

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE

HELD AT 6.35 P.M. ON TUESDAY, 17 JANUARY 2017

**MP701, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,
LONDON, E14 2BG**

Members Present:

Councillor Clare Harrisson (Chair)
Councillor Sabina Akhtar (Vice-Chair)
Councillor Dave Chesterton
Councillor Muhammad Ansar Mustaqim

Co-opted Members Present:

David Burbidge	Healthwatch Representative	Tower	Hamlets
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Other Councillors Present:

Apologies:

Councillor Rachael Saunders	Cabinet Member for Education and Children's Services
Councillor Abdul Mukit MBE	
Councillor Md. Maium Miah	
Tim Oliver	Healthwatch Tower Hamlets

Others Present:

Jackie Sullivan	Managing Director of Hospitals, Bart's Health Trust
Neil Hardy	Director, Carers Centre Tower Hamlets
Patrice	Carer
Yvonne	Carer
Archna Mathur	Tower Hamlets CCG

Officers Present:

Daniel Kerr	Strategy, Policy & Performance Officer
Dr Somen Banerjee	Director of Public Health
Barbara Disney	Service Manager, Strategic Commissioning, Adults Health & Wellbeing
Christine McInnes	Divisional Director, Education and Partnership, Children's
Denise Radley	Corporate Director, Health, Adults & Community
Esther Trenchard-Mabere	Associate Director of Public Health, Commissioning & Strategy

Sarah Williams

Team Leader Social Care, Legal
Services, Law Probity & Governance
Committee Services Officer

Farhana Zia

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

The Chair, Councillor Clare Harrisson welcomed everybody to the Health Scrutiny Sub-Committee meeting and asked everyone to introduce themselves.

She stated the Sub-Committee would be considering reports on Unpaid Carers – a scrutiny review update, Early Years and access to care and a report from Bart's Health Trust giving an update on the Care Quality Commission (CQC) inspection and rating of Royal London Hospital.

Apologies for absence were received from Cllr Abdul Mukit MBE, Cllr M Maium Miah, Cllr Racheal Saunders – Cabinet Member for Education and Children's Services and Tim Oliver, Co-opted Member representing Healthwatch Tower Hamlets.

No member of the Sub-Committee declared an pecuniary interest.

2. MINUTES OF THE PREVIOUS MEETING(S)

The Chair referred members of the Sub-Committee to the minutes of the previous meeting held on the 2nd November 2016. She asked members to approve these minutes as an accurate record of the meeting.

No points were raised and the minutes were approved.

3. REPORTS FOR CONSIDERATION

4. UNPAID CARERS - SCRUTINY REVIEW ACTION PLAN UPDATE

Barbara Disney, Service Manager for Strategic Commissioning introduced the report stating the paper outlined the progress made against recommendations identified by the Health Scrutiny Sub-Committee's previous review meeting entitled "*Unpaid Carers' Scrutiny Challenge session*" – May 2015.

She introduced Yvonne and Patrice, who gave Members of the sub-committee a personal and moving account of being a carer for a loved one. It provided members with an insight of what it's like to be an unpaid carer and the challenges faced by them.

Points to note:

- Being a carer is often easier than the battles a carer needs to fight on behalf of their loved ones with professionals. A battle plan is required.
- Carers feel isolated and alone and their own mental health and wellbeing suffers under the strain of caring and fighting battles.

- There is a lack of empathy from professionals and poor signposting to services available to help. For example, GP's do not inform unpaid carers about organisations like the Carers Centre.
- Neil Hardy, Director of the Carers Centre added his organisation provided support and assistance to carers. He said the centre empowered carers to navigate a raft of agencies and form – filling; and provided carers with long term support.

Barbara Disney informed Members the 2011 census identified over 19,000 unpaid carers in Tower Hamlets, however many people were not forthcoming to identify themselves as carers or accessed the services provided.

She said the Council was developing its Carers Strategy with the support of carers and the Carers Centre and she hoped it would provide solutions to how the Council and its stakeholders could support carers better in the future. A carers' dignity code and carers charter is being proposed, as well as a Carers Academy where people can get the help they need.

This was followed by questions and comments from Members, who stated:

- Is information shared between government and council departments? For example, do we know the number of carers claiming Carers allowance?
- Primary Care needs to improve in identifying carers as well as signposting them. The Over 40's healthcheck does ask this question but those under 40 may not be easily identified. GP's need to ask the question.
- The Chair recommended Kirklees Council as an example of good practice regarding primary care and the identification of carers.
- The Carers Dignity Code and Charter needs to be linked with the Bart's Compassionate Care agenda.
- Do schools provide data regarding the identification of young carers?
Response: A whole raft of work is required and the Carers Strategy will include Young People and their transition to Adult Services.
- What feedback does the Carers Centre undertake regarding its service and the support provided by professionals? **Response:** An Annual survey of our members is conducted and we ask for feedback and comments about our service. The Carers Strategy will include how we meet unmet need.
- Do carers have access to mental health services when in their caring role?

- The Carers Strategy needs to ensure issues around lack of empathy, co-ordination and signposting are included in the strategy and the supporting action plan delivers on the expectations set out in the strategy.
- The Carers Strategy ought to return to the Health Scrutiny Sub-Committee in order for Members to have an input.
- Society undervalues caring but individuals build up an incredible amount of knowledge. How do we link their experience and skills with workforce challenges faced by the health service?

The Chair thanked everyone for their input.

The Sub-Committee **NOTED** the progress made with regards to the recommendations and the action-plan and looked forward to receiving the Carers Strategy once it was complete.

5. EARLY YEARS AND ACCESS TO CARE: EARLY INTERVENTIONS IMPROVING OUTCOMES FOR 0-5 YEAR OLDS

Christine McInnes, Service Head of Education and Partnerships presented her report on Early Years and access – early interventions to improve outcomes for 0-5 year olds.

She apologised to Members for missing the publication deadline due to sections 6-10 of the report not being completed in time but said the report included important contextual information describing the vision for an integrated Early Years' service.

She referred Members to pages 2-3 of the report and said it was critical to ensure 0-5 years were supported correctly and at the right time. Key health and social care issues for children in Tower Hamlets and the barriers to accessing services were listed on these pages, with Child Poverty and School readiness being key areas to improve.

Children's Centres were physically accessible and well distributed across the Borough but there were difficulties in estimating coverage as they do not have access to data on the number of eligible children in their catchment area.

Esther Trenchard-Mabere, Associate Director of Public Health, Commissioning & Strategy said live birth data needs to be shared by hospitals and the integrated system would strengthen that link. She said a more streamlined registration system was required with children automatically registered with Children's Centres with an 'opt out' for families who did not want use the services provided.

Confident, well-informed families made good use of Children's Centres however identifying vulnerable families and those that need services the most is a challenge. A multi-agency approach was required.

This was followed by questions and comments from the Members, who stated:

- Members agreed there had to be a stronger link between hospitals and children's centres.
- There has been criticism of Children's centres not reaching out to vulnerable families that need it most. Can you guesstimate the number of families missing out? – **Response:** Analytical work looking at back data to identify families which fall into this category needs to be undertaken. However other factors such as child poverty, those eligible for school meals and language barriers need to be factored in.
- If data collection and contact improves, with increased use of Children's Centres, how and what services will be provided by Children's Centres? **Response:** Centres are not fully utilised so we are proposing changes to how they are used. We need to ensure they are open for longer and services are tailored to the people that need it plus ensure we offer a more universal service.
- Will there be an option for parents who use the centres and who can afford it, to pay for services in order to help support those who need the support? Will this create a two-tier system? **Response:** These are difficult decisions that will need to be made but we hope we can achieve a balance.
- For many new mothers the whole experience can be overwhelming. BME communities feel isolated, English is not their first language and they lack confidence to use Children's Centres. Will the Children's centres provide an adult offer at their localities? **Response:** Yes, we are hoping that we can. A pilot project called 'Better Beginnings' has been trialled which is peer lead and looks to bring isolated communities into contact with Council services. It needs to be evaluated before it can be rolled out.
- There is an integrated employment service provided through the Children Centres.

The Chair thanked Christine McInnes and Esther Trenchard-Mabere for their presentation and said the sub-committee looked forward to seeing how the integrated Early Years services will be structured once the Council re-organisation had been completed.

The Sub-Committee **NOTED** the report.

6. ROYAL LONDON HOSPITAL CQC INSPECTION RESULTS

Jackie Sullivan, Managing Director of Royal London Hospital informed Members the hospital had been inspected by the Care Quality Commission (CQC) in July 2016 and had published its findings in December 2016.

She said the inspectors reviewed eight core services: Urgent and Emergency Care, Medicine (including older people's services), Surgery, Critical Care, Maternity and Gynaecology, End of Life Care, Services for Children and Young People and Outpatients and Diagnostics.

The overall rating for Royal London Hospital had improved from 'Inadequate' in 2015 to 'Requires improvement'.

The hospital had introduced a site based management structure in October 2015, which had resulted in hospital staff having a better understanding of who the leadership team is.

End of life care had made a big improvement from 'inadequate' to 'good' – however more work was required in particular with regards to maternity services.

Jackie described how the hospital was looking to improve security and baby wrist band tagging, which the CQC had previously flagged as a concern.

The Trust had a CQC summit meeting scheduled for the 23rd January 2017 and every department has been assigned to draft an action plan – which goes beyond a tick box exercise and challenges them to understand 'what does good look like'. Best practise from other hospitals was also being looked at as well as the recruitment and retention of staff. Jackie stated that she is happy to come back and present the findings from the summit to the Health Scrutiny Sub-Committee.

Jackie informed Members the hospital had successfully increased its permanent staff cohort by 4% and had reduced agency staff by 31%. Maternity hold their own recruitment campaigns and had an 88% in fill rate of staff.

She said the Trust had discussed how it can improve the culture of the hospital and not just issues and behaviour of staff.

The Chair thanked Jackie for her presentation. This was followed by questions and comments from Members, who stated:

- Is the Royal London meeting A/E targets – are patients being assessed within 15 minutes of arriving and are they seen within 4 hours? How often do the CQC visit the hospital?

- The CQC report states 16-18 year olds are looked after in Adult Wards. With pressure on beds, can vacant beds in children's wards be used?
- Healthwatch recently conducted a 'enter and view' exercise of Day surgery and noted that family members are not allowed to stay and/or accompany their loved one on wards, whilst waiting for minor surgery. Can this be improved?
- How can volunteers be better used in the hospital?
- Improved signage is required at the hospital? **Response:** a 'Way-Finding' meeting is scheduled to take place next week, in order to tackle this very issue. Jackie invited Healthwatch to attend.

The Sub-Committee **NOTED** the outcome of the inspection and developed a better understanding of the performance of RLH across all areas inspected and where improvements were required.

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

The Chair, Councillor Clare Harrison reminded members that the meeting regarding re-ablement was taking place on the 26th January 2017 at 5:30 p.m. and that the Policy & Performance officer was also arranging a visit to the new Lotus Birthing Centre at the Royal London Hospital.

The meeting ended at 8.33 p.m.

Chair, Councillor Clare Harrison
Health Scrutiny Sub-Committee