LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.00 P.M. ON TUESDAY, 7 JULY 2015

COMMITTEE ROOM MP701 7TH FLOOR, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON E14 2BG

Members Present:

Mayor John Biggs (Chair)	–
Councillor Amy Whitelock Gibbs (Member)	– (Cabinet Member for Health & Adult Services)
Councillor David Edgar (Member)	– (Cabinet Member for Resources)
Dr Somen Banerjee (Member)	– (Director of Public Health)
Dr Sam Everington (Member)	– (Chair, Tower Hamlets Clinical Commissioning Group)

Co-opted Members Present:

–

Other Councillors Present:

–

Apologies:

Councillor Rachael Saunders	– (Deputy Mayor and Cabinet Member for Education & Children's Services)
Councillor Denise Jones	–
Robert McCulloch-Graham	– (Corporate Director, Children's Services)
Steve Stride	– (Chief Executive, Poplar HARCA)
Dr Navina Evans	– Chief Executive East London NHS Foundation Trust

Others Present:

–

Officers in Attendance:

–
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1. STANDING ITEMS OF BUSINESS

2. CHAIR'S OPENING REMARKS

MAYOR JOHN BIGGS (CHAIR)

Mayor Biggs welcomed everyone to this first meeting of the Board for this municipal year 2015/16. He advised that, as the elected Mayor of the Council and Chair of the Board he proposed to attend its meetings would be looking to learning more about the work of the Health providers. He noted that the focus of this meeting was on the Board's terms of reference and presentations on the work of the Health providers.

3. APOLOGIES FOR ABSENCE

Apologies for absence was received from Councillor Rachael Saunders, Cabinet Member for Education and Children's Services, Councillor Denise Jones, Robert McCulloch-Graham(Corporate Director, Education, Social Care and Wellbeing), Dr Navina Evans (Deputy Chief Executive of East London and Foundation Trust) and Steve Stride (Chief Executive, Poplar HARCA).

3.1 Public Questions

The Board noted that no questions had been received from members of the public.

4. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

No interests were declared.

4.1 MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 10 March 2015 be approved as a correct record.

5. TERMS OF REFERENCE, QUORUM, MEMBERSHIP, AND DATES OF FUTURE MEETINGS

The Committee Officer, Elizabeth Dowuona introduced the report.

RESOLVED:

That the Tower Hamlets Health and Wellbeing Board (HWBB) Terms of Reference, Quorum, Membership as attached to the Committee report and future meeting dates be noted subject to the following amendments to the Terms of Reference

1. That the following wording be amended in the Terms of Reference

   'Should the Mayor be unable to attend a meeting, the Cabinet Member for Health and Adult Services will chair the meeting in his place'.

Should replace:

'Should the Mayor be unable to attend a meeting, then the Cabinet Member for Health and Wellbeing will chair the meeting in his place.;

2. "Chief Officer – NHS Tower Hamlets CCG" replace

"Chief Operating Officer - NHS Tower Hamlets CCG"

3. "Chief Officer – Barts Health"

replace:

"Chief Operating Officer - Barts Health"

6. FORWARD PROGRAMME

Dr Somen Banerjee (Director of Public Health, LBTH) reported that the compilation of the forward plan had not been completed at the despatch of the agenda and papers for the meeting. It was anticipated that a comprehensive report would be submitted to the meeting on September 2015 following consultation with the Chair and Members of the Board.

It was also anticipated that a report on Embedding Vanguard Programmes would be submitted to the Board in September 2015.

Action: Jamal Uddin (Business Services Manager, LBTH)

7. COMMUNITY INTELLIGENCE - HEALTHWATCH PERSPECTIVE

Dianne Barham (Director of Healthwatch Tower Hamlets) introduced the item.

Dianne Barham outlined the core functions of the Tower Hamlets Healthwatch and these were noted as follows:

- To provide information and signposting to enable residents to make informed choices about access to health and social services;
- To obtain feedback from local residents about their experiences of services provided and the services they needed for evaluation providers involved with commissioning, provision and scrutiny of care services;
- To make reports and recommendations about how those services could or should be improved;
- Promote and support the involvement of people in the monitoring, commissioning and provision of local services;
- To convey views and experiences of service users to Healthwatch England, advise the Care Quality Commission to carry out special reviews or investigations.

Dianne Barham referred to a dashboard of all information gathered in the last two years which would be visible on the healthwatch website. In her presentation, she highlighted the analysis of comments collected from the Royal London Hospital. It was noted that the key themes ranged from how

friendly and welcoming staff were, particularly reception staff, the quality of information available the clarity of information, the length of waiting times and patients transport. The Board discussed the tabled information provided, noting that overall, the comments received had been positive although there were concerns around staff shortages and delays.

Members welcomed the new system and considered this as good practice which in terms of outcome, was an innovative way of providing patients' satisfaction and a source of health provision directory for local residents, health and social officers. They however stressed the need for the services to respond to the feedback and ensure that there was an integration of healthcare services with the aim of taking a holistic approach to the provision of health care.

Ms Barham undertook to provide a further report on the work of Healthwatch and how it shared good practice with other healthcare services in the Borough.

Action: Dianne Barham (Director of Healthwatch Tower Hamlets)

It was reported that there would be a Health Conversation Event on 8 September 2015 which all Members were invited to attend.

RESOLVED –

That the report be noted.

8. HEALTH AND WELLBEING STORY - HEALTHY HOMES PROJECT

Dr Somen Banerjee introduced the healthy homes project, designed to increase awareness in both professionals and tenants about what can be done to tackle poor hosing conditions in private sector housing and bridge the knowledge gap of health and social care professionals on how to identify and refer poor housing conditions particularly around vulnerable tenants with long term conditions or with slower recovery from illness.

It was noted that the aim of the project was to increase the number of properties for vulnerable tenants who have had their conditions improved through environmental health intervention. A multi-faceted approach was undertaken by the project namely:

- Establishing referral mechanisms with the primary health care sector particularly various professionals who visited people in their homes in the course of their work.
- Increasing health professionals' knowledge, confidence and skills about private sector housing conditions and how poor conditions could be addressed.
- Developing a mobile reporting mechanism where those professional could telephone the relevant service directly for an assessment of the situation.

- Establishing a fund to enable small scale works to be carried out expeditiously, to improve the living conditions of those vulnerable tenants.
- Evaluating the wider cost benefits of the improvements achieved (considering in the cost of the deterioration of the tenant's condition and circumstances which would have invariably fallen on the Council).

Tim Madelin (Senior Public Health Strategist) presented a case study which illustrated the type of intervention and outcomes that could be achieved. The interventions were noted as follows:

- ***Referral was made by a support worker team leader at a sure start centre***
- ***This included details of a young child (less than 1years old) who had been re admitted to paediatric intensive care unit due to bronchiolitis.***
- ***The referral also noted the presence of damp and mould within the flat.***
- ***The landlord applied for a green deal to fit a loft insulation and external wall insulation. He also was enabled to connected gas to the property, to enable a Gas Central Heating system to be fitted.***

It was noted that training provided to front line staff to provide an in depth knowledge about the service and how to refer it to the relevant service (including a simplified and easy referral path (including smart phone apps) made a difference in the case study.

Members discussed the item at length, in particular the obligations of the landlord. It was noted that where major works were required, professionals working collaboratively would seek to take enforcement action under the Landlord and Tenant Act 1985 Private property licensing and Landlord Accreditation schemes as adopted in the London Borough of Newham. On the question of whether the Council should not be considering these schemes, it was noted that the Council's Licensing Team had been consulted and their response to how the Council might consider adopting such a scheme was awaited.

It was agreed that the Director of Public Health discuss the matter with the Mayor outside the meeting on how the proposals on the Private property Licensing scheme might be expedited.

Action: ***Dr Somen Banerjee (Director of Public Health)***

RESOLVED –

That the report be noted.

9. CARE QUALITY COMMISSION REPORT

Dr Somen Banerjee, Director of Public Health introduced the report. He reported that the Chief Inspector of Hospitals had rated the services provided by Barts Health NHS Trust as inadequate following inspection of the trust's three main hospitals in London.

The Trust had already been placed in to Special Measures following the Care Quality Commission's report on Whipps Cross University Hospital which was published in March 2015.

Following that inspection, CQC decided to inspect both the Royal London Hospital and Newham University Hospital. Both were also been found to be inadequate.

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

- Safety and quality of services. "
- 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.
- Across the trust there was too little attention paid to safety, with failures in incident reporting and auditing,
- 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.
- There were unacceptably long waiting times and often, operations were cancelled.

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, they were valued by their patients and colleagues, and their local managers.

Barts Health NHS Trust as a whole had not made the progress in dealing with the findings of their previous inspection in 2013. The Inspector's conclusion was that if the trust was to turn round – then it must focus first on the culture and on the leadership issues so that it could effectively deal with all the individual concerns which we had been identified on the inspection.

The Royal London Hospital and Newham University Hospital were inspected in January 2015 over a period of three days by two inspection teams which included doctors, nurses and other specialists, hospital managers, CQC inspectors and experts by experience (people with personal experience of using or caring for someone who uses the type of services being inspected). They also made unannounced visits as part of the inspection.

The inspectors concluded that the trust lacked strategy and vision. The

Inspectors rated Newham University Hospital as Good for Urgent and Emergency Services. Patients felt well cared for and staff felt supported and there were excellent outcomes for people who had suffered a stroke. Royal

London hospital was rated Good for Critical Care with patients positive about the treatment received.

Staffing levels in some areas were significantly below recommended levels and did not provide consistently safe care.

Bed occupancy was so high that patients were not always cared for on the 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 due to a lack of beds.

During the previous inspection, in November 2013, inspectors had identified a culture of bullying and harassment. Although the trust commissioned an independent review, CQC found that the response had not been timely enough; the inspection team still had concerns

Members expressed disappointment about the extent and level of concerns in all three hospitals, particularly in 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 specialities.

It was noted that the Trust Development Authority was working with the Trust to support improvements. Members considered that there was a need for officers to come up with proposals on how the Health and Wellbeing Board could influence 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 consider proposals on how the Health and Wellbeing Board could influence /support the improvements at the Barts Health NHS Trust.

10. EARLY YEARS: HEALTH VISITING SERVICE - FINDINGS FROM STAKEHOLDER ENGAGEMENT

Esther Trenchard-Mabere, Associate Director of Public Health, LBTH presented the report regarding the transfer of commissioning responsibilities for early years (0-5) public health services, specifically, the health visiting service (HV) and the family nurse partnership (FPN) from NHS England to the local Authority on 1st October 2015.

The Board noted the importance of these services in view of the Marmot Review 2010 that concluded that intervention in early years had a real impact

on lifelong health and the subsequent government decision to expand this service nationally.

The transfer, along with the significant expansion of the Health Visiting workforce, presented opportunities to strengthen the Health Visiting service and to develop new specification to improve integration with other services.

The Board also noted the health visiting service was central to ensuring that children and families had access to health promotion, preventive and early intervention services to support healthy physical, emotional, social and cognitive development.

Esther Trenchard-Mabere provided an outline of the health visiting service. Health Visitors, who were qualified specialist public health practitioners (registered nurses) worked as part of a mixed skill team supporting and educating families from pregnancy through to a child's 5th birthday. The aim of the health visiting service included keeping children healthy and safe, protecting them from serious disease through screening and immunisation and ensuring they were ready to start school.
The Family Nurse Partnership (FNP) offered an intensive programme of support for first time mothers (and fathers) under nineteen from early pregnancy up to the child's 2nd birthday.

The Board noted that some of the positive outcomes of the health visiting service which included; Improving life expectancy and healthy life expectancy; Reducing infant mortality; Reducing low birth weight of term babies; Improving breastfeeding initiation and prevalence at 6-8 weeks; Improving child development at 2-2.5 years and malnourishment; Reducing the number of children in poverty; Improving school readiness; Disease prevention through screening and immunization programs

The Board noted the National 4, 5, 6 Model which:

a) **4 Levels of Service which** set out what all families could expect from their local health visitor service:

   1) **Community**: health visitors provide information on community needs and resources available e.g. Children's Centres and self-help groups and work to develop these and make sure families know about them.

   2) **Universal (the 5 key visits)**: health visitor teams ensured that every new mother and child had access to a health visitor, received development checks and received good information about healthy start issues such as parenting and immunization.

   3) **Universal Plus**: families could access timely, expert advice from a health visitor when they needed it on specific issues such as postnatal depression, weaning or sleepless children.

   4) **Universal Partnership Plus**: health visitors provided ongoing support, playing a key role in bringing together relevant local services, to help families with continuing complex needs, for example where a child had a long-term condition.

b) The 5 universal health reviews

The 5 key visits were those that all families could expect under the universal level of service. They were also mandated (i.e. local authorities have committed to deliver) as part of the first 18 months of the transfer of commissioning; antenatal; New baby; 6 – 8 weeks; 9 – 12 months and 2 – 2 ½ years.

c) The 6 high impact areas
The purpose of the High Impact Area documents was to articulate the contribution of health visitors and describe areas where health visitors had a significant impact on health and wellbeing and improving outcomes for children, families and communities. These were noted as follows: Transition to parenthood; maternal mental health; Breastfeeding; Healthy weight; Managing minor illness & accident prevention and Healthy 2 year olds & school readiness

Members regarded this as a crucial development in Tower Hamlets due to the high levels of deprivation and problems with child malnourishment often identified in school.

The Board also heard from a representative from the Health Visiting Service. Whilst there had been an investment in increasing staff numbers, the aim was to develop their role to share good practice and spread knowledge in schools and assist members of governing bodies with needs assessment, particularly in linking the child and families to other services. It would also be prudent to consider caseload mapping for health visitors to ascertain areas which need more resources when funding became available.

RESOLVED -

That the report be noted.

11. MENTAL HEALTH: CRISIS CARE CONCORDAT

Carrie Kilpatrick, Interim Deputy Director of Mental Health and Joint Commissioning presented a power point presentation on the Mental Health Concordat, a national agreement between services and agencies involved in the care and support of people in crisis. The concordat set out how organisations would work together better to make sure that people received the help they needed when they had a mental health crisis.

It was noted that in February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. Since then five more bodies had signed the Concordat, making a total of 27 national signatories.

The Concordat focused on four main areas:

- Access to support before crisis point – making sure people with mental health problems could get help 24 hours a day and that when they asked for help, they were taken seriously.
- Urgent and emergency access to crisis care – making sure that a mental health crisis was treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis – making sure that people were treated with dignity and respect, in a therapeutic environment.
- Recovery and staying well – preventing future crises by making sure people were referred to appropriate services.

It was expected that the Mental Health Care Crisis Concordat document would ensure that local Health and Wellbeing Boards (HWB) would bring together health and social care commissioners, the local community and wider partners, and support the crisis care concordat through their Joint Health and Wellbeing Strategies (JHWS). Joint working should include people who had experienced mental health crisis.

The document set out certain requirements, including governance for action plans, and key areas to address (care pathways, resources, transient populations, drug and alcohol services and children young people). However, the key requirement is for HWBs to meet local circumstances and needs highlighted in the JSNA.

Local health and social care commissioners were expected to develop their own commissioning plans in line with any relevant JSNA or JHWS, and must be able to justify any parts of their plans which were not consistent with these.

Local partnership working and oversight of the strategic direction of mental health crisis care were therefore the key issues for Tower Hamlets Health and Wellbeing Board.

It was noted that to date, the Health and Wellbeing Board had adopted a Joint Mental Health Strategy, which, as part of its commitment to high quality services, has prioritised crisis resolution and a review of crisis pathways. This has laid a strong foundation for future partnership work.
The Tower Hamlets Mental Health Crisis Care Concordat action plan (Appendix 2) was agreed in March 2015 by the CCG, the Council, East London Foundation Trust (ELFT), Barts Health, the London Ambulance Service and The Metropolitan Police, and supported by eight local third sector organisations.

It was noted that he key messages for the Health and Wellbeing Board was that the Borough mental health services were good although it could be improved further. The following actions would be developed into specific project plans:

- Improve service user and carer experience of mental health crises at the Royal London Hospital Emergency Department;

- Obtain feedback from service users and carers with experience of local crisis services, and review options for improvement (with reference to the principle that People in crisis, and the carers of people in crisis, should be treated with dignity and respect and their expertise listened to);
- Develop improved on-line access to information and services through *the In the Know* on-line information service (on the Idea Store;
- Audit crisis plans and CPA plans (including for older adults) and reduce variability in quality;
- Reduce proportion of mental health crises where police are first to attend;
- Continue to ensure good response times and high quality services from LAS for Mental Health Act call-outs, and work to reduce inappropriate emergency ambulance crisis call-outs;
- Develop a mental health urgent care and crisis care dashboard, including monitoring ethnicity and age; and
- Engage service users and carers in monitoring the delivery of services according to expectations.

In line with wider NHS England priorities, the CCG had also been able to invest additional resources into the Early Intervention Service, which would increase the speed of response and offer NICE compliant interventions to people with their first experience of psychotic illness.

The NHS London Strategic Clinical Networks had drawn up commissioning standards and recommendations which will be considered when developing specific service proposals.

A senior partners group was in the process of being set up from the named signatories or their nominees to draw up detailed plans to improve support police and ambulance response, and to propose improvements at the Royal London Hospital Emergency Department.

This group would also oversee timelines and progress on the other actions, such as the dashboard and the audit of crisis plans.

The Mental Health and Joint Commissioning Team had already engaged with service users to plan focus groups and surveys on service user experience, and to develop the content of an on-line information resource.

RESOLVED –

That the report be noted.

12. HEALTH AND WELLBEING STRATEGY: REFRESH AND FINAL MONITORING 2013-2014

Dr Somen Banerjee, Interim Director, Public Health) introduced the report and provided a final update to the 2013/2014 delivery plans which were rolled

forward to 2014/15 to ensure delivery against the current strategy's objectives continued in 2015-16.

Dr Banerjee referred to the details of the action plan and drew attention to the priorities namely: Early years and Maternity, Mental Health, Healthy Adults Lives and Healthy Environments, Long Term Conditions.

The Board noted that the majority of actions/milestones across the four Health and Wellbeing Action Plans had either been completed, ongoing or on target. Whilst the Mental Health action plan had less than half of its actions/milestones completed, the plan also included actions relating to the current financial year. Delayed, ongoing and overdue actions from the four 2013/14 Action Plans had been incorporated in to the 2015/16 Action Plan refresh where they were still deemed to be a priority. An overview of action/milestone status over the four Action Plans was provided in the report.

RESOLVED –

That the report be noted.

13. UPDATE ON PREVIOUS AGENDA ITEMS

13.1 Update on Liver Disease

Dr Somen Banerjee, Director of Public Health presented the report. The Board noted that the findings of a liver disease needs assessment for Tower Hamlets in September 2014 had found Tower Hamlets to have amongst the highest levels of premature deaths from liver disease in England. Causes of liver disease were in four categories: non-alcoholic fatty liver disease, alcohol related liver disease, hepatitis B and hepatitis C. All of these were significant issues for Tower Hamlets.

Dr Somen Banerjee updated the Board on the work of the Public Health Department in the last nine months.

The 2015 Public Health Outcomes Framework (PHOF) found that deaths from liver disease that were considered preventable and in Tower Hamlets had decreased to similar average levels for England. The figures related to the period 2011-13 and represented a positive trend for the Borough.

In July 2014 a stakeholder workshop was held to agree priorities for the work programme. In April 2015 a learning event for primary care professionals was conducted to consolidate progress against the workplan.

RESOLVED –

That the Health and Wellbeing Board note the report.

13.2 Update on Breast Cancer Screening

Dr Somen Banerjee, Interim Director, Public Health, introduced the report that detailed and highlighted a particular area of concern around breast cancer screening where there has been a decline of 6.5% in breast cancer screening coverage over one year.

Dr Banerjee provided some background to the breast cancer screening programme and coverage. He also provided data released by Public Health England in November 2014 showing a sharp reduction in breast screening coverage in Tower Hamlets (67.8% to 61.5%) in the year following transfer of responsibility and budget for screening to NHS England (April 2013 to March 2014). The downward trend appeared to be continuing and showed a consistent decline in coverage rates since 2013/2014.

A number of actions were put in place which yielded significant improvements in the quality of service provided.

The Health and Wellbeing Board recommended that assurance was sought from NHS England (London) that it was taking the necessary measures to reverse the decline in uptake of breast cancer screening. It further recommended that the Health and Wellbeing Board Executive Officers Group continued to monitor progress on breast cancer screening uptake.

NHSE committed to an improvement plan to increase breast cancer screening coverage in Tower Hamlets. The plan included reintroduction of a targeted telephone outreach service to support women to access screening. This was to be based on a service successfully commissioned by Tower Hamlets PCT between 2007 and 2013 resulting in an increase in coverage from 53% to 67.8%.

Initially this would be by extending NHSE's existing contract with Community Links (a community organisation based in Newham) to work with Tower Hamlets GP practices. NHSE will subsequently tender for a provider to deliver this service in Tower Hamlets on a longer term basis. It was noted that

(i) The next active screening round in Tower Hamlets will begin in February 2016. The current service is therefore limited to contacting women invited during the last screening round between September 2014 and March 2015 who did not attend 2 appointments (1,500 women). Contact details held by the breast screening service may be missing or inaccurate for these women.

(ii) Central and East London Breast Screening Service (CELBSS) propose that only one appointment date/time is offered to each of this group of women. CELBSS is under pressure to improve performance by offering earlier invitations in the 5 other CCGs for which it provides a service, all of which have active screening rounds this year.

It was noted that Community Links had commenced delivery of a phone calling service for breast screening in Camden (which currently has a screening round in progress) and continued to deliver the same service in Newham.

NHSE was seeking increased flexibility of appointments by CELBSS, in order to avoid widening inequalities in coverage between Tower Hamlets and other CCGs.

RESOLVED -

That the improvement plan and progress since the position set out at the January 2015 Board be noted.

14. ACTION UNDER DELEGATED AUTHOURITY

RESOLVED –

That the Board note the action taken by the Director of Public Health on behalf of the Chair and the Health and Wellbeing Board.

15. ANY OTHER BUSINESS

There were none.

16. DATE OF NEXT MEETING

It was noted that the next meeting of the Health and Wellbeing Board would be held on **Tuesday,** 8 September 2015 **at 5.00pm**

The meeting ended at 7.45 p.m.

Chair, Mayor John Biggs
Tower Hamlets Health and Wellbeing Board