HEALTH SCRUTINY PANEL

Wednesday, 9 December 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 Danny Hassell, Councillor Denise Jones 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]

Contact for further enquiries:
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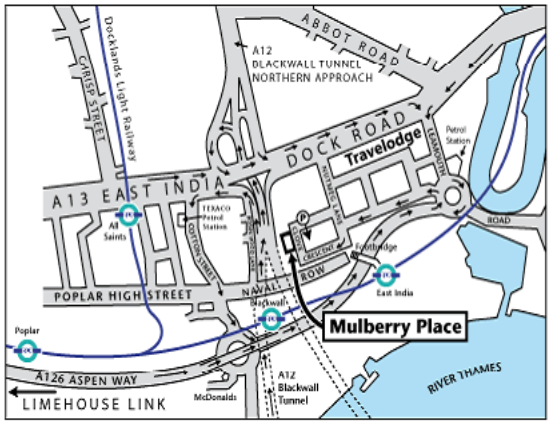

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PAGE NUMBER(S)

APOLOGIES FOR ABSENCE

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS 1 - 4

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

2. MINUTES OF THE PREVIOUS MEETING(S) 5 - 14

To confirm as a correct record the minutes of the meeting of the Health Scrutiny Panel held on 9 September 2015.

3. REPORTS FOR CONSIDERATION

3 .1 Advocacy and Interpreting Services in Health 15 - 24

Presentation from Tower Hamlets Clinical Commissioning Group. *(Jane Milligan presenting)*

The report examines the current provision of interpreting and advocacy services in health, considering how the current services in place at the CCG, Barts Health, and East London Foundation Trust meet the diverse needs of the Borough, and what the future plans to develop these services may be.

3 .2 Health and Social Care Integration 25 - 42

Presentation from the Tower Hamlets Clinical Commissioning Group and the London Borough of Tower Hamlets *(Jane Milligan & Karen Sugars presenting*)

The report summarises the context, background and developments of Integrated Care in Tower Hamlets, with consideration to the impact this will have on patients and health and social care services in Tower Hamlets. The report details the Tower Hamlets Integrated Care programme and the work of the Tower Hamlets Integrated Provider Partnership.

3 .3 Community Benefits from Health and Social Care Commissioning 43 - 50

Presentation from the CCG attached (Jane Milligan presenting)
Presentation from the Council (Zamil Ahmed presenting) (to follow)

This report summarises the Council's and the CCG's approach to ensuring community benefits from the health commissioning which it undertakes.

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

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

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 TIME NOT SPECIFIED ON WEDNESDAY, 9 SEPTEMBER 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 Sabina Akhtar
Councillor Peter Golds (Attending as Substitute for Councillor Craig Aston)

Co-opted Members Present:

David Burbidge – (Healthwatch Tower Hamlets)

Other Councillors Present:

Councillor Danny Hassell

Apologies:

Councillor Abdul Asad
Councillor Craig Aston
Councillor Dave Chesterton
Councillor Md. Maium Miah

Others Present:

Sandra Moore	- Tower Hamlets CCG
Karen Breen	- Barts Health Trust
Lucie Butler	- Barts Health Trust
Simon Harrod	- Barts Health Trust

Officers Present:

Somen Banerjee	- Director of Public Health
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)

APOLOGIES

Apologies for absence were received from Councillors Maium Miah, Abdul Asad, Dave Chesterton and Councillor Craig Aston (for whom Councillor Peter Golds deputised) and Jane Milligan, NHS Tower Hamlets CCG.

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 15 July 2015 be approved as a correct record of the proceedings subject to Jane Milligan, Sam Everington, Somen Banerjee being added to the list of Members Present.

3. REPORTS FOR CONSIDERATION

3.1 MEMBERSHIP OF THE INNER NORTH EAST LONDON STANDING JOINT OVERVIEW AND SCRUTINY COMMITTEE - 2015/2016 MUNICIPAL YEAR

It was noted that the membership to the INEL JHOSC remained for 2 years, however with the change of administration Councillor Asma Begum and Councillor David Edgar, the previous members were now Cabinet lead members and as such were no longer eligible to attend.

It was also noted that the selection of the members of the committee INEL JHOSC was a matter falling within the remit of the Overview and Scrutiny Committee. Unfortunately due to an oversight the matter was not considered by the Overview and Scrutiny at its last meeting on 15 September 2015 and now scheduled for the meeting in 5 October 2015.

Councillor Amina Ali and Councillor Dave Chesterton had been drawn from the membership of the Health Scrutiny Panel to represent the authority on the Inner North East London Standing Joint Health Overview and Scrutiny Committee (INEL SJHOSC).

The Overview and Scrutiny Committee was due to confirm the membership on 5 October 2015.

3.2 EALTH SCRUTINY PANEL - WORK PROGRAMME 2015/2016 MUNICIPAL YEAR

Afazul Hoque introduced the report.

Members considered the work programme and made a number of comments on its contents. The following were noted:

- That the items suggested on the work programme required scheduling;
- That with respect to the Challenge & Review Session, officers were looking to scheduling a one off meeting focussing on a particular evidence based issue in order to provide an opportunity for Members to consider the issue in greater detail;
- Localism – That this could be referred to as Primary Care Strategy and invite the CCG;
- That with respect to the Tower Hamlets Health Pound, it was to look at proposed sources of funding and the criteria for procuring health services , the creation for local jobs;
- That the role of housing providers was an important issue and its consideration could take the form of an event bringing together health and housing partners;
- That the topic on CCG Re-commissioning of Community Health Services had been delayed for a couple of months and that it was proposed to submit a report in February 2016;
- That officers be asked to consider which sessions or meetings could be held outside the Town Hall for example on hospital premises to enable members to have a practical knowledge and understanding of the culture and the way hospitals run;
- That a visit to a maternity unit, a visit to the Royal London could be a good way of learning about hospitals;
- That members would welcome a visit to an Accident and Emergency on a Friday night;

RESOLVED –

(i) That the comments on the work programme be noted.
(ii) That the work programme be reviewed by officers in the light of the comments made by Members of the Health Scrutiny Panel.

3.3 BARTS HEALTH TRUST - FEEDBACK ON INSPECTION AND DEVELOPMENT OF IMPROVEMENT PLAN

Karen Breen, Lucie Butler and Simon Harrod from Barts Health Trust were in attendance to present their report. They reported that the CQC had rated services at Barts Health NHS Trust as inadequate, following the inspection of the trust's three main hospitals in London and the Trust was placed under Special Measures.

The presentation provided 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 required improvement, and also looked at the improvement plan that Barts Health had developed to address immediate concerns and CQC compliance actions.

The CQC had identified 65 areas where the Trust must make improvements. The areas of concern included the following:

- There was an issue with safety and quality of services. Across the trust there it was found that there was too little attention paid to safety, with failures in incident reporting and auditing. Bed occupancy was so high that patients were not always cared for on appropriate wards, and the high occupancy was affecting the flow of patients through the hospitals.

  Some patients faced delays of more than 18 weeks from referral to treatment and some patients had their surgery cancelled on several occasions. There were unacceptably long waiting times and often, operations were cancelled.

- Leadership issues found at Whipps Cross were replicated at the other hospitals. There was a lack of engagement with the staff, low morale, high levels of stress and confusion among the workforce about who was in charge. Inspectors had also identified a culture of bullying and harassment.

- There were failures in dealing with and learning from complaints.

- The Trust's directors didn't seem to have confidence in their own data – a basic requirement in assessing their performance.

- Staffing levels in some areas were significantly below recommended levels and did not provide consistently safe care.
- Although many individual services required improvement, examples of good services were found at both Royal London Hospital and Newham University Hospital. There was a very committed workforce who although felt undervalued by the Trust leadership, felt valued by their patients and colleagues, and their local managers.

- The inspectors concluded that the Trust lacked strategy and vision.

The Royal London hospital was rated Good for Critical Care with positive feedback from patients about the treatment they had received.

It was noted that the Improvement Plan was not just a response to the CQC; it also included the actions that staff felt were necessary to provide the local communities with safe, effective, compassionate and high quality care.

The initial focus had been on addressing the CQC compliance actions and immediate concerns. Whilst continuing to support on-going actions, improvement approaches, there was also a focus on developing detailed milestone plans, resourcing plans and improvement routes to ensure objectives were met and achieved a safe, effective, compassionate and high quality care.

Officers from the hospital reported on the progress of the CQC compliance actions and immediate concerns. They were noted as follows:

- a significant and comprehensive change to emergency care and patient flow.

- A review in leadership and organisational development, to ensure that services were well led and the management and governance of the hospital assured the delivery of high quality person-centred care, which supported learning and innovation and promoted an open and fair culture. The objective was to create a fair, open culture, improve staff morale and clarify reporting lines.be clear about individual responsibilities, to ensure that the appropriate officers was clearly identified.
- A review of the workforce: recruiting, retaining, developing and deploying the right numbers of permanent staff required to provide high quality care 24 hours a day, seven days a week. The objective was to ensure that there were appropriate levels and skills mix of staffing to meet the needs of all our patients and to improve the induction of bank and agency staff, so that they understood the Trust's policies and procedure.
- A review of outpatients and medical records to ensure the effective management of outpatients clinics so they run smoothly, patients were seen in a timely manner and cancellations and rescheduling of appointments were minimised.
- That the fundamental standard of care, which each person had a right to expect, that was, a safe and effective care system where statutory and mandatory training for staff was complied with and monitored, ensuring that patient's needs were met, particularly engaging appropriately with people with long term illnesses and patients at the end of their lives and a better management of patient care plans.
- Compassionate care had been taken as the baseline for any improvement and included listening and being responsive to patients, early contact with complainants with the establishment of a single telephone line for both internal and external calls.
- The establishment of an information system/dashboard accessible to both staff and patients.
- Learning from incidents by having weekly reviews and tracking outcomes in respect of recommendations resulting from those incidents.
- Greater use of technology to improve the appointments system in the outpatients department.
- Although many individual services required improvement, examples of good services were found at both the Royal London Hospital and Newham University Hospital. There was a very committed workforce who although felt undervalued by the Trust leadership, they were valued by their patients and colleagues, and their local managers.

Members expressed disappointment about the extent and level of concerns in all three hospitals, particularly in patient's safety and leadership, given that Barts Health NHS Trust was the largest NHS trust in England, serving a population of well over two million people, and home to some world-renowned specialties. They asked a number of questions and made various comments including the following:

How the culture of bullying had been tackled?

Response

The outcome of a review of management and staff relations revealed that there was a poor management and interaction with staff, poor support to staff by management.

It was reported that the Managing Director and Site Medical Director were now in post (from June 15 2015) and the Trust was operating a wide leadership model agreed and in place from 1 September 2015.
• Trust-wide Strategy had been established to ensure learning and best practice shared.
• Royal London Hospital performance dashboards had been established to provide up to date information to ensure that clinical leaders were equipped with management information which was accessible.
• Values based recruitment training has been delivered for all new recruitment at Band 8A and above including medical consultants.
• Completed General Manager Development Programme was to be expanded in the new Leadership Operating Model.
• Renal culture change diagnostic and improvement programme was on-going.
• 'Speak in Confidence' was being used by staff to escalate concerns through to Executive for appropriate action.
• Small scale workshop on talent management and difficult conversations had been established.
• Site based communications plan to all staff had commenced.

Members commented that there were incidents of patient bullying by staff and that there was no linkage between patients and staff. There was therefore the need for a stakeholder event to bring interested parties together.
Examples of poor treatment of vulnerable people and elderly patients by staff were highlighted. Members felt strongly that there should be a cultural change and that this issue be tackled as a matter of priority.

Action: Karen Breen, Barts Health Trust

How complaints were being handled

- *The site management teams had developed a site specific quality report to identify and target improvement issues and areas for the hospital.*

• The hospital was in the process of refreshing and building on the existing monthly complaints reports produced for site meetings, which would be shared with all staff for learning purposes.
• Weekly complaints challenge meetings chaired by Chief Nurse including target setting for complaint completion had been set up and weekly complaints tracker was shared with the Trust Executive.
• The complaints process was reviewed and there are new processes for the management of complaints. The complaints review included two Complaints Summits with clinical leaders with an emphasis on complaints process, early local resolution and at the end of the process, closure with regards to learning.
• There was ongoing work to reduce the number of overdue complaints.

• Complaints training had been completed with some Ward Managers focusing on local resolution.

How the issue of resources was being dealt with?

- *An analysis of high vacancy areas completed and top 9 areas of focus had been identified.*

• The Senior team had undertaken visits to top 3 temporary staffing usage areas to support recovery.
• There was a pilot elevated bank rate for staff in emergency units in August and September 2015
• Fortnightly site based meetings with Bank Partners had started.
• Site based leadership recruitment strategies for top 9 areas to be developed in September 2015.
• One-stop-shop recruitment days to start in October 2015
• Focus sessions with nursing leaders had been set up on improving staff retention.
• Progress had been made on the publication of rotas 8 weeks in advance for all ward areas to ensure optimum staffing levels at all times.

How was data quality being improved?

The documentation standards had been reviewed with consultant medical staff to ensure they met required standards.
• All documentation that recording patients' care and treatment had been reviewed to ensure that it had been standardised.
• Director of Nursing with medical director and lead for AHP had review tools in use and access to records.
• Action was in place to ensure that senior staff audit records at least on a monthly basis.
• Trust induction included supporting junior doctors in the use of power chart for medical documentation
• There was a Trust-wide review of nursing documentation which was being piloted at Whipps Cross currently. In August, Senior Nurses at Royal London Hospital had been attending a bed side handover and challenging documentation standards.
• Early implementers of paper light recording now included critical care and neurosciences.

Improvements in management and governance

A new structure had been developed incorporating a site ***Senior Responsible Officer*** (SRO) who would take responsibility for leading the implementation of the local improvement plan and will account to both the Managing Director and the theme Executive Sponsor.

Following discussion, it was noted that the Trust Development Authority was working with the Trust to support improvements. Members agreed that the Scrutiny Panel be kept up to date with the improvements at the Bart's Health NHS Trust.

Action: Dr Somen Banerjee, Director of Public Health

RESOLVED –

1. That the report be noted.
2. That officers be requested to keep the Health Scrutiny Panel up to date with the improvement programmes at the Barts Health NHS Trust.

4. PRESENTATION ON CQC INSPECTION OF ROYAL LONDON HOSPITAL

Unpaid Carers Scrutiny Report

The report was introduced by Tahir Alam, Strategy Policy and Performance Officer. The report outlined the findings from a scrutiny challenge session held on Wednesday 13th May 2015 at the Tower Hamlets Carers Centre. The challenge session focused on a number of key questions relevant to the changes being proposed by the the Care Act 2014.

The Care Act 2014 consolidated all previous legislations around carers, support services and social care into one overarching statute. It was noted that the Act placed a statutory duty on all local authorities, with major implications for adult social care and support providers, the people who used services and their carers.

It was noted that the new changes came into force in April 2015. The most important changes were the way in which local authorities should carry out carers assessments and needs assessments, and how local authorities should determine who was eligible for support. The provision of effective and relevant support to carers was a key mechanism to ensure that carers were able to continue in their caring role. This included improving the quality of life of carers by allowing them to have a life outside of their caring role, enabling them to achieve their education and employment ambitions and support them to remain mentally and physically healthy.

It was noted that the Council had developed a new Local Carers Plan to meet the requirements of the changes brought in by the Care Act 2014. This was an initial one year plan until the implication of the Care Act in meeting the needs of carers more effectively were fully understood.

The Carers Plan included 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

Arising from the impact of the Care Act, the Council considered that it was necessary to provide its carers' service which achieved an appropriate balance of specialist and community services.

The Director of Public Health agreed to raise the issue of the Carer's Plan at the Council's Corporate Management Team to investigate the possibility of additional support for the proposals in the report. It was agreed that officers produce an action plan within six to eight weeks for the proposed Carers Plan.

Action By: Somen Banerjee, Director of Public Health
Tahir Alam, Strategy Policy and Performance

Members highlighted the high level of unpaid carers caring for family members, in difficult circumstances and often unaware of the support that the Council, local health and third sector providers could offer them to support them and enable them to continue in their role caring role. It was noted, following discussion, that ssupport could be accessed across a range of Council services such as Ideas Stores, GP Practices etc.

It was agreed that an additional recommendation be included in the resolution that welfare advisers could be stationed at a range of Council services such as Ideas Stores, GP Practices to identify carers and assist them with accessing the range of services on offer both by the Council and organisations across the Borough for themselves and for those they cared for.

It was proposed that officers ensure a joined up working of all relevant organisations such as the NHS, CCG and the Council to ensure that the provisions of the Care Act 2014 were fully met.

Action By: Somen Banerjee, Director of Public Health
Sandra Moore, Tower Hamlets CCG
Tahir Alam, Strategy Policy and Performance

RESOLVED -

1. That the report and recommendations contained in it be approved subject to the inclusion of an additional recommendation as follows:

   That welfare advisers could be stationed at at a range of Council services such as Ideas Stores, GP Practices to identify carers and assist them with accessing the range of services on offer both by the Council and organisations across the Borough for themselves and for those they cared for.

2. That the report of the Scrutiny Challenge of Unpaid Carers be referred to the relevant departments to develop an action plan to respond to the recommendations.

3. That the report and action plan be submitted to Cabinet for their consideration and agreement.

Action By: Somen Banerjee, Director of Public Health
Tahir Alam, Strategy Policy and Performance

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

There were no such items.

6. EXCUSION OF THE 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.

7. EXEMPT MINUTES OF THE CONFIDENTIAL PART OF THE MEETING HELD ON 15 JULY 2015

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

RESOLVED

That the restricted minutes of the meeting of the Health Scrutiny Panel held on 15th July, 2015 be approved as a correct record of the proceedings.

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

The meeting ended at 8.50pm

Chair, Councillor Amina Ali
Health Scrutiny Panel

Committee:	Date: 09/12/2015	Classification	Report No. 1	Agenda Item No. 1
Health Scrutiny Panel		Unrestricted		
Report of: NHS Tower Hamlets CCG **Originating Officer: Jane Milligan(CCG)**		**Title: Interpreting and Advocacy Services in Health**		

1. SUMMARY

1.1 Health organisations across the borough have a statutory obligation to provide advocacy and interpreting services so as to ensure equality of access for all residents. Advocacy and interpreting services are vital support services for Tower Hamlet's patients due to our diverse population and are provided to patients across Primary Care, Community Care, Secondary Care and Mental Health Services.

1.2 This report examines the current provision of interpreting and advocacy services in health, considering how the current services in place at the CCG, Barts Health, and East London Foundation Trust meet the diverse needs of the borough, and what the future plans to develop these services may be.

2. RECOMMENDATIONS

2.1 To be noted by the Health Scrutiny Panel

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NHS
Tower Hamlets
Clinical Commissioning Group

Advocacy and Interpreting Services in Health

Jane Milligan, Chief Officer, Tower Hamlets CCG

Introduction

- Tower Hamlets CCG is committed to providing high quality, equitable, effective healthcare services that are responsive to the needs of all patients.

- Equality of access to health services is identified as a principle in several Acts and documents including:
  - The NHS Constitution
  - Tower Hamlets CCG Constitution
  - Equality Act 2010
  - Public Sector Equality Duty 2011
  - Health and Social Care Act 2012

- Advocacy and interpreting service are vital support services for Tower Hamlet's patients due to our diverse population and are provided to patients across the following care settings in the borough:

  - Primary Care
  - Community Care
  - Secondary Care
  - Mental Health Services

- 'Advocacy' and 'Interpreting' are used interchangeably and it is helpful to define both services separately.

Interpreting

- 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 them, 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.

Advocacy

- In relation to Advocacy, the CCG considers Advocacy to “involve taking action by communicating with patients and ensuring that they receive the services they need’.

- Advocacy helps 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

- The advocate role is to support people to take more control of the decisions that affect their health and life. It does this by giving active and practical support to help patients navigate the healthcare system, at the same time, empowering them to take responsibility for themselves. Advocacy should promote social inclusion and integration, equality and social justice.

- Advocacy services in Tower Hamlets deliver services which are
- Targeted to meet local demand
- Responsive to local needs
- Promote self-care and independence

Primary and community care

- 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. Further information is currently commercially sensitive.

- Diabetes Education and Befriending - Women's Health and Family Service

- Tower Hamlets Health & Advice Link – Social Action for Health

- Community Mental Health Advocacy is provided by POhWER. This service is for anyone living in the community that would like support because of their mental health.

- Key Performance Indicators are monitored on a monthly basis to ensure need in the borough is met. Key Performance Indicators include:

- Access, waiting times and responsiveness to patients
- Activity levels, numbers of appointments and hours of provision
- Patient satisfaction, feedback and complaints
- Operational staffing levels, statutory training and safeguarding requirements

Barts Health

- The Bilingual Health Advocacy and Interpreting service (BHAIS) provides a dedicated service to patients, relatives and carers who do not speak English as a first language, who use sign language or who have learning disabilities.

- BHAIS facilitates face to face communication between health professionals and service users by bridging the language and cultural barrier to assist patients in achieving better access to their local health and social care services.

- They also help patients to make informed choices about their health with full involvement in their care plan and treatment. The service is available by self-referral to all patients and members of the community.

- The bilingual health advocates within the team use a range of skills and knowledge in addition to their bilingual expertise. They are trained in interpreting techniques, specialist terminology and in managing three way communications. They are also a source of cultural background information.

- If BHAIS are unable to respond to a specific interpreting requirement, suitable alternative options will be provided to support the patient and their family in accessing the right information.

- Text Relay service available for deaf people

Learning Disabilities

- Currently reprocuring a multidisciplinary Community Learning Disabilities Service (CLDS) aimed at delivering a joint health and social care service to support people with learning disabilities.

- A clear care co-ordination framework is integral to making this work, with an underpinning principle being to adopt a single integrated health and social care process to deliver continuity of care for vulnerable people with complex needs requiring intensive intervention and/or long-term support.

- Integral to the CLDS is the **Health Facilitation and Liaison** role which the provider is commissioned to undertake. This role is responsible for:

- Supporting the delivery of health checks in GP practices/primary care
- Ensuring that everyone known to them and registered with a GP as having a learning disability is offered a Health Action Plan.
- Identifying known gaps in the provision and delivery of Health Action Plans and 'Reasonable Adjustments' by generic providers to improve access to health care for people with Learning Disabilities through the LD Partnership Boards and to Commissioners
- Providing awareness raising, education training and support to statutory generic NHS providers to make reasonable adjustments and develop accessible information.
- Providing proactive leadership in facilitating better coordination of care and improved patient experience involving specialist and mainstream healthcare.

Thank you and questions

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Committee:	Date: 09/12/2015	Classification	Report No.2	Agenda Item No. 2
Health Scrutiny Panel		Unrestricted		
Report of: NHS Tower Hamlets CCG & London Borough of Tower Hamlets **Originating Officer: Jane Milligan (CCG) & Karen Sugars (LBTH)**		**Title: Health and Social Care Integration**		

1. SUMMARY

1.1 Tower Hamlets has for some time been developing integrated and co-ordinated care. GP networks were set up in 2009 to develop integrated care for people with long term conditions, while integrated community health teams - including social workers from the council – have been in place since September 2013. In conjunction with NHS organisations working in the borough, the council has made considerable progress over the last year in developing new ways of working.

1.2 The NHS and the council are experiencing significant changes in the context in which they deliver services, namely a rapidly rising population and severe financial restraint. This requires changes to be made to the way that the health and social care services are provided, with a greater focus on the integration of planning, commissioning and delivery of services needed. Moreover there is a desire from patients for health services and care plans to have improved co-ordination in order to deliver better outcomes.

1.3 This report summarises the context, background and developments of Integrated Care in Tower Hamlets, with consideration to the impact this will have on patients and health and social care services in Tower Hamlets. The report details the Tower Hamlets Integrated Care programme and the work of the Tower Hamlets Integrated Provider Partnership.

2. RECOMMENDATIONS

2.1 To be noted by the Health Scrutiny Panel.

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TOWER HAMLETS

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Integrated Health and Social Care

Jane Milligan, Chief Officer, Tower Hamlets CCG

Karen Sugars: Acting Service Head, Commissioning and Health, London Borough of Tower Hamlets

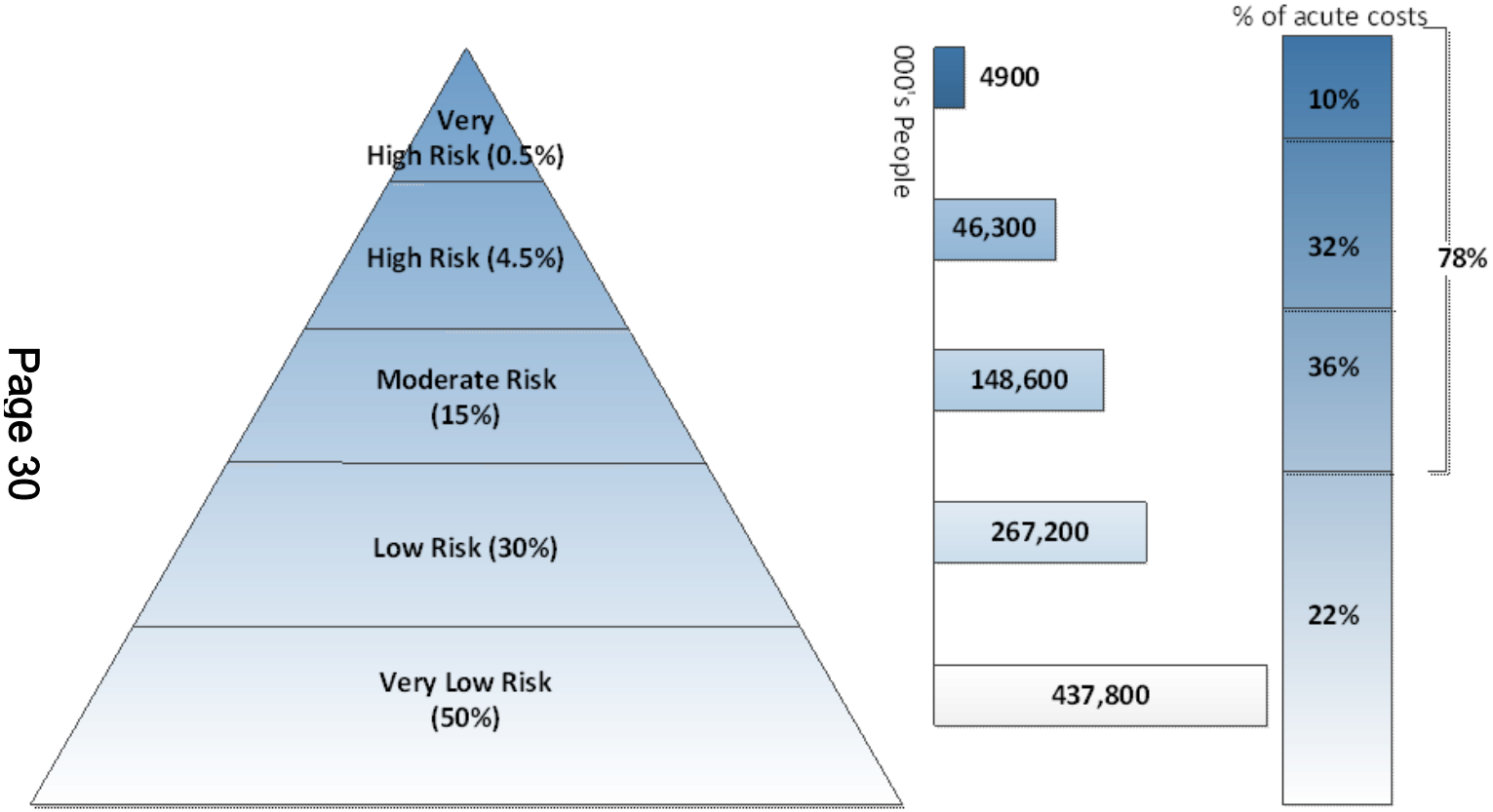
Context

- Rising population across East London and Tower Hamlets in particular
- Spending restrictions in Health, long term deficits in Barts Health. CSR 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

What is Integrated Care?

"My care is planned with people who **work together** to **understand** me and my carer(s), **put me in control**, co-ordinate and deliver services to achieve my **best outcomes**"

Who are we targeting for integrated care ?



Using different methods to identify 20% of population most at risk of a hospital admission **and commission services especially for this group**

Moving to a focus on:
- outcomes for population health,
- new models of care (e.g. Tower Hamlets Integrated Provider Partnership (THIPP)
- Improving how we pay for services to encourage better care, rather than just more care

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Integrated Care Programme

We want to deliver at scale and pace to achieve radical transformation across WELC

By shaping the local health economy around the patient

- Using National Voices principles to embed patient-centred care focusing on patients needs and preferences
- Proactively manage people's care, responding rapidly to crises, avoiding emergency admissions and residential care where possible
- Ensuring most effective use of care resources and avoiding duplication

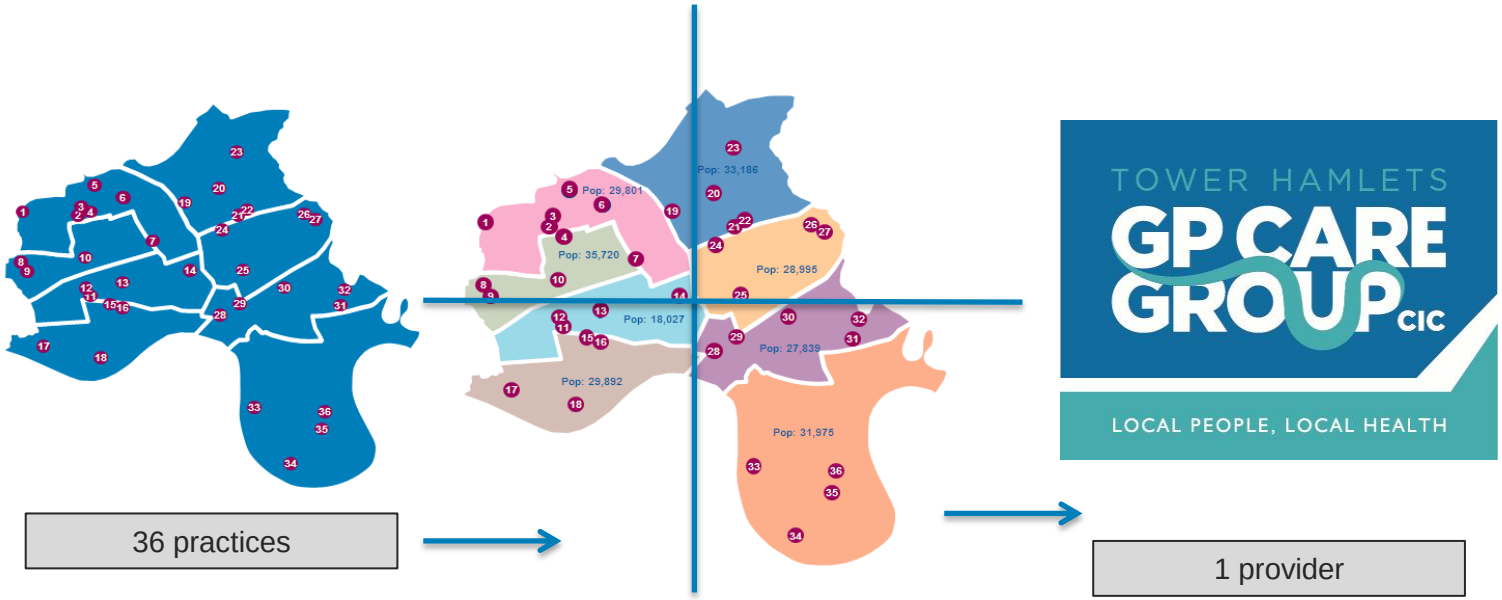
By changing behaviours across the system

- Supporting staff to work together across organisational boundaries
- Helping people to feel empowered and supporting self care
- Enabling people to stay socially active and live independently
- Aligning our commissioning intentions across health and social care

By developing the provider landscape

- Taking a whole system approach to change, using technology to deliver effective and timely care
- Aligning incentives and payment structures for providers to take ownership for system-wide outcomes
- Developing system wide performance measures and feedback mechanisms to support continuous improvement

Creation of one primary care provider



36 practices

8 networks

&

4 localities

Multidisciplinary Locality Integrated Care teams:

- Community nurses
- Therapists
- Mental health teams
- Elderly care
- Social workers

TOWER HAMLETS GP CARE GROUP CIC

LOCAL PEOPLE, LOCAL HEALTH

1 provider

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The “Integration Function”

- Developed in 2013/14 as a way of assuring the CCG that providers are able to work together

- Arranged around a number of key principles:

- Clinical governance and shared standard operating procedures
- Clear joint work on operations, pathways, SOPs and resilience
- Joint communications and engagement
- High quality and shared data and reporting
- Development of shared care record

Tower Hamlets Integrated Provider Partnership (THIPP)

Four partners

Formed in 2013, initiated by the CCG to deliver integrated care

- TH GP Care Group - Primary care
- Barts Health – Community Services and Acute Care
- East London Foundation Trust – Mental Health
- London Borough of Tower Hamlets - Social Care & Public Health

Develop further links with:
- Housing,
- Education
- Third sector

One vision

- Working in partnership to deliver seamless care to patients, carers and their families
- Care will be patient led and well coordinated to make a real positive impact
- Services will be provided in the right way, in the right place and at the right time
- Provide services in the homes of patients and service users (when possible) and in community, hospital or other locations (when necessary)

Partnership delivery

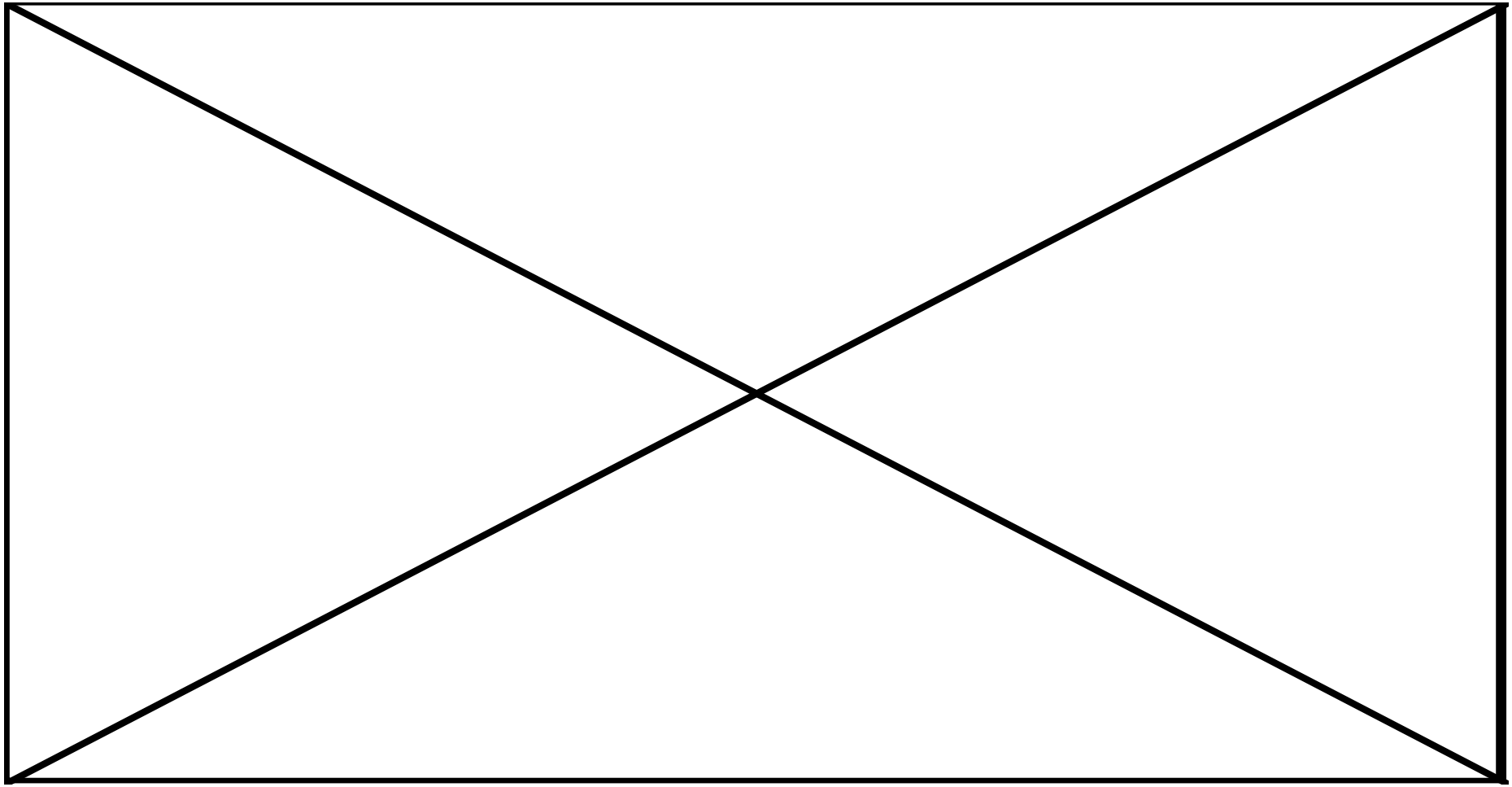
Already established
- Networks delivering Primary Care
- Community based specialist support
- Integrated health and social care teams
- Strong desire for quality improvement
- Commitment to the Integrated Care programme

Developed programmes of work
- Awarded "Vanguard status" by NHS England
- THIPP bidding to run Tower Hamlets Community Health Services
- TH GP Care Group successful in Prime Ministers Challenge Fund to improve primary care access

What will this mean for patients?

https://www.youtube.com/watch?v=cdFk5AJCJB4

What will this mean for patients?



https://www.youtube.com/watch?v=cdFk5AJCJB4

Case Studies

Community Health Team (Social Care Input)

- Expansion of existing integrated Community Health Teams in Tower Hamlets.
- It seeks to improve the experience and outcomes for those with long term conditions and aims to offer assessment and support to carers
- 10 social workers deployed to cover the Integrated Care Cohort
- At least one named social worker for each locality, working within a multidisciplinary team
- The social workers give information and advice to Community Health Team colleagues regarding Social Care

Hospital Social Work Team

- Extension of the hospital discharge team at the Royal London Hospital from a Monday to Friday to a 7-day service, 9am to 8pm
- Social work staff assist the assessment and discharge of patients on acute wards
- The service provides multidisciplinary assessments, which avoid unnecessary admissions to acute wards. Social workers within the Acute Assessment Unit (AAU) and ED aim to respond to referrals within the hour.
- During the first year of operation (since 25 November 2013), the service prevented 703 unnecessary admissions to acute beds.

Case Studies

Community Geriatrician

- Multidisciplinary visits with nurses, GPs and physios etc
- Proactive monitoring to minimise hospital admission
- Accessible by mobile phone and email used mainly by GPs and care navigators
- Provide follow-up to people identified by the Hospital Ward Team
- On call in the hospital and provides cover on the acute wards
- Education to new consultants on elderly care

IT Integration

- Information sharing agreements signed by Barts, ELFT, LBTH, Primary Care
- Interfaces creating a single view of the individual's record with Barts Health, Primary Care, Social Care and Mental Health
- Interim Crisis Plan being developed
- Prototype in South West Locality (8 GP practices)User acceptance testing planned 9th December 2015
- Go-live in the South West Locality with 8 GP practices scheduled for 24th December 2015

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Key successes so far

- 8812 people enrolled onto Integrated care
- 4,842 (54%) people have a care plan(1)
- # of avoided A&E attendances over the last 2 years
  - 14/15 : 2088
  - 15/16 : c1000 forecast
- 3790 avoided admissions over the last 2 years(1)
- # of professionals embedded within the community teams
  - 8 additional social workers, support by Head of Service
  - 4 additional mental health professionals, supported by a consultant psychogeriatrician
  - 1 consultant community geriatrician
- £5.1m saved for the local health and care economy over the last 2 years
  - 14/15 : £3,527,081
  - 15/16 : £1,554,318 planned

Note (1) : Activity covers period August 2013 to July 2015

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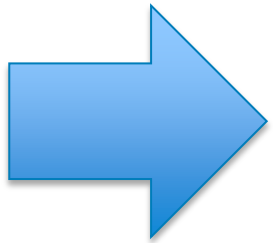
Joint Commissioning Development

Currently have a number of joint commissioning arrangements:

- Better Care Fund – focused on services supporting adults with complex needs, and reducing demand for emergency care
- Learning Disabilities
- Mental Health
- Substance Misuse
- Children
- Public Health



Joint commissioning review:

- Review jointly held objectives
- Review of current partnership arrangements
- Examine additional opportunities
- Make recommendations for future joint commissioning arrangements

Thank you

Questions?

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Committee:	Date: 09/12/2015	Classification	Report No.3	Agenda Item No. 3
Health Scrutiny Panel		Unrestricted		
Report of: NHS Tower Hamlets CCG		**Title: Community benefits from health and social care commissioning**		
Originating Officer: Jane Milligan(CCG)		**Wards:** All		

1. SUMMARY

1.1 This report summarises the council's and the CCG's approach to ensuring community benefits from the health commissioning which it undertakes.

1.2 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. This report details how the CCG are interpreting this Act to secure benefits for Tower Hamlets through evidenced case studies, and details how the Act supports the achievement of the CCG's strategic objectives.

2. RECOMMENDATIONS

2.1 To be noted by the Health Scrutiny Panel

NHS
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Community benefits from health and social care commissioning

Jane Milligan, Chief Officer, Tower Hamlets CCG

Commissioning for social value

- CCG is developing its approach to implementing the Public Service (Social Value) Act 2012 as part of it ***Developing our Commissioning Strategic Priorities*** (DSCP) programme.

- The CCG recognises the potential of the Act to support the achievement of the CCG strategic objectives and the legislative and ethical imperatives to address social value.

- We understand the Act to be about considering how the services we commission and procure 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.

- We are 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 contribute to the Joint Strategic Needs Assessment process by embedding the principle of needs assessment in our commissioning and procurement cycle.

- The CCG is 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.

Social value in procurement

- This Act requires commissioners at the pre-procurement stage, to consider how what is to be procured may improve social, environmental and economic well-being of the area. As a CCG we are committed to looking beyond the price of each individual contract and looking at what the collective benefit to a community is when we chooses to award a contract.

- Although the Act only applies to certain public services, contracts and framework agreements to which the EU Regulations apply, the CCG intends, as a matter of good practice, to demonstrate how what is proposed to be procured might improve economic, social and environmental well-being, in order to maximise value for money.

- Delivery of local services are an input into community social values and will be explored further with prospective providers as part of an invitation to tender.

- The considered application of the provisions of this Act provides the CCG with the means to broaden evaluation criteria to include impact on the local economy. The CCG will consider ensuring that any social, economic or environmental requirements are mentioned in the advertisement for any competitive procurement to encourage innovative proposals for services being procured.

- Wherever it is possible and does not contradict or contravene the CCG's procurement principles, or the provisions allowable under the Public Service (Social Value Act 2012), the CCG will work to develop and support a sustainable local health economy.

Investment to support broader benefits

Social prescribing

Social prescribing is a means of enabling primary. care services to refer patients with **social**, emotional. or practical needs to a range of local, non-clinical. services, often provided by the voluntary and. community sector.

Advocacy

We commission a number of advocacy services support and enable people to express their views and concerns, access information and services and defend and promote their rights and responsibilities in the borough.

Welfare advice services

Trained advisors provide advice a wide range of issues ranging from welfare benefits, housing and debt. The advisors also actively refer patients onto self management of chronic condition courses, employment and training courses, ESOL and volunteering opportunities.

Investment in the development of the voluntary sector

We are committed to working closely with and support the voluntary sector and have established a bursary funding programme for local community and voluntary sector organisations to develop innovative projects to improve services and find new ways to involve patients and the public in improving health, and address health inequalities across the borough. Since the awards started in 2012 these projects have supported our commissioning plans, promoted innovation, improved outcomes for patients and the public and the community more broadly.

Examples

Homeless health

The Pathway Homeless team at Royal London Hospital in collaboration with Health E1-Homeless Medical Centre (specialist homeless primary care service) is in many ways the model and exemplar on which other pathway teams around the country are based.

The team provides proactive integration through a GP who specialises in issues that affect people that are homeless. The service includes integration with hospital and community mental health, drug and alcohol and social services, community nursing, street outreach, hostel providers, drop in centres and Tower Hamlets housing department through the weekly multi-agency care coordination meetings.

The team is particularly well integrated with the Tower Hamlets housing department. A housing representative attends the weekly care coordination meetings and the team works closely with the local authority funded street outreach teams to help with placement of Tower Hamlets rough sleepers and with the Dellow Centre "Route to Roots' team (also Tower Hamlets Local Authority funded) to help rough sleepers who don't have a community connection.

In this way the team maximises the benefit of hospital admission by seizing the opportunity to work with the patient and all the partner agencies to develop and implement an effective care plan. This increases the value of the unplanned admission by enhancing quality of care for the patient.

This is demonstrated by improved quality of life, reducing rough sleeping and inappropriate presentations to Tower Hamlets housing department, and by enhancing consistency and continuity of care by continued involvement of the Health E1 team during admission and after discharge.

Welfare advice service

NHS Tower Hamlets CCG is seeking to commission a locally experienced advice provider who will provide sessions in the primary care settings across the borough.

The aim is to positively impact on the social determinants of health by providing access to a range of social welfare advice services which meet the needs of patients and improving health and wellbeing. The provider will be responsible for overall management and operational responsibility for the provision of this service.

The service will be delivered in specific host practices within Tower Hamlets identified as having patients with the highest needs. This service will be accessible to non-English and English speaking patients, unemployed, older people, young parents and people with long-term health conditions (including mental health) who are on the GP held disease registers.

Migrant Health

The new Residents and Refugee Forum are working with NHS Tower Hamlets CCG and Public Health to develop a local communications action plan to promote access to primary healthcare services to migrants and ensure local primary care staff are aware of the changes being implemented through local message which complement the national approach. The aims of this include:

1. Ensuring that new communities are aware of their rights and are not deterred from accessing healthcare.
2. Ensuring healthcare services are accessed appropriately and at an early stage to reduce the need for referral to secondary (and chargeable) services.

This work was undertaken in September 2014 to encourage migrants to register with appropriate GP services prior to charges being introduced for of Accident and Emergency services and pre-registration enrolment.

Thank you

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Employment and Community Benefits for Tower Hamlets Residents

Zamil Ahmed – Head of Procurement

Public Services (Social Value) Act 2012

- Requirement 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 interest

Procurement Policy Imperatives: 7 Key Principles

1. Delivering budget efficiencies and providing value for money
2. Create Local Employment and Training Opportunities
3. Support local businesses - SME and alternative providers
4. Promote workforce diversity and equality of opportunity
5. Promote fair employment practice including implementation of the London Living Wage
6. Promote ethical sourcing, including fair trade products
7. Promote environmentally sustainable products and businesses

An engine for change in the way we undertake procurement and a way of bringing benefits to the borough.

Our Approach

- Embedded into Councils Procurement Policies and Procedures
- Local Employment and Community Benefits clauses included as standard in all relevant contracts above £100,000, and considered on below £100,000.
- Market engagement / Contract Weighting / Employment and community Benefits Schedule
- The innovative approaches taken have been recognised through the three key national awards.

- **National Go Awards:** Excellence in Public Procurement – March 2014
- **London Boroughs Award:** Best work with supply chain/local businesses to create new Apprentices – September 2014
- **SOPO Awards:** Excellence in delivering Social Value – Finalist – April 2015

Employment and Community Benefits Schedule

Cat A - Employment Activities

- Providing full employment vacancies, Work placements, Volunteering opportunities, Apprenticeships, Employees Training

Cat B - Supply Chain Activities

- Local supply chain

Cat C - Other Activities

- Flexible workspace, Mentoring service for entrepreneurs, sectoral business advice, Investment in local business, Networks/collaborations/forums, Town centres/street markets support, Encouraging youth enterprise

*** Categories are adapted to suit subject matter of the contract i.e. a social care contract cannot require construction jobs**

Health and Social Care

CASE STUDY 1

Integrated Sexual Health procurement secured a range of community benefits including;

- Funding for one local job fair per annum to assist with local recruitment
- 1 x part-time job for local resident
- 1 x full time job for local resident
- 3 x local apprentice
- 4 x graduate trainee positions, 6 x leaving care support assistants
- Agency staff requirements to be filled 100% locally

CASE STUDY 2

As part of the Rough Sleeping Prevention procurement, successful bidder offered to contribute and attend two local job fair events per annum. Work experience placements and presentations at local Schools. Mentoring of School or College students interested in working in the heath sector.