

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE HEALTH SCRUTINY PANEL**

**HELD AT 6.30 P.M. ON TUESDAY, 11 SEPTEMBER 2012**

**ROOM C1, FIRST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE  
CRESCENT, LONDON, E14 2BG**

**Members Present:**

Councillor Rachael Saunders (Chair)

Councillor Lesley Pavitt

Councillor Dr. Emma Jones

Councillor Mohammed Abdul Mukit MBE

**Other Councillors Present:**

Councillor Ann Jackson - Chair, Overview & Scrutiny Committee

**Co-opted Members Present:**

David Burbridge

**Guests Present:**

Dianne Barham

- (THINK Director)

Simon Tulloch

- (Head of Quality, Innovation & Patient Experience, East London Trust Foundation)

Dr Nancy Fontaine

- (Barts NHS Trust)

Janet Lewis

- (Operations Director - Ambulatory Care, Barts NHS Trust)

**Officers Present:**

Robert Driver

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

Sarah Barr

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

Deborah Cohen

- (Service Head, Commissioning and Strategy, Adults Health and Wellbeing)

Louise Russell

- (Service Head Corporate Strategy and Equalities, Chief Executive's)

Alan Ingram

- (Democratic Services)

**COUNCILLOR RACHAEL SAUNDERS (CHAIR) IN THE CHAIR**

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were submitted from Councillor Denise Jones (Vice-Chair) and Dr Amjad Rahi (Co-opted Member).

**2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**

No declarations of Disclosable Pecuniary Interest were made.

**3. UNRESTRICTED MINUTES**

**RESOLVED** that the unrestricted minutes of the meeting of the Panel held on 26 June 2012 be agreed as a correct record of the proceedings.

**4. REPORTS FOR CONSIDERATION****4.1 Tower Hamlets Health and Wellbeing Strategy**

Ms Louise Russell, Service Head Corporate Strategy and Equality, introduced the report setting out the draft Outline Health and Wellbeing Strategy for Tower Hamlets, as required by the Health and Social Care Act 2012 and initiated by the Borough Shadow Health and Wellbeing Board (SHWB).

The draft Outline Strategy was the result of a review of evidence about local need and local views, consultation with stakeholders and residents. Ms Russell indicated that the document would be submitted to the SHWB in the following week and placed emphasis on giving local people a voice. Other comments regarding long-term health conditions and cancer had also been taken on board, with issues around disability being pushed up throughout the Strategy and the Equality Analysis further feeding in.

The next steps would see proposed specific actions feeding into the delivery stage and workshops involving the community were being arranged around the various themes of the document, which would then be put forward to the SHWB in December 2012.

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

- Holding GP commissioning agencies to account was mainly the role of provider boards, rather than the SHWB, which focused on key strategies.
- The SHWB had already identified the prevalence of diabetes in the Borough as a priority for action, in the Healthy Lives and long-term conditions theme, and a delivery plan would be developed specific to Tower Hamlets' needs.
- The needs of women in some sectors of the BME community who could be isolated and without access to local facilities or the internet were being addressed as part of the CCG consultation and public engagement strategy. Creative use of new technology, including

community TV channels and interactive packages were being considered in this respect.

**Ms Russell undertook to provide details of the numbers of Health Visitors in the Borough in response to queries from Councillor Lesley Pavitt (to be made available to all Panel Members).**

Members also commented that:

- The role of carers was crucial to the welfare of individuals and their importance needed to be recognised.
- People should be enabled to take responsibility for their own health care and choices for the management of health conditions, with expert patient involvement. This should be considered in conjunction with the draft Strategy's key enabler relating to engagement and co-production.
- Engagement with the community needed to be undertaken at a grassroots level, so that a true assessment of local need could be made.

**Action by: Louise Russell**

## **RESOLVED**

That the comments of the Panel be reported to the SHWB as part of the consultation process on the draft Strategy.

### **4.2 Community Health Services - Verbal Update**

Ms Janet Lewis, Operations Director – Ambulatory Care, Barts NHS Trust, made a verbal and slide show presentation updating progress on creating the new organisation, Barts Health.

Ms Lewis outlined the Barts vision aimed at changing lives of service users in:

- Offering acute, specialist and community services that were tailored to meet the needs of local communities.
- Being recognised locally, nationally and internationally for outstanding clinical services, research and education.

She set out the organisational values to be adopted in achieving the overarching aims in being caring and compassionate; actively listening and responding; improving and innovating for patient safety; achieving ambitious results and valuing all staff and their contributions to patient care.

Ms Lewis explained the work of the Ambulatory Care Clinical Academic Group (CAG), which was one of eight CAGs in Barts Health and which was looking at how to support people living at home with chronic diseases. It was hoped that the CAGs would steer the way to excellent local health services for East London. Work was also underway on integrating community health services, involving GPs, local authority, mental health and acute partners. The intention was that the Acute Trust would work more along the lines of community services, integrate adult community nursing into networks and maintain local

services for Tower Hamlets patients alongside the tertiary services in the Royal London and Barts hospitals (e.g. stroke).

Aspirations for service improvements had been expressed by staff and work was in progress on the use of new technology to ensure all staff could access systems from any site. Staff and patients were being engaged in the creation of the Barts vision and values and it would be ensured that each CAG and service group was led by a clinical director who worked in the service and would be involved in setting the strategic direction.

Barts Health was also committed to a range of patient engagement measures in setting up patients' panels and patients sitting on the CAG boards. Mile End beds would be managed under the care of the elderly team to ensure patients transferred seamlessly within the service. Work was being undertaken with the clinical teams to ensure better communication of care plans and IT systems would be structured to ensure that sharing of information was possible. The number of services that could be delivered out of hospital would be maximised across the CAGs.

Ms Lewis concluded by setting out priorities for community health services, which included:

- Continued resolution of IT issues and greater use of technology, particularly mobile devices.
- Reduction in the number of pressure sores in the community.
- Working more closely with primary care, particularly around adult community nursing.
- Improving the healthy child pathway, ensuring better services for children from age 0 to 19.
- Working with GP commissioners to develop priorities for the coming years.

Following questions put by Panel members, the following information was provided:

- The stroke service currently provided was the 4<sup>th</sup> best in the country in getting people home after acute treatment. Good tertiary services enabled early discharge so that patients could return to their own homes.
- There was not a high degree of acute kidney disease in the Borough but the Trust performed on a regional basis in this connection, which meant that local residents would benefit.
- The Trust was trying to empower clinicians to work on research as part of their overall service delivery and attempts were being made to move to a culture which encouraged that. All patients would be offered the opportunity to become involved in the research function.
- Diabetes treatment was a priority for the CCG and a group of clinicians had been in discussion with Diabetes UK to take this forward.
- It was accepted that the organisation had not previously listened to patients as much as it should and it was acknowledged that staff needed to improve on that.

- Numbers of staff had been aligned in different services, rather than being lost but staffing levels had to be managed and quality maintained while responding to Government imposition of financial constraints.
- Recruitment for a patient representative on the CAG was currently in progress and there was strong commitment to patient engagement.
- There was a high level of advocacy and interpretation provision in Tower Hamlets and no cutbacks were anticipated.

The Chair thanked Ms Lewis for her presentation.

## **RESOLVED**

That the verbal report be noted

### **4.3 East London Foundation Trust Quality Accounts**

Mr Simon Tulloch, Head of Quality, Innovation and Patient Experience at the East London Foundation Trust, made a detailed presentation on the report relating to Quality Accounts for the Trust for 2012, as circulated with the meeting agenda.

In response to queries from Panel members, Mr Tulloch replied that:

- He would provide the Panel with details of diabetes patients who had been on ward for four weeks, with reasons as to why there had been admissions for such a period.
- He would also provide the Panel with details of prescriptions of antipsychotic drugs for patients with dementia, as provided to the Royal College of Psychiatrists.
- Information on service satisfaction obtained from patients on-ward, even if acutely ill, was still accurate and there was a strong correlation of early-collected information with how people still felt at the time of discharge.
- Patient engagement methods included dedicated advocates – People Participation Leads – who attended monthly stakeholder groups. In addition, attempts were made to involve local people as Trust members.

The Chair thanked Mr Tulloch for his presentation.

Also with regard to Quality Accounts, Dr Nancy Fontaine, Director of Nursing at Whipps Cross Hospital, stated that she had spent two years in improving the position regarding care at that hospital and would be shortly moving to Barts Health. Patients had been involved in designing Barts Health from its inception and there was an agreement for the need to provide a safe and caring environment. Values and behaviour requirements had been designed by staff and patients together and were embedded by holding joint events with stakeholders, which would allow Barts Health to be held to account. Barts would build upon the Whipps Cross model for women's services and there

had been work over 18 months with faith leaders in mosques, Somali and Muslim women's groups and the Chinese community to achieve real engagement. This had resulted in women being attracted back to the Whipps Cross maternity unit.

Dr Fontaine commented that similar improvements had been achieved for stroke patients and their carers. An orthopaedic multi-lingual patient group had been established, made up from people with hip replacements, etc, who were given access to details of all serious incidents concerning care. The Trust Board were presented monthly with an instance of where patient care was perceived to have failed to reach required standards and clinicians had to report back on how this had been addressed and procedures changed accordingly.

In response to queries raised by panel members, Dr Fontaine stated that:

- There was recognition of where services had been failing and the advocacy system at Newham was being tailored towards use at Barts Health. A project plan with milestones for achievements was under preparation and she undertook to make this available for panel members after the September Trust Board meeting.
- There was an annual in-patient survey asking how long people had waited for operations, etc and it was also proposed to work with GPs on the Patient Experience.

The Chair made the point that Councillors should be invited to attend visits to mosques and other organisations to help provide local feedback. She then thanked Dr Fontaine for her attendance.

## **RESOLVED**

That the report be noted.

### **4.4 Health Scrutiny Panel Work Programme**

Mr Robert Driver, Strategy Policy & Performance Officer, introduced the report outlining the Health Scrutiny Panel work programme for 2012-13 and into 2013-14.

The Chair commented that, following the earlier discussions in the meeting, it was clear that there was a need to address issues around diabetes in the Borough.

Referring to Workstream 1 of the work programme, Mr Driver explained that this had been devised through a number of inputs, including information from working groups. It would be desirable to undertake scrutiny of arrangements for Barts Health, both pre and post-merger. In addition, it was necessary to drill down on other issues raised earlier in the meeting.

He added that a key issue in Workstream 2 would be the development of Healthwatch. The patient involvement theme would include a Patient Experience strategy report, to be submitted to the next meeting. It was also intended that the Legacy of the Healthy Borough Programme would be the basis of a report to the next meeting.

During further discussion of the work programme, Panel members expressed the view that it would be necessary to address the overview and scrutiny role at Barts Health, involving the JOSC where overlapping issues were concerned, and also to monitor the Patient Engagement experience at Barts. Mr R. Burbridge pointed out that there was an upcoming public health conference aimed at bringing together stakeholders on the matter of diabetes. The Chair stated that the Panel should be represented at the conference.

Mr Driver referred to the proposed work programme item concerning the understanding of public assets and tabled an information paper setting out a suggested way forward, together with an I&DEA document in this connection. Ms Sarah Barr, Senior Strategy & Performance Officer, added that this would sit well with the Healthy Borough project and the report asked Panel members to think about assets and participate in a community-led asset mapping exercise. She added that Mr Driver would email Members on progressing this matter.

**Action by: Robert Driver**

#### **RESOLVED**

That the work programme be endorsed as set out in the report provided, subject to the additional comments made.

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

##### **(a) Shadow Health & Wellbeing Board – 20 September 2012-09-20**

The Chair stated that she would be unable to attend the above meeting but would pass the agenda papers to Councillor Ann Jackson.

##### **(b) Adults Health & Wellbeing Commissioning Plan**

The Chair referred to the two reports in connection with the above that had been considered by Cabinet on 5 September and asked that Ms Deborah Cohen, Service Head Commissioning & Strategy, circulate a catch-up paper to Panel members. Ms Cohen added that she would be happy to hold a members' seminar on the subject.

**Action by: Deborah Cohen**

The meeting ended at 9.15 p.m.

Chair, Councillor Rachael Saunders  
Health Scrutiny Panel