

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.00 P.M. ON TUESDAY, 9 DECEMBER 2014

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

Members Present:

Councillor Abdul Asad (Vice-Chair)	(Cabinet Member for Health and Adult Services)
Councillor Alibor Choudhury	(Cabinet Member for Resources)
Councillor Mahbub Alam	(Executive Advisor on Adult Social Care)
Robert McCulloch-Graham	(Corporate Director, Education Social Care and Wellbeing)
Dr Somen Banerjee	(Interim Director of Public Health, LBTH)
Dr Amjad Rahi	(Healthwatch Tower Hamlets Representative)
Dr Sam Everington	(Chair, Tower Hamlets Clinical Commissioning Group)
Richard Fradgley (Substitute for Jane Milligan)	(Deputy Director of Mental Health and Joint Commissioning, Tower Hamlets Clinical Commissioning Group/LBTH)

Co-opted Members Present:

Steve Stride	(Chief Executive, Poplar HARCA)
John Wilkins	(East London NHS Foundation Trust)
Mahdi Alam	(Young Mayor)
Suzanne Firth	(Tower Hamlets Community Voluntary Sector)

Other Councillors Present:

None.

Others Present:

Sarah Baker	(Tower Hamlets Independent Local Safeguarding Children's Board Chair)
Dianne Barham	(Director of Healthwatch Tower Hamlets)
Brian Parrott	(Independent Chair - Tower Hamlets Safeguarding Adults Board)
Esther Trenchard-Mabere	(Associate Director of Public Health, Commissioning & Strategy)
Sarah Castro	(Poplar HARCA)
Anna Lynch	(Tower Hamlets Family Nurse Partnership Representative)

Helen Miller

(Tower Hamlets Health Visitor
Representative)

Officers in Attendance:

Louise Russell

(Service Head Corporate Strategy and
Equality, Law Probity & Governance)

David Galpin

(Service Head, Legal Services, Law
Probity & Governance)

Justin Morley

(Senior Solicitor Legal Services, Law
Probity & Governance)

Leo Nicholas

(Strategy, Policy and Performance
Officer, Education, Social Care and
Wellbeing)

Zoe Folley

(Committee Officer, Directorate Law,
Probity and Governance)

Apologies:

Jane Milligan, Tower Hamlets Clinical Commissioning Group

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

Councillor Abdul Asad Chair

The Chair reported that this meeting would be focusing on two of the Health and Wellbeing Strategy's priorities and one enabler. Moving forwards this would be the format of all future Health and Wellbeing Boards,(HWBB) with the aim of better aligning Board business with the Joint Health and Wellbeing Strategy. The two priorities for today's meeting were Mental Health and Maternity & Early Years. The enabler would be patient engagement, therefore, the Board would be receiving Healthwatch Tower Hamlet's annual report.

The Chair then reported that James Ross, Hospital Director at Newham Hospital, would be replacing Robert Rose on the Board. Furthermore, Suzanne Firth had replaced Sharon Hanooman as the Tower Hamlets Community Voluntary Sector representative. Additionally, Alastair Camp, Non-Executive Director, Barts Health and Chair of the Integrated Care Board, had stepped down from his role on the HWBB and his replacement would be attending the next meeting of the Board.

1.2 Minutes of the Previous Meeting and Matters Arising

Resolved:

The minutes of the meeting held on 9th September 2014 be approved as a correct record.

1.3 Declarations of Disclosable Pecuniary Interests

A Member sought clarity on the need for Members to declare interests on any items involving their service or profession. (i.e. where the Member was a GP and the item involved GP services). The Member requested that arrangements be put in place for declaring such non disclosable pecuniary interests, (in accordance with the Members code of conduct) save Members having to announce such interests at the start of each meeting

1.4 Forward Programme

Steve Stride (Chief Executive, Poplar HARCA) reported that the Tower Hamlets Housing plan would be submitted to the March 2015 meeting of the Board.

The Board noted the Forward Plan.

1.5 Healthwatch Update

See item 3.1 Healthwatch Annual Report Patient and User Voice Summary Report Aug 2013 - Sept 2014

2. HEALTH AND WELLBEING STRATEGY

2.1 Health and Wellbeing Strategy Monitoring 2013/14

Louise Russell (Service Head, Corporate Strategy & Equality, LBTH) introduced the report that detailed progress against the HWBB Strategy delivery up to March 2014. It also detailed areas requiring further work. She drew attention to the format of the report. Members were invited to comment on the usefulness of the format. It was noted that there were a small number of areas that could not be effectively measured as, due to the nature of the information, it could not be made available yet.

Officers were in the process of refreshing the delivery plans in the strategy to ensure they were up to date as agreed by the HWBB Sub-Group. Accordingly, the updated plans would be submitted to the Board in March 2015 as well as ideas for refreshing the HWBB Strategy for 2016 onwards.

The Board asked questions about the data on the cause of child injury presenting to A&E. Steps needed to be taken to gain information on the cause of the injury.

Sarah Baker (Chair, TH Safeguarding Children Board) explained that the Partnership were working with services through its strategy to obtain detailed and accurate information in respect of children safeguarding issues. This was an important area. More action needed to be taken, particularly with A&Es to identify reasons for the injury and safeguarding information.

She also stressed the need to link the HWBB Strategy with the Safeguarding Children Board Action Plan and the Children and Families Plan. This matter had been discussed recently at their Partnership Board where it was agreed that the plans would be reviewed to better tie in with the HWBB Strategy.

The Board expressed a wish to question the services providers on outstanding issues highlighted in the report. It was Agreed that they would be invited to a future meeting. **ACTION:** Leo Nicholas (Strategy and Performance Officer, LBTH)

Resolved:

That the update on performance set out in part 3 of the report and detailed in Appendices 1- 5 be noted.

2.2 Mental Health Strategy Update

Richard Fradgley, (Lead Commissioner for Mental Health Tower Hamlets Clinical Commissioning Group (CCG)) gave an update on the Mental Health Strategy that was a five year plan for improving outcomes for people with or a risk of mental health problems in Tower Hamlets. He explained the key priorities in the plan and in particularly the intention to focus on Children and Young People Mental Health (CAMHS) as this had been identified as a top priority for the services. He began by showing the Board a short video about a patients experience with mental health services from childhood through to adulthood.

He then presented some statistics about the high number of children with such issues in the Borough and highlighted the profound effect this had on young people and their families. The research also showed that a significant number of people first experienced mental health conditions in their teenage years. All of which showed the importance of early intervention, supported by a robust evidence base. Especially, intervention in schools

The Board were reminded of the scope of the services and aims in the strategy. There would be a results based approach with close working with key services, children and families. Consultation had been carried out with children and young people recently at workshops that had raised some interesting issues that had been fed into the work. It was planned to carry out

further workshops with a broader range of stakeholders. It was intended that the CAMHS service would be extended to support age range up to 25 years old.

Mr Fradgley also referred to the Health Select Committee enquiry on Child and Adolescent Mental Health services. One of the main issues identified was the fragmentation of services. The government had now set up a task force to review the commissioning of CAMHS.

In response, the Board drew attention to the link between mental and physical health and the need to integrate services for children to deal with both issues. This could help prevent the onset of physical illness in adulthood. It was felt that raising awareness in schools was key. Other alternative ideas such as running awareness campaigns in shopping centres or virtually through apps could be considered.

Esther Trenchard – Mabere (Associate Director of Public Health LBTH) reported that the new specification for school nurses included training on mental health issues and early preventative work.

It was also noted that there were plans to have a crisis line for East London and that the Children HWBB recently held a meeting on CAMHS. The outcome of this discussion would be incorporated into this work.

The Board also asked about the support available to schools in terms of fulfilling the requirements under the new Special Educational Needs legislation with relation to mental health. Officers expressed confidence that they were well prepared for the changes.

Questions were also asked about the availability of statistics for adopted children. It was felt that there was a lack of information on their wellbeing.

It was also suggested that there may be merit in encouraging schools governing bodies to have representatives with experience in children's health and wellbeing.

The Board also stressed that steps should be taken to address the perceived fragmentation of services.

Mr Fradgley noted the points raised. He reported that the outline business plan was being developed and this would inform the refresh of the Strategy. The refresh should address the outstanding issues

Resolved:

That the progress made in delivering the Tower Hamlets Health & Wellbeing Board Mental Health Strategy be noted.

2.3 Transfer of Commissioning Responsibility for early years (0-5 years) Public Health Services from NHS England to the Local Authority

Esther Trenchard-Mabere, Associate Director of Public Health, LBTH presented the report regarding the transfer of commissioning responsibilities for early years (0-5) public health services, specifically, the health visiting service (HV) and the family nurse partnership (FNP) from NHS England to the local Authority on 1st October 2015.

The Board noted the importance of these services in view of the Marmot Review 2010 that concluded that intervention in early years had a real impact on life long health and the subsequent government decision to expand this service nationally.

This was the final stage of the transfer of services that had been timed to allow for the expansion of the HV service and the roll out of the FNP. Local Authorities would have the freedom to 'localise' the national service specification to reflect local needs. There would also be a number of mandated elements with less local flexibility regarding how these services would be delivered.

The transfer, along with the significant expansion of the HV workforce, presented opportunities to strengthen the HV service and to develop new specification to improve integration with other services.

The Board also noted the plans underway to prepare for the change, the proposed budget and the transfer process.

Public Health were carrying out an in depth consultation exercise on the changes in the early part of next year and it was suggested that results would be shared with the Board.

The Board then watched a video about the Family Nurse Partnership with service users giving feedback on the success of the initiative and the ways that it had helped them. Anna Lynch from the Family Nurse Partnership explained some of the background to the initiative nationally and in Tower Hamlets. She outlined the eligibility criteria for support from the Partnership. Some of the aims including: helping with school readiness, the child parent relationship and helping the mother in terms of education and employment.

In response to questions, it was reported that Public Health were engaging with NHS England about the initiative. It was anticipated that the outstanding issues identified in the report regarding the budget accommodation etc. would be addressed before the contract was finalised. But if not, the Board would be notified about this. It was felt that there were sufficient capacity in the service to support all those who meet the eligibility criteria. The Board welcomed their work in supporting whole families.

The meeting also heard from Helen Miller from the Health Visiting services. Whilst there had been investment to increase numbers, a current aim was to

develop their role further. This including developing specialisms in mental health issues. Ideally, they should be in a position to share good practice and spread knowledge. In response, a Board Member asked whether the HVs could have a teaching role in schools and in health services.

In response to further questions, the Board noted the importance of the HV needs assessment, in particularly in linking the child and families to other services that might need their help.

It was noted that one area where the Board could really have an impact was in influencing the locally determined services. Particularly, in ensuring that collectively, the Borough gets the best outcomes. It was reported that there would be a workshop on this process. All Members of the Board would be invited.

Resolved:

That the proposed Stakeholder Engagement process be endorsed and the overview of the implementation of the new localised service specification

That it be noted that Public Health will report back periodically to the panel on progress.

3. BOARD OVERSIGHT

3.1 Healthwatch Annual Report Patient and User Voice Summary Report Aug 2013 - Sept 2014

Dianne Barham, (Director of Healthwatch Tower Hamlets) presented the Healthwatch Annual report and User Voice Summary Report. She highlighted the outcome of the survey. According to the results, most respondents were generally satisfied with the health and social care services in Tower Hamlets. However, concerns had been raised about a number of issues in the patient care journey around: accessing GPs appointments and referrals from GP to secondary care that was a real concern given the aspiration to treat conditions early.

Concerns had also been raised about inconsistencies across practices, accuracy of information, issues with changing appointments, being seen promptly when at appointment, path finding, patient transport, staff attitudes and quality of support when arriving home.

Other issues identified were that the complaints procedure was too complex and there was a lack of translation services.

It was concluded that there was clearly a need to improve the administration and appointments system and staff training to provide a patient focused service. Specifically, more in depth work was required around the patient

journey and support services, (particularly for the elderly and the young) and around expectations, quality care and the experiences of underrepresented groups. Measures should be put in place to see if improvements were having an impact.

In response, the Board noted that the impact of the budget cuts on primary care services and staff workload in particular that would obviously affect services. It was also felt that there needed to be a clarity of pathways to signpost patients to the appropriate services and that more help should be offered to key workers in the Borough given the shortages of such staff. This needed to be seriously considered.

Consideration should also be given to what this Board could do, not only individually, but with the other HWBB in London to address these issues. Possible the respondents and service providers should be asked to give some ideas on solutions.

It was also suggested that this Health Watch presentation should be given to other important forums in view of the issues raised. It was **Agreed** that the presentation should be given to a future meeting of the Mayors Advisory Board. . **ACTION:** Leo Nicholas (Strategy and Performance Officer, LBTH)

The Board also discussed the issues at Bart Health in particularly a Member stressed the need for the hospital to notify patients at the earliest possible stage about waiting times for treatment and intended action

Resolved:

1. That the report be noted.
2. Agree to work with Healthwatch to develop a more in-depth understanding of the four key issues outlined in the report.

3.2 Tower Hamlets Clinical Commissioning Group Commissioning Intentions

Richard Fradgley, (Lead Commissioner for Mental Health Tower Hamlets Clinical Commissioning Group (CCG) presented the report on their commissioning intentions. He explained the aim of the intentions building on the two year operating plan for 2014/15 that supported the Health and Wellbeing Strategy.

The Board noted a summary of commissioning intentions for the services commissioned from Barts Health Acute Contract, Community Health Service contract, East London Foundation Trust and services commissioned in other areas.

It was planned that the expression of interest would be submitted to NHS England in March 2015 and it was hoped that the Board would have involvement in this.

More detailed business cases would be reviewed and scrutinised by the CCG. The final set of plans would go to the CCG Governing body for final approval. The majority of plans would implemented by 1st April 2015.

Dr Sam Everington explained that it was expected that the CCG would take on new responsibilities in the future. He outlined the CCG governance structure and highlighted the separation in powers in the interests of accountability.

Resolved:

That the report be noted.

3.3 Safeguarding Adult Board report 2013/14

Brian Parrott, (Independent Chair of the Safeguarding Adult Board (SAB)) presented the Safeguarding Adult Board report 2013/14. He firstly highlighted the protocol between the HWB, Local Safeguarding Children Board and SAB approved by the Board last year. He then highlighted the achievements of the SAB over 2013/14. This included: improved performance review arrangements, constructive liaison in relation to the Care Quality Commission's Scrutiny of Barts, helping organisations in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards, the promotion of simplified guidance to raise awareness of safeguarding and preparation for the Care Act to come into effect in April 2015.

Future priorities included: continued working with others to generally encourage greater inter agency working in Adults Safeguarding. This needed to be a priority and would be really important in implementing the Care Act. Other ongoing issues were the need to look at the lessons learnt from serious case reviews, education and training, continued improvement of performance information from across the agencies where necessary and continuous improvement of monitoring. The action plan was included in the committee papers

Mr Parrott considered that it was essential that SAB was owned by the Council as a whole.

In response to was noted that most safeguarding incidences occurred in the home. The Board were reassured that greater information on the nature of these cases and the action taken would be provided in next year's report. The number of such incidences could be attributed to greater awareness of safeguarding issues. Mr Parrott stressed the importance of having an accurate information base to provide a realistic picture.

Resolved:

That the 2013/14 Safeguarding Adult Board annual report be noted.

3.4 Tower Hamlets Safeguarding Children Board Annual Report 2013-14 and Business Plan 2014-16

Sarah Baker, (Chair Tower Hamlets Safeguarding Children Board (LSCB)) presented the Annual Report 2013-14 and Business Plan 2014-16. The report outlined the work undertaken by the LSCB and its partners to safeguard children and priorities for the year ahead. It also provided a transparent account of its budget.

Ms Baker began by highlighting some of the key achievements of the Board in relation to the targeted priorities areas. In particular, she highlighted the steps taken to ensure that the LSCB had a robust governance and accountability in place. Furthermore, the partnership now included representation from lay Members. She also highlighted progress against the other key areas including: early help and assessment, improving processes and quality assurance, learning and improvement including lessons learnt from serious case reviews and working in partnership.

Priorities for this year included a review of child sex exploitation in the Borough as commissioned by the Council's Head of Paid Services. Ms Baker would be chairing this review.

It was required that a copy of the report be made available to the Chair of the HWBB and was signed off by the LSCB in August 2014.

In response to questions, it was reported that the partnership included GP representatives and they were fully engaged with the work of the Board. Every effort was made to ensure that GPs were fully aware of their duties in respect of children's safeguarding and Tower Hamlets had stringent requirements to ensure that GPs were fully aware of the issues.

Robert McCulloch – Graham (Corporate Director, Education Social Care and Wellbeing, LBTH) noted that November was the Borough's safeguarding month. He thanked Board Members for their contributions to this.

Resolved:

That the content of the Safeguarding Children Board's (LSCB) Annual Report and the LSCB's priorities and business plan for 2014-15 in relation to the work of the HWBB be noted.

4. OTHER REPORTS

4.1 Pharmaceutical Needs Assessment-Progress Note and Permission to go to Consultation

Dr Somen Banerjee (Interim Director of Public Health, LBTH) presented the report. There was a statutory requirement to produce, on behalf of the Board, a Pharmaceutical Needs Assessment (PNA) by March 2015. The PNA involved looking at the distribution of pharmacies across the Borough and the services they provide as well as assessing the population health needs for those services, before recommending any changes in service provision. Also factored in were the public views on current services.

This report sets out the work in hand and proposes to bring the full Consultation report to the Board for discussion in January 2015 and the final recommendations in March 2015.

The timetable was tight due to the need for a 60 day consultation on the emerging proposals, and the consultation report needed to go out in the next few weeks.

Resolved:

1. That the activities in progress in the report be noted.
2. That the information to be brought to the next meetings of the Board
3. That the Director of Public Health be authorised to prepare the consultation draft of the pharmaceutical needs assessment and to commence the consultation.

4.2 Community Plan Refresh Workshop

Louise Russell, (Service Head, Corporate Strategy & Equality, LBTH) reported that it was intended to circulate material to the Board regarding the Community plan refresh rather than hold the workshops as it was felt that this would be a more effective method of consultation.

Resolved:

That the update on the Community Plan Refresh be noted.

5. ANY OTHER BUSINESS

Mahdi Alam, (Young Mayor) reported on a new campaign to raise awareness of the dangers of smoking and shisha. The 'health squad' consisting of 5 leading members and a workforce had visited a number of local schools and held workshops to raise awareness of such issues. It was hoped that such

events could be run regularly. Somen Banerjee and Robert McCulloch-Graham agreed to meet with the Young Mayor outside the meeting to consider this.

The Board congratulated the TH Clinical Commissioning Group on being named Commissioning Group of the Year at the Health Service Journal (HSJ) Awards

The meeting ended at 7.45 p.m.

Vice Chair, Councillor Abdul Asad
Tower Hamlets Health and Wellbeing Board