TOWER HAMLETS

HEALTH SCRUTINY PANEL

Wednesday, 9 September 2015 at 7.00 p.m.

MP702, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

This meeting is open to the public to attend.

Members:
Chair: Councillor Amina Ali
Vice-Chair: Councillor John Pierce

Councillor Sabina Akhtar, Councillor Abdul Asad, Councillor Craig Aston, Councillor Dave Chesterton and Councillor Md. Maium Miah

Deputies:
Councillor Shahed Ali, Councillor Danny Hassell, Councillor Denise Jones, Councillor Aminur Khan and Councillor Helal Uddin

Co-opted Members:

David Burbidge	(Healthwatch Tower Hamlets Representative)
Tim Oliver	(Healthwatch Tower Hamlets Representative)

[The quorum for this body is 3 voting Members]

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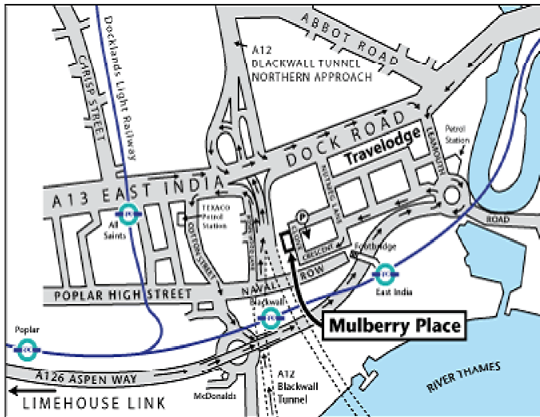

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		PAGE NUMBER(S)
	APOLOGIES FOR ABSENCE	
1.	**DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS** To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Monitoring Officer.	1 - 4
2.	**MINUTES OF THE PREVIOUS MEETING(S)** To confirm as a correct record the unrestricted minutes of the meeting of the Health Scrutiny Panel held on 15 July 2015.	5 - 14
3.	**REPORTS FOR CONSIDERATION**	
3 .1	**Membership of the Inner North East London Standing Joint Overview and Scrutiny Committee - 2015/2016 Municipal Year** To note the membership of the Inner North East London Standing Joint Overview and Scrutiny Committee for the duration of the 2015/2016 municipal year. To Follow	
3 .2	**Health Scrutiny Panel - Work Programme 2015/2016 Municipal Year** To consider the Work Programme of the Health Scrutiny Panel for the 2015/2016 Municipal Year.	15 - 22
3 .3	**Barts Health Trust - Feedback on inspection and development of improvement plan** The presentation sets out a response to the CQC and includes the actions that staff feel are necessary to provide the communities they serve with safe, effective, compassionate and high quality care.	23 - 48
3 .4	**Presentation on CQC Inspection of Royal London Hospital**	49 - 50

The attached presentation gives an overview of the CQC inspection of Barts Health, with a specific focus on the Royal London Hospital. It summarises the areas of good practice and areas that require improvement, and also looks at the improvement plan that Barts Health have developed to address immediate concerns and CQC compliance actions.

3 .5 Unpaid Carers Scrutiny Report **51 - 66**

The report summarises findings from the scrutiny challenge session carried out assessing services for unpaid carers in the borough. The report puts forward a number of recommendations to be put before the Health Scrutiny Panel for their consideration, and referral on to Cabinet for agreement.

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

5. EXCUSION OF THE PRESS AND PUBLIC

In view of the content of the remaining items on the agenda, the Committee is recommended to adopt the following motion:

"That, under the provisions of Section 100A of the Local Governmer amended, the press and public be excluded from the remainder of the meeting on the grounds that the business to be transacted co information defined as Exempt in Part I of Schedule 12A of the Loca Government Act 1972."

EXEMPT/CONFIDENTIAL SECTION (PINK)

The Exempt/Confidential (pink) papers for consideration at the mee contain information which is commercially, legally or personally ser should not be divulged to third parties. If you do not wish to retain tl after the meeting please hand them to the Committee Officer prese

6. EXEMPT MINUTES OF THE CONFIDENTIAL PART OF THE MEETING HELD ON 15 JULY 2015 **67 - 68**

To approve the exempt minutes of the meeting held on 15 July 2015 as a correct record of those proceedings

7. ANY OTHER EXEMPT/CONFIDENTIAL BUSINESS THAT THE CHAIR CONSIDERS TO BE URGENT

Next Meeting of the Panel
The next meeting of the Health Scrutiny Panel will be held on Wednesday, 9 December 2015 at 7.00 p.m. in MP702, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

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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	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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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL
HELD AT 3.30 P.M. ON WEDNESDAY, 15 JULY 2015
MP702, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG

Members Present:

Councillor Amina Ali (Chair)
Councillor Sabina Akhtar
Councillor Danny Hassell

Co-opted Members Present:

David Burbidge – (Healthwatch Tower Hamlets)
Tim Oliver – (Healthwatch Tower Hamlets)

Apologies:

Councillor Abdul Asad
Councillor Dave Chesterton
Councillor Md. Maium Miah
Councillor John Pierce

Officers Present:

Tahir Alam – (Strategy Policy & Performance Officer, Law, Probity and Governance)
Afazul Hoque – (Senior Strategy, Policy and Performance Officer, Law, Probity and Governance)
Elizabeth Dowuona – (Democratic Services Officer, Law, Probity and Governance)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Maium Miah, Abdul Asad, Dave Chesterton and John Pierce (for whom Councillor Danny Hassell deputised).

An apology for late arrival was received from Councillor Sabina Aktar.

2. APPOINTMENT OF VICE-CHAIR

Councillor Danny Hassell nominated Councillor John Pierce (in his absence) to serve as Vice-Chair of the Panel for the remainder of the Municipal Year. The nomination was seconded by the Chair, Councillor Amina Ali.

RESOLVED

That Councillor John Pierce be elected to serve as Vice-Chair of the Health Scrutiny Panel for the remainder of the Municipal Year 2015/16.

3. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of Disclosable Pecuniary Interests.

4. MINUTES OF THE PREVIOUS MEETING(S)

RESOLVED

That the minutes of the Health Scrutiny Panel held on 8 April 2015 be approved as a correct record of the proceedings.

5. REPORTS FOR CONSIDERATION

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

The Panel received a report detailing the terms of reference, quorum, membership and dates of meetings of the Health Scrutiny Panel for the Municipal Year 2015/16.

RESOLVED

1) That the report be noted.
2) That the co-option of **David Burbidge** and Professor **Tim Oliver** from Healthwatch Tower Hamlets (formerly Tower Hamlets Involvement Network) to the membership of the Health Scrutiny Panel for the Municipal Year 2015/16 (as agreed by the Overview and Scrutiny Committee on 7 July 2015) be noted.
3) To noted that the voting rights of the co-opted Members would be non-voting (as agreed by the Overview and Scrutiny Committee on 7 July 2015).

6. PUBLIC HEALTH - SERVICE PRIORITIES FOR 2015/2016

Dr Somen Banerjee, Director of Public Heath (LBTH) gave a presentation on “Putting health and wellbeing at the heart of everything we do in Tower Hamlets 2015/2016 and beyond”.

Dr Banerjee began by outlining the role of the health and wellbeing board. These boards were established by the Health and Social Care Act 2012 in all local authorities. The boards would play a key role in bringing health professionals and leaders from the health and care system, to work together to improve the health and wellbeing of the local population, and to reduce health inequalities. Health and Wellbeing Boards were a key part of broader plans to modernise the NHS to:

- ensure stronger democratic legitimacy and involvement;

- strengthen working relationships between health and social care; and
- encourage the development of more integrated commissioning of services.

In establishing Health and Wellbeing Boards the Care Act 2012 envisaged the following:

- That Boards would help give communities a greater say in understanding and addressing their local health and social care needs. Boards would have strategic influence over commissioning decisions across health, public health and social care. Boards would strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions, alongside commissioners across health and social care.
- Those Boards would also provide a forum for challenge, discussion, and the involvement of local people.
- Boards would bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community. They would undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs could be best addressed. This would include recommendations for joint commissioning and integrating services across health and care.
- Through undertaking the JSNA, the board would drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision would also be addressed.

The vision of the Tower Hamlets Health and Wellbeing Strategy was to improve health and wellbeing throughout all stages of life to reduce health inequalities, promote independence, choice and control.

Priorities for 2015/16 were noted as follows:
- Maternity and Early Years - A healthy start for every child;
- Healthy Lives - Living healthier together;
- Mental Health and Wellbeing - No Health without Mental Health; and
- Long Term Conditions and Cancer - Early identification and person centred care.

Dr Banerjee referred to the deprivation, crime, homelessness and pollution and social isolation as the backdrop of the situation in Tower Hamlets. With respect to children, infant mortality rate was one of the highest in the country and school readiness was lower due to poverty with a high level of safeguarding, early sexual activity and pregnancies cases. With respect to adults it was noted that there was a prevalence of pre-mature death from

strokes, cancer respiratory illnesses substance misuse and HIV including a low uptake of screening for health conditions.

The aspirations of the Borough was noted as follows:

1. **A healthier place to live**
- Healthy lives supported by good income, education, housing, employment;
- Environments – safe, health enhancing, support physical activity and healthy eating;
- Communities/families – strong networks supporting healthy lives;
- Local services – integrated, prevention orientated, inclusive, accessible, high quality.

2. **More healthy 0-5 year olds**
- Excellent maternal health;
- Strong early attachment;
- Healthy early nutrition;
- Foundations for oral health;
- Good physical and social development through play;
- Full immunisation;
- Free from health harms of alcohol, tobacco, drugs;
- Free from abuse or neglect.

3. **More people in the Borough leading healthier lives**
- A place that supports health;
  - Healthy environments;
  - Healthy communities;
  - Health promoting services;
- More people
  - Valuing health;
  - With foundations for healthy lives;
  - Protected from health harms.;

4. **More healthy children, adolescents**
- Good emotional health
- Strong foundations for lifelong mental wellbeing;
- Having life skills for fulfilling social and emotional relationships;
- Eating healthy at home, in school and outside school;
- Enjoying regular physical activity;
- Having excellent oral health;
- Free from health harms of alcohol, tobacco and drugs;
- Free from abuse or neglect.

5. **More healthy adults**
- Good mental wellbeing;
- Living healthily – eating healthily, regular physical activity, good sexual health;
- Free from harmful health behaviours – tobacco, alcohol/drug misuse, risky sex;
- Aware of risk of health conditions and taking action to reduce risk;

- Aware of symptoms of health conditions and seeking early help;
- Free from abuse or neglect.

Dr Banerjee set out the strategy organising an effective public health service: Human resources, staff structure, staff development, public health training programme, finance, contracting, legal, performance, risk, communications, responding to corporate requirements.

The Borough had received £32m grant to train its community on the issues at hand, refresh the new Health and Wellbeing Strategy and refresh the local development framework. In response to questions, Dr Banerjee stated that the local development strategy had been updated.

RESOLVED –

That the report be noted.

6.1 Clinical Commissioning Group - Service Priorities for 2015/2016

Jane Milligan gave a presentation to the Health Scrutiny Panel on the role of the Clinical Commissioning Group (CCG) which had responsibility for planning, buying and monitoring local health services. The CCG was comprised of 36 GP practices arranged into 8 networks each with 4-5 practices. The CCG worked closely with a wide range of health providers to commission health services.

The key visions of the CCG were:

- High quality health & social care services
- A vibrant and stable health & social care system
- Integrated services to cater for individual needs

NHS Tower Hamlets CCG was responsible for a number of services including planned hospital care, maternity services, cancer services, fertility services, urgent & emergency care, children's services and treatment of infectious diseases. The CCG managed a budget of approximately £340million which included £164m for hospital care and £51m for community health services. The key priorities included:

- Safe and convenient maternity services
- Improved health outcomes for children and young people
- Integrated care for patients with multiple health conditions
- Timely high quality urgent and emergency care
- Commissioning of integrated mental health services
- Innovative use of technology

In response to questions and comments from Members, Jane Milligan underlined the strategic approach where the commissions came together as a group to provide deliver particular services locally. CCGs would not be the sole purchaser of GP services but would be accountable to NHS England and the Secretary of State for Health. Further, co-commissioning reduced duplication and also saved money.

Members raised the issue of the delivery of services locally and the creation of centres of excellence which involved travelling. In discussion, Members considered that there was the need to consider transport links, more use technology and communication links such as the use of skype, greater focus in the integration of services at all levels e.g. patients being discharged would need the coordination of other services such as transportation, support at home and follow up appointments.

Members also considered that older people tended to be overlooked therefore there was the need to maintain some level of traditional ways of communication e.g. by letter, telephone as opposed to online bookings and correspondence by email.

On the question of services to non-English speaking patients, the Panel noted the use of advocates in health centres to ensure equality in service provision.

RESOLVED

That the presentation be noted.

6.2 Healthwatch - Service Priorities for 2015/206

Dianne Barham gave a presentation on Healthwatch Tower Hamlets. It was noted that Healthwatch Tower Hamlets was a charitable company with a Board of Directors to manage business and monitor performance alongside an Advisory Group representing the interests of residents.

The main role of Healthwatch was to:

- promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services;
- obtain the views of local people about their needs and experiences of local care services and then make those views known to those involved in the commissioning, provision and scrutiny of care services;
- Make recommendations about how services could or should be improved;
- let people’s views and experiences be known to Healthwatch England to help it to carry out its role as national champion;
- advise the Care Quality Commission to carry out special reviews or investigations into areas of concern;
- provide information, signposting and support to residents about access to health and social care services to enable them to make informed choices.

It was noted that Healthwatch prioritised their work by focusing on the important local Health and Social Care issues. To do this, they engaged the wider Tower Hamlets community, which included residents and also stakeholders such as voluntary community organisations.

The priorities for 2015/16 included Bart's Health Trust - strengthening the leadership team at Whipps Cross Hospital and accelerating a comprehensive programme of quality improvements; Patient feedback on integrated care; Patient's access to GPs; Mental Health; and gathering views of young people on how they do and would like to use the health system and how they could be supported in understanding what good wellbeing was.

Following the presentation, Members asked a number of questions. On the question of gathering feedback of the health service from young people, it was noted that this would be by postal campaign through The Steps to Wellbeing Service, a free confidential NHS service for young people aged 18+, GP Practices, word of mouth, leaflets, training and through social media.

On the question of how complaints were dealt with as opposed to dealing with feedback, officers stated that Healthwatch was committed to ensuring that concerns and complaints about health and social care services were handled in line with Healthwatch England's wider program on complaints, which included a series of recommendations for structural reform in complaint handling, and work to improve standards in health and social care complaints advocacy. The vision also allowed measurement of progress so that organisations/services could determine the action they need to take to improve.

RESOLVED-

That the presentation be noted.

6.3 East London Foundation Trust - Service Priorities for 2015/2016

Representatives from East London NHS Foundation Trust gave a presentation on the Service.

It was noted that the Trust gained Foundation status in 2007. At that time, they were a mental health provider and delivered Mental Health Services which included the following:

- Adult Mental Health Services at The Tower Hamlets Centre for Mental Health and from Community Teams (in which LBTH Social Workers were integrated);
- Services for Older People with mental health problems, also at Tower Hamlets Committee for Mental Health and in the Community;
- Child and Adolescent Mental Health Services – Community Services The Inpatient Unit, Coburn, is in Newham;
- Substance Misuse Services.

In recent years, longer life expectancy had led to the inclusion of additional services. These were:

- Forensic Services in other North East London Boroughs;
- APT Service in Richmond;

- Community Health Services in Newham;
- Speech and Language Services in Barnet;
- From 1/4/15 Mental Health Services in Bedfordshire and Luton.

The Trust's achievements included the following:

- Following two serious incidents in 2010 inpatient Service had been improved;
- All ELFT wards in East London are CQC compliant and had excellent AIMs Accreditation;
- Very successful Nurse Recruitment and development strategies. 8% vacancy rates;
- 80% bed occupancy;
- In the top 5 Trusts in the Country from the National Patient Community Survey;
- Excellent Staff Survey results – joint top for Staff Engagement, third for the FFT;
- Successfully delivered a £50m CRES Programme since 2010;
- Crisis Care Concordant response well received
- Good RAID Service at RLH.

Priorities/ for the future included the following:

- delivering high quality services, supporting and developing staff and maintaining financial stability.
- A more collaborative approach with Commissioners to maintain 4% CRES annual savings;
- Full CQC compliance Inspection due before June 2016.
- Re-engineer Community Teams and work with Primary Care to support fewer patients with chronic problems.
- Maintain quick response times with acute referrals.
- Work in partnership with other providers, especially LBTH, Bart's Health [e.g. via RAID], the Police [Crisis Care Concordant], the Voluntary Sector and User Groups [via the Partnership Board].
- Delivery of the Vanguard new model of care as part of Tower Hamlets Integrated Provider Partnership (THIPP)

In response to Members' questions, the following information was provided:

- The proposal to reduce in-patient provision was due to a downward trend in service usage. Due to active planning, streamlining processes and provision of integrated care, further decrease was also expected. However this would be reviewed if demand were to change.
- The average in-patient stay was 60 days and was in the mid-range for this type of care.
- While some people leaving in-patient care went into sheltered care and a very small number into 24-hour care, most were expected to be discharged home.
- Wards at the in-patient unit were mixed but there was gender separation.

- The service was not aimed at those with dementia as old age psychiatry segregated mental health services from those with dementia.
- The service was not aimed at those in end of life situations.
- The new provision was for Tower Hamlets and City and Hackney.
- There had been fewer issues around transport and it was found that the most affected group were spouses.

RESOLVED

That the report be noted.

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

There was none.

8. EXCLUSION OF PRESS AND PUBLIC

The Chair **Moved** and it was: -

Resolved:

That in accordance with the provisions of Section 100A of the Local Government Act 1972, as amended by the Local Government (Access to Information) Act 1985, the press and public be excluded from the remainder of the meeting for the consideration of the Section Two business on the grounds that it contained information defined as exempt or confidential in Part 1 of Schedule 12A to the Local Government, Act 1972.

9. WORK PROGRAMME PLANNING FOR 2015/2016

RESOLVED

That the update work programme be noted.

The meeting ended at 9.00 p.m.

Chair, Councillor Amina Ali
Health Scrutiny Panel

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Committee Health Scrutiny Panel	Date 9 September 2015	Classification	Report No.	Agenda Item No. 1
Reports of: The Health Scrutiny Panel **Presenting Officers:** Tahir Alam		**Title:** **Health Scrutiny Panel Work Programme 2015** **Ward(s) affected:** All		

1. Summary

The following is the new Health Scrutiny Panel Work programme for the period 2015 – 2016.

2. Recommendations

For the Health Scrutiny Panel to review and agree.

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Health Scrutiny Panel Work Programme 2015 - 16

Topic	Issues the HSP are concerned about	How the HSP will approach these issues	Review date
Barts Health Improvement Plan	HSP are keen to have an oversight of the Barts Health's improvement plan, developed in response to the CQC inspection report. HSP are concerned specifically with the Royal London, but will also be examining its improvement plan as Barts Health as a whole, through the Joint Health Scrutiny Committee.	To invite Barts Health to provide update on the Barts Health development of the improvement plan in response to the CQC inspection, and also feedback on improvement plan and its progress throughout the year.	9 September 2015 and continual throughout the year. This will also be scrutinised through the INEL JHOSC
CQC	CQC to be invited to give an update on its inspection scoring criteria, and also feedback on the 2015 Barts Health inspection	CQC to be invited for a panel meeting and feedback on inspection, with particular focus on issues to do with the Royal London Hospital	9 September 2015 and continual throughout the year. This will also scrutinised through the INEL JHOSC

Scrutiny of Quality Accounts (Barts Health and ELFT)	Members to have timely sight of draft quality accounts from ELFT and Barts Health and submit comments.	Commenting on quality accounts	2015 Quality Accounts when due
Partnership Working/3rd Sector	Is this a realistic expectation?	To invite various health service providers including commissioners (CCG), and Barts Health to investigate whether inter-agency working with third sector organisations, that provide health services, is working and a sustainable option for the future.	By January 2016
Localism	Can Services be provided where people want them?	To invite stakeholders to look at whether services provided in people homes, community centres, local organisations and other places, rather than hospitals and GPs is a viable and efficient option for the future.	By November 2015
Children's Dental Hygiene	Comparisons to national; reasons for variations; work being done to improve dental hygiene	To invite public health and relevant stakeholders to look at children's dental hygiene in Tower Hamlets, what sort of work is being commissioned, what is the current profile of dental hygiene for children in the borough, how are we performing compared to other boroughs and nationally, what are the issues that impact on bad dental hygiene what are we doing to tackle some of these.	By November 2015
Save Our Surgeries	There have been many changes in regards to GP services both nationally and locally, effected by reduced funding, MPIG, and other changes resulting in pressures of closure to local TH surgeries. However much work has been done jointly by local people, GPs and organisations	To invite GPs and other relevant stakeholders to give an update on the current context and situation in regards to GP surgeries and funding. To give an update on national changes, and what this means locally in terms of funding, sustainability, closures and any effects on the local population.	By November 2015

	which the HSP would like to get feedback on		
Health services now with the LA eg Sexual Health and DAAT, how has the transfer affected services and outcomes/client satisfaction/ holistic/continuity of care.	Health care is increasingly fragmented and provided by a range of agencies, continuity and quality of services can be affected in these circumstances.	To invite commissioned organisations and commissioners to feedback on local demographics, what are the main priorities, how effective have services been working to work towards these issues, whether there is communication between similar services, joined up approaches and efficient deployment of resources	By February 2016
How is Integrated offender Management (IOM) Funding being spent by the council	HSP to investigate how IOM is being funded and managed in relation to Offender Mental Health and Drugs support services		
Advocacy services	With reduced funding from the NHS and the continual financial pressures at Barts Health there are a number of cuts being made, some of which are still in consideration. The HSP are interested to know whether advocacy services, which although is not a substantial amount considering other areas, is still under consideration. Which, if cut, could lead to		By February 2016

	significant issues to the community and greater cost to the health service. Important services like the Bangladeshi Parent's Advice Service, which plays an important role, would be under threat.		
CCG – Re-Commissioning of Community Health Services	HSP are keen to have an oversight of re-commissioned Community Health Services	To invite CCG to provide an update on re-commissioned community health services, who have they commissioned? What are the specifications/deliverables?	By November 2015
Healthwatch	HSP to have oversight of the HealthWatch work programme and delivery and to be aware of issues Healthwatch are raising and provide support with aspects of the program.	To invite HealthWatch to provide on update on their work programme and performance update.	By February 2016
Transforming Services Together (TST)	To have an oversight of the 'Transforming Services Together' program development and practical implementation.	To invite stakeholders CCG, Barts, CSU and other relevant partners to review the implementation of this program, in regards to it's over proposals, timelines, benefits, savings and review its overall efficiency and effectiveness.	Ongoing throughout 2015 – 16
The Tower Hamlets 'health pound' (focused on the social value of health care contracts in the borough)	The HSP would like to know whether health services are being commissioned in consideration to the	To invite CCG and TH Head of commissioning to feedback. To invite procured /commissioned organisation to see whether the 'health pound' and its criteria for procuring	By February 2016

	Social Value Act. And services are procured and commissioned in terms of local knowledge, using and developing local expertise and keeping investment and capital within the community.	health services is being implemented practically.	
Review of Unpaid Carers Report Action Plan(February 2016)	To see whether the development of the new carers plan has implemented recommendations from the Unpaid Carers scrutiny challenge report	To invite relevant officers from Adult Social Health and receive feedback on the Action Plan response to the recommendations on the Unpaid Carers reports and how this is progressing.	By February 2016
Role of housing providers working with social care providers in working with residents	To see how RSLs are working with the council and health services to support the health needs of their residents	To invite RSLs and stakeholders to see what kind of strategies, partnerships, programs and initiatives social housing providers have developed and implemented to support resident with their health needs	By February 2015

Scrutiny Reviews and Challenge Sessions	
Challenge Sessions	**Review Topic**
Children's Mental Health - services and support available	**Maternity Services**

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The Royal London Hospital

Safe and compassionate
Our improvement plan

August 2015

Agenda Item 3.3

CQC inspections at Barts Health

- CQC inspection of The Royal London Hospital took place in January 2015.
- CQC also inspected Newham, Whipps Cross and The Margaret Centre. The CQC have not inspected St Bartholomew's, Mile End or Tower Hamlets community health services.
- Five domains are used to rate the quality of services: *Safe, Effective, Caring, Responsive, Well-led.*
- Overall the CQC rated The Royal London, Whipps Cross, Newham and as 'Inadequate'. In addition, the CQC published a Provider Report which rates the Trust overall as 'Inadequate'.
- The CQC issued specific compliance actions and 'must dos' for The Royal London and Newham, with four warning notices for Whipps Cross.
- The Trust Board accepts the findings and is extremely sorry for the failings identified.

CQC ratings for The Royal London

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Inadequate	Good	Good	Inadequate	Requires improvement	Inadequate
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Inadequate	Good	Good	Good	Requires improvement	Requires improvement
Services for children and young people	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
End of life care	Requires improvement	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

Areas of outstanding practice

The Royal London:

- Stepping into the Future programme
- MATCH Human Factors safety training initiative
- “Pioneer” in trauma care
- Stroke care – highest rated patient experience in London
- Use of Google Glass technology in surgery

The CQC also highlighted the following positive aspects:

- *“We also found examples of good services at both Royal London Hospital and Newham”*
- *“We met a very committed workforce”*
- *“During our inspection most patients and relatives were satisfied with the care and support they received and felt that staff listened to them and were compassionate*
- *“Staff were caring and compassionate and interacted well with patients” – the Caring domain was rated as ‘Good’ for both Newham and The Royal London*

Our improvement plan

- The Barts Health Quality Improvement Plan – *Safe and Compassionate* – is not just a response to the CQC; it also includes the actions that staff feel are necessary to provide the communities we serve with safe, effective, compassionate and high quality care.

- The programme and structure was considered at the Trust Board in August 2015

- Initial focus has been on addressing the CQC compliance actions and immediate concerns.

- Whilst continuing to support on-going actions, improvement workstreams are focusing on developing detailed milestone plans, resourcing plans and KPI improvement trajectories to ensure objectives are met and achieve safe, effective, compassionate and high quality care.

Workstreams and governance

- Barts Health NHS **Trust Board**
  - Barts Healthcare NHS Trust **Quality Improvement Committee**
    - Barts Hospital
    - Newham University
    - Royal London & Mile End **Clinical Services Board**
      - Royal London Hospital **Improvement Plan Implementation Team**
        - **Emergency Care & Patient Flow** — Claire Burden
        - **Leadership & Organisational Development** — Karen Breen
        - **Workforce** — *Siobhan Morrison*
        - **Safety & Effective Care** — Simon Harrod
        - **Outpatients & Medical Records** — Simon Ashton
        - **Compassionate Care & Patient Experience** — *Lucie Bulter*
    - Whipps Cross

- NTDA Barts Health Oversight & Assurance Group
  - ↑ NTDA Royal London Hospital Oversight & Assurance Group

The site ***Senior Responsible Officer*** (SRO) will take responsibility for leading implementation of the local improvement plan and will accountant to both the Managing Director and the theme Executive Sponsor.

Workstream:

Emergency Care and Patient Flow

Emergency Care and Patient Flow

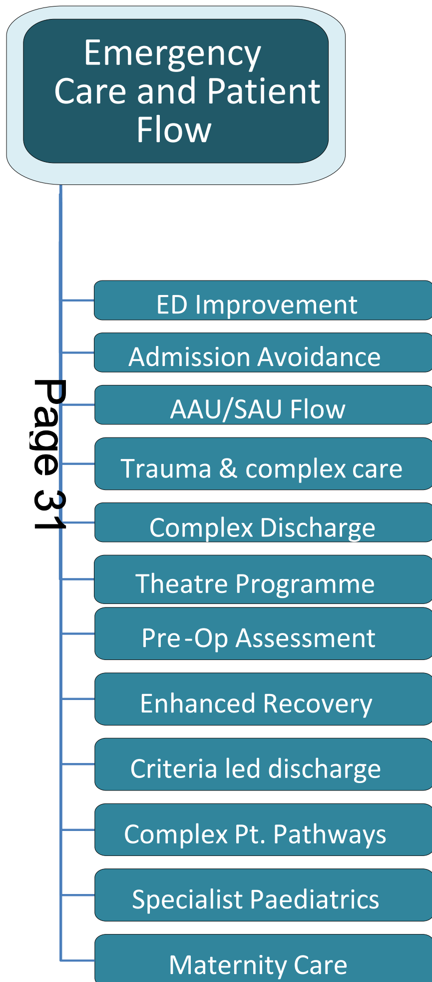
SRO: Claire Burden

Immediate response to CQC compliance actions

Required action	Our response	Progress	Next steps
Suitable arrangements were not always in place to ensure enough of the correct equipment was readily available in theatres, in particular for children.	• Review of baseline equipment to be undertaken within Paediatric Theatres • Business cases developed for identified items requiring capital investment • Review all broken equipment and agree schedule of repair/ • replacement • Review sterilisation cycle times with Synergy to address any delays	• Business cases and procurement processes initiated April - June 15. Most, but not all, kit has been purchased and in place from June 15. • Remaining items have business cases completed. Theatre Manager is working with the Capital Team to confirm funding. • Review of repairs outstanding completed – replacement kit to be purchased • Quarantine systems and audits in place and reviewed weekly with Synergy (which has extended working hours and is improving the turnaround of kit)	• Approval of remaining kit and getting this into circulation • Monitor and quantify the impact on cancellations and staff experience

Emergency Care and Patient Flow

SRO: Claire Burden



Progress:

- Introduced site management early warning tools to keep RLH safe
- Internal challenge standards set for ED and RLH site team
- Reduced total journey time for admitted patients by 1hr 6 minutes
- Increased bed availability at 08:30 from six to 20 beds on average
- Reduced non-elective LOS by one day over last four months
- Realigned care of the elderly to a single floor of the RLH (wards 14E/F) with no negative impact to patient experience to improve consultant availability to patients
- RLH priorities established for next six months with medical sponsorship and timelines for delivery and resourcing plan confirmed.
- Establishing a RLH site team culture that is open and responsive; as fed back by RLH staff and reported by ECIST

Next steps:

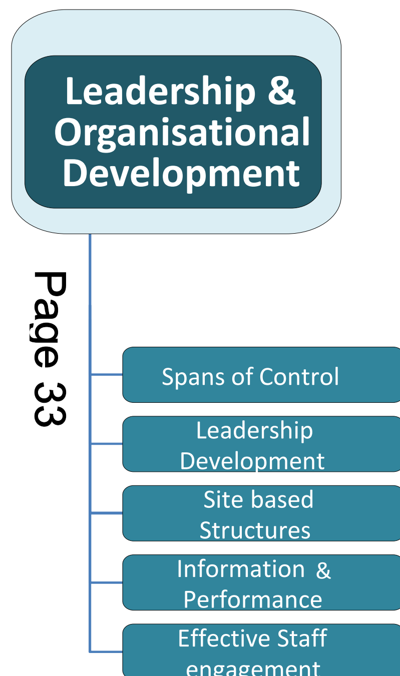
- Ambulatory care to start 2 November
- New Acute Physician 7 day model to start 2 November
- Trauma/Neuro/Ortho bed reconfiguration planned by October
- ED redesign of emergency assessment (first 60 mins)
- Detailed planning for surgical acute model launch end November

Workstream:

Leadership and Organisational Development

Leadership and Organisational Development

SRO: Karen Breen



Progress:

- Managing Director and Site Medical Director in place from June 15
- Trust wide leadership operating model agreed and in place from 1 September
- Trust-wide Strategy and CAG function confirmed to ensure learning and best practice shared
- RLH performance dashboards established
- Values based recruitment training delivered for all new recruitment at Band 8A and above including medical consultants
- Completed General Manager Development Programme to be expanded in the new Leadership Operating Model
- Renal culture change diagnostic and improvement programme on-going
- ‘Speak in Confidence’ being used by staff to escalate concerns through to Executive for appropriate action
- Small scale workshop on talent management and difficult conversations

Next steps:

- Transition to new leadership operating model management structure and embed performance and accountability framework
- Development of service line and improvement programme dashboard to ensure clinical leaders are equipped with management information
- Commence site based communications plan to all staff

Workstream:

Workforce

Workforce

SRO: Siobhan Morrison

Immediate response to CQC compliance actions

Required action	Our response	Progress	Next steps
Patients needs were not always assessed and their care were not always planned or delivered to meet their needs.	• Revise and further develop competency tools for clinical staff with education plans around delivery of safe care, tailored to setting/speciality • Ward will have staff who have the skills to meet patient's needs - specialist and general skills • All wards will be using the agreed acuity tool (NEWS) and associated patient assessment tools.	• Nursing gap analysis undertaken by Organisational Development. Clinical competency programme procurement in progress and will be dovetailed with nursing revalidation activity. • Launch of NEWS across all ward areas in August. Formal audit registered. • Confirmed in August that NEWS in available in CRS for use in ED adults. Action module modified to reflect the needs of ED patients.	• Formation of education plan and agree funding for competency programme with HEE • Audit cycle to commence monthly of NEWS from 1st October 2015 • PEWS to go live electronically in ED from September 2015
There were not enough staff across all staff groups and staff levels to provide safe care and treatment for patients.	• Monthly monitoring of the vacancy gap through robust reporting systems. Managers will be engaged to ensure the data produced is user friendly. • Increase midwife birth ratio of 1:28. Agreement to increase 22 WTE midwives. • Minimum of twice yearly ward staffing review using recognised dependency score, professional judgement tool and engagement of ward managers. • Quarterly review of staffing numbers in maternity to reflect predicted changes in birth rates.	• Ward establishment review undertaken in March and funds agreed and in budget in June 2015. Recruitment plans adjusted to reflect the uplift. • Safer staffing policy approved and launched in May including red flags. Nursing staff numbers monitored 3 times per day including daily safety huddle. • Birth Rate + completed in 2014. Safe staffing review completed in light of this and new midwifery ratios's agreed for each site. Increase in midwifery staffing for RL site of 26wte midwives. Rolling recruitment plan already in place and numbers now increased. • New guidelines in place based on NICE 2015. This includes monitoring, mitigation and action against red flags.	• Ward establishment light touch review in September in preparation for winter and twice yearly target. • Further review of improved options for any temporary shortfalls in maternity to include intrapartum on-call. Staffing review January 2016 based on activity analysis. (especially important at RL site)

Workforce

SRO: Siobhan Morrison

Immediate response to CQC compliance actions

Required action	Our response	Progress	Next steps
There were not enough staff across all staff groups and staff levels to provide safe care and treatment for patients (Continued)	• Medical models reviewed against college guidance as part of team objective setting and job planning. • Minimum of once a day dependency scoring on each ward. • Paediatrics will introduce an acuity tool appropriate to the needs of children and young people. • Clear model for escalation developed and made available to all staff in safer staffing returns and use of safety huddles to reallocate staff • Wide circulation of the Trusts safer staffing policy including team briefings, posters and leaflets • Achieve a 95% substantive fill rate by February 2017 recognising the current recruitment and retention rates. • Work with Bank Partners to increase the supply of staff available for temporary shifts • Optimal use of electronic rostering	• Nursing staff numbers monitored 3 times per day including daily safety huddle. • Planned and actual staffing for nursing published on the safety boards at the entrance to the ward and checked daily by Senior Nurses • Sourced quotes of 2 commercial products to provide a paediatric acuity tool • Safer staffing policy in place. Information circulated in safety huddles and disseminated to ward teams. Posters and leaflets agreed • Vacancy analysis complete and top 9 areas of vacancy identified. One-stop-shop recruitment days in planning • Approached universities for newly qualified staff • Electronic rostering templates updated with new shift profiles further to ward establishment review changes. • Weekly assurance meetings include 10 golden rules of rostering and are monitored weekly with Associate Directors of Nursing for ECAM. To be transitioned to site based in September	• Creation of ward based notice boards with Safer Staffing information and leaflets available • Procure an appropriate paediatric acuity tool • Confirmation of recruitment strategies for the top 9 vacancy areas to be confirmed in September. • One-stop-shop recruitment days for medical and surgical ward vacancies • Program developed for return to practice, open day in September

Workforce

SRO: Siobhan Morrison

Workforce

Capacity & Capability

- Roles & Resp. Review
- Recruit to Retain plan
- New Role Development
- Staff training/ Competencies
- Drive '95

Progress:

- Analysis of high vacancy areas completed and top 9 areas of focus identified
- Senior team undertaken visits to top 3 temporary staffing usage areas to support recovery
- Pilot elevated bank rate for ED in August and September
- Fortnightly site based meetings with Bank Partners started

Next steps:

- Site based leadership recruitment strategies for top 9 areas to be developed in September
- One-stop-shop recruitment days to start in October
- Focus sessions with nursing leaders on improving staff retention
- Progress made on publication of rotas 8 weeks in advance for all ward areas

Workstream:

Safe and Effective Care

Safe and effective care

SRO: Simon Harrod

Immediate response to CQC compliance actions

Required action	Our response	Progress	Next steps
Patients were not protected against the risks of inappropriate or unsafe care by the means of an effective operation of systems to regularly assess and monitor the quality of the service or identify assess and manage risks	• Medical devices groups to determine appropriate strategy for the supplier for high volume and low value equipment in a timey manner relative to the lifespan of the devices • Integration of ward accreditation data with IPR • Sporadic checks of resuscitation trolleys are routinely allocated to 2 nurses on duty and are checked and signed for daily. If used over the 24 hour period, trolley is re-filled , re-checked and re-signed. • Ward Managers to apply principles of quality improvement cycles to support staff at ward level to make local changes and apply improvements based on local data derived from incidents/complaints from their areas.	• Project Manager assigned to work ward accreditation. Existing metrics challenged and new metrics confirmed. Ward based dashboard created and pilot 6 first metrics in September on medical wards • Resus Training Officer attends daily safety huddle reporting any cardiac arrest activity in the previous 24 hrs highlighting any learning and shortfalls in equipment • First 3 cohorts of 'Leading a Care Environment 'have completed their workshops and this included safety seminars and master clases using incidents and complaints to inform their ward based improvement. PDSA cycles introduced as an improvement tool during SITF i.e. currently undertaking a PDSA cycle of evening shift senior nurse supporting the wards during this critical handover period • Datix User Group started in August with the purpose of improving reporting, improving staff access to Datix and report generation for local learning	Quality metrics from Ward to Board by in October 2015. Dashboard will form part of the new site based performance review documents Audit of resus equipment and trolley readiness by Resus Training Officer. A review on cardiac arrests audit forms to identify where equipment failures may have had an impact on the outcome . To ensure all Band 7s on site have attended the 'Leading a Care Environment' workshops Next Datix User Group will focus on the actions module to enable local leaders to update their action taken and provide evidence

Safe and effective care

SRO: Simon Harrod

Immediate response to CQC compliance actions

Required action	Our response	Progress	Next steps
There was no policy or guidance on the consistent use of opioids which put patients at risk of drug errors or misprescribing when doctors moved between wards and failed to appreciate that the drugs had different potencies when administered by different methods. Ensure there is a policy on the consistent use of opioids.	• Stat & Mandatory Training and management of medicines training database to be compiled on a local level and entered on shared Trust wide database. • Produce trust wide guideline for 1) acute pain management; and 2) pain management in end of life. Implement and audit adherence • Produce a harmonised guideline for PCA, implement and audit • Provide a single chart to inform conversion between opiates & implement.	• Stat and Mandatory training is set up and current compliance is 66% • Acute medicine policy and the PCA guidelines agreed at the Joint Prescribing Committee and published on the Intranet • Pain management in end of life policy drafted • Single chart reviewed and deemed appropriate. Further review scheduled for next few months	• Targeted work with staff groups to improve Stat and Mandatory training compliance • Briefing and communications on the Acute medicine policy and PCA guidelines • Approval of Pain management in end of life policy and dissemination

Safe and effective care

SRO: Simon Harrod

Immediate response to CQC compliance actions

Required action	Our response	Progress	Next steps
Accurate records in relation to the care and treatment of patients were not kept.	• The documentation standards revisited with consultant medical staff to ensure they meet required standards. • Review all documentation that records patients' care and treatment to ensure that it has been standardised. • Director of Nursing with medical director and lead for AHP will review tools in use and access to records. • Ensure that senior staff audit records on at least a monthly basis	• Trust induction included supporting junior doctors in the use of power chart for medical documentation • Trust wide review of nursing documentation and WX are piloting new structure. In August, RLH site Senior Nurses have been attending bed side handover and challenging documentation standards. • Early implementers of paper light recording now includes critical care and neurosciences. Chief Clinical Information Officer working with site based team on further roll out plan. • Clinical support app launched by the Chief Medical Officer to support clinical care Detailed audit tool written.	• Await the outcome of Whipps Cross pilot and implement recommendations • Further paper light recording areas to be identified • Audit of clinical notes by nursing and medical teams. Enhance audit programme going forward.
Urgent improve security in the maternity services	• Review security to ward areas and execute recommendations • Amend and implement changes to visiting policy to allow maximum of 2 adults visitors per bedside at one time • Increase visibility and presence of ward clerk	• A security review has taken place and new protocol for practice • For Royal London the central lift new swipe work has commenced and is a 3 phase approach to completion to ensure fire regulations maintained – completion end August.. • Baby Tagging – cross site review and costing completed for implementation	• 8th floor – business plan to increase to 24hr reception cover to be considered • 6th floor reception review – recruiting for 24hr cover • Decision of implementation of Baby Tagging

Safe and effective care

SRO: Simon Harrod

Safety & Effective Care

- Safety thermometer
- Quality forum
- Learning from SI's
- Complaints
- CQUIN

Progress:

- WHO checklist part of daily practice and compliance is audited
- Safety thermometer in place on all wards
- Safer staffing model reviewed daily from the RLH site office
- Daily 11:15am safety huddles in place
- CQUIN Q1 achieved 82% compliance and detailed plans in place for Q2-4
- Project team planning session on 24 August

Next steps:

- Map existing and future governance arrangements for the site within the new site Leadership Operating Model including existing weekly SI meetings
- Complaints and SIs to be loaded into consultant PREP to develop reflective practice and learning
- Formation of detailed plans to carry out remaining recommendations on 'Must Dos' with newly formed working group

Workstream:

Outpatients and medical records

Outpatients and medical records

SRO: Simon Ashton

Outpatients & Medical Records

RTT Access Programmes

Patient Choice

Diagnostic pathways

'Hot' Clinics direct access for GPs

Ambulatory Pathways

Progress:

- Comprehensive 220 point action plan agreed
- Task & Finish Group meetings in place
- Staff meeting structure in place across all tiers and staff newsletter developed (issue 2)
- Shared learning from WX CQC improvement work completed

Next steps:

- Revised SOPs and guidelines in place in next 2 months
- Clinic areas suitably to be stocked with patient info/leaflet in next month
- Clinic templates refreshes where required
- Automated reporting of Health Records availability by Dec 15
- Automated reporting of clinic waiting times by December 15
- Vacate current RLH library by March 16

Workstream:

Compassionate Care and Patient Experience

Compassionate care and patient experience

SRO: Lucie Butler

Immediate response to CQC compliance actions

Required action	Our response	• Progress	Next steps
Patients needs were not always assessed and their care were not always planned or delivered to meet their needs.	• Develop clear policy and practice that meets needs of Children's and Young People patients with learning difficulties and their carers • Ensure a comprehensive Palliative Care and End of Life Care Service is provided within the RLH, working in partnership with the Tower Hamlets CCG, our Local Authority, charities and local 3rd sector partners, ensuring patients access Specialist Palliative Care as and when required • Aim to achieve 7 day access to End of Life care support team	• Admission policy for children with learning difficulties in draft for consultation • End of Life Committee established and chaired by the Associate Medical Director • 'Compassionate Care for the Dying' care plan was launched in June. • End of Life Strategy has been completed and services being developed in line with the 'Dying Matters' recommendations • Key questions in relation with End of Life care needs discussed in safety huddles	• Publication and awareness of admissions policy • Implementation of a Children's and Young persons Board • Barts Health will contribute to East London wide discussions to develop the end of life care strategy for the sector. • Proposal developed for 7 day access to End of Life care support team

Compassionate care and patient experience

SRO: Lucie Butler

Immediate response to CQC compliance actions

Required action	Our response	Progress	Next steps
There was limited learning from Complaints	• The site management teams develop a site specific quality report to identify and target improvement issues and areas for the hospital. • Refreshing and building on the existing monthly Complaints and PALS site activity reports produced for EEG/site meetings. • It will be communicated/shared with all staff for learning purposes	• Weekly complaints challenge meeting chaired by Chief Nurse including target setting for complaint completion. Weekly complaints tracker shared with the Trust Executive. • Complaints process review completed and new process for management of complaints agreed. In testing phase at Newham. Part of the review included two Complaints Summits with clinical leaders. Emphasis in process made on early local resolution and at the end of the process closure with regards to learning • Focused work on going to reduce the number of overdue complaints. Task and finish groups in each CAG. • Complaints training completed with some Ward Managers focusing on local resolution • • Increase access for clinicians to the datix complaints module to support • Site Governance structures being developed.	• PALS service review to determine best practice model to be completed by end September • Implementation of new complaints process further to Newham pilot • Continued work with the Ward Managers and Administration Managers focusing on local resolution • Weekly site based complaints meeting to be set up as part of new site management structure • Site based analysis around common complaint themes and an action plan to address developed with the staff • Move QIR from the formal complaint process to the clinical development forums engaging acute clinicians and GPs • Quality report developed from the best of the existing. Development to include the process for sharing

Compassionate care and patient experience

SRO: Lucie Butler

Compassionate Care & Patient Experience

- Patients forum & Expert Patients
- ***Compassion in Care*** team
- Learning from complaints
- Patient Champions *For high risk groups*
- Education & involvement
- Family & Patient Centred Care

Progress:

- Compassion in Care group formed. TOR reference developed. Competency of ward leader defined with clear guidelines
- Safety huddles for the site undertaken daily with wide MDT membership agenda includes ward based risks, staffing, EOLc, Patients at risk of deterioration and those subject to DoLs
- Nutrition and Hydration action plan developed and activity monitored
- Dementia friends workshops held on site. Volunteers trained to support care in patients living with dementia
- Audit tool for in depth assessment of fundamentals of care developed.
- Successful Renal services joint patient and clinician development day.

Next steps:

- Nutrition Link nurse program. Roll out of revised MUST score November 2015.
- Revision of clinical Friday program to support workstream activity
- Stocktake of existing patient forums and patient engagement activity- consider a 'network approach' in speciality areas
- Identification and development of ward based MCA and DoLs champions

<table>
<tr><td>Committee

Health Scrutiny Panel</td><td>Date

9 September 2015</td><td>Classification</td><td>Report No.</td><td>Agenda Item No.</td></tr>
<tr><td colspan="2">Reports of:

Barts Health

Presenting Officers:

Karen Breen, Managing Director of The Royal London and Mile End Hospitals
Lucie Butler, Director of Nursing, RLH
Simon Harrod, Medical Director, RLH.</td><td colspan="3">Title:

The Royal London Hospital
Safe and compassionate
Our improvement plan

Ward(s) affected:

All</td></tr>
</table>

1. Summary

The attached presentation gives an overview of the CQC inspection of Barts Health, with a specific focus on the Royal London Hospital. It summarises the areas of good practice and areas that require improvement, and also looks at the improvement plan that Barts Health have developed to address immediate concerns and CQC compliance actions.

2. Recommendations

For the Health Scrutiny Panel to receive presentation and consider and provide any feedback or recommendations moving forward.

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Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	9th September 2015	Unrestricted		

Reports of:	Title:
Corporate Strategy and Equalities: Louise Russell	Unpaid Carers - Scrutiny Challenge Session Report
Presenting Officer:	**Ward(s) affected:**
Tahir Alam, Strategy Policy and Performance Officer One Tower Hamlets Service, Department of Law, Probity and Governance	All

1. Summary

1.1 This report summarises findings from the scrutiny challenge session carried out assessing services for unpaid carers in the borough. The report puts forward a number of recommendations to be put before the Health Scrutiny Panel for their consideration, and referral on to Cabinet for agreement.

2. Recommendations

2.1 Agree the report of the scrutiny challenge of Unpaid Carers, to be submitted to the Health Scrutiny Panel for consideration and referral to Cabinet.

LOCAL GOVERNMENT ACT, 1972 (AS AMENDED) SECTION 100D

LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Background paper	Name and telephone number of and address where open to inspection
None	N/A

3. BACKGROUND

3.1. Carers are one of the main resources supporting the health and social care economy in Great Britain. There are six million carers nationally with over a fifth of these carers who provide more than 50 hours of care per week. Providing effective and relevant support to carers is a key mechanism to ensure carers are able to continue in their caring role. This includes improving the quality of life of carers by allowing them to have a life outside of their caring role, enable them to achieve their education and employment ambitions and support carers to remain mentally and physically healthy.

3.2. The Care Act 2014 consolidated all previous legislations around carers, support services and social care into one overarching statute. The Act for the first time has made it a statutory duty requiring the council to asses all carers who request it. It has been described as the biggest change to the law in 60 years and has brought new responsibilities for local authorities, and has major implications for adult social care and support providers, the people who use services and their carers.

3.3. Most of these new changes came into force in April 2015, amongst these the most important changes are the way in which local authorities should carry out carers assessments and needs assessments, and how local authorities should determine who is eligible for support.

3.4. The Health Scrutiny Panel as part of its work programme was keen to see how the Care Act had been implemented locally and specifically the duty in relation to unpaid carers. A scrutiny challenge session was held on Wednesday 13th May 2015 at the Tower Hamlets Carers Centre. The challenge session focused on a number of key questions that are relevant to the changes being proposed.

3.5. The report captures some of the issues that have been presented, and how council and external services have responded to these changes. The report also makes a set of recommendations on how the council can further enhance its current work with carers, as well as in developing its carers plan looking forward.

4. LEGAL COMMENTS

4.1

5. COMMENTS OF THE CHIEF FINANCIAL OFFICER

5.1 The recommendations contained within the report will be implemented using existing directorate resources.

ONE TOWER HAMLETS CONSIDERATIONS

6.1 As carers services concerns the general population of the borough, the review and its recommendation takes into consideration the general health and wellbeing of the boroughs population, therefore positively impacting upon them.

The recommendations made will further enhance the partnership of the council and health services, in order to continue and develop services and interventions that will work towards improving health inequalities across the borough. This will positively impact on reducing health inequalities which is a key part of building a robust approach to addressing disadvantage in the borough.

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

7.1 There are no direct environmental implications arising from the report or recommendations.

8. RISK MANAGEMENT IMPLICATIONS

8.1 There are no direct risk management implications arising from the report or recommendations.

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

9.1 There are no direct crime and disorder reduction implications arising from the report or recommendations.

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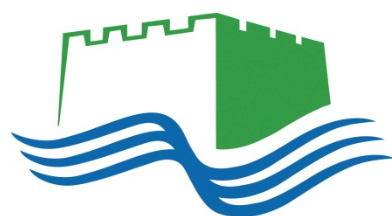
Health Scrutiny Panel

Unpaid Carers Scrutiny Challenge Session



London Borough of Tower Hamlets
2015

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1. Chair's Foreword

Carers play a key role in our community, as they do across every community and society. However, many carers, whether young or old, are sometimes left without adequate support in their caring role. Carers left unsupported may miss out on the opportunities life has to offer, therefore affecting an individual's capacity to engage in education, social life and personal relationships.

The Council and services for carers in the borough have been developing innovative ways of working with carers in a challenging landscape, to enable carers to lead fulfilling lives and provide the right level of support they need in order to do so.

To support this work we have made seven recommendations in this report, which we feel needs consideration to support carers in their caring roles, especially in light of changes to the Care Act 2014, and the development of a new local Care Plan.

We hope these recommendations will help to enhance our current Care Plan, and address issues that are common to carers across the spectrum.

Councillor Asma Begum

2. Recommendations

Recommendations 1:

That the Carers Plan be developed in partnership with local carer service providers, carers' forum and in consultation with local carers.

Recommendations 2:

That carers assessments are completed in a timely manner to ensure carers are supported to continue in their caring role.

Recommendations 3:

That the council's social care staff are trained to support carers effectively by being aware of various services available in the borough to support carers including information, advice and guidance. This should also include managing expectations of carers.

Recommendations 4:

That carers are provided clear and substantive feedback when they are not eligible for services and appropriately signposted to universal and preventative services they can access.

Recommendations 5:

The range of carers services available are publicised on the internet. We will review our investment in those services in response to feedback from carers through the assessment process and ensure that any new provision is appropriately publicised and that carers and relevant organisations are made aware of such changes.

Recommendations 6:

That the council in partnership with Tower Hamlets CCG develop a manual handling training course for local carers to prevent long term harm and injuries to carers.

Recommendations 7:

That consultation and engagement be undertaken with carers to better understand need for respite services and ensure these are designed to meet local needs.

3. Introduction

3.1. Carers are one of the main resources supporting the health and social care economy in Great Britain. There are six million carers nationally with over a fifth of these carers who provide more than 50 hours of care per week. Providing effective and relevant support to carers is a key mechanism to ensure carers are able to continue in their caring role. This includes improving the quality of life of carers by allowing them to have a life outside of their caring role, enable them to achieve their education and employment ambitions and support carers to remain mentally and physically healthy.

3.2. The Care Act 2014 consolidated all previous legislations around carers, support services and social care into one overarching statute. The Act for the first time has made it a statutory duty requiring the council to asses all carers who request it. It has been described as the biggest change to the law in 60 years[1] and has brought new responsibilities for local authorities, and has major implications for adult social care and support providers, the people who use services and their carers.

3.3. Most of these new changes came into force in April 2015, amongst these the most important changes are the way in which local authorities should carry out carers assessments and needs assessments, and how local authorities should determine who is eligible for support.

3.4. The Health Scrutiny Panel as part of its work programme was keen to see how the Care Act had been implemented locally and specifically the duty in relation to unpaid carers. A scrutiny challenge session was held on Wednesday 13th May 2015 at the Tower Hamlets Carers Centre. The challenge session focused on a number of key questions:

- What are the council's proposals for supporting carers in light of the new Care Act 2014?
- How has the council supported service users previously, and is there going to be any reduction or access to services, and what new measures is the council proposing to put in place?
- Is the carer's plan being refreshed or reviewed and how will it change in conjunction to the new regulations?
- Which partners are providing carers services currently and will there be a new commissioning strategy for outsourcing carers services in light of changes?
- What feedback do we have from carers to understand how support services enable them to continue with their caring role, this should include details of things that work and areas for improvement?
- How are carers engaged and involved in the design, delivery and scrutiny of services to carers?
- What will the council and its partners do to raise the voice of the carers and ensure their involvement in the decision making process?

[1] https://www.gov.uk/government/speeches/care-bill-becomes-care-act-2014

3.5. The Session was attended by the following stakeholders:

Cllr Asma Begum	Chair, Health Scrutiny Panel
Cllr David Edgar	Member of Health Scrutiny Panel
Lyn Middleton	Chief Executive, Tower Hamlets Carers Centre
Sharon Currie	Carers Forum Chair
Bill Gibbons	Services Manager, Alzheimer's Society Tower Hamlets
Frances McConville	Carer Support Worker, Alzheimer's Society Tower Hamlets
Luke Addams	Interim Director, Adult Services, LBTH
Dorne Kanareck	Interim Service Head, Commissioning and Health, LBTH
Tahir Alam	Strategy, Policy and Performance Officer, LBTH
Leo Nicholas	Senior Strategy, Policy and Performance Officer LBTH

4. Caring in Tower Hamlets

4.1. According to the 2011 census data the number of carers providing unpaid care in Tower Hamlets is 19,356, which is 7.6% of Tower Hamlets resident population. Tower Hamlets has a higher proportion of younger residents than London and England who are providing care. Almost 39 per cent of those providing care are aged 16 -34 compared to 21.4 per cent in London and 14.1 per cent in England. Approximately 29.4 per cent of all carers are aged 35 – 49.

4.3. The highest proportion of hours of unpaid care provided is 1 – 19 (56.6%) hours, followed by 50 + hours (25.4%) and lastly 20 - 49 hours (18.1%). 42.9 per cent of carers are Bangladeshi and 32.8 per cent are White British.

4.4. Around 56 per cent of those providing care are women and 44 per cent men. This is slightly lower than the national and regional average. In London and England almost 58 per cent of carers are women.

4.5. However, strikingly there is a higher proportion of the population providing 50 or more hours of unpaid care per week than any other place in England. Tower Hamlets also has a higher proportion of carers with bad or very bad health, almost 9 per cent compared to 6.4 per cent in London and 6.6 per cent in England. Many carers provide care in difficult circumstances and they rely on the support that the council and local health and third sector providers offer to continue in their role caring role.

5. Carers Challenge Session

5.1. The New Local Carer Plan

Luke Addams, Interim Director for Adult Services and Dorne Kanereck, Service Head for Commissioning and Health reported that the council has developed a new local

Carers Plan to meet the requirements of the changes brought in by the Care Act 2014. This is an initial one year plan which will need to change as the council better understands the implication of the Care Act locally and to meet the needs of carers more effectively.

5.3. The Carers Plan includes a focus on the following:
- Early Intervention and support
- Information and advice
- Prevention
- Urgent response
- Carer assessment
- Cared-for assessment
- Support planning and personal budgets

5.4. In developing the Plan the council engaged service users, service providers and other local organisations. The council also utilised information from the adult social care Pan Provider Forum, where a range of service providers meet to discuss issues around social care.

5.5. Lyn Middleton, Chief Executive of the Carers Centre highlighted that not all organisations that provide care services, including the Carers Centre, attend these meetings, as they have not found them useful in the past. She said that there has not been enough engagement from council services with organisations to learn from their experience delivering care services.

5.6. It was suggested that the council engage with organisations like the Carers Centre and Alzheimer's Society, as well as other organisations that provide services to carers, who have years of experience working intimately with carers and the cared for, in order to inform the new Plan. This should also include engagement of the Carers Forum and carers.

5.7. Bill Gibbons articulated that Alzheimer's Society have developed substantial expertise in the caring economy having delivered numerous contracts over the years. The council should look at the work that services such as the Alzheimer's Society have undertaken and to build upon good practice.

5.8. He cited an example where the Alzheimer's Society delivered training in schools to young people, as young people are both informal carers and also one of the first to recognise when someone in their household may need caring support. This is an example of a type of service that has not been considered at a broader level, especially one that could assist in identifying numbers of new and unaccounted for carers in the borough.

5.9. Additionally Lyn added that in thirty years of providing care services, many of the same issues are still prevalent, and she is uncertain whether the council has considered these prevailing issues. Therefore it would be useful for the council to spend time listening to organisations and their users, and the real lived experiences, stories and difficulties carers go through in their caring role to support the development of the new Carers Plan.

Recommendations 1:

That the Carers Plan be developed in partnership with local carer service

providers, carers' forum and in consultation with local carers.

6. Assessing Carers

6.1. The council has designed a new approach to assessing carers that is similar to the way the council assesses people who are cared for. The council has been working with organisations, primarily the Carers Centre, in order deliver this new assessment approach, which also means working jointly on combined, family or individual assessments.

6.2. Previously eligibility for social care services was determined by a banding structure known as the Fair Access to Care Services (FACS). This provided local authorities with a common framework for determining individuals' eligibility, which included assessment for carers and cared for. According to these guidelines, the needs of assessed individuals were split into one of four categories; *critical, severe, moderate* or *low,* according to the level of risk, or an individual's potential loss of independence. Eligibility varied across local authorities in terms of which of these groups are entitled to public support.

6.3. Tower Hamlets Council used the critical and severe needs thresholds to determine an individual's needs for services. However, this FACS method of assessment is now redundant, and new guidance now entitles carers and the people they care for to a right to an assessment irrespective their level of need.

6.4. As the new assessment approach only came into effect in April 2015, its efficacy is yet to be determined nationally. However, Tower Hamlets have developed strong processes of referrals, self-assessments and carers assessments along with their partners.

6.5. Tower Hamlets Carers Centre however have expressed that support must be timely, and said that self-assessments which have been referred to the council, have been taking too long to be addressed, and carers are left waiting for long periods of time without knowing what their status is, or whether they are eligible to receive services. This has an effect on their caring role, and whether they are able to continue to provide care, or whether they should look for support elsewhere. Some cares have been waiting for more than three months.

6.6. Luke Addams said that this was not acceptable and delays of such lengthy periods should be reported to him, however he will look into the current systems.

Recommendations 2:

That carers assessments are completed in a timely manner to ensure carers are supported to continue in their caring role.

7. Assessments and Quality of Assessments

7.1. Self-Directed Assessments aim to allow carers to undertake their own assessment focusing on the outcomes, which will improve their quality of life. This could range from amenities and adjustment in their homes to make life easier as a carer, or it could be personal time to socialise, go on a course or do other things.

7.2. The new approach to assessment is now focused on outcomes rather than just service provision. Therefore, individuals, as the core decision maker, will be asked specifically on what outcomes they would like to achieve. Examples of outcomes could be around the carer's ability to take up training or education. In such a case, support might include giving time off through respite, or paying for and supporting cares to enrol on training courses, or signposting to the types of educational programmes carers are interested in.

7.3. It was highlighted that some people have been caring for so long, or caring has taken up the majority of their lives, that it is difficult for them to see what life there is outside of their caring responsibilities. Individuals therefore may find it difficult to decide on what they could do with their spare time. It is therefore suggested that when completing self-directed assessment; assessors need to consider offering options and ideas to carers on self-development, or self-fulfilment.

7.4. However, this offer should not exceed realistic expectations and raise hopes of amenities that cannot be granted. In the past carers, after being assessed by council staff, have been promised services that were later declined, as they fell out of the scope of what was on offer, or they were not eligible. Some were even directed to the wrong services.

7.5. This then requires that the council to train staff to carry out carers assessments effectively, and to be well informed of the range of services that are on offer, but also not to over promise, and raise false hopes and expectations of carers.

Recommendations 3:

That the council's social care staff are trained to support carers effectively by being aware of various services available in the borough to support carers including information, advice and guidance. This should also include managing expectations of carers.

7.6. Another area of concern, in relation to assessments, was that council staff were not giving enough detailed feedback to carers, whether verbally or in writing, as to why they were not eligible for services. Carers were therefore not able to understand why their assessments had been declined for services, and insufficient and unclear feedback left carers confused. Also carers found it difficult to appeal or provide further information or evidence to substantiate their claims, due to the lack of sufficient and clear information they had been given.

7.9. It was suggested that when giving feedback to carers, council staff should make a concerted effort to make sure they provide substantive and clear feedback, explaining to carers why they are not eligible for services. Additionally staff should have an awareness of any other universal and preventative services that are available locally, and sign post carers to these services where appropriate.

Recommendations 4:

That carers are provided clear and substantive feedback when they are not

eligible for services and appropriately signposted to universal and preventative services they can access.

8. Publications, Literature and Printed Information

8.1. Many carers felt that leaflets, guides and other published information about services for carers were hard to understand, and the information about services was not integrated. Carers would prefer access to centralised published information about services including booklets.

8.2. Many carers could not distinguish the difference between social services and health services, and so were at risk of falling through the system. Publications should have a description of the various services, and what they offer.

8.3. Additionally there wasn't always enough detailed information on the range of services that were offered both by the council and organisations across the borough, which carers could choose from. Information about specific services would help carers to make an informed decision on what services they could access and should apply for.

8.4. It is recommended that the council review the current material they have on the range of council and partner services, and ensure publications are easily accessible, easy to read, and provide succinct information to the range of services that are available, both from the council and local providers of carers services.

Recommendations 5:
The range of carers services available are publicised on the internet. We will review our investment in those services in response to feedback from carers through the assessment process and ensure that any new provision is appropriately publicised and that carers and relevant organisations are made aware of such changes.

9. Manual Handling

9.1. One of the most significant issues that affects the health and wellbeing of carers is supporting the cared for to move around on a regular basis.

9.2. Many carers are not aware of safe techniques and ways of moving people around and therefore gradually start to suffer from physical pain. A Carers Centre service user survey found that half of their carers have physical health problems such as bad backs, bad knees and joint pains. The majority of these issues have been found to be linked to their caring roles where they are regularly required to move around people they care for.

9.4. It was suggested that the council provide a manual-handling course for carers which could be rolled out through organisations that provide care services. Staff in provider organisations could be given a 'train the trainer' course. Organisations can than deliver the manual handling courses directly to their carers.

9.5. Dorne Kanareck said that this could be something that could be commissioned jointly through the CCG, and could also have the potential for saving the council and CCG

money. People may be presenting themselves at GP services with health issues resulting from improper heavy lifting and bad manual handling. It was added that according calculations, taking a person from home to A&E costs approximately £3500. If the health needs of carers can be addressed, and money can also be saved through manual handling courses, this is an area the council will explore.

Recommendations 6:
That the council in partnership with Tower Hamlets CCG develop a manual handling training course for local carers to prevent long term harm and injuries to carers.

10. Respite Care

10.1. Another area of concern for organisations that provide care services is the way the council has commissioned respite care. They feel that the council processes on granting respite care services have not taken into consideration the complex needs of carers.

10.2. The Carer Centre citied an example where many carers are having to take time off from employment for emergency care of people they care for. Respite services have not been working as well they should be.

10.3. In response the council has identified bed availability within respite care provision as one of the major problems; there are insufficient places within the borough and the council do not have their own.

10.4. The council however have been looking at respite care services being delivered in people homes, where staff will be deployed to go into homes and look after the cared for in their own environment, giving respite timeoff to carers.

10.5. Dorne Kanareck said that this is an area that the council are giving consideration to and it may be that respite services might need to be considered on a more individual basis in order to understand the complexities of needs. The council recognises this area needs further developing.

Recommendations 7:
That consultation and engagement be undertaken with carers to better understand need for respite services and ensure these are designed to meet local needs.

11. Conclusion

11.1. The Care Act 2014 came into force in April 2015 and brings in a range of changes for social care services. Further reform that will be brought in gradually and it is therefore still too early to assess how the implementation of the Act at a local level is working.

11.2. However, as stressed by both the Service Head for Adult Social Care and Service Head for Commissioning Health, the new Care Plan is a live document and will take into consideration the complex changing needs of the local landscape, and commissioning will also be contracted according to these needs. The Care Plan will be reviewed on a 6 monthly basis to consider any further changes and how it can be improved.

11.3. By engaging carers and organisations that provide care services, this report sets out a number of recommendations to assist the development of carers services in the borough.

11.4. The recommendations promote further partnership and collaborative working between the council and external stakeholders to inform the council's Care Plan. It also recommends that the council roll out assessment training to its staff, which equips staff with a detailed understanding of information, advice and guidance around carers and the services that are available to carers.

11.5. This report also stresses the importance of having publication materials that offer easy to read clear guidance and information on services that are available to carers across the borough. It also recommends that the council carefully reassess its respite care services to consider the complex needs of carers, possibly on an individual basis.

By virtue of paragraph(s) 1, 2 of Part 1 of Schedule 12A of the Local Government Act 1972.

Agenda Item 6

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