

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE HEALTH SCRUTINY PANEL**

**HELD AT 6.30 P.M. ON TUESDAY, 14 OCTOBER 2008**

**ROOM M72, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE  
CRESCENT, LONDON, E14 2BG**

**Members Present:**

Councillor Stephanie Eaton (Chair)

Councillor Ann Jackson  
Councillor Abjol Miah  
Councillor Bill Turner

**Other Councillors Present:**

Nil

**Co-opted Members Present:**

Mr John Lee - East London NHS Foundation Trust

**Guests Present:**

Dr Somen Banerjee - Assistant Director for Public Health, THPCT  
Steph Diffey - East London NHS Foundation Trust  
Jill Goddard - Tobacco Control Lead, THPCT  
Myra Garrett - The Link Steering Group (Think)  
Brigid MacCarthy - Head of AMH Psychology, East London NHS  
Foundation Trust  
Brian Toye - East London NHS Foundation Trust  
Alwen Williams - Chief Executive, THPCT

**Officers Present:**

Deborah Cohen - (Service Head, Disability and Health Services,  
Adults Health and Wellbeing)  
John Goldup - (Corporate Director, Adults Health and Wellbeing)  
Michael Keating - (Service Head Scrutiny & Equalities, Chief  
Executive's)  
Shanara Matin - (Scrutiny Policy Officer)  
Kelly Rickard - (Communications Officer)  
David Tolley - (Environmental Health Commercial Service  
Manager, Communities Localities and Culture)  
Alan Ingram - (Democratic Services)

## 1. APOLOGIES FOR ABSENCE

No apologies for absence were submitted.

## 2. DECLARATIONS OF INTEREST

Councillor Bill Turner declared a personal interest on the basis that he was a Foundation Governor of the East London NHS Foundation Trust.

## 3. UNRESTRICTED MINUTES

The minutes of the meeting held on 22 July 2008 were agreed as a correct record.

### 3A ELECTION OF VICE-CHAIR

The Chair indicated that Councillor Motin Uz-Zaman had stood down as a member of the Panel and had been replaced by Councillor Alex Heslop. Accordingly, the post of Vice-Chair of the Panel was vacant.

The Chair requested that the thanks of the Panel be recorded for Councillor Uz-Zaman's valuable contributions to its work.

The Chair **moved** and it was RESOLVED:

That Councillor Ann Jackson be elected Vice-Chair of the Panel for the remainder of the Municipal Year 2008/09.

## 4. REPORTS FOR CONSIDERATION

### 4.1 Tobacco Cessation Review Action Plan - Update

Mr David Tolley, Environmental Health Commercial Service Manager, introduced the report and indicated that the Tobacco Control Alliance was now up and running and in a strong position to deliver core objectives. The PCT had dedicated £1.5m this year in order to address the challenges, with a further £800,000 being requested for 2009/10. He outlined the progress of the smoke free policy and links with businesses that particularly addressed the position of the Bengali and Somali communities, in terms of smoking prevention. He added that the work of the Alliance had also been recognised at regional level.

Mr Tolley continued that testing had been carried out both on contraband and counterfeit tobacco. He also detailed enforcement measures that had been taken.

Ms Jill Goddard, Tobacco Control Lead, THPCT, gave a progress report on the position of the Health Scrutiny Review of Smoking Cessation in the Borough, which had also been circulated, and commented that, additionally, work was being focused on other ways in which tobacco was used, such as

smoking in Shisha pipes and chewed tobacco (Paan). Groups to be especially targeted were 30-50 year old Bengali men, large numbers of whom smoke, and the high levels of Bengali women at all ages who chewed betel nut, which was also carcinogenic.

A full discussion then ensued, when Panel members drew attention to matters including:

- Premises allowing the practice of Shisha smoking and ways to promote awareness of its effects on health, likewise with regard to betel nut chewing and sweet tasting tobaccos.
- Possible enforcement action targeted at such premises.
- Smoking cessation in a mental health context, including clients who did not require hospital services.
- The need to be able to quote amounts of toxic substances identified in contraband and counterfeit tobacco in comparison with the level of such substances present in normally produced tobacco, with a view to publicising the information.
- Proper packaging of items containing tobacco products was required if they were on sale in retail outlets.

The Chair stated that Councillor Anwara Ali had proposed an amendment to the Panel report when it was considered at Cabinet but although the Chair endorsed the comments, she did not feel it was necessary to add them to the report recommendations.

#### **4.2 Early Intervention Service**

Ms Brigid MacCarthy, Consultant Clinical Psychologist, introduced a briefing paper and presentation on the proposals for the introduction of an early detection service for environmental health and referred to work which had resulted in the reduction of the Duration of Undiagnosed Psychosis from 23 weeks to 6 days.

During a detailed discussion of topics arising from the presentation, Ms MacCarthy and Mr Brian Toye (Early Intervention Service) responded to queries and comments, such as:

- While the full age range of Early Intervention Service clients was 14-25 years they were predominantly from 16 years upwards.
- Information on the service would be rolled out to teaching/education staff so they could make an input if appropriate.
- It was important that the point of first contact of the service had an approachable 'shop front' appearance to encourage people to self-refer, although it was likely that GPs would be able to identify treatment-seeking people.
- The Police should be included as partners as people experiencing psychosis could present as if carrying out criminal acts.
- Full networking would be essential between all agencies involved.

- It was hoped that the service could include identifying family problems and assist where people were resistant to seeking help.
- Sensitivity to cultural and religious diversities was essential if the whole community was to support the service, together with recognition of the fact that young people could use alternative personal therapies such as cannabis.
- It should also be recognised that people could be suffering from a cluster of conditions of which psychosis comprised only one.

The Chair expressed the view that the questions in the presentation aimed at assisting the development of the service should be made available to all Councillors. She further asked that, when the service was structured and in a form to start delivery, there should be another report to the Panel due to the enormous potential value to the community.

### **4.3 Adult Protection**

Deborah Cohen, Service Head Disability and Health, introduced the Annual Report of the Adult Protection Service in Adults' Health and Wellbeing for 2007/08. This was the first occasion the annual report had been made available to the Panel and Ms Cohen gave a presentation on the main points it contained. During a full discussion of the report, the following points were made:

- There had been a significant increase in funding since last year, which would allow the service to grow and the NHS was investing more resources, in terms of funding and posts.
- To encourage extending mental health advocacy rights to older persons with confusion, much work was being undertaken under the mental Capacity Act to allow assessments to be made by people other than doctors or social workers.
- It was essential to make sensitive responses in the case of persons notified to the Council or agencies as potentially in need of help and workers at all levels would have to be apprised of the need to observe confidentiality of patient details.
- Differing family structures in the Borough's communities had to be respected and a wide community network should be established with a view to the Adult Protection Team not necessarily having to make the first intervention.

The Chair expressed the view that the points made should be taken forward by those implementing the service.

### **4.4 Joint Strategic Needs Assessment**

Dr Somen Banerjee, Associate Director for Public Health, THPCT, introduced a briefing paper and presentation on the Joint Strategic Needs Assessment process, which was a new duty that started on 1 April 2008.

It was essential to communicate with Tower Hamlets residents to find out what they considered their health and welfare needs to be; what could be done to meet them; what needed to be discontinued and how there could be successful working with the public.

Six steps to take forward included core data set collation; audit of community strategies; gap analysis; production of a foundation JSNA; consultation on the JSNA; preparation of a summary document. So far, the first step had been completed and the foundation JSNA would be completed by the end of the month and details later reported to the Panel.

The presentation also included information on emerging findings such as inadequacies socially and health-wise; links with deprivation and ethnicity to cardiovascular disease, cancer and lung disease; the fact that some 18,000 people in the Borough were considered to have significant mental illness.

The main concerns expressed by the population had been identified, along with cross-cutting themes to improve service delivery and take account of current local variations and inadequacies in service provision.

A wide discussion ensued and Dr Banerjee responded to points made, including:

- The scope of the partnership could allow investigation of the link between heart disease and the large number of fast food outlets in the Borough – there was a possibility of the local authority being able to intervene using its planning and licensing powers.
- The quoted figure of 18,000 persons suffering severe mental illness was new information and would be revisited in view of comments by the Panel.
- Deprivation and health were also a concern for housing strategy, as this had a wide impact on the well-being of Borough residents.

Dr Banerjee concluded that further information would be provided to the Panel on the formalising of a Steering Group with wide membership, establishing streamlined measures for data collation and agreement of plans to enable the work of the JSNA to proceed successfully.

#### **4.5 Improving Health and Wellbeing Strategy Refresh**

Ms Alwen Williams, Chief Executive, THPCT, tabled a presentation document on the refreshing of the partnership strategy for improving health and wellbeing. She outlined the main components of the ten year strategy, commenting that this was at an early stage and a further report would be made to the Panel.

Mr John Goldup, Corporate Director Adults' Health and Wellbeing, spoke on the drivers and key issues of the strategy which had started two years ago, since when much had happened. There had been huge changes in joined-up working and Primary Care networks and many London-wide/national changes to take on board concerning the whole NHS. In addition, the Government was

promoting its initiative to transform social care to allow individuals to decide how their care should be organised. The JSNA should push forward the refresh of the strategy and it was necessary to consider needs 5-10 years in the future.

Following full discussion of the strategy, points were made that;

- The strategy was aspirational and aimed at a 2016 delivery. The target was that there should be equal access and choice for all, rather than limitless provision.
- The NHS and social care had struggled with massive IT problems but hoped to achieve the point of people not having to provide the same information repeatedly to various health workers.
- The vision as set out in the document was built from what residents had said they wanted and delivery would be challenging but should not be diluted.
- GPs were held to contracts by the PCT and it was hoped to raise the bar of access to and quality of services
- There were some concerns about wording relating to the Barkantine surgery improvements, as it was felt that this could alienate people in other areas where services were not at that level.
- There should be a message about people taking responsibility for their own health, but without a negative element of blame.

The point was made during discussion that the Council was withholding £38,000 of funding from Think and the Chair indicated that she would take this forward.

Ms Williams stated that the PCT's view was to be culturally sensitive and not punitive. People would need the right information to allow them to access services and there were various incentives that could be used to encourage personal responsibility. It was hoped to launch the health initiative in November.

Following discussion on the further involvement of the Panel, the point was made that feedback could be made before January 2009 and the possibility of an all-Member seminar was raised. Ms. Williams added that she was open to the possibility of additional meetings being held for this purpose.

#### **5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT**

Nil

The meeting ended at 9.20 p.m.

Chair, Councillor Stephanie Eaton  
Health Scrutiny Panel