HEALTH SCRUTINY PANEL

Wednesday, 17 February 2016 at 7.00 p.m.

Room C1, 1st 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 1 vacancy.

Deputies:
Councillor Danny Hassell, Councillor Denise Jones, Councillor Aminur Khan and Councillor Helal Uddin and 1 vacancy.

Co-opted Members:

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

[The quorum for this body is 3 voting Members]

Contact for further enquiries:
Elizabeth Dowuona, Democratic Services
1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, E14 2BG
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E-mail: Elizabeth.Dowuona@towerhamlets.gov.uk
Web: http://www.towerhamlets.gov.uk/committee

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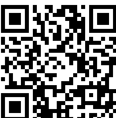

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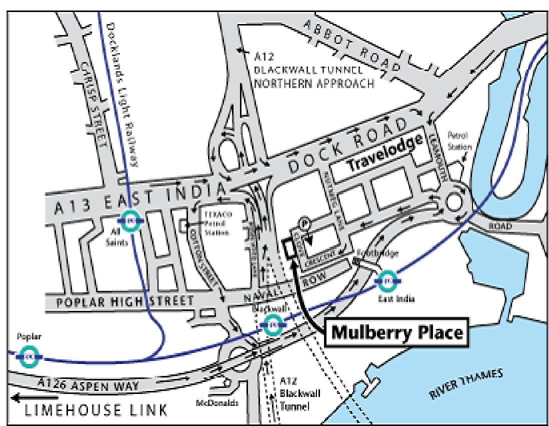

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QR code for smart phone users.

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 - 12

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

3. REPORTS FOR CONSIDERATION

3 .1 Maternity Services at Royal London - CQC Inspection — 13 - 28

Presentation from Max Geraghty, (Inspection Manager, Care Quality Comm

The report provides an overview of the Care Quality Commission’s findings from their most recent inspection of the Royal London maternity & gynaecology services.

3 .2 Primary Care Strategy — 29 - 38

Presentation from Jane Milligan, (Chief Officer, Tower Hamlets Clinical Commissioning Group)

This report details the Primary Care strategy and presents an update from Tower Hamlets CCG on how the implementation of this strategy is developing.

3 .3 Healthwatch Tower Hamlets Review — 39 - 42

To receive a report from Sarah Vallelly (Strategy, Policy and Performance Officer)

The report provides an update on the council’s current review of Healthwatch Tower Hamlets (HWTH). The aim of the review is to develop a model for HWTH which builds on existing strengths, identifies areas of improvement and incorporates good practice from other local Healthwatch organisations. The review findings will inform the retender of the Healthwatch contract.

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, 20 April 2016 at 7.00 p.m. in Room C1, 1st 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:

- Melanie Clay, Monitoring Officer, 020 7364 4800
- Matthew Mannion, Committees Manager, Democratic Services, 020 7364 4651

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 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)

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 Officer, Law, Probity and Governance
Charles Yankiah – Democratic Services Officer, Law, Probity & Governance

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.

RESOLVED THAT the presentation and the report be noted.

Zamil Ahmed (Head of Procurement), 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 Panel

Committee: Health Scrutiny Panel	Date: 17/02/2016	Classificatio Unrestricted	Report No.1	Agenda Item No. 3.2
Report of: Care Quality Commission Originating Officer: Max Geraghty (Inspection Manager, Care Quality Commission)		Title: Royal London Maternity Services Wards: All		

1. **SUMMARY**

1.1 This report provides an overview of the Care Quality Commission's findings from their most recent inspection of the Royal London maternity & gynaecology services.

1.2 This report will feed into the Health Scrutiny Review currently underway which is focusing on patient experience at Royal London Maternity Ward.

2. **RECOMMENDATIONS**

2.1 To be noted by the Health Scrutiny Panel

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The Royal London – maternity & gynaecology services

Date: 17/02/2016

Name: Max Geraghty

Inspection Manager

London, Central and NE

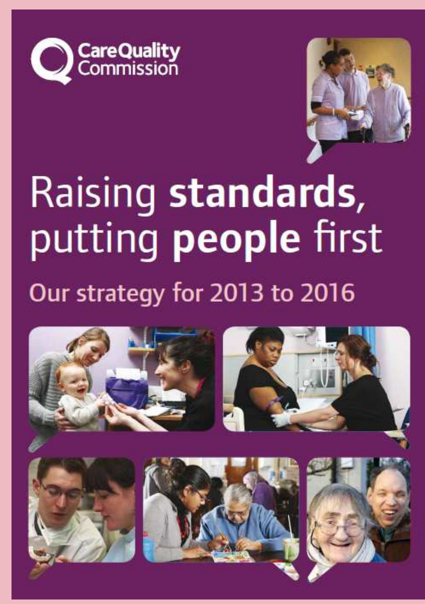
About this presentation

- A reminder of our purpose and role when regulating, inspecting and rating services
- An overview of our findings when we inspected the Royal London maternity & gynaecology services.
- Further information

Our purpose and role

Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve



Our role

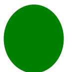
We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care

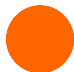
We are on the side of people who use services

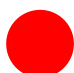
Ratings and reports

We are introducing ratings to tell you whether an organisation and its main services are:

Outstanding

 Good

 Requires improvement

 Inadequate

We publish reports after every inspection setting out what we have found.

This includes examples of good practice as well as areas for improvement.

Our new approach to inspecting services

We ask five key questions on all inspections:

Are services safe?

Are they effective?

Are they caring?

Are they responsive to people's needs?

Are they well-led?

You can read about the new approach and the details of what we look for in each type of service here http://www.cqc.org.uk/content/our-new-approach-regulating-and-inspecting-services-guide-providers

The Royal London Maternity & Gynaecology services

- The Quality Report was published May 2015
- The overall rating for maternity & gynaecolgy services was …

● Requires Improvement

Staffing

- There was not enough medical and midwifery staff and there was evidence that this compromised the care offered to some women.
- The trust did not meet the London Safety Standards recommended minimum birth to midwife ratio of 1 midwife to every 30 births.
- Women in labour were prioritised but this meant that other areas were often short-staffed with an impact on waiting times for other women.

Security

- We also had some concerns about the security of mothers and babies because of the high number of visitors at all hours.
- There was no ward clerk at night, which meant there was further reduced control over visitors.
- Neonatal security had been identified as a risk on the risk register.
    - Baby security tags

"23% of babies did not have identity tags"

Leadership

Leadership for maternity and gynaecology services was provided by the women's and children's health clinical academic group (CAG).

- This did not appear to provide an effective route from ward to board and neither doctors nor midwives felt that their concerns about safety, or the sustainability of working under pressure were acknowledged by management.
- A number of staff perceived the leadership to be remote and unsupportive

Culture

- A number of medical and midwifery staff had been in post for several years and enjoyed working at the hospital. They spoke well of the way all staff worked together as teams, both doctors and nurses.
- They were positive about management at service level.
- They valued the teamwork and shared values on the ground to keep patients safe.

What next?

- We continue to engage with Barts Health NHS Trust as part of the wider stakeholder involvement.
- Inspection? When?

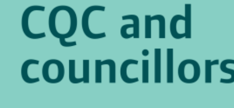
New guides for councillors and scrutiny committees

CQC and the CfPS, have developed a series of guides with the help of local councillors.

CQC and council scrutiny

Working together – a briefing for councillors

March 2015



CQC and councillors

A short guide for local councillors about the Care Quality Commission

March 2015

CQC and district councillors

Working together to improve health and care services

March 2015

These are now available on the CQC and CfPS websites

Other information

Read more about CQC and our Public Engagement Strategy on our website at: www.cqc.org.uk

http://www.cqc.org.uk/content/our-plan-engaging-public-our-work-2015-16

http://www.cqc.org.uk/public/about-us/our-performance-and-plans/our-strategy-and-business-plan

http://www.cqc.org.uk/content/code-practice-confidential-personal-information

Telephone 03000 616161 if you want to speak to someone at CQC

Please email engagementandinvolvement@cqc.org.uk if you want to get involved in national CQC developments.

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Committee: Health Scrutiny Panel	**Date:** 17/02/2016	**Classification** Unrestricted	**Report No.**2	**Agenda Item No.** 3.2
Report of: NHS Tower Hamlets CCG **Originating Officer: Jane Milligan(CCG)**		**Title:** Primary Care Strategy **Wards:** All		

1. SUMMARY

1.1 This report details the Primary Care strategy and presents an update from Tower Hamlets CCG on how the implementation of this strategy is developing.

2. RECOMMENDATIONS

2.1 To be noted by the Health Scrutiny Panel

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Primary Care in Tower Hamlets

Health Scrutiny Panel – Wednesday 17th February

Jane Milligan, Chief Officer

Isabel Hodkinson, GP Board Member

Jenny Cooke, Deputy Director of Primary Care

1. Primary Care 'Co-Commissioning': what does this mean for Tower Hamlets?

2. Current challenges facing Primary Care

3. Local programmes of work in Primary Care:

   - Resilience

   - Re-design

4. Prime Minister's Access Fund : Improving access locally

5. Estates

Primary Care Co-Commissioning

- In February 2015 Tower Hamlets CCG successfully applied to take on fully delegated responsibility for the commissioning of primary medical services in the borough.
- Since April 2015, Tower Hamlets CCG has assumed responsibility for the commissioning, procurement, management and monitoring of primary medical services contracts, with the on-going support of NHS England
- A Primary Care Committee has been established to over-see the delegated functions and manage conflicts of interest
- Co-commissioning has the opportunity to lead to greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services. It has enabled the development of a more collaborative approach to designing local solutions for workforce, premises and information management and technology challenges.

NHS
Tower Hamlets
Clinical Commissioning Group

Challenges

- The population is growing rapidly, inequalities remain significant, and the national agenda is that access to routine services is increased while more and more care moves from the acute, hospital setting to the community.

- Patient experience remains a challenge, with large variation in access and quality across the borough. Patient expectations are changing, particularly in areas of high population growth.

- Additionally. there is a need for care (both health and social care provision) to become better integrated: coordinated and person-centred.

- There is a workforce deficit with nursing recruitment problems, GPs approaching retirement, decreased financing as deprivation is removed from the allocation formula, and estates that are not fit for purpose.

- Financial challenges remain prevalent, with practices set to lose income through national contract changes

- In a recent survey of local GPs, 86% of respondents told us they believed primary care needed to change to meet future demands. Whilst there was strong support for the independent contractor status of GPs, only 8% of salaried respondents said they were considering a partnership.

Our Response…

Workstream 1 – Building Resilience in General Practice

This programme of work recognises the significant challenges facing primary care today and is providing immediate support to practices. Using established quality improvement methodologies, a small team will spend time with practices, immersing themselves in day to day practice operations, collecting data and interviewing staff.

The support will be tailored to the individual requirements of each practice and will be driven by the priorities identified during practice visits. The aim is help to practices to identify key areas of process that can be improved upon and support practices to embed these new ways of working.

The programme is running a pilot with four practices and is in discussion with one network about how this support could be adapted at larger scale.

The programme is being very well received by staff and clinicians and after the pilot phase the aim will be scale this programme up across other interested practices across Tower Hamlets from March onwards.

Workstream 2: Primary Care Transformation

- Transforming Primary Care into a service that is sustainable, high quality and future proofed is a key priority area for the CCG.
- We are looking to segment our population segmentation to ensure patients are offered a more tailored model of care. This will include further developing our integrated care model for the most complex patients, and developing both accessible and preventive care to those in better health.
- We will support practices and networks to work more closely together and to build on the concept of 'locality hubs' as a way to provide extend hours services and a more comprehensive out of hospital provision
- A multi-disciplinary **Primary Care Reference Group** has been established to help oversee this process. The group is made of a range of professionals across Tower Hamlets, including a pharmacist, practice managers, GPs, mental health, voluntary sector, public health and a patient leader.
- Alongside this we have established a **Patient Reference Group** to help us shape the wider patient engagement and to draw on the expertise of Healthwatch and other patient leaders and community organisations

Prime Minister's Access Fund in Tower Hamlets

The Vision: For 8-8 access, 7 days a week to urgent and routine primary care for all Tower Hamlets registered patients, which is supported by a range of measures to build the overall resilience of communities and their local health care system

1. Primary Care delivery

Primary Care hubs operating at a locality level to provide innovative and tailored solutions to primary care access

2. Developing partners in care

Community pharmacy partnership

Voluntary sector partnerships to maximise value from GP Premises

Patient and community partnerships

3. Addressing the cycle of demand

Social prescribing scheme across Tower Hamlets

DIY health project developing patient and professional partnership

Introducing the health touch mobile to support self management

Training and education to give staff the skills to work as connectors

Service user feedback:

"Just a line to say 'thanks' to the Hub for prompt care. I went to my surgery, and was offered an appointment at the Hub clinic, at a time comfortable to me. Meaning I did not have to take time off work! Bliss."

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LONDON | LB of Tower Hamlets (WARDS) | GP NETWORKS | LOCALITIES | HUBS

BLITHEHALE MEDICAL CENTRE

ST ANDREW'S HEALTH CENTRE

EAST ONE HEALTH

THE BARKANTINE CENTRE

Wards

GP Networks

Assets

Localities

1. POLLARDS ROW
2. BETHNAL GREEN HEALTH CENTRE
3. MISSION PRACTICE
4. BEAUMONT HOUSE HEALTH CENTRE
5. BLITHEHALE HEALTH CENTRE
6. ALBION HEALTH CENTRE
7. WHITECHAPEL WALK-IN CENTRE
8. HARFORD HEALTH CENTRE
9. PORTSOKEN HEALTH CENTRE
10. EAST ONE HEALTH
11. CABLE STREET SURGERY
12. JUBILEE STREET PRACTICE
13. WAPPING HEALTH CENTRE
14. PINCHIN STREET PRACTICE
15. RUSTON STREET CLINIC
16. ST STEPHENS HEALTH CENTRE
17. BROMLEY-BY-BOW HEALTH CENTRE
18. ST ANDREW'S HEALTH CENTRE
19. ST PAUL'S WAY MEDICAL CENTRE
20. WELLINGTON WAY HEALTH CENTRE
21. GILL STREET HEALTH CENTRE
22. CHRISP STREET HEALTH CENTRE
23. ABERFELDY PRACTICE
24. NEWBY PLACE HEALTH AND WELLBEING CENTRE
25. THE BARKANTINE CENTRE
26. ISLAND MEDICAL CENTRE
27. ISLAND HEALTH MEDICAL CENTRE
28. STROUTS PLACE MEDICAL CENTRE
29. GLOBE TOWN SURGERY
30. HEALTH E1 HOMELESS MEDICAL CENTRE
31. SPITALFIELDS PRACTICE
32. BRAYFORD SQUARE SURGERY
33. CITY WELLBEING PRACTICE
34. WHITECHAPEL HEALTH, SHAH JALAL MEDICAL CENTRE
35. ST KATHERINE'S DOCK PRACTICE
36. TREDEGAR PRACTICE
37. GROVE ROAD SURGERY
38. HARLEY GROVE MEDICAL CENTRE
39. MERCHANT STREET PRACTICE
40. STROUDLEY WALK CENTRE
41. DOCKLANDS MEDICAL CENTRE
42. THREE COLTS LANE
43. THE GREEN, ROGER DOWLEY COURT
44. MILE END HOSPITAL
45. THE ROYAL LONDON

Estates

- The CCG produced a local estates strategy in December, setting out a high level view of the local estates strategy
- The section106 funding was approved in January and the CCG are working with practices to mobilise plans
- A number of other developments are planned including new general practice sites at Wood Wharf, Goodman's Fields, Wellington Way and William Cotton Place.

Committee:	Date:	Classification	Report No. 3	Agenda Item No. 3.3
Health Scrutiny Panel	17/2/2016	**Unrestricted**		

Reports of:	Title:
Corporate Strategy and Equalities, Kevin Kewin **Presenting Officer:** Sarah Vallelly, Strategy, Policy and Performance Officer, Corporate Strategy & Equalities, Department of Law, Probity and Governance	Healthwatch Tower Hamlets Review **Ward(s) affected:** All

1. Summary

1.1 This report provides an update on the council's current review of Healthwatch Tower Hamlets (HWTH). The aim of the review is to develop a model for HWTH which builds on existing strengths, identifies areas of improvement and incorporates good practice from other local Healthwatch organisations. The review findings will inform the retender of the Healthwatch contract.

1.2 The existing contract which was due to expire on 31st March 2016 has been extended by one year so the new contract must be in place by 1st April 2017. The paper outlines the methodology for the review and timetable for reporting on the findings and commissioning of the new Healthwatch contract. It then poses the key questions that will be explored in the review in order to get feedback and comment from Health Scrutiny Panel members.

2. Recommendations

2.1 The Health Scrutiny Panel to note the report and comment on the following questions:-

- What are the key strengths of Healthwatch Tower Hamlets and areas for development?
- How can Healthwatch Tower Hamlets work more effectively with the Health Scrutiny Panel?

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. Healthwatch Tower Hamlets was established as part of the Health and Social Care Act 2012 and is the local consumer champion for patients, service users and the public, covering health and social care. Altogether there are 152 Local Healthwatch across the country and a national body called Healthwatch England which provides oversight and supports the development of the local Healthwatch network.

3.2 Healthwatch Tower Hamlets undertakes the following key activities:

- Provides information, sign-posting and advice to the public about accessing health and social care services and choice in relation to aspects of those services;
- Obtains the views of people about their needs for and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of care services;
- Promotes and supports the involvement of people in the monitoring, commissioning and provision of local care services;
- Influence the commissioning and provision of services through producing evidence-based reports and recommendations about how those services could or should be improved. Local Healthwatch have a statutory seat on the local Health and Wellbeing Board to help them to do this effectively;
- Makes the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion;
- Makes recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern;

3.3 The Council went through a formal tendering process and awarded the contract for establishing HWTH to Urban Inclusion in March 2013. HWTH was set up as a Charitable Company made up of 12 Board Members, most of whom are local residents with some third sector representatives. The Board is responsible for oversight of the business and performance of the organisation. HWTH currently has a staff team of four. Additionally there is a large pool of volunteers (250+) drawn from across the area who receive training to support the delivery of the Healthwatch Tower Hamlets work programme, for example by doing outreach sessions in the community and going on “Enter and View” visits. Under the Healthwatch statutory regulations, local Healthwatch organisations have the power to Enter and View health and social care providers so that authorised representatives can observe matters relating to health and social care services and get insight from patients / service users – see example below.

Case study: ‘Enter and View’ visits

Healthwatch Tower Hamlets carries out visits to health and social care services where staff and volunteers observe and listen to people’s experiences of the service. They then report back to the providers and commissioners of services with recommended actions for improvement. In 2015 Healthwatch conducted an ‘Enter and View’ visit to the inpatient ward at the Tower Hamlets Centre for Mental Health where they highlighted some issues with the design and layout of reception areas and positive feedback from service users about changes that had been implemented following a serious incident. The findings were then presented to the East London Foundation Trust who committed to making some improvements; for example changes to the layout of reception areas to make them friendlier and less stressful for service users.

METHODOLOGY AND TIMEFRAME FOR THE REVIEW:

3.4 The review comprises the following components:

I. Desk research: performance and contract monitoring information to date, review of broader literature on the development of local Healthwatch and national evaluations of local Healthwatch

II. Stakeholder engagement:

a. Meetings and semi-structured interviews with key stakeholders in the health and social care system including LBTH (Adults Services, Children's Services, Public Health & Community Engagement leads), the Tower Hamlets Clinical Commissioning Group (CCG), Bart's Health Trust, East London Foundation Trust, Healthwatch England, HWTH staff and board members and HW commissioners in other areas.

b. Discussion groups with Healthwatch volunteers, community groups including the Health & Wellbeing forum, Voluntary and Community Sector representatives and equality forums.

c. Visits to two local Healthwatch who were selected on the advice of Healthwatch England as good practice examples. (Jan – Feb 2016)

III. Report, recommendations and development of future model for HWTH (March 2016)

3.5 These are the key questions being addressed in the review**:-**

- To what extent is HWTH inclusive and representative of the diverse local community that it serves?
- What can be done to raise the profile of Healthwatch Tower Hamlets amongst local people of all ages and backgrounds and local community organisations?
- How can local people be more engaged in setting the priorities for HWTH and being involved in delivering its work programmes?
- How can HWTH effectively influence services and harness the views of the public to make positive changes?
- How can Healthwatch become more effective in quantifying its evidence and demonstrating how it has contributed to practical changes as a result of its work?
- How can Healthwatch improve its ability and reach in signposting local people to services and providing information and advice?
- What can be done to help HWTH improve the quality of its analysis and reporting?

3.6 At time of writing (9/2/16) the review is in the stakeholder engagement phase and visits to local Healthwatch are happening in mid-Feb. A draft report will be produced by the end of February. HWTH are involved in the review and are supporting its progress.

3.7 **DISSEMINATION & FUTURE COMMISSIONING PLAN:** The table below gives the timeframe for this review and the commissioning of the new service which will start from April 2017.

Activity	Timeframe
HWTH Service Review	Jan 2016 – Mar 2016 (See above)
Report to CMT	March 2016
Stakeholder engagement	*April – June 2016*
Report to MAB	April 2016
Report to Cabinet	June 2016
Procurement	July – Dec 2016
Decision Making	Jan-Mar 2017
Contract mobilisation	**Apr 2017**

4 ONE TOWER HAMLETS CONSIDERATIONS

4.1 The review specifically explores the extent to which HWTH is inclusive and representative of the diverse local population of Tower Hamlets. Recommendations arising from the review will suggest ways that HWTH can reach people of all ages and backgrounds across the borough. The review also seeks to maximise the opportunity for local people in Tower Hamlets including those whose voices are seldom heard to become more engaged in setting the priorities for HWTH and delivering its work programmes throughout the borough.