

**LONDON BOROUGH OF TOWER HAMLETS  
MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE  
HELD AT 6.30 P.M. ON TUESDAY, 30 APRIL 2019  
MP701 - TOWN HALL MULBERRY PLACE**

**Members Present:**

Councillor Kahar Chowdhury (Chair)  
Councillor Eve McQuillan (Vice-Chair)  
Councillor Gabriela Salva Macallan  
Councillor Leema Qureshi  
Councillor Andrew Wood

**Co-opted Members Present:**

David Burbidge

Healthwatch Tower Hamlets  
Representative

**Other Councillors Present:**

Councillor Denise Jones

**Apologies:**

Councillor Kyrsten Perry

**Others present:**

Jenny Cooke,

Deputy Director for Primary and Urgent  
Care, Tower Hamlets CCG  
Chair London CCGs

Dr Sam Everington

**Officers Present:**

Dr Somen Banerjee  
Nicola Donnelly  
Jack Kerr  
Chris Lovitt  
Rushena Miah  
Denise Radley  
Ashton West

Director of Public Health  
Programme Manager Public Health  
Strategy and Policy Manager HAC  
Associate Director of Public Health  
Committee Officer  
Corporate Director HAC  
Strategy and Policy Officer HAC

**PUBLIC REPRESENTATION:**

Prior to the start of formal business there was a public representation made by Dr Jackie Applebee from Keep Our NHS Public. Ms Applebee made the following statement:

*‘There is a wealth of evidence that charging migrants for health care leads to negative impacts for those who are charged and for the wider population. We are concerned that the pathways that hospital trusts use to ascertain a patient’s eligibility for free health care could lead to fear and consequent delay in seeking the treatment that they need. We have asked Barts Health Board to write to the Government to express their concern about the negative impacts of charging migrants for health care in the particularly diverse population that they serve. We will also be writing to the Mayor of Tower Hamlets and Lead Member for Health Cllr Jones to raise this issue’.*

**1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**

There were no declarations of pecuniary interests.

**2. MINUTES OF THE PREVIOUS MEETING**

**RESOLVED:**

1. The minutes of the meeting held on 12 February 2019 were approved as an accurate record and signed by the Chair.

**3. AMPS (ALTERNATIVE MEDICAL PROVIDER SERVICES) CONTRACTING STRATEGY**

The Chair changed the order of business from what was published on the agenda. The Suicide Prevention Action Plan item was presented first, followed by the Alternative Medical Provider Service Report and then the Update on the Diabetes Scrutiny Review. The minutes will follow the order presented on the agenda.

The Committee received the report of Jenny Cook (Deputy Director Urgent and Primary Care THCCG) on the Alternative Medical Provider Contracts Strategy.

In response to Member questions officers provided the following:

- The procurement would be mindful of the boroughs changing demographics, population increase, areas of deprivation and areas of affluence and will look at how bidders would tackle the needs of differing populations.
- Market engagement found that there was no correlation between opening times and patient satisfaction. The procurement would not focus on extending opening hours because there was already a national contract on evening and weekend appointments in place.
- The changes and potential impacts will be communicated to patients via letter. Short term disruptions to services were expected.
- Market research had found the tender was attractive to both national and local bidders.
- Online triage was expected to be a service feature.
- The Patient Participation Group at Whitechapel were heavily involved in the design of the new building and a patient representative had been included in the architects project meetings so officers were confident that patient input regarding access had been taken into account.

The Chair thanked Jenny Cooke for her report.

**RESOLVED:**

1. The Committee noted the proposals for the procurement of APMS contracts in the borough.

#### 4. TOWER HAMLETS SUICIDE PREVENTION ACTION PLAN UPDATE

The Committee received an update on the Suicide Prevention Action Plan from Nicola Donnelly (Programme Manager) and Chris Lovitt (Associate Director of Public Health).

Member questions followed by officer response:

**In terms of peoples experience at A&E and improving environment can you give an example such as waiting times or how good the teams were in picking up issues and the follow through?** Hope Wall is a good example. A&E is busy and may not be the best environment in a crisis but the CCG is doing a number of interventions to prevent escalation to A&E. the Raid service is also good. A&E have placed measures to improve experience for example a triage service. The crisis line is 24 hours and linked to this there will also be a visitation team not just a phone line which will provide a more responsive intervention around crisis.

**Do we have a map of where suicides are likely to happen?** A map of suicides does not exist due to data protection issues; suicides can take place inside a person's home for example. When there is a location where multiple suicides have occurred this is referred to as a 'frequently used location'. Although not location specific, Public Health England have created a map which demonstrates the areas of the country where suicide is more prevalent. Local areas should have intelligence and action plans for any frequent locations in their area.

The Thrive London programme will soon provide information following a suspected suicide in Tower Hamlet which may include location. Thrive London have commissioned a provider to join up information and share the datasets with local areas across London. Tower Bridge and Mile End station are known as 'frequently used locations' in Tower Hamlets. Public Health will work with TFL to discuss what else could be done to prevent suicide, such as working with CCTV and Signage.

Starting conversations can be an important means of preventing suicide, an example of this is the Samaritans suicide prevention campaign on rail 'small talks saves lives'. It is easier to establish data sharing agreement on a London wide level rather than local. East London Foundation Trust have a project with DLR staff which has involved the upskilling of staff to talk to people with mental health issues. A Real time data sharing platform is something that Thrive London will launch this spring, and following this, we should have access to data following a suicide at a local level. One prevention approach is to restrict access to high buildings which can be the means of suicide.

**What proportion of people who attempt to suicide have been in touch with a council service or a health service/GP? Are opportunities being missed or are people disengaged from services?** It is expected that the new data sharing platform, will share information on any previous contact with

mental health services. Nationally we know that only 27% of people who died by suicide between 2005 and 2015 had been in contact with mental health services in the year before they died. Understanding contacts with other services prior to a person taking their life would be very valuable. In the background document that supports the suicide prevention strategy, an analysis of the Primary Care Mortality Dataset is included. We know that over the 10 year period 2006 – 2016 11% of those that took their life '*were not registered with the GP*'. Unfortunately, the database does not record any previous contacts with services.

**Question on impact measurement for self-referrals:** establishing metrics for the action plan has proven to be difficult as they are linked to 5 Year Forward Plan and there are data sharing issues. We will work on this in the year ahead but don't have metrics for the whole action plan in appendix 1. The Trailblazers for CYP has measureable outcomes and metrics.

**Can we get an update on perinatal mental health where has it got to?** Officers agreed to email members the most recent plan.

**Where will the £1.5 million spending on primary schools be reported to?** Reporting takes place at the Tower Hamlets Together Board's Born Well Living Well work stream. Officers agreed to share this information post meeting.

**Who is involved in the multi-agency steering group?** The Group reports to the Health and Wellbeing Board. At the last steering group there was a workshop on planning for next year. Housing association reps are there as well as children's commissioners, CAMHS, voluntary sector - Step Forward and safeguarding officers. The meeting takes place quarterly and there is a line of reporting up to the HWB which is presented at an annual basis.

**Trailblazers – what would have happened had 1.5 million not been awarded for the trailblazer?** It is difficult to speculate but suspect waiting lists would have been longer. The increase in funding is welcome but is in the context of existing funding cuts. Suicides have recently occurred in Canary Wharf. Security has been trained to prevent suicides. Some of the larger private organisations have trained staff in 'Mental Health First Aid' MHFA teaches someone to spot signs of distress and provide support to someone in mental health crisis.

- **ACTION:** for health officers to provide the committee with an update on the pre-natal mental health service.
- **ACTION:** for health officers to share the report on the £1.5 million spending on mental health services in schools with the Committee.

**RESOLVED:**

1. To note the progress made on the suicide prevention action plan.

## **5. UPDATE ON DIABETES SCRUTINY REVIEW**

The Committee received an update from Jack Kerr (Strategy and Policy Manager Health Adults Community) on the Committee's scrutiny challenge on diabetes.

A challenge session on diabetes took place on 21 March 2019.

To summarise the session had found that:

- There had been an improvement in diabetic health in the borough compared to a decade ago.
- Approximately 2.5-3.5 thousand people are diagnosed with type 2 diabetes in the borough.
- Data suggests Tower Hamlets has the highest hospital admission rate due to diabetes.

Some recommendations from the challenge session included:

- Follow up on pre-diabetes and gestational diabetes. A check-up a year later was recommended.
- Continued engagement with the Bangladeshi community and advice on the linkages between diabetes and obesity.
- A review on leisure provision including more women only sessions.

### **RESOLVED:**

1. To note the summary and provide further comments to Jack Kerr – Strategy & Policy Manager.

## **6. ANY OTHER BUSINESS**

As this was the last meeting of the municipal year, the Chair thanked fellow Members and Officers for their contributions and support to the Health Scrutiny Sub-Committee. He said it had been a pleasure to act as Chair of the Committee for the year.

The meeting ended at 7.50 p.m.

Chair, Councillor Kahar Chowdhury  
Health Scrutiny Sub-Committee