LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 6.30 P.M. ON TUESDAY, 26 JULY 2011

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

Members Present:

Councillor Rachael Saunders (Chair)

Dr Amjad Rahi
Councillor Denise Jones
Councillor David Edgar
Councillor Dr. Emma Jones

Councillor Anna Lynch

Other Councillors Present:
Nil

Co-opted Members Present:

Dr Amjad Rahi	–	(THINk)

Guests Present:

Paul James	–	(East London NHS Foundation Trust)
Dianne Barham	–	(THINk Director)
Jane Ray	–	(Quality Care Commission Team Leader)
James Pitts	–	(Quality Care Commission Inspector)
Peter Morris	–	Chief Executive, Barts & the London NHS Trust
Sariat Olatunji	–	(Care Quality Commission Inspector)
Steve Ryan	–	(Barts & The London NHS Trust)

Officers Present:

Sarah Barr	–	(Senior Strategy Policy and Performance Officer, Strategy Policy and Performance, Chief Executive's)
Deborah Cohen	–	(Service Head, Commissioning and Strategy, Adults Health and Wellbeing)
Mary Durkin	–	(Service Head, Youth and Community Learning)
Alan Ingram	–	(Democratic Services)

1. APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillor Abdul Asad and Councillor Lesley Pavitt, for whom Councillor Anna Lynch deputised.

2. DECLARATIONS OF INTEREST

Councillor Anna Lynch declared a personal interest in connection with agenda item 4.2 – "Presentation from Barts and The London NHS Trust". The declaration was made on the basis that Councillor Lynch was an employee of the Trust.

3. UNRESTRICTED MINUTES

Referring to discussions at the previous meeting relating to the composition of the Health and Wellbeing Board, the Chair reported that she had since asked a question at Council on the matter and would be requesting that the Chair of the Health Scrutiny Panel be appointed as a Board Member. She added that she had also met Ms Dianne Barham of THINk to agree joint working arrangements concerning the GP network.

RESOLVED

That the minutes of the meeting of the Panel held on 21 June 2011 be agreed as a correct record and signed by the Chair.

4. REPORTS FOR CONSIDERATION

4.1 Presentation from the Care Quality Commission

The Chair thanked the Care Quality Commission (CQC) for attending the meeting and invited them to make their presentation.

Ms Jane Ray, Team Leader, stated that the object of the presentation was to give an overview of the work of the CQC in Tower Hamlets. Two Inspectors who were members of her team (James Pitts and Sariat Olatunji) were also present and could answer detailed queries.

She commented that the CQC brought together the Healthcare Commission and Mental Health Act Commissioners and part of its remit was to inspect the Mental Health Trust service. They also dealt with regulation of private doctors, private ambulance services and, more recently, dentists but GP inspections had been deferred for a year. London comprised the busiest healthcare region in the country and so had more compliance inspectors. Her team covered five London Boroughs but all worked closely together as many cross-boundary issues arose. There were eight CMC teams in London and hers included eight inspectors, two more of whom were being recruited to reflect additional work arising from dental practice inspections. Ms Ray provided further details as follows:-

- The minimum inspection period for care facilities was once every two years and it was hoped to increase the number of visits to establishments. Visits were always unannounced and the number of inspectors involved varied according to the type of facility. An inspection of the East London Mental Health Foundation had involved seven inspectors, with 20 over a period of several days at the Royal London Hospital. Care Homes usually required an individual inspector but there could be more if a Court appearance was considered likely.
- Inspectors from other parts of the region could also help and inspections could be undertaken at all hours and at weekends, particularly when complaint-led. Other health professionals and experts could attend as required.
- Engagement was very important and CQC relied on links with other organisations and individuals for feedback on best use of resources. This presentation was aimed at encouraging people to contact CQC.
- Enforcement powers available to CQC were used carefully and with the focus on improving services. Care organisations were usually keen to improve so enforcement tended to be a last resort.
- Work was carried out in liaison with the General Medical Council and General dental Council to decide upon priority client groups, with emphasis on the elderly, especially in hospitals. Maternity and domiciliary care agencies were also areas to be examined and other NHS establishments would be inspected over the next few months.

The CQC representatives then responded to matters of detail put by the Panel members, including:-

- The use of experts by experience.
- Checks made on staff qualifications and recruitment practices, particularly in care homes.
- The use of feedback from patients.
- The educational role of CQC in encouraging people to monitor their own care.
- The implications for the service of local NHS changes and hospital mergers.
- CQC as an advisory service for individuals relating to care pathways, including the use of the Parliamentary Ombudsmen.
- The approach taken by CQC to avoid being seen as threatening or punitive when inspections were being made.
- The clarification of appropriate bodies to be responsible for addressing problems identified by CQC.

Ms Ray concluded by indicating that inspectorate reports were now published on the CQC website and invited Panel members to read them.

The Chair again thanked the representatives and expressed the hope that they would be able to work further with the Council in future.

4.2 Presentation from Barts and The London NHS Trust

The Chair commented that the Panel would like to hear from the Barts and the London NHS Trust about the huge organisational changes arising from the new hospital facilities; issues relating to outpatients' services; possible Government targets and what the Trust was choosing to measure.

Mr Steve Ryan then indicated that the Trust's Board was to receive next day a business case to ensure improved care around all areas of treatment, based around care pathways. This applied to all parts of a process, e.g. cancer treatment was linked to education and prevention as well as the medical care system. The Board would be testing whether it could improve on what individual organisations could give after the merger and was creating a medical community. He then indicated that merged services would allow the Trust to become a bigger hitter, increasing the footpath of research in East London with academic endeavour. Some £6m could be saved in informatics when software and systems were merged.

Mr Peter Morris, Chief Executive of the Trust, added that the Board was at the first stage of developing an outline business case, following which there would be a tight programme of engagement with other stakeholders and bodies. In response to a query from the Chair, Mr Morris stated that the present conversation related both to what should happen and what would happen. Mobilisation of services to East London as a whole was a substantial challenge and it was necessary to shape the design and pathways of the organisation to ensure it delivered on the promise of improvement and to enable people to have a platform to help do that.

Replying to queries from those present, the Trust representatives indicated that:-

- There was risk in determining how such a huge transaction could be delivered and the key challenge was to get the culture right. The initial decision to merge with Whipps Cross and Newham hospitals was now translating into 8 – 10 areas with a large number of clinicians becoming involved. There was a real momentum of clinical movement aimed at transforming how care was delivered.
- Holistic delivery bases were also required, to provide great medication and an informed access for the community. It was essential to find out what people felt about the whole care experience, not just the medication delivered. The organisation also needed people who understood public health and primary care issues to help provide answers, so that an impact could be made on the health of the community.
- The reorganisation was not just being led by doctors, although their contribution was very important. Leadership groups were being set up to ensure other professionals could contribute to the knowledge base.
- The Trust was concerned especially about addressing the overall quite poor public health in East London and do all it could to improve the new environment/infrastructure. As an employer of 7,000 staff – soon to be 13-14,000 – it could help provide career aspiration for local

children, especially in view of the population increase in Tower Hamlets.

- Details were given regarding the layout of the new hospital, floor by floor and the point was made that there would not be mixed sex accommodation. Infection control had been designed-in and resuscitation facilities were hugely advanced, with ensuite CT screening.
- Outpatient's services continued as work in progress and worthwhile improvements in bookings were being seen. Appointment misses were now running at 3%. Service plans were under review, e.g. the provision of notes to clinic; customer care in reception; and there was an annual survey of patients' opinions. It was also necessary to map out when patients were informed of their next stage of treatment.
- There would be large savings in informatics, with a big investment in new computer and printing equipment and these would be introduced next year when suitable training had been given. Security in the new building would be improved, with many less entrances, and enhanced security around babies and children.
- The hospital would be larger in terms of volume and floor area but the aim was that patients should not be kept in longer than necessary. If bed occupancy levels could be maintained at 93% there would be scope for emergency admissions. With 100% occupancy, people had to be moved around the building which was bad for patient experience and incurred costs. It was better for people to be looked after outside hospital, wherever possible.
- A compassionate care programme was being established, led by clinicians and nurses, aimed at enhancing the respect needs of patients. The Safety Express initiative would also have all patients visited by a nurse every two hours, which helped reducing potential harms to patients, e.g. from falls.

The Chair referred to the Quality Dimension document circulated from the Trust and expressed the view that there should be email conversation after the meeting, to ensure how to measure service improvements.

The Panel **agreed**

(1) That Mr Steve Ryan provide Ms Sarah Barr, Senior Strategy Policy & Performance Officer, with the monthly detailed performance report made to Barts and The London NHS Trust.
(2) That Ms Barr make arrangements for members of the Panel to visit the new hospital facility.

The Chair then thanked the NHS representatives for the information provided.

4.3 Progress update on Transforming Adult Social Care and Efficiency Programme – Adults, Health and Wellbeing Directorate.

At the request of the Chair, Ms Deborah Cohen, Service Head Commissioning and Strategy, introduced the circulated report providing an update on the transformation of adult social care in Tower Hamlets. She then responded to

questions put by the Panel with regard to: the need to empower people to ask for personal budgets and training up experts through experience to help with this; domiciliary care contracts; efforts for the provision of the London living wage to all employees of care service providers; the need to ensure home carers to have the skills to write cogent notes; home visits would be for a minimum of 30 minutes; the work of the brokerage team who would ensure that service users had the option of dipping in and out of having their budget managed by the local authority.

The Panel **agreed**

(1) That its thanks be recorded for the work undertaken by Helen Taylor, Acting Corporate Director, Adults' Health & Wellbeing.
(2) That the Panel's feeling be recorded that permanent appointments are preferable for such senior management positions.
(3) That the Panel be provided with the report submitted to the last Overview & Scrutiny Committee regarding with overspends in connection with domiciliary care contracts, together with details of the actual savings to be achieved.

The Chair thanked Ms Cohen for the report provided.

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

There was no further business.

The meeting ended at 8.50 p.m.

Chair, Councillor Rachael Saunders
Health Scrutiny Panel