

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE

HELD AT 6.35 P.M. ON TUESDAY, 14 MARCH 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 Shah Alam

Substituting for Cllr Asad

Co-opted Members Present:

David Burbidge
Tim Oliver

Healthwatch Tower Hamlets
Healthwatch Tower Hamlets

Other Councillors Present:

Apologies:

Councillor Abdul Asad

Others Present:

Dianne Barham
Simon Hall

Edwin Ndlovu

Jackie Sullivan

Helen Callaghan

Craig Chalmers

Michelle Kabia

Public Attendees:

Stephanie Clark
Jan Savage
Carol Saunders

Director of Healthwatch Tower Hamlets
Acting Chief Officer, NHS Tower Hamlets
Clinical Commissioning Group
Borough Director for Tower Hamlets East
London Foundation Trust
Managing Director of Hospitals, Bart's
Health Trust
Associate Director of Nursing, Barts
Health NHS Trust
Interim Operational Service Manager
Mental Health
MIND in Tower Hamlets and Newham

Tower Hamlets – Keep our NHS Public
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Officers Present:

Daniel Kerr
Dr Somen Banerjee

Strategy, Policy & Performance Officer
Director of Public Health

Carrie Kilpatrick

Joseph Lacey-Holland

Fiona Bateman
Farhana Zia

Deputy Director for Mental Health and
Joint Commissioning
Senior Strategy Policy & Performance
Officer
Legal Services, LBTH
Committee Services Officer

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.

Cllr Harrisson also welcomed the 'Tower Hamlets Keep our NHS Public' delegation who posed the following questions to the Sub-Committee, in relation to the North East London Sustainability and Transformation Plan (NEL STP).

Carol Saunders addressed the sub-committee, stating the following:

Firstly, Simon Stevens told the House of Commons Public Accounts Committee this month: "We are going to formally appoint leads to the 44 STPs. We are going to give them a range of governance rights over the organisations that are within their geographical areas, including the ability to marshal the forces of the CCGs and the local NHS England staff."

In this context, can the Tower Hamlets Scrutiny Committee tell us who will in future be accountable for the planning and commissioning of health services within Tower Hamlets and the NEL footprint, given that – as we understand it – the statutory duty for this rests with the local CCGs or, in the case of public health, with the local authorities?

Secondly, if current arrangements are being rewritten, what role will remain for local authority health scrutiny committees? Does the committee share our concern that local authorities may lose their powers to scrutinise and influence local health service provision and, if so, does it intend to express this view to NHS England?

Cllr Clare Harrisson thanked Carol Saunders for her questions and stated she shared the concerns raised however the issues would be fully addressed at the next INEL JHOSC meeting scheduled for the 19th April 2017. She invited the group to attend the next joint health scrutiny meeting.

Moving to the agenda, she stated the Sub-Committee would be considering the Healthwatch survey report on access to GP services, a verbal update on the outcome of the Barts Health Trust's Care Quality Commission summit and inspection report on Mile End Hospital and a report on access to mental health services in the borough.

Apologies for absence were received from Cllr Abdul Asad. Cllr Shah Alam was substituting for Cllr Asad.

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 17th January 2017. The Sub-Committee agreed and approved the minutes as an accurate record of the meeting subject to the following amendment and matters arising:

Page 7 - The reference made to Kirkless Council as an example of good practise relates to their work on the Carers Charter and not the identification of carers.

Matters Arising - Denise Radley, Corporate Director of Adults informed members the two named carers who had attended the previous meeting of the Health Scrutiny Sub-Committee, had also attended the Cabinet meeting when the Carers strategy was presented to Cabinet. The carers said they had enjoyed the experience and felt they had been listened to.

3. REPORTS FOR CONSIDERATION

4. HEALTHWATCH GP ACCESS REPORT

Dianne Barham, Chief Executive of Healthwatch Tower Hamlets presented her report on 'Accessing GP services in Tower Hamlets'.

She informed members of the Sub-Committee the report highlighted the main issues that local people experience in accessing GP appointments across the Borough, the impact this has and how access might be improved.

Healthwatch Tower Hamlets visited ten GP Practices across Tower Hamlets in October 2016 and spoke to 134 patients about their experience of accessing GP appointments in order to:

- Highlight what is working well and what is not working well so well from the patients perspective;
- Understand how patients believe access could be improved;
- Identify best practice; and
- Suggest potential opportunities for improvements.

Useful suggestions have been made and the 10 recommendations on page 18 of the agenda have been put forward to the Clinical Commissioning Group (CCG) and GP practices.

Simon Hall, Acting Chief Officer of the CCG added the report had been considered by the CCG's Primary Care Committee and the GP Care Group, who support GP's and patients would be working to co-produce a response to the report.

He said in comparison to other Boroughs, Tower Hamlets was well funded for Primary Care however there are challenges and issues in Primary Care that need to be resolved. For example, current allocation from NHS England means there is pressure on budgets and this is a challenge.

The shortage of GP's and other health professionals is also an issue and the CCG is taking steps to recruit, retain and train staff such as Physician Associates.

Some of the issues highlighted such as improved telephone access, standardised GP registration are things the CCG is working to improve and it's hoped the Tower Hamlets Health club, (rolling out 1st April) where patients register once will assist in signposting patients to accessing GP and primary care services.

This was followed by the questions and comments from Members:

- Welcomed the standardised registration process
- Executive summary states 'fewer than half of the 134 people... had a positive experience of accessing appointments at their GP practices.' Does this reflect more widely in the experience of Tower Hamlet's residents?
- What is the CCG doing to incentivise GP's to stay in the borough?
- How are alternatives such as Physician Associates, paramedics being imbedded into the primary care offer?
- Has the CCG undertaken an impact assessment of GP Practices with regard to GPs retiring and potential closures of practices? Plus the recruitment and hiring of new health professionals?
- What plans are in place to promote the patient experience groups at GP surgeries? They do not attract many patients and should be networked to cover a larger footprint.

Following discussion, the Health Scrutiny Sub-Committee **NOTED** the report and recommendations, namely

1. Understand some of the issues and potential solutions to problems residents face in accessing GP services in Tower Hamlets and note the report recommendations;
2. Note that the GP Care Group and the Clinical Commissioning Group are working collaboratively with Healthwatch and local patients to develop a joint response to the recommendations; and

3. Consider how the Sub-Committee could be involved in supporting a patient partnership approach to tackling the current over demand for GP services.

5. BARTS HEALTH CQC SUMMIT

Royal London Hospital

Jackie Sullivan, Managing Director for Royal London Hospital, Bart's Health NHS Trust provided an update on the summit meeting held on the 23rd January with the Care Quality Commission (CQC).

She informed Members the Hospital's Leadership team and specialist faculties had developed a high level regulatory plan which set out the tasks that each area needed to undertake. Staffing levels, in particular for midwifery, flow through the hospital, critical care and security in the Maternity ward were areas the hospital was working hard to improve.

The overall staffing levels by the end of March would be at 90%, with the Maternity ward running its own recruitment campaign every month.

The pathways to move along patients within the hospital as well as speeding up discharge were being trialled and the hospital was looking to create capacity for 26 beds, which would be used as rehabilitation beds, which is a particular challenge.

Many of the new ways of working have been tested on a major incidence basis, with formal testing of how staff would react and cope in a lock-down situation.

A peer review was undertaken on the 6th March and staff had an opportunity to critically review each other and provide high level recommendations. The feedback was positive and the learning from that day will be included in the plans.

Mile End Hospital

Helen Callaghan, Associate Director of Nursing, Barts Health NHS Trust made her presentation in relation to the unannounced CQC inspection of Mile End Hospital in May 2016 and the published findings of the CQC in January 2017. The CQC has inspected two inpatient wards, Gerry Bennett and Jubilee and had identified a number of areas for improvement.

Members of the sub-committee made the following comments

- Individual Trust's should promote their 'expert by experience' groups to comment and assist with CQC inspection reports and patient engagement.

- Dignity and respect are hugely important factors of care and the Maternity Review undertaken by the Sub-Committee last year made a number of recommendations regarding this, which other areas can learn from.
- What steps have been taken to address the CQC criticism of lack of clothing for patients on the two wards?
- Members enquired what would happen to the Mile End Hospital site, now that the Gerry Bennett ward has been closed and only Jubilee operates from the site.

The Chair thanked the officers for their updates and presentation and the Sub-Committee **NOTED**

1. The outcome of the Inspection; and
2. Developed an understanding of the performance of the Royal London Hospital (RLH) across all areas inspected and where improvements are required.

6. ACCESS TO CARE FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

Carrie Kilpatrick, Deputy Director of Mental Health and Joint Commissioning, together with her colleagues Craig Chalmers, Interim Operational Service Manager Mental Health, Edwin Ndlovu, Borough Director for Tower Hamlets ELFT and Michelle Kabia - Chief Executive Officer, Mind in Tower Hamlets and Newham, made a presentation to the Sub-Committee on 'Access to Care for People with Mental Health problems'.

The presentation gave an overview on the main barriers people face in accessing services and the detail plans in place to improve mental health provision from both a commissioning and delivery perspective.

Edwin referred Members to page 61 of the agenda which described the referral pathways from primary care to secondary care mental health services. He said the four Community Mental Health teams worked with primary care providers to ensure those with long term mental health conditions were fast tracked to the services they needed, whilst supporting others to lead more independent lives within the community.

It was recognised early intervention was required for the student population, in particular the 18 – 35 age group, as mental health problems within this age group were increasing. Work was also being undertaken to ensure the transition pathways from Child to Adult services are smoother and effective.

The following questions and comments were made by the Members of the Sub-Committee:

- How do Mental Health services within the borough link and work together with other public bodies, such as the Youth Offending Teams, the Criminal Justice system and Children in Care? Many people who find themselves in contact with these public bodies have underlying mental health issues either themselves or within the family dynamics and the presentation doesn't address this.
- The five year forward plan sets a target of reducing suicides by 10%. Given the increase in the student population experiencing mental health issues and the pressures they face – exam pressure, social media etc, more needs to be done to achieve this target.
- Members concurred more information and signposting was required especially as they come across mental health issues through their casework. MIND agreed to provide information and awareness training to Councillors.
- What choice and access to primary care do mental health patients have within the services provided. For example, if someone does not take the offer of Cognitive Behaviour Therapy (CBT) what are the alternatives? How do third sector organisations support those with mental health issues?
- What has been the take up of Personal Budgets?

The Chair, thanked the presenters for their presentation and the Sub-Committee **NOTED**

1. The key barriers restricting access to mental health services

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

There was no other business discussed.

The meeting ended at 8.40 p.m.

Chair, Councillor Clare Harrisson
Health Scrutiny Sub-Committee