LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE

HELD AT 7.00 P.M. ON WEDNESDAY, 9 DECEMBER 2015

MP702, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON E14 2BG.

Members Present:
Councillor Amina Ali (Chair)
Councillor John Pierce (Vice-Chair)
Councillor Dave Chesterton
Councillor Andrew Wood
Co-opted Members Present:
David Burbidge – (Healthwatch Tower Hamlets Representative)

Other Councillors Present:
Councillor Danny Hassell

Apologies:
Councillor Sabina Akhtar
Councillor Abdul Asad
Councillor Craig Aston
Councillor Md. Maium Miah

Others Present:

Sam Everington	- Tower Hamlets CCG
Deborah Kelly	- Deputy Chief Nurse
Farida Maluk	- HoD Advocacy & Customer Care
Paul James	- East London NHS FT
Jane Milligan	- Chief Officer Tower Hamlets CCG

Officers Present:

Karen Sugars	– Acting Service Head, Commissioning & Health
Somen Banerjee	– Director of Public Health
Daniel Kerr	– Strategy, Policy & Performance Officer
Zamil Ahmed	– Head of Procurement
Thomas Scholes-Fogg	– Democratic Services
Charles Yankiah	– Democratic Services

APOLOGIES

Apologies for absence were received from Councillors Maium Miah, Abdul Asad, Craig Ashton and Sabina Akhtar.

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of disclosable pecuniary interests.

2. MINUTES OF THE PREVIOUS MEETING(S)

That the minutes of the Health Scrutiny Panel held on 9 September 2015 be approved as a correct record of the proceedings.

3. REPORTS FOR CONSIDERATION

3.1 Advocacy and Interpreting Services in Health

Jane Milligan (Chief Officer, Clinical Commissioning Group), Deborah Kelly and Farida Maluk from the Advocacy and Interpreting Services in Health were in attendance to present their report. They reported the following -

- Tower Hamlets Clinical Commissioning Group (CCG) was committed to providing high quality, equitable, effective healthcare services that would be responsive to the needs of all patients.
- Advocacy and Interpreting services were vital support services for Tower Hamlet's patients due to the diverse population and would be provided to patients across the following care settings in the borough –
    - Primary Care
    - Community Care
    - Secondary Care
    - Mental Health Services
- 'Advocacy' and 'Interpreting' were used interchangeably and it would be helpful to define both services separately.
- Patients, service users and/or their carers have the right to effective communication in a form, language and manner that enables them to understand the information provided.
- Clinical care should always be provided in such a manner as to ensure that patients and service users and their carers or significant others can –
    - Communicate accurate information to clinicians and practitioners so that symptoms and their meanings can be understood, correctly diagnosed and the best available treatment offered;
    - Understand the health issues facing the, the treatment options available and the steps required to recover or maintain well-being;
    - Express themselves fully and freely as appropriate to the context within which they receive care.

- Interpretation and translation service provision in Tower Hamlets for patients who cannot communicate with health care professionals includes face to face first person translation and interpreting (including BSL) services, telephone first person translation and interpreting services and document translation.
- The CCG considers Advocacy to "involve taking action by communicating with patients and ensuring that they received the services they need"
- Advocacy helped patients to –
    - Make clear their own needs;
    - Express and present their views effectively;
    - Obtain independent advice and accurate information;
    - Negotiate and resolve misunderstandings or conflict
- Advocacy and interpreting services to support the provision of primary and community care is commissioned directly by Tower Hamlets CCG.
- Currently provided by Barts Health NHS Trust as part of the Community Health Services contract and Praxis
- Service provision forms part of the Community Health Services procurement currently due to complete in March 2016.

Deborah Kelly (Deputy Chief Nurse) also informed the Panel that the Advocacy and Interpreting Services in Health had a large Advocacy Service, with resources that could support the advocacy service for another 12-18 months. The service worked collaboratively and interfaced with the community through 85 different activities including GP services and clinics in an acute setting. There have been over 100,000 face to face activities that have already taken place and have used over 160 languages with a 24 hour telephone service provision.

Members considered the presentation and made a number of comments on its contents. The following was noted:

- that measuring the inputs would be easy, but there needed to be a way to measure the outcomes and the services;
- that from experience the clinicians were usually the ones deciding whether the Advocacy and Interpreting Services were called, not the patient, whether it is for a telephone service or to get someone there face to face; and
- the Somali community were suffering in this respect in that they were not aware of the service available to them in relation to the advocacy and interpreting services and more needed to be done in order to raise awareness of the services.

It was noted that discussions were currently taking place to put protocols in place where outcomes and services could be measured, however, there was no 'matrix' currently available.

It was proposed that was always the patients' choice and their right to make that choice. Further work was being done across the trust to raise awareness and to ensure that all services were available at all times. There were gaps

that existed, but a large quantity of publicity material was currently being circulated in relation to free phone numbers to call and public advertising.

RESOLVED THAT –

1. the presentation and report be noted.

2. Jane Milligan (Chief Officer, CCG) be requested to keep the Health Scrutiny Panel up to date with the progress being made to establish a method to measure the outcomes of the Advocacy and Interpreting Services in Health.

3. Deborah Kelly (Deputy Chief Nurse) to provide the Health Scrutiny Panel with an update regarding the 'publicity drive' to raise awareness in relation to the services on offer.

3.2 Health and Social Care Integration

Karen Sugars (Acting Service Head, Commissioning & Health) and Jane Milligan (Chief Officer, Clinical Commissioning Group), were in attendance to present their report in relation to the Health and Social Care Integration. They reported the following –

- there was a rising population across East London and Tower Hamlets in particular;
- spending restrictions in Health, long term deficits in Barts Health and CSR were likely to be challenging;
- large reductions in council budgets, including social care;
- need to continue to improve outcomes for our citizens, whilst exploring transformation, efficiency and integrated services;
- Integrated Care puts people in control to co-ordinate and have services delivered to achieve the best outcomes;
- the Integrated Care Programme helps –
    - to shape the local health economy around the patient;
    - by changing behaviours across the system;
    - by developing the provider landscape
- the creation of primary care provider
- the "Integration Function" developed in 2013/14 was a way of assuring the CCG that providers were able to work together;
- arranged around a number of key principles
    - clinical governance and shared standard operating procedures (SOPs);
    - clear joint work on operations, pathways, SOPs and resilience;
    - joint communications and engagement;
    - high quality and shared data and reporting; and
    - development of shared care records.
- Tower Hamlets Integrated Provider Partnership (THIPP) has –
    - Four partners – TH GP Care Group, Barts Health, East London FT and TH Social Care & Public Health
    - One Vision

- Partnership delivery

Members considered the presentation and commented as follows –

- that patients were managed proactively with monthly 'GP practice' meetings where nurses, GPs etc. would go through each patient in detail and discuss the individual cases.
- that 60% of patients die in hospitals, but most patients prefer to go home and want to die at home with family, especially within the Muslim community where burial takes place within 24 hours. It is better for families to be close to their loved ones and it is also better financially.
- that the link to housing in relation to THIPP should be explored
- that the issues raised should be highlighted during the planning application stages of the process, where plans can be scrutinised and demographics and needs looked at together with the Local Authority. Planning powers could be used to assist the future housing approach and deal with the issues raised.
- the Overview and Scrutiny Committee were also looking into the links between housing and health and the opportunities in relation to available land and proposed plans for future housing.
- that the issues raised are very important in relation to the 'wrap around' care and the accommodation and GP surgeries should be monitored to ensure that the right provision of care was being offered.

Somen Banerjee (Interim Director of Public Health), stated that the housing issues have been raised previously and that there is an opportunity for Housing Associations and the Health & Housing Group which has been established to look at the opportunities.

Jane Milligan (Chief Officer, CCG) commented that there are pilot programmes within housing looking at the issue raised, with wrap around patient care including footwear checks, suitable accommodation etc. There needs to be more care for the mental and physically challenged community as far as suitable accommodation is concerned. Housing Associations are re-designing and supporting the housing approach e.g. Key Workers Scheme that previously existed for local workers and similar schemes should be established again in the future.

RESOLVED THAT -

1. the presentation and report be noted.

2. Jane Milligan (Chief Officer, CCG) provides the Health Scrutiny Panel with an update in relation to the housing and health link pilot programmes that are being established.

3.3 Community Benefits from Health and Social Care Commissioning

Jane Milligan (Chief Officer, Clinical Commissioning Group), was in attendance to present her report in relation to the Community Benefits from Health & Social Care Commissioning. She reported the following –

- the Public Service (Social Value) Act 2012 dictates that organisations who commission, or buy, public services are required to consider securing added economic, social or environmental benefits for their local area.
- CCG is developing its approach to implementing the Public Service Act 2012 as part of its 'Developing Our Commissioning Strategic Priorities (DSCP) programme.
- the Act is about considering how the services commissioned and procured can improve the economic, social and environmental wellbeing of Tower Hamlets and the broader benefits to the community from a commissioning process over and above the direct purchasing of goods, services and outcomes.
- CCG is currently an active member of the Joint Strategic Needs Assessment reference group, a sub-group of the Health and Wellbeing Board led by the London Borough of Tower Hamlets and actively contributes to the Joint Strategic Needs Assessment process by embedding the principle of needs assessment in the commissioning and procurement cycle.
- the CCG is also committed to acting on the recommendations of the Joint Strategic Needs Assessment factsheets where practical and appropriate and ensures reporting on these findings and their implementation through its governance structure.
- investment to support broader benefits includes –
    - Social prescribing
    - Advocacy
    - Welfare advice services
    - Investment in the development of the voluntary sector.

Zamil Ahmed (Head of Procurement), also presented a report in relation to the Employment and Community Benefits for Tower Hamlets Residents and reported the following –

- the Public Services (Social Value) Act 2012 requires to consider how the services to be procured may improve the social, environmental and economic wellbeing of the area.
- the Act applies to public services contract and framework agreements to which Public Contracts Regulation apply.
- the Act applies to pre-procurement stage:
    - Service user consultation
    - Specification development
    - Prior to formal publication of contract notice and or expression of interests
- the approach is to -
    - embed the principles into the Council's Procurement Policies and Procedures

    - Local Employment and Community Benefits clauses to be included as standard in all relevant contracts above £100k and considered on below £100.
    - Market Engagement/Contract Weighting/Employment and Community Benefits Schedule.
- these approaches have already been recognised through the 3 key National Awards –
    - National Go Awards
    - London Borough Awards
    - SOPO Awards
- Employment and Community Benefits
    - Category A – Employment activities
    - Category B – Supply Chain Activities
    - Category C – Other Activities
- the Categories are adapted to suit the subject matter of the contract i.e. a social care contract cannot require construction jobs.

Members considered the report and commented as follows –

- that it is a lot of public money that is tied into the Health Services, but there doesn't seem to be any co-ordination or joined up thinking with the approach. There needs to be a plan and leadership to co-ordinate the activity and the spending of the public money;
- That benchmarking should be looked at with either local, regional or national authorities in relation to the procurement aspect, for example, Birmingham that have been known for best practice in this respect;
- that it is all about doing things differently and making an impact and ensuring that resources are monitored properly and experiences and mistakes made elsewhere then become learning opportunities to improve the way things are done; and
- that there is currently a 3rd Sector Strategy being consulted on and it was a good opportunity to get involved

It was noted that commissioning is working well, but there are some gaps that exist and the team are working toward filling those gaps.

Zamil Ahmed (Head of Procurement) commented that an Annual Procurement Report was being submitted to Cabinet for accountability.

Somen Banerjee (Interim Director of Public Health), stated that it should be built into the procurement process of the Council in order that it changes the thinking of how and why things are being done.

RESOLVED THAT –

1. The presentations and the reports be noted.

2. Officers look into benchmarking the services with other authorities, locally, regionally and nationally e.g. Birmingham.

3. Officers look into the current 3rd Sector Strategy being consulted on and ways to feed into the strategy.

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

There were no such items.

5. NEXT MEETING OF THE PANEL

The next meeting of the Health Scrutiny Panel will be held on Wednesday, 17 February 2016 at 7.00 p.m. in MP702, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG.

The meeting ended at 8.40 p.m.

Chair, Councillor Amina Ali
Health Scrutiny Sub-Committee