

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 6.30 P.M. ON TUESDAY, 24 JANUARY 2012

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

Members Present:

Councillor Rachael Saunders (Chair)

Councillor Denise Jones (Vice-Chair)

Councillor David Edgar

Councillor Lesley Pavitt

Councillor Dr. Emma Jones

Councillor Lutfa Begum

Other Councillors Present:

None.

Co-opted Members Present:

Dr Amjad Rahi

– (THINK)

David Burbridge

– (THINK Steering Group Member)

Guests Present:

Dianne Barham

– (THINK Director)

Jane Milligan

– (Borough Director, Tower Hamlets, NHS East London & the City)

John Wardell

– (Chief Operating Officer Tower Hamlets, Clinical Commissioning Group)

Chris Lovitt

– (Associate Director of Public Health NHS East London and The City)

Officers Present:

Stephen Cody

– (Interim Corporate Director Adults Health & Wellbeing)

Paul Thorogood

– (Service Head Resources, Adults Health and Wellbeing)

Mary Durkin

– (Service Head, Youth and Community Learning)

Sarah Barr

– (Senior Strategy Policy and Performance Officer, One Tower Hamlets, Chief Executive's)

Robert Driver

– (Strategy, Policy and Performance Officer, One Tower Hamlets, Chief Executives)

Zoe Folley

– (Committee Officer, Democratic Services Chief

Executive's)

–

1. APOLOGIES FOR ABSENCE

Apologies for absence were received on behalf of Councillor Helal Uddin and for lateness by Councillor Denise Jones.

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 18th October 2011 be agreed as a correct record and signed by the Chair.

Matters Arising.

Item 4.3 Proposed Merger of Barts and the London, Newham and Whipps Cross.

The Chair reported on a recent meeting with the Barts and the London and Scrutiny Officers following the issues around surgeon resignations reported in the national press. Assurances had been secured that the issues were being addressed and that the Trust Board Secretary would provide the Panel with briefings on current issues. The Chair stressed the importance of strengthening communications with the hospital and that a proactive approach should be taken to this.

Concern was expressed at the impact of the resignations on orthopaedic services. It was feared that patients were now facing extended delays for urgent treatment. Members considered that this matter should be followed up.

4. REPORTS FOR CONSIDERATION

5.1 Overview of NHS Tower Hamlets Commissioning Strategic Plan

Jane Milligan (Borough Director, Tower Hamlets, NHS East London and the City) gave the Panel an overview of the NHS Tower Hamlets Commissioning Strategic Plan for 2012/13.

Firstly she provided an update on overall events. She referred to the emergence of the Clinical Commissioning Group (CCG) and its greater

responsibilities for health budgets. She explained its expected move to authorised status in readiness for the end of the Primary Care Trust.

She also explained the merger proposals combining East London and the City with outer north east London to create a new commissioning cluster.

She outlined the development of the NHS Commissioning Board and its budget responsibilities and the work to create a commissioning support organisation.

Other key headlines were the public health outcomes published this week, the work of the Health and Wellbeing Board in developing a strategy, last weeks visit from senior NHS figures to consider the robustness of the plans. The feedback from which was very positive.

Ms Milligan also reported on key achievements including the near achievement of last years commissioning plans, planned initiatives, the savings targets and possible ways of achieving this.

In response to the Panel, Ms Milligan and Mr John Wardell (Chief Operating Officer, Tower Hamlets CCG) reported the following issues:

- It was recognised that the Choose and Book appointment system was an issue. Colleagues were looking at alternative systems nationally to find the most effective system.
- It was planned to carry out a mapping exercise of population changes to update GP Lists. There was a working group currently looking into this. The Panel stressed the need for the lists to be updated regularly and accurately so that resources matched patients needs.
- That the GP services in A&E had proven very effective. A key aim of this service was addressing the large number of child admissions to A&E.
- Steps were being taken to improve the support services for A&E to secure the correct referral first time.
- It was planned to continue with current budgets when CCG took over.
- Noted that Community Health services were a key issue. Innovations such as the virtual health ward and use of new IT services should improve performance and facilitate greater integration. A key area to be looked at was District Nurses. It was necessary to carry out further work to improve performance and integration further.
- The Panel stressed the need for Community Health Services to be better integrated with other services and for the sections in the plan (TH Commissioning Strategic Plan 2012/13-2014/15) to be better linked with the other parts of the strategy.
- In relation to back pain, the structure and changes to the services was explained. The aim was to provide the right pathway for patients and to integrate services rather than reduce services. Work was being done to obtain an evidence base to inform this area of work.
- Noted the need to work with the Panel to promote patient involvement and to identify ways of achieving this.

- Noted the positive relationship between the various NHS services and that they have a good dialogue in identifying savings.
- The need to use plain English in health documents was recognised.
- That the question raised by Councillor Pavitt around mental health services be looked into and the answer be reported back.

Chris Lovitt (Associate Director of Public Health NHS East London and the City) clarified the budget position for Alcohol and Drug services. For 2011/12 there is expected to be a small increase in Pool Treatment Funding. The services were currently developing a Drugs and Alcohol strategy. He noted the Panels concerns about the savings in this area given the role of alcohol and drugs in increasing crime. He reassured the Panel that steps were being taken to address the impact on crime with the health services. Key to this was making services as accessible as possible and integrated working.

He also referred to the Mental Health services. It was intended that that the promotion of wellbeing would be reflected in all health and wellbeing strategies and that there was focus on early prevention and correct treatment. This was a key future goal of the service.

The Chair welcomed the proposed structure for Patient and Public Involvement (pages 64 of agenda) showing Member involvement. She also stressed the need for the Panel to be kept up to date with the hospital merger plans and for it to receive details of the consultation and the criteria for consulting on to influence the process.

Reference was also made to the Health and Wellbeing Board.. It was intended that the Chair would be sent details of Health and Wellbeing Board meetings and the agenda in advance to facilitate participation. The Panel noted the importance of this.

RESOLVED

That the report and the presentation be noted

5.2 Tower Hamlets Health Scrutiny Panel - Review of Consultation Events

The Panel considered a report which reviewed two consultation events that it had participated in as part of its work programme for 2011-12. The Panel were invited to discuss the role of the Panel in future events and how the findings could shape the future work programme.

The Chair considered that the events were very useful and were well attended.

LAP 5 and 6 Health Event 26th October 2011 Burdett Neighbourhood Centre.

Dianne Barham (THINK) presented the key findings and the lessons learnt to maximise responses. A good idea now was to feedback to respondents to show progress with comments. Consideration could be given to ways of doing this.

In response, the Panel welcomed the approach taken in undertaking a range of exercises to maximise responses.

Health and Scrutiny Panel Adult Social Care Review Event. 8th November 2011 Toynbee Hall

The Panel felt it beneficial to engage regularly with the service users involved in the event.

Accordingly, the Chair suggested that the Panel hold regular face to face events say on an annual basis to consult with the service users.

Overall, it was Agreed that the responses to the consultation events should be submitted to the Overview and Scrutiny Committee with a view to subsequent submission to the Cabinet.

The Chair also commented that ways of increasing public involvement should be explored further.

Mr Stephen Cody (Interim Corporate Director Adults Health and Wellbeing) highlighted the action underway in his Directorate to consult extensively with the community in supporting the Council's Local Account and AHWB strategies in general.

5.3 Overview of Sexual Health Services in Tower Hamlets

Mr Chris Lovitt (Associate Director of Public Health NHS East London and the City) gave a comprehensive overview of sexual health services (SH) in the borough.

Mr Lovitt reported on the impact of the proposed Health and Social care Bill on the commissioning arrangements for sexual health services, its key objectives to improve access, outcomes and integration. He explained the key improvements to date in sexual health services especially reducing Teenage Pregnancy that have been achieved through strong partnership working across the council, NHS and other partners. Subject to the passage of the Health and Social care Bill the government is planning to move responsibility for commissioning sexual health services (excluding abortion services) from the NHS to the Local Authority as part of the move of Public Health to the council

He also reported on current work being undertaken locally including the production of a new Tower Hamlets Sexual Health Strategy for the Borough, the potential introduction of sexual health tariff due to take affect in April 2012. He presented an overview of Sexual Health statistics for the Borough that

showed that the borough has high rates of sexual ill health, significant amounts of unmet need and about 40% of local people are accessing services outside of the borough

In response to the presentation, Members discussed the intention to reduce hepatitis B and C. It was suggested that action be taken to educate beauty salons to prevent the spread of the disease via such treatments.

The Panel also questioned whether the overall cuts in funding could increase demand on local SH services and sought assurances that they would remain local under the hospital merger.

In response to the questions, Mr Lovitt referred to national policy for Hepatitis B and C treatment to target those at risk. As with other diseases, key to this was early and greater screening and treatment. There is already work on introducing routine “opt out” screening for HIV in both the hospital and primary care. The case for widening this to include Hepatitis B and C screening is currently being looked into.

Mr Lovitt also highlighted the key aims of the national sexual health strategy including increased education for groups at risk and promoting awareness amongst older age groups. Steps were also being taken to raise awareness of sexual health issues amongst the over 30s age groups, as it was noted that they were at risk also, as well as younger people. The Public Health is keen to ensure the sexual health services were easily assessable and services mainstreamed into Primary Care and to remove taboos around the service.

Currently there were three hubs providing specialist SH services along with services provided in Primary care. However, the current location of the GUM clinic at the Royal London is less than ideal and there are concerns around accessibility during the redevelopment as the clinic is staying in its current location whilst demolition work is taking place around. The current location is only secure until 2014 and plans have yet to be developed about where GUM services will be located in the future either within the new build or off site in a “high street” location. It was **Agreed** that the Chair should write a letter about this plan to Barts.

It was also **Agreed** that the Sexual Health Strategy should be submitted to the Panel when ready for discussion.

RESOLVED

That the information in the presentation be noted

5.4 Budget Proposals for 2012/2013 for Adults Health and Wellbeing Directorate

Mr Stephen Cody (Interim Corporate Director Adults Health and Wellbeing) and Mr Paul Thorogood, (Head of Finance Adults Health and Wellbeing)

presented the agreed efficiencies and further proposed savings for the Adults Health and Wellbeing Directorate (AHWB).

Mr Thorogood highlighted the efficiencies agreed by Council in March 2011 for AHWB and the targets for delivery. He also explained the proposed efficiencies for the Directorate agreed by Council in January 2012 and to be submitted to full Council.

In considered each initiative, Mr Cody also responded to the questions raised by the Overview and Scrutiny Committee regarding the budgets as set out below.

Use of Telecare

In relation to the questions about Telecare, Mr Cody explained how the proposals for the service should lessen the need for other forms of care. Work was being done to coordinate Telecare services to ensure clients received one integrated service. Officers were also looking at working with voluntary services such as befriending services to allay any worries over greater customer isolation with increased use of Telecare. It was planned to phase in the changes.

Housing Link Phase 2.

Regarding the question about the Look Ahead service, Mr Cody reassured the Panel that the organisation already possessed the capacity required to take on the new commitments and already undertook worked with the key agents and clients of the Housing link service. Mr Cody also explained the implications for the employees affected by the changes.

Improving the quality of the hostel sector and managing reduction of the number of beds.

Regarding the potential reduction of 150 hostel beds, it was evident from the recent review that some beds were underused. It was considered that the new hostel service would be more than adequate to cope with demand.

In response, the Panel referred to the new Housing Benefits thresholds and the impact on homelessness. It was important to take this on board when looking at housing and homelessness especially the impact on families in the Borough.

London Living Wage.

Mr Cody expressed confidence that the 'squeeze' would not lead to poorer services in this area. The aim of the changes was to commission an improved service. The type of services to be provided would be more flexible recognising the personal needs of the customer.

RESOLVED

That the information in the presentation be noted

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

Nil items.

The meeting ended at 9.05 p.m.

Chair, Councillor Rachael Saunders
Health Scrutiny Panel