

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT TIME NOT SPECIFIED ON TUESDAY, 26 JUNE 2012

**COUNCIL CHAMBER, 1ST FLOOR TOWN HALL, MULBERRY PLACE, 5 CLOVE
CRESCENT, LONDON, E14 2BG**

Members Present:

Councillor Lesley Pavitt
Councillor Rachael Saunders
Councillor Denise Jones
Councillor Dr. Emma Jones

Co-opted Members Present:

Dr Amjad Rahi – (Chair of THINK/ Local Healthwatch)
David Burbridge – (THINK Steering Group Member)

Officers Present:

John Wardell – Chief Operating Officer, Tower Hamlets Clinical
Commissioning Group
Sam Everington – Chair Tower Hamlets **Clinical Commissioning
Group (CCG)**
Steve Gilvin – Director of Primary Care Commissioning, NHS
North East London and the City
Afazul Hoque – (Senior Strategy Policy & Performance Officer,
One Tower Hamlets, Chief Executive's)
Louise Russell - Service Head, Corporate Strategy and Equality

Isobel Cattermole Corporate Director: Children, Schools and Families
Sarah Barr Senior Strategy Policy and Performance Officer
Robert Driver Senior Strategy Policy and Performance Officer

1. ELECTION OF VICE-CHAIR

The Overview & Scrutiny Committee appointed Councillor Rachael Saunders as the Chair of the Health Scrutiny Panel for the Municipal Year 2012/2013 at their 19 June 2012 meeting.

However, it is necessary to elect a Vice-Chair of the Health Scrutiny Panel for the Municipal Year 2012/2013. Councillor Lesley Pavitt nominated Councillor Denise Jones to serve as Vice-Chair, this was seconded by Councillor Emma Jones.

RESOLVED

That Councillor Denise Jones be elected Vice-Chair of the Health Scrutiny Panel for the remainder of the Municipal Year 2012/13.

2. APOLOGIES FOR ABSENCE

An apology was received from Cllr Mukit

3. DECLARATIONS OF INTEREST

There were no declarations of interest.

4. UNRESTRICTED MINUTES

RESOLVED that the unrestricted minutes of 24 April 2012 be agreed as a correct record of the proceedings.

5. REPORTS FOR CONSIDERATION**5.1 Health Scrutiny Panel Terms of Reference, Quorum, Membership and Dates of Meetings**

The Chair presented the Terms of Reference report. The committee was informed that the report sets out the Terms of Reference, Quorum, Membership and Dates of meetings of the Health Scrutiny Panel for the municipal year 2012/2013.

The Chair asked officers to look into the list of Health Scrutiny Panel co-optees in the last five years, in order to review the background of organisations who are generally co-opted to the panel, as various people have expressed an interest.

David Burbridge named Anna Livingston, a local GP, as a possible future co-optee. The Chair noted that Dr Livingston has attended several Health Scrutiny Panel meetings. However she is moving into another role and has nominated other GPs from the local medical committee to attend instead. The Chair stated that whilst no more formal co-optees will be appointed, anyone interested in the issues discussed at Health Scrutiny Panel is welcome to attend and participate in the meetings.

The pharmaceutical committee and opticians were also suggested as possible future co-optees.

Action: Robert Driver

RESOLVED

That the report be noted.

5.2 Verbal update from Tower Hamlets Clinical Commissioning Group

John Wardell, CCG Chief Operating Officer, presented the report. The Panel was informed that the Clinical Commissioning Group (CCG) arrangement has been in operation since April 2011. There is a multidisciplinary board in place, consisting of GPs, practice managers, nurses, representatives from the Local Authority and Think. The CCG is currently undergoing authorisation and will be in phase three of the possible four, co-ordinated by the National Commissioning Board. Also, in the process of compiling the names of the individuals who will be contacted in the 360° assessment that the national commissioning board will run as part of its authorisation process and the chair of Health Scrutiny Panel will be invited to take part in this.

In terms of the commissioning support offer, the full management operating cost for clinical commission group is £25 per head. The panel should be mindful that not all the functions that were the responsibility of the PCT will be taken on, and other functions will move to other departments. Initial work has been to focus on setting up internal governance and managerial arrangement costs. Tower Hamlet's approach is to look into buying all of its commissioning support through one organisation. There is an agreement in principle about what that would include, however they are still awaiting further national guidance about the role of the CCG around safeguarding, Estates and IT support.

Mr Wardell continued that they are keen to work with Public Health and agree a memorandum of understanding, as they want to preserve Public Health relations with the local authority to ensure there is robust public health advice around commissioning and to continue working with a partnership approach. There is also a desire to find new ways of working with councillors.

In response to questions from the committee, the following information was provided.

- With regards to the relationship with commissioning support organisation, a member inquired whether there is an understanding of how that will vary locally. The Chief Operating Officer stated that each Clinical Commissioning Group (CCG) have taken a different approach, but essentially have gone through a similar process. However, there will be a core offer in relation to service, but the difference will be about the contracts being commissioned.
- The main changes in the new organisation will be a reduction in management cost, and a lot of time has been spent reducing duplication. However, still awaiting the final guidance about the role of the CCG in safeguarding, Estates and GP IT functions. Internal communication will be managed by the organisation but broader or national communications will be commissioned. There is a statutory responsibility to manage the finance and therefore a chief finance officer will be appointed. Dr Sam Everington, Chair of Tower Hamlets CCG, said that in a bid to influence commissioning, every practice has

a commissioning lead, and that commission lead will attend a locality meeting once a month and give feedback. There are also other ways to gather clinician input i.e. setting up an intranet service through which any GP or Nurse can send in messages and a number of forums that meet at lunch time and in evenings in order to tap into different groups. With regards to the possibility of buying services from the council, the Chief Operating Officer replied that it is not clear as to the long term plan after the national Commissioning Support Service (CSS) has expired. As a CCG we have to constantly ensure that we are getting value for money for commission support.

- The Chair, Tower Hamlets CCG replied that the Health and Wellbeing Board is a key area for official communication with councillors, but there are also lots of informal communication channels.
- In response to a question on how effective the Health Scrutiny Panel and Health and Wellbeing Board will be, the Chair, Tower Hamlets CCG replied that, the Health and Wellbeing Board is a statutory body and has excellent opportunities in the delivery of health matters. Mr Wardell continued that any forum that scrutinises work is useful, and any feed back from the various channels will be positive and will come to the panel as requested. As the CCG moves forward it is likely that challenges will be faced so any forum that assist in arriving at a solution will be welcomed
- In response to a question on what will happen if a company takes over the running of a GP practice, the Chair, Tower Hamlets CCG replied that the procurement process has been redesigned to ensure that it ties in with local services. The Chief Operating Officer also responded that whatever procurement process is adopted locally, there will be a requirement for that provider to engage with the model of service already in place and adhere to the constitution that the CCG has sign to, in relation to that process.

UPDATE ON TOWER HAMLETS OLYMPIC GAMES PLANNING

Steve Gilvin, Director of Primary Care Commissioning, NHS North East London the City, presented the verbal update report to the committee. He stated that the team manages the contracts to GPs and pharmacies across Dagenham, the City and Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest. The focus of the planning process is to provide business as usual during the Olympics and Paralympics Games. Sufficient preparation has been done for the games and there are contingencies in place in the eventuality that anything goes wrong.

The key risks are related to keeping business as usual given the expected disruption, for example staff getting to location, patients getting to services and the delivery of medication. Each of the acute trust will have their own processes in place to deal with these eventualities.

There is an expectation of a 5% increase in visitors to the capital based on lessons from previous games, as a lot of new visitors will displace other visitors during this time. The sign posting for patients to access healthcare will

be to go to a pharmacist first, walk in centre next and then hospitals as a last resort. A small proportion are expected to access GP surgeries. 'Blue light' access to the Olympic Route Network has been secured for ambulances. Drugs deliveries to pharmacist will probably decrease to possible one delivery a day. A lot of work has been done with local pharmacists to ensure that they are aware of regulations that affect athletes and members of athletes' families and associated staff if they should attend a pharmacy. In terms of general practices for GPs and pharmacies, guidelines have been issued, and assurance processes has been completed to ask each contractor to provide a statement that they have gone through the check list.

In response to questions from the committee, the following information was provided.

- A member enquired about reports of patients with long term conditions having difficulties in getting their medication and whether this will be exacerbated during the games. The Director of Primary Care Commissioning clarified that this issue is partly around the quota system put in place by suppliers to combat exploitation by some pharmacies. This has caused some delays in the production of some drugs, but the Olympics should not affect this further. The ABPI which is the pharmacy umbrella group has been contacted to ask for the rules to be relaxed so that drugs can be stocked up during the games. There is the contingency of possibly couriering drugs to patients. However, there is confidence that supplies during the games will be able to cope, but there is also the possibility of asking patients to come earlier to obtain prescriptions.
- For each of the pharmacies that may have difficulties in receiving their delivery of supplies, there is the option of delivering to a neighbouring pharmacist so that they can collect themselves. There is also the option of night time deliveries.
- The director of Primary Care Commissioning informed the committee that the department will be migrating to the National Commissioning Board in the future and he will be happy to return to the panel to update members.

RESOLVED

That the verbal update be noted

5.3 Verbal update on merger of the Adults, Health and Wellbeing Directorate and the Children, Schools and Families Directorate

Isobel Cattermole, Corporate Director, Children, Schools and Families provided the update to the committee. The integration board was set up at the beginning of the year, consisting of key people and officers from both directorates across the council. As a result of meetings and discussions with

management across both directorates, a list of benefits from the integration has been identified:

- strengthening family focus and transition pathway for children with disabilities and mental illness.
- promoting independence and early intervention across the whole life course, and this sets the theme for the new children and young peoples plan. This also aligns with the Health and Wellbeing Board, Public Health and other department priorities.
- maximising efficiency and reducing duplication in the back office
- enriching professional skills of work force
- building on safeguarding and safeguarding adults

The integration is being managed in two phases; phase one will deliver the directorate's new management team, at which point educational social care and well being will come in, and this is the agreed name of the new directorate. This phase is nearing completion.

The Corporate Director, Children, Schools and Families is proposing a new DMT structure with a possible reduction of one service head, which is yet to be approved. Adult social care and children social care will be kept distinct under two service heads, this will happen after the Olympic period, preferably September onwards. The second phase approach will enable the team to plan the tier of integration SMT. A risk assessment has been carried out, as this will be the biggest directorate in the council with a large staff and budget, a constant review of risk is necessary. A paper will be brought to cabinet detailing all the issues covered, as well as the risk in managing the process.

There is plan to have a lead member for Adults and Children services; currently there is a safeguarding board for children and adult and it propose that both of these remain, however there is a desire to have one safeguarding board in the future.

In response to questions from the committee, the following information was provided.

- With regards to the matter of having one Executive Director, the Corporate Director, Children, Schools and Families replied that this is considered proportionate, but this is a high risk area because of the vulnerability of the client groups. However, it is measured that both directorates are very well resourced and managed. Moreover, the corporate risk is being shared by the corporate management team. Both directorates have worked closely with partners and the risk is shared across a partnership.
- Public health will move and be part of the Council, but it has not been decided on where it will be housed. There is a view that it is in line with this directorate, but there are parts of public health that could sit

elsewhere. It may be that some of its services may sit in different parts of the council.

- There are two Service Heads from Adult, Health and Wellbeing which will remain, and four in Children Schools and Families but due to the move of some services to Communities Localities and Culture, it will be reduced to 3 and so the proposal is to have 5 Service Heads in total.
- Cllr Pavitt congratulated CSF for informally receiving an outstanding/good grade in their recent Ofsted inspection. This was echoed by other members.

RESOLVED

That the report and comments be noted.

5.4 Developing a Local Healthwatch in Tower Hamlets

Afazul Hoque, Senior Strategy, Policy and Performance Officer, presented the report to the Panel. He informed the Panel that Local Healthwatch organisations are being set up to give people greater influence over their local health and social care services. Local authorities are to be placed under a statutory duty to commission effective and efficient local Healthwatch organisations by April 2013.

In response to comments and questions from the Panel, the following information was provided.

- A member raised concerns that the new organisation may not be able to fulfil all its functions with current staffing levels, especially on the delivery on advocacy which is a highly skilled and time intensive exercise. Mr Hoque confirmed that these concerns were recognised and stated that advocacy will be commissioned separately; a sub group is undertaking analysis of this.
- A member stated that there may be inherent tensions in the way the organisation is set up, if they are encouraging people to raise issues about health service providers whilst at the same time providing information about those organisations. There needs to be a demarcation of the functions so to avoid potential conflict of interest. Mr Hoque replied that talks with colleagues are underway to ensure that the right balance is achieved, so that the various functions can be carried out without this conflict.
- A member commented that the Healthwatch should have a map of how GPs are organised.
- A member commented that the local Healthwatch has the power to 'enter and view' services and therefore would like to see the local Healthwatch be the eyes and ears of the Health Scrutiny Panel, and would like to receive reports on such visits so that the committee's comments can be followed up.
- A member commented that the local Healthwatch should aim to be located in a visible and accessible area.

RESOLVED

That the report and comments be noted.

5.5 Verbal update on the Health Scrutiny Panel's work programme

The Chair gave an update of the committee's work programme. Three broad areas were identified: overview and scrutiny of Barts Heath, accountability, and maximising the opportunities from the transition of public health to the local authority.

The Chair highlighted that Dr Everington is keen to do more work on public health and schools, and therefore proposed a challenge session on this subject this year.

A member urged the committee to consider a mapping exercise to list PCT services that were being provided in Tower Hamlets before they are disbanded as they are currently very reluctant to provide this information. The Chair agreed with this proposal but stated that the PCT may genuinely not know this information. The Chair proposed a follow up question be asked for the organisation to provide the information.

RESOLVED

That the update work programme be noted

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

The Chair reported back for information, that the August 2011 cabinet decision setup the shadow. It was also said that the Chair of Health Scrutiny Panel should attend. However at the last Health and Wellbeing Board meeting she was asked to leave and was told that the mayor no longer wants to stand by his previous decision. Overview and Scrutiny has agreed to write a letter to the Mayor setting out the chain of events and asking for a meeting between herself Cllr Ann Jackson and the Mayor to have a conversation about how Health and Wellbeing Board and Health Scrutiny Panel can work together more effectively. The letter will be circulated to the committee.

The meeting ended at 8.45 p.m.

Chair,
Health Scrutiny Panel