

**LONDON BOROUGH OF TOWER HAMLETS
MINUTES OF THE HEALTH SCRUTINY PANEL**

HELD AT 7.10 P.M. ON TUESDAY, 16 SEPTEMBER 2014

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

Members Present:

Councillor Danny Hassell
Councillor Denise Jones
Dr Sharmin Shajahan (PhD)

Co-opted Members Present:

Dr Sharmin Shajahan (PhD) – (Healthwatch Tower Hamlets)

Guests Present:

Dr Sam Everington – (Chair, NHS Tower Hamlets Clinical
Commissioning Group)
Neil Kennett-Brown – (Programme Director, Transformational Change
NEL Commissioning Support Unit)
Dr Judith Littlejohn –
John Wilkins – Deputy Chief Executive, East London NHS
Foundation Trust
Dr Gabrielle Faire – East London NHS Foundation Trust

Officers Present:

Tahir Alam – (Strategy Policy & Performance Officer, Chief
Executive's)
Antonella Burgio – (Democratic Services)

Apologies:

Councillor David Edgar and Councillor Mahbub Alam

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

No declarations of interest were made.

2. MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the meeting held on 15 July 2014 were presented.

RESOLVED

That the minutes of the meeting held on 15 July 2014 be approved as a correct record of proceedings without amendment.

3. TO CONSIDER THE START TIME OF FUTURE HEALTH SCRUTINY PANELS DURING THE MUNICIPAL YEAR

The Chair invited members to consider whether they wished the start time of meetings for the remainder of the municipal year to be changed to 6.30pm or continue at 7.00pm.

RESOLVED

That the starting time of Health Scrutiny Panel meetings for the remainder of the municipal year remains at 7.00pm

4. REPORTS FOR CONSIDERATION

4.1 Community Health Services (CHS) review (verbal update)

The Panel received a verbal report from Dr Sam Everington Chair of Tower Hamlets CCG on the review of Community Health Services (CHS). He informed the Panel that the current CHS contract will expire in September 2015 and the CCG has decided that it will reset in train the CHS as a result of the need for savings, concerns about the variability of delivery, service integration and encourage development of partnerships across services and that personal care delegations contracts will cross the pathway to eliminate competition that occurs between acute and primary care.

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

- The scheme was closed to enable healthcare and services to be to be aligned with the integrated care vision/ This would provide a flexible approach and better working together in order to deliver appropriate care to patients at each stage of their indisposition.
- The contract at Barts had been extended to March 2016
- The revised CHS would deliver its services at no extra cost and the new model would be different to previous ones. Barts presently provided much support to CHS and would take on wider responsibility for the patient journey.
- Better communication and interconnectivity would provide a solution to previous issues concerning patients that were discharged from hospital but did not have assistance at home through data sharing, discharge planning and 7-day working to provide necessary support.

RESOLVED

That the report be noted.

4.2 Transforming Services, Changing Lives

The Panel received a presentation from Neil Kennet-Brown, Programme Director, Transformational Change NEL Commissioning Support Unit on the Transforming Services, Changing Lives programme and Dr Sam Everington, provided supplementary information to the report at agenda item 4.2.

The Panel was informed that:

- The programme's scope was broad involving Acute Trusts, Community Mental Health Trust, East London Tri-borough and neighbouring CCGs and local authorities.
- The purpose was to meet future demand with the aim of achieving great health and health outcomes for East London. A work programme had been created and had begun to identify work that was required to be done.
- Further reports would be made as the programme progressed.
- The population increase anticipated in the forthcoming 20 years has highlighted financial and staffing pressures therefore it would be necessary to consider how healthcare could be delivered, ensure consistency of services and design new kinds of services such as virtual access services.
- Access to new kinds of service would enable more effective outpatients' style service delivery, encourage patients to take control and work in partnership to deliver their own healthcare.
- The programme would also include work to improve patients' end of life experience including burial considerations relevant to their cultures.
- Technological improvements in medical procedures would also be encompassed.

It was agreed that a visit to the new Barts Cardiac unit be arranged for Panel Members.

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

- New roles anticipated under this programme were; care coordinators, and expanded roles for healthcare assistants, nurse practitioners and physicians associates. These would alleviate current pressures experienced by district nurses, paramedics and traditional health workers.
- In general, life expectancy in the borough was low and the pathological age was high. Statistical data on mortality would be provided post-meeting.
- Some work had been done around integrated care at end of life aimed at addressing issues that arise at end of life situations such as advice after the death of a person, certificates etc..
- There were now more midwife led services in the borough which increased the likelihood of one-to-one care and better continuity of care.
- To promote the benefits of the new style services in the context of changing funding arrangements, it was intended that the vision would be promoted from a patient perspective and clinicians fully engaged in the change process to ensure that a patient focus would be retained.

The change pathway would be demonstrated in clear logical journey ensuring that there was clinical input.

- The future healthcare funding gap was a driver for change. Providers were aware of this as the structure was commissioning led and therefore it was necessary to achieve shared solutions.
- Privatisation might have diverse impacts and some types could reduce competition such as that currently experienced by small GP practices while other such arrangements might prove unaffordable.

RESOLVED

That the report be noted.

Action by:

Tahir Alam, Senior Scrutiny Strategy and Policy Officer

4.3 Modernising In-patient Assessment Services for Older Adults with a Functional Mental Health Problem in Tower Hamlets, City of London & Hackney

Representatives from East London NHS Foundation Trust gave a presentation on a programme to modernise in-patient assessment services for older adults with a functional health problem in the localities of the Trust.

The representatives informed the Panel that:

- An options appraisal had been conducted and Members were asked to consider the proposal before them.
- The proposal concerned centralising the service as part of broader modernisation programme.
- Usage of the in-patient service had declined and therefore the Trust wished to consolidate to a single site to provide better service for in-patients, community patients and better efficiency.
- In recent years, longer life expectancy had led to more complex care needs and the Trust had established a range of provisions to meet chronic health conditions experienced by older adults with a functional mental health condition.
- There had been consultation with Hackney Council's health scrutiny body and CCG. The Panel was asked to consider whether there were any other appropriate bodies the Trust should consult with and an undertaking given that any advised would be consulted.
- After consultation a proposal would be placed before the relevant Health and Wellbeing Boards.

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

- The proposal to reduce in-patient provision was due to a downward trend in service usage. Due to active planning, streamlining processes and provision of integrated care, further decrease was also expected. However this would be reviewed if demand were to change.

- The average in-patient stay was 60 days and was in the mid-range for this type of care.
- While some people leaving in-patient care went into sheltered care and a very small number into 24-hour care, most were expected to be discharged home.
- Wards at the in-patient unit were mixed but there was gender separation
- The service was not aimed at those with dementia as old age psychiatry segregated mental health services from those with dementia
- The service was not aimed at those in end of life situations
- The new provision was for Tower Hamlets and City and Hackney.
- There had been fewer issues around transport than expected and it was found that the most affected group were spouses.
- Clinicians felt that this proposal would use resources more effectively and savings could be directed towards community care.
- The consultation would be undertaken with a focus out towards the community rather than an expectation that consultees would be required to approach the Trust.
- There had not been wide engagement with GPs but those who had expressed a view have not caused concern.

Having considered the information and responses given by representatives of East London NHS Foundation Trust, the Panel supported the proposal in principle as a basis for the consultation to be taken forward.

RESOLVED

That the proposal to modernise in-patient assessment services for older adults with a functional mental health problem in Tower Hamlets, City of London & Hackney be agreed in principle and following the consultation receive a report on the outcome of the consultation.

4.4 Work Plan

The draft work plan was tabled for approval. The Panel considered the items proposed and requested that:

- The aims of each challenge session be clearly outlined to enable appropriate discussion and questions at these sessions
- A briefing will be circulated to Panel Members by the Strategy, Performance and Policy Officer prior to each challenge session
- That the timings of the sessions be added to the work plan

RESOLVED

That the Health Scrutiny Work Plan be approved.

4.5 Review Working Group

The Strategy, Performance and Policy Officer informed the Panel that a Review of the Self-management Programmes for Patients with Long-term Conditions (with a focus on measuring the impact on health outcomes rather than cost reduction) had been selected from the review topics included in the work plan. The Chair asked Members to consider if they wished to be involved advising that the working group should be politically balanced.

It was agreed that the working group comprise 5 members and the following agreed to participate:

Councillors Asma Begum and David Edgar, Dr Sharmin Shajahan.

The remaining two positions would be occupied by a Conservative Member and Tower Hamlets First Member respectively.

RESOLVED

That:

1. A review working group comprising five Members of Health Scrutiny Panel be established to Review the Self-management Programmes for Patients with Long-term Conditions (with a focus on measuring the impact on health outcomes rather than cost reduction)
2. That Councillors Asma Begum and David Edgar, and Dr Sharmin Shajahan be appointed to the working group and the remaining two positions be occupied by a Conservative Member and Tower Hamlets First Member respectively.

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

Nil items.

The meeting ended at 8.47 p.m.

Chair, Councillor Asma Begum
Health Scrutiny Panel