

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE HEALTH SCRUTINY PANEL**

**HELD AT 6.30 P.M. ON TUESDAY, 28 JANUARY 2014**

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

**Members Present:**

Councillor Rachael Saunders (Chair)

Councillor David Edgar (Vice-Chair)

Councillor M. A. Mukit MBE

David Burbridge

Councillor Peter Golds (Substitute for Councillor Dr. Emma Jones)

**Co-opted Members Present:**

David Burbridge – (Healthwatch Tower Hamlets Representative)

**Guests Present:**

Dianne Barham – (Director of Healthwatch Tower Hamlets)

**Officers Present:**

Sarah Barr – (Senior Strategy Policy and Performance Officer,  
Corporate Strategy and Equality Service)

Deborah Cohen – (Service Head, Commissioning and Health,  
Education, Social Care and Wellbeing)

Paul Gresty – (Strategy, Policy and Performance Officer,  
Corporate Strategy and Equality Service)

Robert McCulloch-Graham – (Corporate Director, Education Social Care and  
Wellbeing)

Dorne Kanareck – (Education, Social Care and Well-being  
Representative)

Antonella Burgio – (Democratic Services)

**APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Dr Emma Jones and it was noted that Cllr Golds attended as substitute for Councillor Emma Jones and from Armjad Rahi, Co-opted Member( Healthwatch Tower Hamlets)

## **1. DECLARATIONS OF INTEREST**

No declarations of disclosable pecuniary interests were declared.

## **2. MINUTES OF THE PREVIOUS MEETING(S)**

The minutes of the Health Scrutiny Panel held on 3<sup>rd</sup> September 2013 and the notes of the informal Health Scrutiny Panel held on 19<sup>th</sup> November 2013 were approved as a correct record of proceedings.

## **3. REPORTS FOR CONSIDERATION**

### **3.1 Education Social Care and Wellbeing (ESCW)**

The Corporate Director, Education, Social Care and Well-being and the Education, Social Care and Well-being Representative gave a verbal update on issues relating to Majlish Home Care Services. The Corporate Director noted that the Authority had been monitoring the situation at the Home Care Services provider for some time and advised the Panel that there had been no effective response to the three warnings issued by the Care Quality Commission (CQC).

The following matters were noted by the Panel:

The Education, Social Care and Well-being Representative noted that there were no issues related to care provision or safeguarding but with organisational matters such as management structures, staff training and management level issues. However safeguarding remained the Council's priority and therefore CQC were kept fully informed.

The Panel was advised that:

- Some trustees of the care provider acknowledged the complaints made but they had been unable to implement the changes required.
- The Corporate Director had met with the new Chair of the trustees" and "the previous Chair and another trustee had resigned.
- CQC had inspected the service and were minded to withdraw its registration as a Dom Care provider. They did serve notice withdrawing the registered manager status. However the provider had a good history in terms of its service provision and therefore the Corporate Director had consulted with the Chief Inspector to ensure support was engaged. The Education, Social Care and Well-being Representative had been appointed as an external consultant and an interim manager was sourced to replace the de-registered manager.
- A support plan was agreed with the new Chair of trustees. It was noted however, that generally, the trustees were not supportive of the Council's efforts and while relations with direct staff management was good, the Council had received less welcome from senior staff.
- Presently LBTH were dealing with the issues but due to the sensitive nature of the matter could not comment further at this time.

In response to Members' questions the following information was provided:

Concerning assurance of safeguarding standards, the Panel was informed that, in its investigation, CQC applied their own investigative methodology. All recipients of services from this provider had been surveyed and the vast majority had responded positively. To investigate the quality of the provision and the Council had also approached the families of users and there had been some reports of wrong methodology training e.g. training in client lifting.

Staff training such as coaching on day-to-day practices such as hoist usage was an area of concern. It was noted that it was not alleged that staff were not trained however it had been found that a number of staff did not have the training that CQC expected. It was noted that there was a formal, standard curriculum package for this category of staff training and the Council expected that this should be met since other providers of such service used training packages of this nature. Additionally the Council had offered its own staff development facilities to the organisation but these had not been taken up.

The areas of concern identified by staff related to management culture, contracts and salaries rather than care provision. Additionally staff bullying was alleged. The Panel was advised that the Council had itself become concerned as 50 staff had whistleblown and all subsequently withdrew their representations. However there was concerted action to ensure that the whistleblowers were protected and could have confidence of the necessary changes in the organisational culture.

Members noted that there had been concerns around this provider for over one year and were concerned about the impacts of failing to act. The Corporate Director noted the comment and advised that there was work in progress to address the issues that had been identified. He advised that officers were working towards a resolution in the very near future. He acknowledged the importance of the provision of quality home care to residents of the borough and therefore the Council had taken steps to install support in order to turn around the concerns reported.

A Panel Member was concerned that there was only one Bangladeshi provider of this kind of home care and therefore there was little choice for residents. The Corporate Director advised that there are a number of providers in existence and the Directorate was working to enable service choice to be retained in the least disruptive way possible. Members were advised that these contracts related to users who must possess a personal budget but the core provision was arranged by the Council. Most of the business comprised spot purchases

The Council was presently monitoring how the service was responding to the implementation plan; however should the Council reach a view that a formal decision or action was necessary then it would act wholly through CQC. It was noted that CQC would undertake a further inspection (by 31st of March 2014) three months after the implementation of the intervention plan. This

would assess operations and provide evidence to determine whether issues had been resolved.

The Chair thanked officers for their verbal report and requested that the Panel be kept informed of ongoing developments both formally and informally

### **RESOLVED**

That the update be noted

#### **Action by:**

Robert McCulloch-Graham (Corporate Director ESCW))

### **3.2 HealthWatch: Summary Feedback from Barts Health**

The Director, HealthWatch Tower Hamlets, introduced the report advising that the data reported was based on comments collected from the following sources: online HealthWatch website, Rate Our Service workshops and telephone feedback interviews and also contained analyses of patient feedback from the following clinics; sexual health, renal unit, fracture clinics outpatients, and cancer clinic at Barts Hospital. She advised that the report would be analysed to identify key issues and develop monitoring tools with which to measure improvements from the Clinical Commissioning Group (CCG). These data would be shared with the Health Scrutiny Panel to support further mutually beneficial scrutiny.

The top 10 concerns identified in the period July – September 2013 were listed at page 34 of the agenda and these issues raised with CCG.

The following common complaints were also noted:

- Shortage of beds/staff – there were concerns regarding levels of care on specialist wards
- Accident and Emergency – there were concerns with popularity/mis-use of A & E services
- Food – there were complaints regarding quantity, temperature, special diets and help with eating.
- Hospital (building) mapping – users with disabilities were unable to easily navigate hospital buildings – better signage was needed
- Hospital Transport – there were complaints relating to excessive waiting times and a lack of communication between drivers and passengers
- Discharge – there were issues around timings of patients discharges
- Complaints – the complaints process was not clear nor was it clear how complaints would improve services

In discussion the Panel noted the following matters:

- A Panel Member observed that the report revealed the nature of day to day processes/activity in delivering services
- The HealthWatch Tower Hamlets representative made a verbal submission: He observed that there had been better patient

participation and input in the HealthWatch exercises. However he was concerned that Barts Patient Engagement Forum offered no mechanism where the public might speak with Barts management but, in his view, regarded HealthWatch as a substitute for patient engagement. He clarified that this in fact was not the role of HealthWatch.

- Regarding complaints concerned with food, he noted the additional issue of how suitable food could be made available to stroke and dementia patients.
  - He also expressed a concern that, because of its recent establishment, CQC did not yet have sufficient expertise to properly assess how matters such as those mentioned were being delivered by Barts; these concerns did not relate to clinical care but to attitudes and compassion.
  - He further noted that Barts formerly had facilitated patient involvement in departmental forums. These forums were now discontinued and there was presently no mechanism in which to pursue clinical complaints.
  - The Barts Patient Engagement Sub-Group of TH Health and Well-being Board was not presently in operation.
  - He also observed that HealthWatch was responsible for inspection and overview of children's services and noted that these were already well inspected and therefore he would like to see HealthWatch included in commissioning overview arrangements.
- The dashboard format would be revised to better indicate period movements.
  - The ratings scale ranged from levels 1-5 and was designed to track whether people's experience of care was improving or deteriorating.
  - The response period for any recommendations or information requests to Barts was 20 days. The Director noted that Barts was not presently providing feedback or responding to HealthWatch recommendations and that HealthWatch planned in future to pursue these more effectively
  - Feedback regarding "information sheets" indicated that these were too detailed and focussed on clinical accuracy but they did not give patients the facts that they needed to know.
  - Hospital Transport – the Panel was informed that there were transport issues around lengthy waiting times but could be readily addressed by facilitating communication between the drivers and patients relating to collection times and any travel delays.
  - Incontinence Service - The Service Head Commissioning and Strategy advised there would be a review of all of the provision in the Borough and all input would be welcomed. Comments should be made through the Deputy Chief Officer, Tower Hamlets Clinical Commissioning Group

The Chair advised that, in view of the comments regarding patient engagement, Barts should be invited to attend the March Health Scrutiny Panel to discuss this matter. Additionally the Panel's response should also be made at this meeting and therefore an item also added to the agenda.

**RESOLVED**

That the report to be noted.

**Action by:**

Tahir Alam / Sarah Barr (Strategy, Policy and Performance)

**3.3 Integrated Care - Education Social Care and Wellbeing (ESCW) and Clinical Commissioning Group (CCG)**

The Service Head Commissioning and Strategy tabled an update report which has been appended to the minutes. She reminded the Panel of the presentation made by the Associate Director Community Health Services, Barts Health NHS Trust and the Deputy Chief Officer, Tower Hamlets Clinical Commissioning Group at the meeting on 3 September 2013 about the redesign of health services in the borough over the next two years. The intended plan would be to relocate some services away from hospital setting to community settings, in GP surgeries, and in people's homes. She advised this work had evolved into the Integrated Care Programme and this had itself evolved and expanded to encompass neighbouring East London Boroughs of Newham and Waltham Forest to become a one of the 14 designated Department of Health Pioneer sites. The WELC Pioneer programme was about developing care pathways for older adults. The three local authorities were part of the programme of change and in this connection the following was to be noted:

- Transfer of some social care into these community-based services was proposed - although the timing of these changes had yet to be established.
- Local authorities would need to consider which services and staff would be most appropriately redeployed into the programme.
- It was felt that the single point of access and co-location of services was best method to deliver co-ordinated care. This would have implications for the workforce for example one consequence may be a requirement for home care workers to be up-skilled.
- Participation in the Pioneer programme did not attract additional funding but there was access to expertise. This advice has already been accessed to help resolve information governance issues
- There was ongoing work on financial modelling of the impact of the service redesign on activity flows, with the aim of ensuring that funding followed the activities.
- Funding for these developments would be in the Better Care Fund but this is not new money into the system but one fund into which several pre existing funding streams have been merged. Funding in 2014-15 was a centrally determined allocation. However for 2015-16 a proportion of the grant would only be paid if targets were met therefore the Partnership of the CCG and Council were considering which targets were most appropriate to measure.

The Panel was informed that:

- The first draft of the plan for the use of the Better Care fund had to be submitted by 14<sup>th</sup> February and therefore the Health and Well-being Board was required to consider this matter at its meeting on 6<sup>th</sup> February.
- There were risks around the programme for those involved and there were potential cost pressures. However the Council's focus should remain "better care for residents". Learning could be drawn from previous integrations which showed a need for significant input of formal programmes of organisational development
- The duration of the programme was expected to be three years and there would be regular progress updates made to Health Scrutiny Panel
- Carers Breaks funding would be located in the CCG base budget but would not automatically be passed to carers

In discussion the Panel noted the following information:

- A future scenario being thought about was that local authorities might not provide fieldwork social work but would be the commissioners of services whilst the NHS would act as the provider. This raised issues about differences in the ethos of service cultures between the social care model and the medical model.
- Additionally some governance issues were expected since the NHS was not a democratically accountable body.
- Concerning financial modelling for the changes, the Panel was advised that there was an expectation that monies in the Better Care Fund would be pooled from 2015-16 onwards.

The Chair noted that there would be challenges for local authorities and NHS bodies in terms of trust and transparency of issues. However the work previously been done by the NHS into collaborative working by GP networks would provide a useful reference. The Panel was informed that there were plans for a savings pool to be used as an incentive for providers to work together in an integrated way.

The Chair noted that it would be necessary to consider the impact of the reduction for Barts Health service provision therefore a review was necessary to examine which clinical services should be continued and which should not.

**RESOLVED:**

That the update to be noted

### **3.4 Health Scrutiny Review of A&E services**

The Panel was informed that its draft report titled 'Scrutiny Review of A & E Services had been circulated to all Panel members for comment. The following key issues were identified from the review findings:

- Recruitment of local people was generally at less skilled levels

- Issues concerned with the management of Winter Pressures
- A and E services were viewed by residents as a convenient form of service access

The Panel discussed the findings of the review and the following observations were noted:

- A & E services were popular because they were quick convenient and provided good tests to users of the service. In contrast GP services were less convenient for patients to access
- There was no patients groups' representation on the CCG Urgent Care Group
- The Health and Well-Being Board would hear from NHS England on the matter of hours for primary care provision

The Chair requested that the report should also address the following:

- To whom will review recommendations be made
- How much has changed since McKenzie in 2008:
- What is the agency that can influence GPs in the absence of the PCT:
- Are there any changes in the large numbers of young people choosing to attend A and E:
- Include a suggestion that a GP practice be cited within A and E
- Include a note on the general issues of accessibility to GP surgeries/services

It was agreed that the Panel's comments would be incorporated into the review following which the final draft would be circulated to Members for comment. The review report would then be presented to the Panel at its next meeting prior to submission to Overview and Scrutiny Committee in April 2014. Additionally it was agreed that any recommendations outside of the scope of the Council would be referred to Tower Hamlets Health and Well-being Board.

The Chair also requested that an item for funding for extra GP hours be added to the next HSP agenda

## **RESOLVED**

That the discussion be noted

### **Action by:**

Tahir Alam / Sarah Barr (Strategy, Policy and Performance)

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

- The Chair advised the Panel that Sarah Barr, Policy Performance and Scrutiny Officer would shortly be undertaking a secondment with a neighbouring authority. She thanked Sarah for her comprehensive



support to the Health Scrutiny Panel and wished her success in the progression of her career.

- The Panel was reminded of the meeting of INEL JHOSC that would be hosted by Tower Hamlets Council on 17 February 2014. At this meeting the joint committee would discuss:
  - The recent CQC inspection of Barts hospital (Barts and CQC would attend the meeting)
  - Receive a financial update
  - Consider a proposal to move Moorfield's Eye Hospital.

The meeting ended at 8.12 p.m.

Chair, Councillor Rachael Saunders  
Health Scrutiny Panel