dr Raquel Catalao, Academic Foundation Doctor
Executive Key Decision?	No

Executive Summary

Around 3,500 Tower Hamlets residents are living with and beyond cancer treatment. Each year, adult patients treated for cancer in the 153 English Trusts are asked about their experience of care.

The results of the fourth NHS England annual survey of cancer patients were published in September 2014, and analysis by CCG of residence provided in December 2014. This is the second year of analysis at CCG level.

Of the 153 Trusts, Barts Health had the overall lowest scores nationally – in 49 of the 70 survey questions, scores are in the lowest 20%. Barts Health has scored amongst the lowest 10 performing Trusts in all 4 annual surveys.

There were some encouragingly positive results from Tower Hamlets respondents. Overall the vast majority of patients from Tower Hamlets (86%) rated their cancer care as excellent or very good. This is an improvement from the 2013 result of 78% and is higher than the score for Barts Health patients of 82%. The national average in 2014 was 89%.

However, several responses suggest that there is a need to improve the experience of Tower Hamlets patients with cancer. These include emotional support, financial and other practical advice, care co-ordination and information for families to help them care at home.

Recommendations:

The Health and Wellbeing Board is asked to:

1. Note the findings of the survey and the areas where there has been improvement and where there continue to be gaps
2. Seek assurance from service provider representatives and commissioner representatives that the issues of concern are being addressed

1 Background

1.1 Cancer in Tower Hamlets

Around 580 people in Tower Hamlets are newly diagnosed with cancer each year, and most are treated by Barts NHS Trust. Survival rates from cancer are improving, although cancer remains the largest single cause of death in people under 75 and at all ages in Tower Hamlets (300 deaths a year). Around 3,500 Tower Hamlets residents are living with and beyond cancer treatment.

1.2 Patients' experience of care

Each year, adult patients treated for cancer in the 153 English Trusts are asked about their experience of care. In total 118,081 patients who had received treatment for cancer between September and December 2013 were sent a postal questionnaire and more than 70,000 patients responded.

The results of the fourth NHS England annual survey of cancer patients were published in September 2014, and analysis by CCG of residence provided in December 2014. This is the second year of analysis at CCG level.

2 Response rates

Nineteen hundred (1,902) patients treated by Barts Health NHS Trust were sent the survey and 888 questionnaires were returned, giving a response rate of 52%. The national response rate was 64% (70,141 respondents), similar to previous years.

Just over 13% of Barts respondents live in Tower Hamlets (118 patients). In total, 54% (480) of Barts respondents live in the 3 east London boroughs of Newham, Waltham Forest and Tower Hamlets (figure 1). Additionally, some of the 156 respondents resident in City and Hackney are likely to be Barts patients. Numbers were similar in the 2013 survey.

The relatively low number of respondents in each borough means that results at this level need to be interpreted with caution, as small numbers can cause differences in percentages to appear greater than they are.

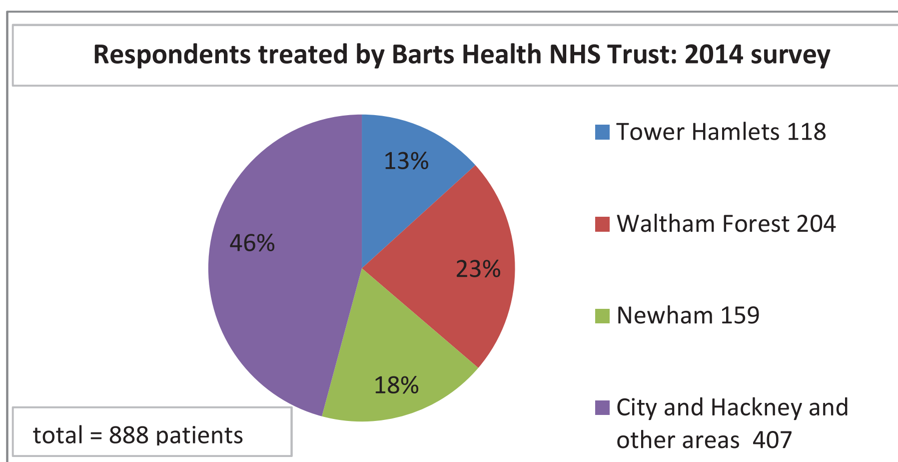


Figure 1.

2.1 National results

Nationally, cancer patients are positive about their treatment and care. 89% said that their overall care was excellent or very good, with scores of at least 80% in several questions. However, some scores suggest there may be opportunities for improvement.

Trusts in London consistently perform less well when compared to the rest of the country. Although many are making steady improvements, so is the rest of the country, making it challenging for those at the bottom of the table to move away from these positions.

Macmillan Cancer Support reported that 8 of the 10 lowest performing Trusts in 2014 were in London: Barts Health, Imperial, Homerton, Barking, Havering and Redbridge, Royal National Orthopaedic, Royal Free, North Middlesex and Kings.

2.2 Local results

Of the 153 Trusts, Barts Health had the overall lowest scores nationally – in 49 of the 70 survey questions, scores are in the lowest 20%. Barts Health has scored amongst the lowest 10 performing Trusts in all 4 annual surveys.

Barts Health responded with disappointment to these results, and highlighted work over the last year to implement a range of improvements aimed at addressing concerns which patients raised in previous surveys. In partnership with Macmillan, these have focused on improving communication with patients, involvement in their care and decision-making. These include increasing access to holistic needs assessment, Clinical Nurse Specialist forums, Schwartz Rounds for staff to discuss difficult emotional and social issues arising from patient care, reducing waiting times for investigation and diagnosis for bowel cancer and patient information materials.

3 Tower Hamlets patient experience of cancer care

3.1 Areas of progress

3.1.1 There were some encouragingly positive results from Tower Hamlets respondents. Overall the vast majority of patients from Tower Hamlets (86%) rated their cancer care as excellent or very good. This is an improvement from the 2013 result of 78% and is higher than the score for Barts Health patients of 82%. The national average in 2014 was 89%.

3.1.2 81% of Tower Hamlets patients saw their GP only once or twice before going to hospital, suggesting minimal delay in referral by primary care. This rate has increased from 65% in 2013. Tower Hamlets score is higher than the overall score for Barts Health of 72% and the national average of 75% (figure 2). Patients from other East London CCGs did not score as well on this question. Newham scored 70%, Waltham Forest 71% and City and Hackney 67%.

3.1.3 Furthermore, a higher rate of Tower Hamlets patients felt they were seen as soon as necessary in 2014 (84%) compared to 2013 (61%) and to elsewhere (figure 2) suggesting a reduction in delays in accessing specialist care. This is slightly higher than the national rate of 83%.

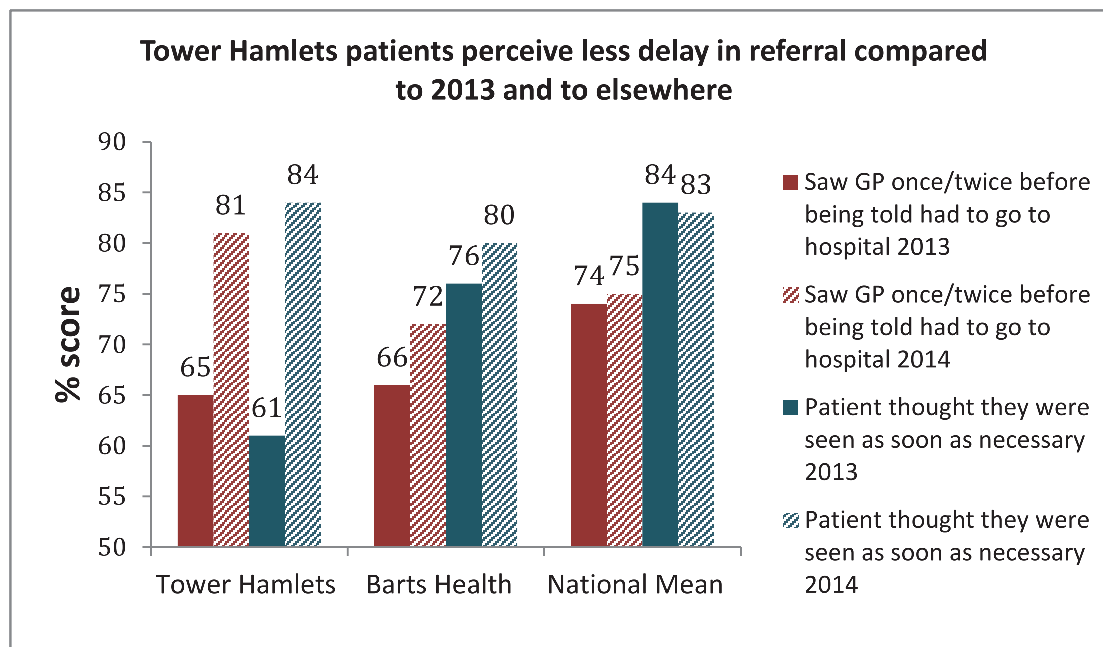


Figure 2.

3.1.4 79% of patients thought they were given a complete explanation of test results in an understandable way, slightly higher than the national average of 78%. Barts Health score was 72%.

3.2 Areas for improvement

However, amongst responses the following results suggest that there is a need to improve the experience of Tower Hamlets patients with cancer.

3.2.1 Only 49% of Tower Hamlets patients said they received emotional support from staff, which was the lowest CCG score nationally, where the average response was 70%. Worryingly this rate decreased from 50% in 2013 and is lower than the Barts Health score of 57%. Patients from other East London CCGs scored higher; Newham scored 71%, Waltham Forest 58% and City and Hackney 53% (figure 3).

3.2.2 Scores were also below average for questions related to practical support for patients with cancer. 51% of Tower Hamlets patients got information about financial help and 62% reported being informed about the impact cancer could have on work or education. Although both improved from 2013, these are below Barts Health average of 61% and 64% respectively. The national averages for these questions were 54% and 75%.

3.2.3 Patients from Tower Hamlets felt they did not get enough support from health or social services. Only 40% patients said they were definitely given enough care from health or social services. Although an improvement from the 2013 score of 35%, this is still below the national average of 59%. Barts Health score was 42%. Other East London CCGs had similar results.

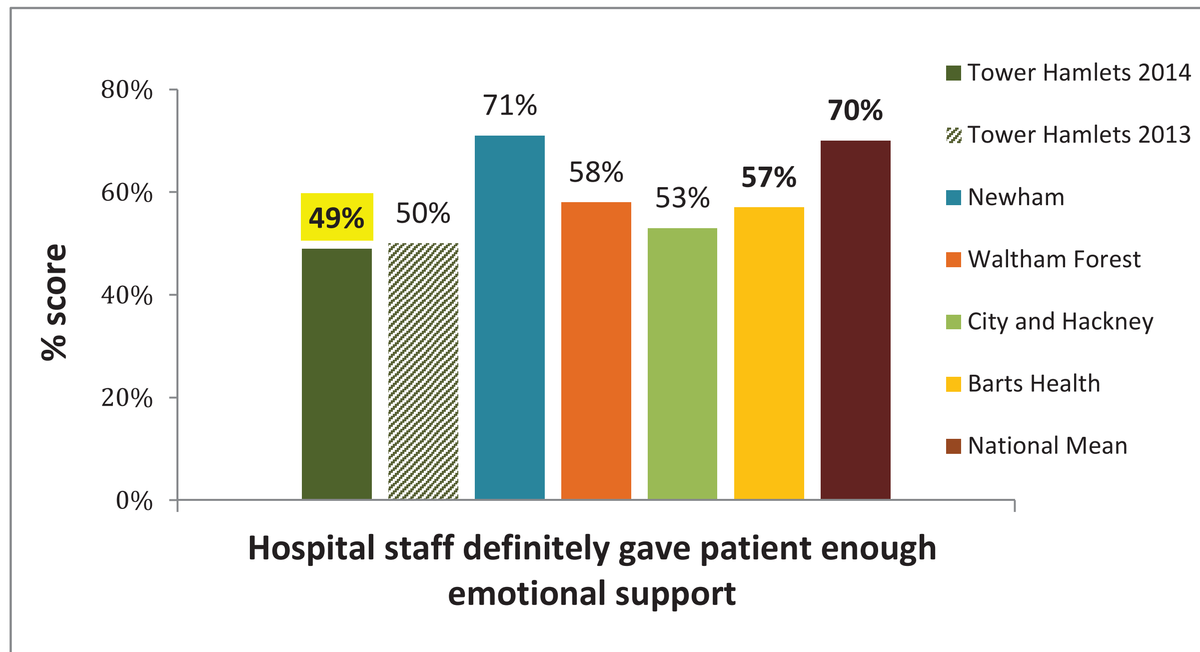


Figure 3.

3.2.4 Only half of patients in Tower Hamlets (50%) said that hospital and community staff always worked well together, suggesting that care is not well coordinated. This was below Barts Health score of 52% and the national average of 63%. It also represents a drop from the 2013 score of 52%. Interestingly, the scores for this question decreased at both Trust and national level from 2013, suggesting this is not an isolated local problem.

3.2.5 The same applied for patients' experience of primary care. Fewer patients in Tower Hamlets and nationally said that practice staff did everything they could to support them (61% in 2014, 64% in 2013) (figure 4).

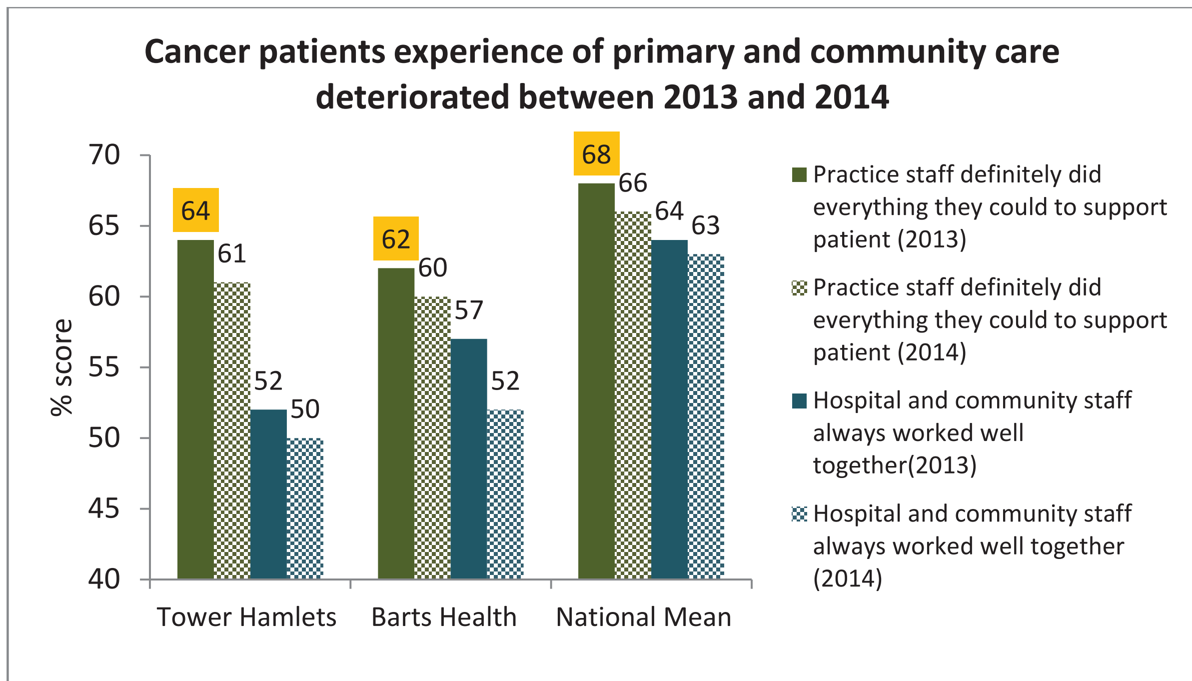


Figure 4.

3.2.6 Poor care co-ordination may be linked to the lack of written assessments and care plans. In Tower Hamlets only 19% of patients said that they were offered a written assessment and care plan, similar to the Barts Health score of 18%. The national average also remains low at 22%.

3.2.7 Other responses raise concerns about putting patients at the centre of care. Only just over half of the patients (55%) said they were able to discuss worries or fears during visits; Barts Health scored 54% which is lower than the national average of 65%. 46% of Tower Hamlets patients said they were asked what they preferred to be called compared to the national score of 60%.

3.2.8 There is also room for improvement in communication between doctors and patients' families. 62% of Tower Hamlets patients said their family had the opportunity to talk to doctors, similar to the Barts Health score of 61% and lower than the national average of 67%.

3.2.9 Additionally, only 57% of Tower Hamlets patients said their family was definitely given all the information needed to help them care at home (Barts Health 49% and national average 60%). This lack of information may contribute to subsequent unnecessary hospital admissions.

3.2.10 East London boroughs had some of the lowest national scores for questions related to ward nurses. 71% of patients nationally said they had confidence and trust in ward nurses whereas only 58% of Barts Health patients said the same. Locally, Tower Hamlets patients scored 55%. City and Hackney had the lowest national score of 50%. Waltham Forest scored 55% whereas Newham scored 68%.

3.2.11 Nationally only 62% of patients felt there were enough nurses on duty. Local

scores were lower; Tower Hamlets scored 58% and the Barts Health score was 54%.

4 Recommendations

The Health and Wellbeing Board is asked to:

- Note the findings of the survey and the areas where there has been improvement and where there continue to be gaps

- Seek assurance from service providers representatives and commissioner representatives that the issues of concern are being addressed

1. REASONS FOR THE DECISIONS

1.1 Not applicable

2. ALTERNATIVE OPTIONS

2.1 Not applicable

3. COMMENTS OF THE CHIEF FINANCE OFFICER

There are no direct financial implications as a result of the recommendations in this report.

4. LEGAL COMMENTS

The recommendations to note the survey's findings and seek assurance from service providers representatives and commissioner representatives that the issues of concern are being addressed are consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and wellbeing strategies.

These recommendations are within the terms of reference of the HWB agreed by the Mayor in Cabinet on 4 December 2013, in particular:

i) To consider and promote engagement from wider stakeholders.
ii) To have oversight of the quality, safety, and performance mechanisms operated by member organisations of the Board, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health. Areas of focus to be agreed from time to time by members of the Board as part of work planning for the Board.

5. ONE TOWER HAMLETS CONSIDERATIONS

Tower Hamlets has significantly higher levels of cancer mortality and 5 year survival from cancer compared to the rest of the country. Providing the highest standard of care for patients is therefore an important priority if these inequalities are to be reduced

6. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

Not applicable

7. RISK MANAGEMENT IMPLICATIONS

Not applicable

8. CRIME AND DISORDER REDUCTION IMPLICATIONS

Not applicable

9. EFFICIENCY STATEMENT

Not applicable

Appendices and Background Documents

Appendices

None

Background Documents

- Not a decision making report

Officer contact details for background documents:

Judith Shankleman, Senior Strategist in Public Health
Judith.shankleman@towerhamlets.gov.uk
0207 364 7068

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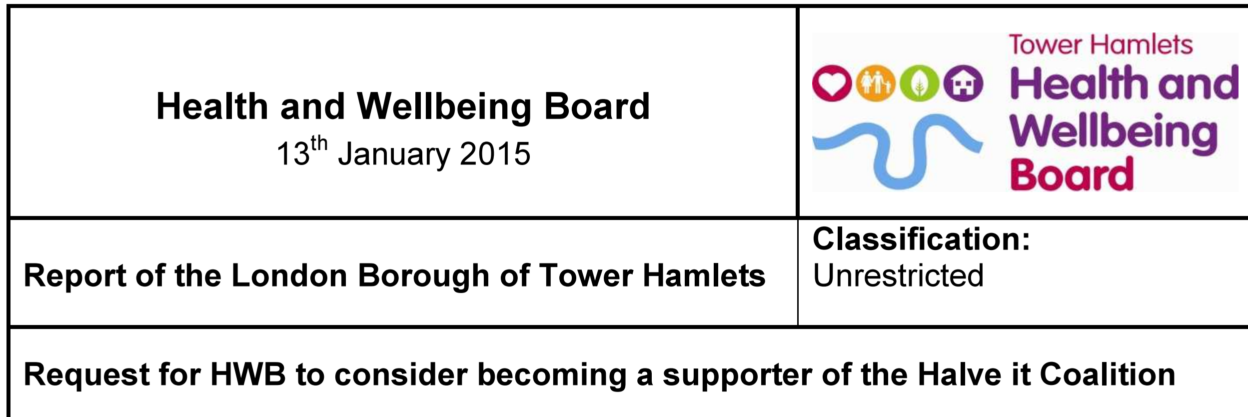

Health and Wellbeing Board 13th January 2015	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Request for HWB to consider becoming a supporter of the Halve it Coalition	

Lead Officer	Somen Banerjee
Contact Officers	Chris Lovitt
Executive Key Decision?	No

Executive Summary

Tower Hamlets is a high incidence area for HIV, with approximately 1,300 people living with HIV and an estimated additional 400 people infected with HIV but undiagnosed. HIV continues to be a life threatening illness, especially if diagnosed late when the immune system has been weakened. If HIV is diagnosed and treated early then health outcomes for the individual are significantly improved with much reduced costs to health and social care.

Reducing late diagnosis of HIV is a national and local priority. Becoming a supporter of the Halve it Coalition provides an opportunity for the Health and Well Being Board to publiclyaffirm the partnerships'commitment to reduce the harms of HIV by providing easy access to HIV testing, HIV treatments and ensuring people are diagnosed early.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. To note the good progress that has been made in reducing the late diagnosis in Tower Hamlets of HIV through effective partnership work across the NHS, council and voluntary sector.

2. To ask the Mayor, as chair of the Health Well Being Board, to contact the Halve it Coalition and request that the Tower Hamlets Health and Well Being Board is listed as a supporter of the coalition's aims.

3. Continue the work across the partnership to increase the availability and uptake of HIV testing to ensure the health benefits of early diagnosis are realised.

1. REASONS FOR THE DECISIONS

1.1 Tower Hamlets is one of 64 Local Authorities with a high incidence of HIV and as such there are national recommendations and requirements for us to widen access to HIV testing.

1.2 Reducing HIV late diagnosis is a Public Health Outcome Framework reflecting the importance of early diagnosis for both the individual and the public sector.

1.3 The Halve it Coalition comprises 21 HIV charities, patient groups, clinician groups and observer members including the Local Government Association, Department of Health, Public Health England, NICE and has the support of Leader of the Opposition, Prime Minister and Deputy Prime Minister. By requesting that the Tower Hamlets Health and Well Being Board is listed as a supporter of the Coalition’s aims we are making a public commitment that we agree with their aims and that we will continue our work to reduce HIV infections and associated health harms.

2. ALTERNATIVE OPTIONS

2.1 To request each individual organisation who are members of the Health and Well Being Board to support the Halve it Coalition - however this is likely to take some considerable time and be duplicative.

2.2 Not to support the Halve it Coalition.

3. DETAILS OF REPORT

BACKGROUND

What is HIV?

3.1 Human Immunodeficiency Virus or HIV is a retrovirus that infects the body and gradually destroys the body immune cells (CD4 cells) resulting in weakened immunity, increased likelihood of infections and reduced protection against many diseases including cancer. AIDS (Acquired Deficiency Syndrome) is the final stage of HIV infection, when the body can no longer fight life-threatening infections. With early diagnosis and effective treatment, most people with HIV will not go on to develop AIDS.

3.2 There are usually very few symptoms following HIV infection and infected people may remain well and unaware that they have HIV for a number of years. A range of HIV tests are available from saliva swabs, pin prick tests to traditional blood test.

How is HIV transmitted?

3.3 HIV is transmitted mainly through body fluids. Unprotected sexual practices (anal and vaginal sex) remain the main routes of transmission for HIV. Other routes include sharing needles by injecting drug users and mother to child transmission before or during birth and through breast milk. Healthcare associated HIV infection (blood transfusion and medical instruments) is very rare in industrialised countries but still an important mode of transmission in developing countries.

How can HIV be prevented?

3.4 There is no currently no cure for HIV and no vaccine to prevent it.

3.5 At an individual level transmission of HIV can be prevented by effective condom use, treatment of an infected mother to prevent maternal transmission, provision of needle exchange, post exposure prophylaxis (PEP) and also new emerging methods such as pre- exposure prophylaxis (PrEP).

3.6 At a population level rates of HIV transmission can be reduced by early diagnosis providing an opportunity for behaviour change and effective treatment which greatly reduces infectivity.

What treatments are available for HIV?

3.7 There are a range of effective treatments for HIV and these areavailable free from the NHS to all patients regardless of residency or immigration status. If detected early and treatment is consistently maintained HIV is widely considered to be a chronic disease.

What is late diagnosis?

3.8 Late diagnosis is when an individual is diagnosed with HIV after the virus has already significantly weakened their immune system. This is usually defined as having a CD4 count of less than 350/mm^3.

3.9 A late diagnosis leads to significantly worse outcomes for the individual with much increased rates of morbidity, chronic illness, hospital admissions and social care costs. Late diagnosis means an individual is ten times more likely to die within a year of diagnosis.

3.10 People diagnosed very late(CD4 <200 cells/mm^3) are likely to have a life expectancy atleast ten years shorter than somebody who starts treatment with a CD4 count of 350mm^3.

3.11 Public Health Outcomes Indicator 3.04 measures late diagnosis and is defined as “the number of adults (aged 15 years or more) newly diagnosed with HIV infection with CD4 counts available within 91 days and indicating a count of less than 350 cells per mm3 as a percentage of number of adults

(aged 15 years or more) newly diagnosed with HIV infection with CD4 counts available within 91 days."

HIV in Tower Hamlets

3.12 A detailed Local Authority level report on HIV infections is provided to the Director of Public Health every year by Public Health England .To ensure confidentiality of people living with HIV is maintained not all of the data is placed in the public domain or is reported on an aggregate level.

3.13 In 2013 there were 1320 adult residents (aged 15 years and older) in Tower Hamlets who received HIV-related care: 1120 males and 200 females. Among these approximately 65% were white, 17% black and the remaining 18% of other ethnic origins. Approximately 70% probably acquired their infection through sex between men,22% through sex between men and women, less than 2% through injecting drug use and the remaining routes being unknown.

3.14 Between 2011 and 2013, 30% (95% CI 25-35) of HIV diagnoses in Tower Hamlets were made at a late stage of infection (CD4 count <350 cells/mm³ within 3 months of diagnosis) compared to 45% (95% CI 44-46) in England. Just over a quarter of the new infections amongst men who had sex with men were diagnosed late in this period and between 40%- 50% of the heterosexuals diagnosed.

3.15 It is estimated that approximately 400 people may have HIV in Tower Hamlets but be untested and unaware that they have the virus. By making HIV testing more available especially in primary care and acute settings, targeting awareness of the benefits of knowing your HIV status to people in high need groups we will continue to decrease late diagnosis and undiagnosed.

What is the Halve it Coalition?

3.16 The Halve it Coalition comprises 21 HIV charities, patient groups and clinician groups and they seek the support of statutory and voluntary partners to continue to prioritise HIV as an important public health issue through action to implement the following stated aims:-

- Fully implement National Institute for Health and Care Excellence (NICE) public health guidance on HIV testing.
- Support the delivery of the Public Health Outcomes Framework (PHOF) by ensuring that local health organisations are equipped to realise the benefits of early detection of HIV.
- Offer incentives to test for HIV in a variety of healthcare settings, for example through the Quality and Outcomes Framework (QOF) and Commissioning for Quality and Innovation (CQUIN) frameworks.
- Ensure that people diagnosed with HIV have access to any retroviral therapies (ARTs) to prevent onward transmission in line with the joint

recommendations of the Expert Advisory Group on AIDS (EAGA) and the British HIV Association (BHIVA).

- Ensure quality-assured (ie CE marked) self-testing kits for HIV when available, are integrated into local HIV testing strategies along with home sampling kits

3.17 The Halve it Coalition has been successful in achieving national support including through observer members such as the Local Government Association, Department of Health, Public Health England, NICE and has the support of Leader of the Opposition, Prime Minister and Deputy Prime Minister.

3.18 The Halve it Coalition has already achieved many of their stated aimsat a national level and are now seeking local organisations to sign up as supporters. Tower Hamlets Health and Well Being would be the first HWB to sign up and join Lewisham Council who signed up as a supporter on the 1st Dec 2014 as early local adopters.

What is Tower Hamlets doing to promote testing, prevention and treatment of HIV?

3.19 The NHS and council in Tower Hamlets have prioritised the implementation of the NICE guidance on HIV testing and greatly increased the availability and uptake of HIV testing.

3.20 Since 2012 the number of HIV tests undertaken in Primary Care has increased by over 50%. In 2014/15 we aim to undertake 5,700 tests.

3.21 Barts Health Care Trust have implemented HIV testing as part of routine diagnostics at the Royal London Accident and Emergency and promoted the uptake of testing through a “Go Viral” blood borne virus testing campaign to test for HIV, Hepatitis B & C run throughout November.

3.22 HIV treatment in Tower Hamlets is provided by the Grahame Hayton Unit at the Royal London Hospital- HIV treatments are provided in accordance with the clinical guidance from the British HIV Association. Since 2012 retrovirals to treat HIV have been provided free by the NHS regardless of residency or immigration status.

3.23 For the last two years the council, NHS and voluntary sector have taken part in HIV testing week during the last week of November promoting the uptake of HIV testing across Tower Hamlets.

3.24 Positive East, the award winning Tower Hamlets based east London HIV charity, provide support for people living with HIV and testing in many community settings.

3.25 Tower Hamlets is a partner in a London wide approach to HIV prevention targeting gay men and people from African Communities. HIV testing by post

proposals are being developed as part of this programme and likely to be adopted in 2015.

3.26 Social care for people living with HIV has been integrated into mainstream contracts and is commissioned by the council.

3.27 As part of the Public Health grant the council recomissioned sexual health promotion and HIV prevention in 2013/14 and continues to prioritise this investment as part of the £7.9m sexual health programme to promote sexual health and treat STIs.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1. There are no direct financial implications as a result of the recommendations in this report.

5. LEGALCOMMENTS

5.1. The three recommendations that the HWB are asked to agree in respect of reducing late diagnosis of HIV are consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and wellbeing strategies. As the HWB has statutory status, due regard should be given to its decision making authority within its terms of reference.

5.2. These recommendations are within the terms of reference of the HWB agreed by the Mayor in Cabinet on 4 December 2013, in particular:

- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing.

5.3. When considering its approach to planning how to meet the needs of residents in respect of reducing late diagnosis of HIV, the Council must have 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 do not.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1. Becoming a supporter of the Halve it Coalition is in keeping with the One Tower Hamlets aims as it seeks to reduce health inequalities and improve health, especially amongst often marginalised groups who suffer discrimination and poorer health outcomes.

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

7.1 Supporting the Halve It Coalition will have a small positive impact on the environment by reducing the need for the production and disposal of pharmaceutical chemicals. The pharmaceutical industry is a resource intensive industry.

8. RISK MANAGEMENT IMPLICATIONS

8.1. Becoming a supporter of The Halve it Coalition is unlikely to expose the council or HWB to risk. In the event that the Halve it Coalition pursues a course of action that may present any risk to the council or partners then support for their aims can be withdrawn or restricted.

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

9.1 There are no implications on crime or disorder of this proposal.

10. EFFICIENCY STATEMENT

10.1 There is no proposed expenditure associated with this proposal; however the Halve it Coalition aims will reduce health and social care costs through fewer late diagnosis and also reduced HIV transmission.

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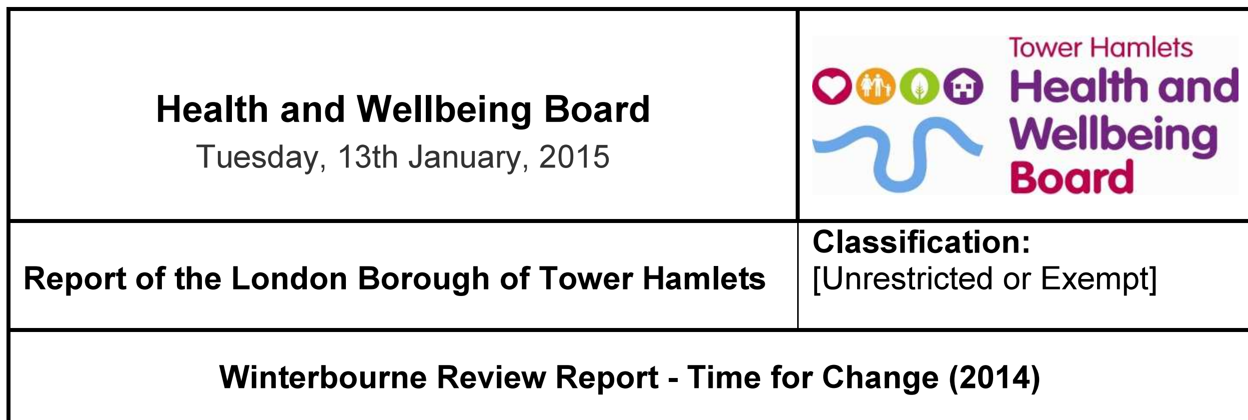

Health and Wellbeing Board Tuesday, 13th January, 2015	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** [Unrestricted or Exempt]
Winterbourne Review Report - Time for Change (2014)	

Lead Officer	Robert McCulloch-Graham
Contact Officers	Bozena Allen/Sandra Howard Nasim Patel –ESCW SPP
Executive Key Decision?	No

Executive Summary

The 'Winterbourne View - Time for Change' [1] was published in late 2014and makes recommendations for a national commissioning framework, under which local commissioners should identify gaps in provision for people with challenging behaviour and Learning Disabilities.

This report outlines:

- the latest recommendations from the post-Winterbourne Review Report;
- an assessment of local implications;
- next steps to develop an action plan for implementation; and
- a second annual update of progress of local actions agreed by the Board in 2013 following the first Government report in 2012.

'Winterbourne View - Time for Change' recommendsa community-based alternative to inpatient care, boosted through the creation of a mandatory commissioning framework requiring local authorities and NHS clinical commissioning groups to pool health, social care and housing budgets.

This report is split into two sections – one provides an assessment of local implications post-Winterbourne, and the other provides a second update of progress of actions since last year. The report makes eleven recommendations ranging from having a Charter of Rights for people with learning disabilities in place to an improved collection and publication of data.

[1]'Winterbourne View - Time for Change – Transforming the commissioning of services for people with learning disabilities and/or autism' (2014)

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the contents of the report and agree that a 'Post-Winterbourne Actions Project Team' is set up to formulate an action plan for way forward. This means all commissioners across all areas (including housing) work with Public Health to identify the gaps, and put in place a clear plan for delivery of commissioning priorities, which is time specific, and informed by the people who use the service;

2. Note the second annual update of local actions since the Winterbourne Review, and note proposals of future actions specified, especially those marked out in paragraph 6.2 (e);

3. Agree that the actions from recommendation one are delegated to the Learning Disabilities Partnership Board to set up a commissioning specific work-stream which will put into place a plan of action based on the eleven recommendations. To report back to the Health & Wellbeing Board at a future date.

1. <u>REASONS FOR THE DECISIONS</u>

1.1 Tower Hamlets Health and Wellbeing Board is asked to consider the new set of eleven recommendations from the Post-Winterbourne Review – 'Time for Change' and agree the outlined recommendations.

1.2 To note the second annual update of local actions since the Winterbourne Review, and note proposals of future actions specified.

2. <u>ALTERNATIVE OPTIONS</u>

2.1 N/A

3. <u>DETAILS OF REPORT</u>

SECTION A OF REPORT: Post-Winterbourne 2014 Report: 'Time for Change' and its implications

Background

<u>Investigation leading to Government Action: Winterbourne Report 2012</u>

3.1 A Panorama investigation broadcast in 2011, exposed a scandal at a Winterbourne View hospital where people with learning disabilities and challenging behaviour were subjected to physical and psychological abuse. This led to a national government inquiry led by the Department of Health which published a report in June 2012 called 'Transforming Care: a national response to Winterbourne View Hospital'. The report found that with the closure of long stay hospitals in the 1980s and 1990s, most people with

learning disabilities lived in the community with support. But some still lived in NHS funded settings, with assessment and treatment units as the most likely solution to meeting the needs of people with learning disabilities and complex mental health /behavioural issues, post- institutional closure.

3.2 The 2012 report set out a programme of action to transform services so that people were no longer living inappropriately in hospitals but cared for in the community, and required a series of actions by many organisations including central and local government to prevent the type of serious and systematic physical, emotional and institutional abuse of vulnerable people with a learning disability. The Government pledged to move all people with learning disability and /or autism inappropriately placed in institutions into community based support by June 2014.This pledge had not been achieved.

4. Summary of the Post-Winterbourne 2014 Report: ‘Time for Change’

4.1 A steering group was set up by NHS England to make recommendations for a national commissioning framework in which local commissioners would secure community based support for people with learning disabilities and/or autism.

4.2 The table below provides a summary of the eleven post-Winterbourne recommendations. The Government is likely to publish their response in early 2015.

4.3 Summary of findings

The table below shows that Tower Hamlets have achieved one of the recommendations, and a project team will be set up to agree a time specific plan for delivery of the other recommendations. This will be overseen by the Learning Disabilities Partnership Board and the Health and Well-being Board.

1. There is an opportunity for the proposed project team to develop a Charter of Rights for people with Learning Disabilities;
2. Although good work is in progress with the local police to ensure that people with learning disabilities are better treated by the criminal justice system, there is an opportunity for the project team to discuss developing a local agreement;
3. Recommendation three is partially met where LD service users have the ‘right to challenge’ decisions through complaints systems;
4. Good work is in progress where Bart’s Health and Clinical Commissioning Group (CCG) are leading on considering the extension of a personal health budget. This recommendation requires further thinking from the proposed project team;
5. Protecting a person’s home tenancy on hospital admission is an action that the proposed project team will need to consider with the Housing Benefit service;
6. The proposed project team to consider developing a ‘mandatory commissioning’ plan for Learning Disabilities Service;
7. The proposed project team to consider the implications of community –based providers ‘right to propose alternatives’ to inpatient care;

8. The project team to consider whether the commissioning framework should be accompanied by a closure programme of institutions (if that is applicable to this borough);
9. Proposed project team to consider workforce data from the NMDS-SC to help assess local workforce skills in this area;
10. The project team to consider fostering partnership working to establish a 'Life in the Community' Social Investment Fund;
11. The proposed project team to review what local data is collected and that is relevant for publication.

Summary of 2014 Post-Winterbourne Review Recommendations

Post -Winterbourne Review – Time for Change 2014 Recommendations	Comment
Strengthening Rights	
1. The Government should draw up a Charter of Rights for people with learning disabilities and/or autism and their families, which underpins all commissioning. The Charter should clarify existing rights. There is also a mandatory commissioning framework requiring all commissioners to invest in services that makes these rights 'real'.	Not in place-achievable action. Proposed Project team to consider future action
2. The Government has been asked to respond to the 'Bradley report: Five Years On' to ensure that people with learning disabilities and /or autism are better treated by the criminal justice system.	Good work in progress with the police. However there is no local agreement in place. Proposed Project team to consider future action
3. To give people with learning disabilities and /or autism and their families a 'right to challenge' decisions to admit or continue to keeping them in inpatient care. They should receive independent expert support to exercise that right, including high –quality independent advocacy.	All service users are made aware of complaints system. Annual independent checks take place. Proposed Project team to consider future action
4. NHS England should extend the right to have a personal budget (or personal health budget) to more people with learning disabilities/autism, including all those in inpatient care and appropriate groups living in the community but at risk of being admitted to inpatient care.	Bart's Health &CCG leading on development. Proposed Project team to consider future action
5.The Government & Local Authorities should look at ways to protect an individual's home tenancy when admitted to hospital so that people do not lose their homes on admission and end needing to find new suitable accommodation to enable discharge.	To work with CCG and Housing Benefit service. Proposed Project team to consider future action
Forcing the pace on commissioning	
6. The Government and NHS England should require all local commissioners to follow a mandatory commissioning framework, with one shared vision, one pooled budget, and one robust plan. The funding and responsibility for commissioning services for this group should be devolved as much as possible from NHS specialised commissioning to Clinical Commissioning Groups. Learning from strengths and weaknesses of the Better Care Fund, a mandatory framework should then require the pooling of health, social care and	To develop a local commissioning plan for LD. Proposed Project team to consider future action

housing budgets, and mandate NHS and local government commissioners to draw up a long term plan for spending that funding in a way that builds up community services, makes the proposed Charter of Rights real, and reduces reliance on inpatient services. NHS England, central and local government representatives such as the Local Government Association, and the Association of Directors of Adult Social Services should support and assure the drawing up of local commissioning plans and unblock systematic barriers (including Ordinary Residence Rules and eligibility of Continuing Health care). There should be a named lead commissioner in each area, working collaboratively with a provider providers forum and people with learning disabilities and /or autism and their families.	
7. Community –based providers should be given a 'right to propose alternatives' to inpatient care to individuals, their families, commissioners and responsible clinicians	Proposed Project team to consider future action
Closures of inpatient institutions	
8. The commissioning framework should be accompanied by a closure programme of inappropriate institutional inpatient facilities. This active decommissioning should be driven by a tougher approach from the CQC, local closure plans, and closures led by NHS England where it the main commissioner. NHS England should come to a considered, realistic view on what is possible and should set out a clear timetable not just for reductions in admissions or inpatient numbers , but for closures of beds and institutions.	N/A
Building capacity in the community	
9. Skills for Care, Health Education England, Skills for Health and partners should develop a national workforce' Academy' for this field. Building on the work already started by Professors Allen & Hastings et al. the Academy should bring together existing expertise in a range of organizations to develop the workforce across the system.	Proposed Project team to consider future action
10. A 'Life in the Community' Social Investment Fund should be established to facilitate transitions out of inpatient settings and build capacity in community based services. The Investment Fund – seeded with £30 million from NHS England and /or Government, could leverage some £200 million from other investors to make investment more easily accessible to expand community based services.	Proposed Project team to consider fostering partnership working
Holding people to account	
11. Action on above recommendations should be accompanied by improved collection and publication of performance data at a central and local level. Data on key indicators (such as admission rates, length of stay, delayed transfers, number of beds by commissioning organisations) should be collected and published. Both local commissioners and national bodies (including NHS England, DoH, the LGA & others) should be held to account for implementing recommendations above by local people.	Proposed Project team to consider fostering partnership working

5. Implications for Tower Hamlets and its Partners

5.1 Health and Wellbeing Boards can play a significant role in leading a local response to the Winterbourne Reviewof 2012 and 2014 by making a real difference in helping reshape local services to improve health outcomes for children and adults with learning disabilities and/or autism who have mental health conditions or behaviour that challenges.

5.2 The proposed local response to these recommendations is to:

a) set up a local 'Post-Winterbourne Actions Project Team' with joint working between LBTH CCG, Tower Hamlets Council, and local partners;
b) to developa local action plan and monitor its implementation.

SECTION B OF REPORT: Winterbourne – Second annual progress update

6. This is a second annual update reportsince 2013. The Health and Wellbeing Board was provided with a Winterbourne Review Update in December 2013. This section provides a second update.

6.1 The Community Learning Disability Service (CLDS) support:

- 625 people who have a learning disability[2]
- 133 people with learning disability[3] are in residential and/or nursing care

a) Assessment and Treatment Centres - Last year, there were three people from Tower Hamlets in Assessment and Treatment Centres. Since then, there are currently no service users in assessment and treatment centres. In Tower Hamlets, there is a strong culture of using community alternatives where possible and working with service users and their carers and families to manage that challenge.
b) Review of Care – All Tower Hamlets service users who are in a Residential or Nursing Home were reviewed - with carers and their views taken into consideration. A programme for updating the reviews is in place including looking at community alternatives and identifying gaps in the service.
c) Safeguarding –Despite improvements, compliance with timescales around completing safeguarding episodes need to increase across the service. This has been identified where sign off in FWi is left incomplete – e.g. managers to sign off decisions. A series of actions have been implemented:

- a programme of training (including refresher training) is in place for Safeguarding adults managers, and there is a target for all CLDS managers to attend this training annually and/or when a refresher is deemed necessary by the manager /supervisor;
- New Safeguarding work-flow and forms were introduced during April and May this year;
- All staff to have completed mandatory safeguarding training. All staff in post at the time the forms were introduced received mandatory training. A record of

[2]Numbers are based on service users between December 2013 and November 2014.
[3]Numbers are based on service users between December 2013 and November 2014.

staff who have completed safeguarding training is kept, and which is supplemented by HR data;
- Action is in place to review raising awareness of "newer" forms of abuse that affect people with Learning Disabilities - such as internet grooming, forced marriages etc - by collating figures and breaking down by type of abuse in a continuous six monthly review cycle;
- Ensuring that reviews take place in a timely manner where the service will work with carers and providers of care for people with challenging behaviour;
- A number of further actions are outlined in a report that was presented to the Tower Hamlets Learning Disability Partnership Board in July 2014.

Areas for Improvement:Commissioning

6.2 Work is underway to address gaps in service provision in:

a) Housing – the Supported Living Team are undertaking an accommodation needs and capacity analysis for people with Learning Disabilities and/ or presenting with challenging behaviour. This will inform a longer-tem accommodation commissioning plan for people with learning disabilities.

b) Respite care – the Strategic Commissioning Team are refreshing the Respite Care policy, to ensure a range of equitable service provision which meets the needs of all service users. We are developing a 'Shared Lives' scheme which would support families who have experience of and are used to working with people with Learning Disabilities to offer them respite at their home rather than having the client placed into an institutional setting such as residential care.

c) Employment – work continues through a work –placing brokerage service 'Tower Project' to find work placements for people with Learning Disabilities.

d) Locally, lot of Learning Disabilities' clients are supported to live in the community by their families. There is an opportunity to build more capacity for service provision in the community.

e) **In summary** - Tower Hamlets currently do not have anyonein inpatient Assessment and Treatment beds – this has been cited as a model of good practice from the Government. However families and service users report to us that there are gaps in the market which include:

    1. Having appropriate respite care for people with Learning Disabilities/challenging behaviour;
    2. Gaps in service provision for people with high needs in Extra Care Supported Living;
    3. Gaps in shared live-in provision;
    4. Extension of the employment scheme to support people who have autism, Learning Disabilities, and /or challenging behaviour for training and employment opportunities;
    5. Better community health access with appointment times which recognise the complexity of need;

6. More joint work is required with all areas of primary care, such asdentistry, GP, psychiatric services, for instance, to review the person’s health action plan and identify conditions at an early stage;
7. To have clear and early transition planning work with the service user, their family or carers, careers, education and children and families;
8. To have contracts in place that ensure the quality of high standard care is delivered by incentivising or requiring best practice through the NHS commissioning for quality and innovation (CQUIN) framework, embed Quality of Health principles in NHS contracts and Quality of Life principles in social care contracts, and hold providers to account;
9. Care Plans for each individual; and pledge that inpatients “should be receiving personalised care and support in community settings”;
10. Contracts should incentivise or receive best practice. The Concordat pledged a range of actions to make it easier to reward best practice.

7. COMMENTS OF THE CHIEF FINANCE OFFICER

7.1 This report seeks to set up a project team to formulate an action plan to implement therecommendations of the Winterbourne review. The resources needed for the project team will be managed within existing budgets.

8. LEGALCOMMENTS

8.1. The recommendation of the Winterbourne report are consistent with the general duty placed on the Council by Section 1 of the Care Act 2014 when exercising its functions, to promote an individual’s well-being relating to their physical and mental health, emotional well-being and personal dignity.

8.2. The recommendations to set up a project team within the Health and Wellbeing Board to identify commissioning priorities, note actions taken to date and delegatesetting up a commissioning specific work-stream to the Learning Disabilities Partnership Board, are consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and wellbeing strategies. As the HWB has statutory status, due regard should be given to its decision making authority within its terms of reference.

8.3. These recommendations are within the terms of reference of the HWB agreed by the Mayor in Cabinet on 4 December 2013, in particular:

i) To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlet; and

ii) To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.

9. ONE TOWER HAMLETS CONSIDERATIONS

9.1 The Winterbourne actions and post –winterbourne implications recommendations aims to improve services for vulnerable people and other at risk groups - such as people with Learning Disabilities and/ or challenging behaviour.

9.2 The themes of the Tower Hamlets Community Plan will be considered in future planning of actions:

- A Healthy and Supportive Community –Objective 1: Helping people to live healthier lives; Objective 3: enabling people to live independently, particularly, people with Learning Disabilities and /or challenging behaviour; Objective 4: Keeping vulnerable children, adults and families safer, minimising harm and neglect; Objective 5: providing excellent primary and community care.

- A Great Place to Live – Objective 5: Providing effective local services and facilities.

10. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

10.1 There are no immediate sustainability or environmental issues to consider. All commissioned and internally provided services would be required to comply with all local and national legislation regarding energy conservation, recycling etc.

11. RISK MANAGEMENT IMPLICATIONS

11.1 Currently, although Tower Hamlets Council and its partners have a plan of action following the 2012 Winterbourne recommendations, it does not have an updated plan around commissioning intentions published in the 2014 post – Winterbourne report – 'Time for Change'. This paper's recommendations propose a range of actions to mitigate risk of non-compliance.

12. CRIME AND DISORDER REDUCTION IMPLICATIONS

12.1 There are no immediate crimes and disorder reduction implications.

13. EFFICIENCY STATEMENT

13.1The recommendations propose a range of actions that would contribute to maximising independence and avoid costly intensive care.

Appendices and Background Documents
NONE

Appendices
NONE

Background Documents

- '*Transforming Care: a national response to Winterbourne View Hospital' published by Department of Health in June 2012*
- *Winterbourne View – Time for Change: Transforming the commissioning of services for people with learning disabilities and/or autism published by published by Department of Health in November 2014*

Officer contact details for background documents:
Nasim Patel, Strategy and Policy &Performance Officer,
nasim.patel@towerhamlets.gov.uk