

# HEALTH SCRUTINY PANEL

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Tuesday, 15 July 2014 at 6.30 p.m.

Committee Room 1, 1st Floor, Town Hall, Mulberry Place, 5 Clove  
Crescent, London, E14 2BG

This meeting is open to the public to attend.

**Members:**

Chair: Councillor Asma Begum

Vice-Chair:

Councillor Danny Hassell, Councillor David Edgar, Councillor Suluk Ahmed, Councillor Denise Jones, Councillor Mahbub Alam and Councillor Md. Maium Miah

**Deputies:**

Councillor Sirajul Islam, Councillor Abdul Mukit MBE and Councillor Rachael Saunders

**Co-opted Members:**

David Burbridge

(Healthwatch Tower Hamlets Representative)

Dr Sharmin Shajahan (PhD)

Healthwatch Tower Hamlets

[The quorum for this body is 3 Members]

**Contact for further enquiries:**

Antonella Burgio, Democratic Services

1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, E14 2BG

Tel: 020 7364 4881

E-mail: [Antonella.Burgio@towerhamlets.gov.uk](mailto:Antonella.Burgio@towerhamlets.gov.uk)

Web: <http://www.towerhamlets.gov.uk/committee>

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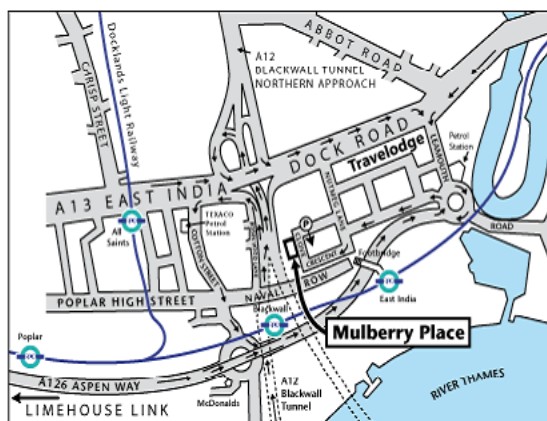
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## **APOLOGIES FOR ABSENCE**

### **1. APPOINTMENT OF VICE-CHAIR**

To elect a Vice-Chair of Tower Hamlets Health Scrutiny Panel for the duration of the municipal year.

### **2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**

**1 - 4**

To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Monitoring Officer.

### **3. MINUTES OF THE PREVIOUS MEETING(S)**

**5 - 12**

To confirm as a correct record of the minutes of the meeting of Health Scrutiny Panel held on 11 March 2014.

### **4. REPORTS FOR CONSIDERATION**

#### **4 .1 Health Scrutiny Panel Terms of Reference, Quorum, Membership and Dates of Meetings**

**13 - 20**

To note the Terms of Reference, Quorum, Membership and Dates of future meetings as set out in Appendices 1, 2 and 3 to the report.

#### **4 .2 Co-options to Health Scrutiny Panel**

**21 - 24**

To note the co-option of representatives from the Tower Hamlets HealthWatch to the membership of the Health Scrutiny Panel for the Municipal Year 2014/15, as set out at paragraph 5.4 of the report.

#### **4 .3 The Care Act 2014**

**25 - 38**

To receive a brief presentation on the Government's new Care Act

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

#### **5 .1 CCG - Health Landscape**

An introduction to CCG by Josh Potter and overview of key priorities

## **5 .2 Healthwatch Tower Hamlets**

An introduction to Healthwatch by Dianne Barham and overview of key priorities.

## **5 .3 Work Planning**

In the last hour the Panel will have a work planning session.

### **Next Meeting of the Panel**

The next meeting of the Health Scrutiny Panel will be held on Tuesday, 16 September 2014 at 6.30 p.m. in Committee Room 1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

# Agenda Item 2

## **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, Interim Monitoring Officer, 020 7364 4800
- John Williams, Service Head, Democratic Services, 020 7364 4204

## 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	<p>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.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.</p>
Contracts	<p>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—</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
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	<p>Any tenancy where (to the Member's knowledge)—</p> <p>(a) the landlord is the relevant authority; and</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where—</p> <p>(a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either—</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(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.</p>

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**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE HEALTH SCRUTINY PANEL**

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

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

**Members Present:**

Councillor Rachael Saunders (Chair)

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

**Co-opted Members Present:**

David Burbridge – (Healthwatch Tower Hamlets Representative)

**Guests Present:**

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

**Officers Present:**

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

**Apologies:**

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

Apologies for lateness were received from Councillor Dr Emma Jones.

## **1. DECLARATIONS OF INTEREST**

No declarations of pecuniary interests were made.

## **VARY ORDER OF BUSINESS**

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

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

## **2. MINUTES OF THE PREVIOUS MEETING(S)**

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

## **3. REPORTS FOR CONSIDERATION**

### **3.1 Education Social Care and Wellbeing (ESCW) - Update**

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

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

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

In response to members questions the following information was provided:

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

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

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

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

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

The Panel was informed that:

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

## **RESOLVED**

That the verbal update to be noted

### **3.2 Life Course - Old Age**

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

#### **Public Health**

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

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

Factors that would improve public health and well-being:

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

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

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

### **Link Age Plus**

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

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

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

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

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

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

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

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

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

**Silk Court**

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

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

The demographics of the home were:

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

**Tower Hamlets Council**

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

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

It was noted that:

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

In discussion the following were noted:

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

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

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

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

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

Concerning internal monitoring, the Panel was informed that:

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

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

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

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

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

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

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

## **RESOLVED**

that the verbal updates be noted

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

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

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

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

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

The Panel noted the following:

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

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

#### **RESOLVED**

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

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

Nil items.

The meeting ended at 8.30 p.m.

Chair, Councillor Rachael Saunders  
Health Scrutiny Panel



# Agenda Item 4.1

<b>Committee</b>	<b>Date</b>	<b>Classification</b>	<b>Report No.</b>
Health Scrutiny Panel	15 July 2014	Unrestricted	
<b>Report of:</b> Assistant Chief Executive <b>Originating Officer(s) :</b> Alan Ingram, Democratic Services		<b>Title :</b> Health Scrutiny Panel Terms of Reference, Quorum, Membership and Dates of Meetings  <b>Ward(s) affected:</b> N/A	

## 1. Summary

- 1.1 This report sets out the Terms of Reference, Quorum, Membership and Dates of meetings of the Health Scrutiny Panel for the Municipal Year 2014/15 for the information of members of the Committee.

## 2. Recommendation

- 2.1 That the Health Scrutiny Panel agrees to note its Terms of Reference, Quorum, Membership and Dates of future meetings as set out in Appendices 1, 2 and 3 to this report.

## 3. Background

- 3.1 At the Annual General Meeting of the full Council held on 11 June 2014, the Authority approved the proportionality and establishment of the Committees and Panels of the Council.
- 3.2 At the first meeting of the Overview and Scrutiny Committee held on 8 July 2014, the Committee noted the proportionality and establishment of the Health Scrutiny Panel and approved the appointment of Members thereto.
- 3.3 It is traditional that following the Annual General Meeting of the Council at the start of the Municipal Year, at which various committees are established, that those committees note their Terms of Reference, Quorum and Membership for the forthcoming Municipal Year. These are set out in Appendix 1 and 2 to the report respectively.
- 3.4 The Committee's meetings for the remainder of the year, as agreed at the Annual General Meeting of the Council on 11 June 2014, are as set out in Appendix 3 to this report.
- 3.5 In accordance with the programme of meetings for principal meetings, meetings are scheduled to take place at 6.30pm, except where the meeting falls within the month of Ramadan.

#### **4. Comments of the Chief Financial Officer**

- 4.1 Matters brought before the Committee under its terms of reference during the year will include comments on the financial implications of decisions provided by the Chief Finance Officer. There are no specific comments arising from the recommendations in the report.

#### **5. Legal Comments**

- 5.1 The information provided for the Committee to note is in line with the Council's Constitution and the resolutions made by Council on 11 June 2014 and resolutions made by the Overview and Scrutiny Committee on 8 July 2014.

#### **6. One Tower Hamlets Considerations**

- 6.1 When drawing up the schedule of dates, consideration was given to avoiding schools holiday dates and know dates of religious holidays and other important dates where at all possible.

#### **7. Sustainable Action for a Greener Environment**

- 7.1 There are no specific SAGE implications arising from the recommendations in the report.

#### **8. Risk Management Implications**

- 8.1 The Council needs to have a programme of meetings in place to ensure effective and efficient decision making arrangements.

#### **9. Crime and Disorder Reduction Implications**

- 9.1 There are no Crime and Disorder Reduction implications arising from the recommendations in the report.

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**LOCAL GOVERNMENT ACT, 1972 SECTION 100D (AS AMENDED)  
LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT**

Brief description of "background paper"

If not supplied  
Name and telephone number of holder

None

Antonella Burgio  
Democratic Services  
020 7364 4881

## **APPENDIX 1**

### **HEALTH SCRUTINY PANEL**

#### **1. Establishment**

- 1.1 The Council's Constitution states that the Annual Council Meeting will establish "such other committees/panels as it considers appropriate to deal with matters which are neither Executive Functions nor reserved to the Council".
- 1.2 The Constitution refers to the establishment of "a standing Sub-Committee to discharge the Council's functions under the Health and Social Care Act 2001 to be known as the Health Scrutiny Panel". The reference to the Health and Social Care Act 2001 is out of date and this should be taken as a reference to the National Health Service Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- 1.3 At the Annual General Meeting of the Council, held on 11 June 2014 the Health Scrutiny Panel was established for the Municipal Year 2014/15 with a membership numbering 7, and an allocation of places in accordance with overall proportionality requirements as follows: 4 Majority Group Members (Labour), 3 Minority Group Member (Tower Hamlets First) and 0 Minority Group Members (Conservative).
- 1.4 The actual membership of the Health Scrutiny Panel remains a matter for the determination of the Overview and Scrutiny Committee and the Panel membership, as appointed at the meeting of that Committee held on 8 July 2014, is detailed in Appendix 2 of this report. The Lead Scrutiny Member for Adults, Health and Wellbeing shall be appointed as a Member and Chair of the Health Scrutiny Panel.

#### **2. Terms of Reference and Quorum**

- 2.1 The Health Scrutiny Panel will undertake the Council's functions under the National Health Service Act 2006 and associated Regulations and consider matters relating to the local health service as provided by the NHS and other bodies including the Council:
  - (a) To review and scrutinise matters relating to the health service within the Council's area and make reports and recommendations in accordance with any regulations made thereunder;
  - (b) To respond to consultation exercises undertaken by an NHS body; and
  - (c) To question appropriate officers of local NHS bodies in relation to the policies adopted and the provision of the services.

2.2 The quorum will be 3 voting members.

2.3 The Health Scrutiny Panel will meet at least four times a year.

### **3. Reports**

3.1 The Overview and Scrutiny Committee will report to full Council, Cabinet or the appropriate Cabinet member and make recommendations, as appropriate. All reports and/or recommendations of Scrutiny Panels shall first be considered by the Overview and Scrutiny Committee before being reported to full Council, Cabinet or the appropriate Cabinet member, as appropriate.

### **4. Proceedings of Scrutiny Panels**

4.1 The Overview and Scrutiny Committee and its Scrutiny Panels will generally meet in public and conduct their proceedings in accordance with the Procedure Rules in Part 4 of the Constitution.

**APPENDIX 2**

<p align="center"><b>HEALTH SCRUTINY PANEL</b>  <b>(Nominations for information - Panel to be appointed by Overview &amp; Scrutiny Committee)</b>  <b>(Seven members of the Council)</b></p>		
<i>Labour Group (4)</i>	<i>Tower Hamlets First Group (3)</i>	<i>Conservative Group (0)</i>
<p>Cllr Asma Begum                      Cllr David Edgar                      Cllr Danny Hassell                      Cllr Denise Jones</p> <p>Deputies:-                      Cllr Sirajul Islam                      Cllr Abdul Chunu Mukit                      Cllr Rachael Saunders</p>	<p>Cllr Suluk Ahmed                      Cllr Mahbub Alam                      Cllr Md. Maium Miah</p> <p>Deputies:-                      t.b.c.</p>	<p>n/a</p> <p><b>Co-opted Members:-</b>                      The following were appointed by                      Overview &amp; Scrutiny Committee</p> <p>David Burbidge                      Sharmin Shajahan</p>

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## **APPENDIX 3**

### **SCHEDULE OF DATES 2014/15**

#### **HEALTH SCRUTINY PANEL**

15 July 2014  
16 September 2014  
18 November 2014  
27 January 2015  
24 March 2015

#### **Notes**

1. The Panel, by custom has met at 6.30pm in accordance with the Calendar of Meetings agreed by the full Council AGM, with the exception of the meeting on 15 July which is scheduled to commence at 5.30pm, as it falls within the holy month of Ramadan (26 June – 26 July).
2. It may be necessary to convene additional meetings of the Panel should urgent business arise. Officers will keep the position under review and consult with the Chair and other Members as appropriate.

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# Agenda Item 4.2

Committee <b>Overview and Scrutiny Committee</b>	Date <b>16 July 2014</b>	Classification <b>Unrestricted</b>	Report No.
Report of: <b>Service Head Democratic Services</b>  Originating Officer(s): Antonella Burgio, Committee Officer, Democratic Services	Title <b>Co-options to Health Scrutiny Panel</b>  Ward(s) affected: <b>All</b>		

## 1. Summary

1.1 This report informs Health Scrutiny Panel (HSP) of:

- the establishment, by full Council, of the Health Scrutiny Panel, to discharge the Council's functions under the National Health Service Act 2006, with terms of reference and quorum as set out in the Council's Constitution.

1.2 This report also notes the appointments of two co-opted members to HSP made by Overview and Scrutiny Committee (the parent committee) in accordance with constitutional provisions.

## 2. Recommendations

2.1 Note the establishment of the Health Scrutiny Panel by full Council, to discharge the Council's functions under the National Health Service Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 as set out in paragraph 5.1 of this report; with terms of reference and quorum as set out in paragraph 5.2 and Appendix 1 to this report;

2.2 Note the co-option of representatives from the Tower Hamlets HealthWatch to the membership of the Health Scrutiny Panel for the Municipal Year 2014/15, as set out at paragraph 5.4 of this report.

## 3. Health Scrutiny Panel

### 3.1 Establishment

3.1.1 The Constitution states that the Annual Council Meeting will establish "such other committees/panels as it considers appropriate to deal with matters which are neither Executive Functions nor reserved to the Council".

3.1.2 The Council's Constitution refers to the establishment of "a standing Sub-Committee to discharge the Council's functions under the Health and Social Care

Act 2001 to be known as the Health Scrutiny Panel". The reference to the Health and Social Care Act 2001 is out of date and this should be taken as a reference to the National Health Service Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

- 3.1.3 At the Annual General Meeting of the Council, held on 22 May 2013 the Health Scrutiny Panel was established for the Municipal Year 2013/14 with a membership numbering 7, and an allocation of places in accordance with overall proportionality requirements as follows: 4 Majority Group Members (Labour), 1 Minority Group Member (Conservative) and 2 Minority Group Members (Independent). The OSC is therefore requested to note the establishment of the Health Scrutiny Panel, its total membership and the allocation of places between the political groups.

### **3.2 Co-option of Representatives to the Health Scrutiny Panel**

- 3.2.1 The Overview and Scrutiny Procedure Rules state that: "The Overview and Scrutiny Committee will be responsible for approving co-opted Members for the Scrutiny Panels. Co-opted Members will be non-voting."
- 3.2.2 In the Municipal Year 2012/13 two representatives previously recruited from the Tower Hamlets Local Involvement Network served as co-opted members of the Health Scrutiny Panel. It is recommended that these representatives be co-opted to the membership of the Health Scrutiny Panel in 2013/14.
- 3.2.3 Accordingly the OSC has agreed the co-option of representatives from Healthwatch Tower Hamlets (formerly Tower Hamlets Involvement Network) to the membership of the Health Scrutiny Panel for the Municipal Year 2013/14, as set out below:

Mr David Burbidge  
Mr Sharmin Shajahan

### **4. Comments of the Chief Financial Officer**

- 4.1 This report describes the OSC request to consider the appointment of Lead Scrutiny Members, in accordance with the Council's Constitution (as amended).
- 4.2 Also, OSC are requested to agree the following: co-option of representatives in respect of education matters in accordance with statutory requirements and the Council's Constitution; the creation of a Health Scrutiny Panel; co-option of 2 representatives from the Tower Hamlets HealthWatch.
- 4.3 There are no specific financial implications emanating from this report but in the event that the Council agrees further action in response to this report's recommendations then officers will be obliged to seek the appropriate financial approval before further financial commitments are made.

## **5. Legal Comments**

- 5.1 Most of the relevant statutory and constitutional provisions are set out in the body of the report. OSC agreed that independent members be co-opted to the Health Scrutiny Panel. Section 9FA(4) of the Local Government Act 2000 confirms that a sub-committee of an overview and scrutiny committee may include persons who are not members of the authority. This is consistent with section 102(3) of the Local Government Act 1972 which makes similar provision in relation to committees and sub-committees.

## **6. One Tower Hamlets Considerations**

- 6.1 The establishment of the Health Scrutiny Panel may contribute to the reduction of health inequalities that exist in the borough.

## **7. Risk Management Implications**

- 7.1 The appointment of Scrutiny Lead Members, Co option of representatives in respect of education matters and establishment of the Health Scrutiny Panel is necessary for the Overview and Scrutiny Committee to meet its statutory and constitutional obligations and in particular the functions conferred on the Council by the provisions referred to in the body of the report.

## **8. Crime and Disorder Reduction Implications**

- 8.1 There are no specific Crime and Disorder Reduction implications arising from the recommendations in the report.

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### **LOCAL GOVERNMENT ACT, 1972 SECTION 100D (AS AMENDED) LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT**

Brief description of "background paper"

If not supplied Name and telephone number of holder

n/a

n/a

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# Agenda Item 4.3

<b>Committee</b>	<b>Date</b>	<b>Classification</b>	<b>Report No.</b>	<b>Agenda Item No.</b>
<b>Health Scrutiny Panel</b>	15 July 2014	Unrestricted		
<b>Reports of:</b>  Education Social Care and Wellbeing (ESCW)  <b>Presenting Officers:</b>  <b>Karen Sugars,</b> <b>Care and Health Reform Programme Manager</b>		<b>Title:</b>  <b>The Care Act 2014</b>  <b>Ward(s) affected:</b>  All		

## 1. Summary

This is a brief presentation on the Government's new Care Act.

It summarises the main changes that have been brought in and how these changes are to affect services nationally and locally.

## 2. Recommendations

For discussion at the panel

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# The Care Act 2014

**Presentation to Health Scrutiny Panel**

**15 July 2014**

**Karen Sugars,**

**Care and Health Reform Programme Manager**

## Purpose of the Care Act 2014

- Consolidate over 40 separate pieces of legislation
- Provide support based on a person's overall wellbeing and independence
- Putting people's needs, goals and aspirations at the centre of care and support
- Supporting people to make their own decisions and realise their potential



# Components of the Act

The Act has four parts:

## Part 1:

- A new legal framework for the provision of adult social care and support in England

## Part 2:

- Reform of quality and safety regulation for healthcare providers

### **Part 3:**

- Establishment of Health Education England (HEE) and the Health Research Authority (HRA) as non-departmental public bodies

HEE: Lead body for education and training of health care professionals

HRA: Regulation of Health and Social Care Research

### **Part 4:**

- Technical matters including the areas where the Act applies

# The Care Act

- Duties around prevention and provision of quality accessible information and advice
- Duty to integrate services (health, social care and health related)
- Market shaping and commissioning and provider failure
- Duty to assess a broader range of people (carers, self funders and those below the eligibility threshold)

# The Care Act (continued)

- National eligibility threshold for service users and carers
- Statutory Adult Safeguarding Boards
- Financial assessments and charging, statutory right to deferred payments
- Continuity of care and ordinary residence rules
- Care Accounts, the cap on care costs and the threshold for contributions - Paying for Care Reforms – “Dilnot”

# The Care Act (continued)

- Introduction of an “Ofsted-style” rating system for hospitals and care homes,
- create a single regime to deal with financial and care failures at NHS hospitals,
- introduce a duty of candour for health and social care providers, and
- make it a criminal offence for care providers to give false and misleading information about their performance.

# Opportunities and Challenges for Tower Hamlets

- Partnership working to really improve the person's experience of care and support (joint assessments and planning as well as delivery)
- Through HWBB area based approaches to prevention and other strategies
- Joined up market management and oversight
- Carers on equal footing for support
- Focus on preventing need arising and enabling people to take control

- Increased volume of assessments and provision of support at a financially challenging time
- A number of central priorities with challenging timescales
- Central funding to implement the reforms and meet new duties may not be sufficient
- Working together in partnership to achieve this, not just an adult social care issue
- Need to take the community with us

# Funding challenges

- Early indications of costs: £4.5m-£7.650m
- ADASS allocation indications: £2.75m
- Risk of additional costs as a result of integration passing to the LA
- Central Government budget reductions (25% by 2017/18)

**Table 1: Key requirements and timescales**

Key Requirements	Timescale
Duties on prevention and wellbeing	From April 2015
Duties on information and advice (including advice on paying for care)	
Duty on market shaping	
National minimum threshold for eligibility	
Assessments (including carers assessments)	
Personal budgets and care and support plans	
New charging framework	
Safeguarding	
Universal deferred payment agreements	
Extended means test	
Capped charging system	
Care Accounts	



# The Spectrum of Integration



<b>Level 1</b> Relative autonomy- involving informal working arrangements	<b>Level 2</b> Co-ordination – some level of formal commitment	<b>Level 3</b> Joint Appointments – collaboration takes place, but functions are not combined	<b>Level 4</b> Enhanced Partnership – system wide commitment via S75 agreement	<b>Level 5</b> Structural Integration – a single legal entity
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# Questions?