

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE HEALTH SCRUTINY PANEL**

**HELD AT 6.35 P.M. ON TUESDAY, 18 OCTOBER 2011**

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

**Members Present:**

Councillor Rachael Saunders (Chair)

Councillor Lesley Pavitt  
Councillor Denise Jones  
Councillor David Edgar  
Councillor Dr. Emma Jones  
Councillor Helal Uddin  
David Burbridge

**Co-opted Members Present:**

David Burbridge – (THINK)

**Guests Present:**

Jane Milligan – (Borough Director, Tower Hamlets, NHS East London & the City)  
Dr Somen Banerjee – (Director of Public Health, Tower Hamlets, NHS East London & the City)  
Bill Williams – (Tower Hamlets CAMHS, East London NHS Foundation Trust)  
Dr Ruma Bose – (Tower Hamlets CAMHS, East London FoundationTrust)

**Officers Present:**

Mary Durkin – (Service Head, Youth and Community Learning)  
Deborah Cohen – (Service Head, Commissioning and Strategy, Adults Health and Wellbeing)  
Sarah Barr – (Senior Strategy Policy and Performance Officer, Strategy Policy and Performance, One Tower Hamlets, Chief Executive's)  
Robert Driver – (Strategy, Policy and Performance Officer, One Tower Hamlets, Chief Executives)  
Antonella Burgio – (Democratic Services)

The Chair welcomed Councillor Helal Uddin who had recently been appointed to the Panel and thanked retiring member Councillor Asad for his contribution to the Panel's work.

She also welcomed guests from health service bodies, Dr Somen Banerjee and Jane Milligan of NHS East London and the City; Bill Williams, Manager and Dr Ruma Bose, Consultant Psychologist from Child and Adolescent Mental Health Services (CAMHS) and Kay Riley, Chief Nurse, Barts and The London NHS Trust, Sarah Mussenden, Director of Finance, Barts and The London NHS Trust and Mark Mann, Head of External Communications, Barts and The London NHS Trust, who had been invited to present reports to the Panel.

At the Chair's request, all in attendance introduced themselves.

#### **1. APOLOGIES FOR ABSENCE**

No apologies for absence were received.

#### **2. DECLARATIONS OF INTEREST**

No declarations of personal or prejudicial interest were made.

#### **3. UNRESTRICTED MINUTES**

The Chair **MOVED** and

It was agreed that the minutes of the meeting of the Panel held on 26 July 2011 be agreed as a correct record and signed by the Chair.

In regard to minute 4.2 resolution 1, Members enquired whether monthly detailed performance report made to Barts and the London NHS Trust had been provided to the Senior Strategy, Performance and Support Officer. The Panel was informed that the report had yet to be supplied but this would be followed up by the officer.

#### **4. REPORTS FOR CONSIDERATION**

##### **4.1 Joint Strategic Needs Assessment – Presentation by Public Health**

Dr Banerjee, assisted by Jane Milligan, gave a presentation summarising the key findings at sections 4 and 5 of the JNSA report in the categories of population, social determinants of health, and health and wellbeing throughout the course of someone's life

Dr Banerjee highlighted the following matters:

- The needs identified had not changed since the last JSNA, however, given the Government's drive for economies to be made, there would

be less money available to meet these needs.

- The Community Plan was the route through which needs would be addressed and it was therefore necessary that this be reviewed regularly to ensure that provision remained reactive to the demography of the area.
- Resources were being channelled through locality based strategies therefore it was important to take advantage of these opportunities offered by these.
- There were lower local levels of cognitive development in Tower Hamlets compared to the national average. Noting Marmot's conclusions on the effects of child poverty on development Dr Banerjee highlighted that prioritising early years was critical for future health and well-being.
- Marmot's recommendation to extend the role of schools in supporting families.

Dr Banerjee summarised that there was progress to be made in terms of embedding healthy lifestyles and around targeting.

In response to questions from the Panel, the following information was provided:

- The Council could help strengthen partnership working by promoting working between agencies involved in children's health and well-being, children's social care and schools. The Children and Families Partnership was a partnership whose role was to consider matters relating to children and worked closely with different service elements. Schools and children centres were a focal point in developing the Children's Health and Well-Being strategy.
- Improving the Health and Well-Being strategy was key to improving outcomes as each component of the partnership could only do so much on its own. Improvements could also be achieved by better engagement of suppliers.
- Patterns of hazardous drinking did not correlate with circumstances of social deprivation.
- The data presented at page 31 of the report which outlined the proportion of total budget spent on adult social care was more than one-year-old. Areas of underinvestment had been addressed since these data had been published. In addition members were asked to note that there was higher than average spend on home care services and that this service was still provided free to residents of the borough presently.
- GPs had annually refreshed finance packages they were able to use to promote health strategies for healthy lifestyle choice advice to clients.
- Observed rates of dementia under-diagnosis were the result of a combination of late presentation and under diagnosis. Therefore services were looking to campaigns to get people to seek help early and in this respect more work could be done at primary care level.
- "Carers" were not well defined in society and therefore much more care took place in the community than was formally recognised.

- Pharmacies had under-used resources. This was not well explored in the JSNA but was a useful area that could be boosted. Tower Hamlets LINK wished to see more done on holistic approaches to people with co-morbidities. The panel was advised that a detailed piece of work had been produced as part of the JSNA on pharmacy which would be provided to the Panel.

The Chair requested that NHS Commissioners be invited to the Panel's meeting on 24<sup>th</sup> January 2011 to speak about strategy.

Action: Sarah Barr

## **RESOLVED**

That the report noted

### **4.2 Child and Adolescent Mental Health Services**

Bill Williams General Manager and Dr Ruma Bose, Consultant Psychiatrist, Child and Adolescent Mental Health Services (CAMHS) presented the report circulated agenda item 4.2 which provided a summary of how the issues of demographics, partnership working, demand and capacity, the referral system and accountability in governance is related to CAHMS. In response to questions from the Panel, the following information was provided:

- Adult mental health services supported those over 18 years whilst CAHMS dealt with referrals up to age 18. The transition between youth and adults provision might not be seamless as a gap could occur where referrals were made around age 17.
- Public engagement in performance monitoring was achieved through regular user forums. There had been consultation on the structural changes recently implemented and the service operated a robust complaints mechanism. It was the General Manager's view therefore that strong attention was given to feedback.
- A client consultation would be undertaken where referrals to CAHMS were made by teachers. An educational psychologist would also be involved prior to a CAHMS referral.
- Carer support work, in the main, was family based. Parents were directed to support groups to enable direct contact and support to be given to families. In addition there was access to bilingual co-workers.
- Most concerns for the CAHMS service arising from necessary cuts in funding were that efficiencies had already been made and had been achieved without staff losses. However should more efficiencies be required, this might result in a reduction in clinicians and therefore reduced capacity. Should this occur, it would then be necessary to apply tighter thresholds to the service that will be delivered.

## **RESOLVED**

That the report to be noted.

### 4.3 Proposed merger of Barts and the London, Newham and Whipps Cross

A presentation was given by Kay Riley, Chief Nurse, Barts and The London NHS Trust, Sarah Mussenden, Director of Finance, Barts and The London NHS Trust and Mark Mann, Head of External Communications, Barts and The London NHS Trust to update the Panel on what had happened in the last few months in relation to the proposed merger of Barts and The London, Newham and Whipps Cross Hospitals and provide an overview of the planning process. The merger team highlighted the key areas emerging through the development of the full business case, the key challenges and risks and the journey ahead.

In response to questions from the Panel, the following information was provided:

- The main motivators for the change to provision were, patient benefits, financial challenge, service transformation that could be achieved for East London and a financial position that would enable Whipps Cross and Newham hospitals to determine their own future.
- The executive team believed in the proposals and the clinical groups were looking at strategies therefore they did not feel that it had been oversold.
- Most of the best performing health organisations were foundation trusts and these models had achieved throughout the England and Wales.
- The hospitals' continued accessibility was not in question as at present the only changes proposed were in the structure of the Trust. Additionally the business case for the merger had been built on the basis of no change to services.
- The first stakeholder event had dealt with general matters following which stakeholders had raised a number of issues. The forthcoming stakeholder event was intended to be more specific and would answer concerns that had been raised at the first event.
- It was not intended that there should be increased back-office costs. There would be costs around integrating IT; these had been factored in and would be transitional. Additionally to save back office costs, the new Trust Board was looking at linking existing IT systems rather than purchasing a new one. Following this it was anticipated that there would be savings in back office functions through economies of scale.
- A Panel Member was concerned that transport links across the three sites would be insufficient and asked the Trust Board to engage with Transport for London to explore how integrated transport links could be achieved. Kay Riley, Chief Nurse, Barts and The London NHS Trust acknowledged that transport links were issues for staff as well as patients

The Chair agreed to write a letter to Transport for London raising this matter.

Action: Councillor Rachel Saunders

- A draft engagement strategy had been developed utilising all

opportunities to engage. The Trust Representatives agreed to work with the THINKs to ensure that engagement was appropriately targeted.

- Regarding possible changes to doctors working arrangements to enable 24/7 cover, joint rosters were already in operation and that this would be further worked on to incorporate out of hours cover. It was noted that the financial advantage of avoiding costs of bringing up the levels of Whipps Cross and Newham hospitals could be avoided because Barts and the London already neared the specification level for 24/7 cover. Additionally the merger of three Trusts gave good prospects for the establishment of a foundation trust.
- The Trust timetable needed 12 months clear trading to demonstrate monitor compliance however the Trust was asking the Department for Health to extend this to impact of job losses least.

### **RESOLVED**

That the presentation be noted.

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

The Chair discussed forthcoming business and requested that the Panel's meeting in January include the following items:

- Budget proposals
- Feedback on Health and Well-Being Board - challenge session
- Budget strategy - how health is delivered going forward
- Councillor event with the merger team - challenge session
- a high-level strategy on commissioning sexual health

The meeting ended at 8.40 p.m.

Chair, Councillor Rachael Saunders  
Health Scrutiny Panel