

**LONDON BOROUGH OF TOWER HAMLETS  
MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD  
ON TUESDAY, 13 JANUARY 2015  
COMMITTEE ROOM MP702, 7TH FLOOR, TOWN HALL, MULBERRY  
PLACE, 5 CLOVE CRESCENT, LONDON E14 2BG**

**Members Present**

Councillor Abdul Asad	Cabinet Member for Health and Adult Services (Vice-Chair in the Chair)
Councillor Mahbub Alam Councillor Denise Jones Robert McCulloch-Graham	Executive Advisor on Adult Social Care Non-Executive Group Councillor Corporate Director, Education Social Care and Wellbeing
Dr Somen Banerjee Dr Amjad Rahi	Interim Director of Public Health, LBTH Healthwatch Tower Hamlets Representative
Dr Sam Everington	Chair, Tower Hamlets Clinical Commissioning Group
Jane Milligan	Tower Hamlets Clinical Commissioning Group/LBTH
Tania Anastasiadis	Tower Hamlets Clinical Commissioning Group

**Co-opted Members Present:**

Sarah Castro for Steve Stride John Wilkins James Ross Suzanne Firth	Chief Executive, Poplar HARCA East London NHS Foundation Trust Hospital Director, Newham Hospital Tower Hamlets Community Voluntary Sector
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**Other Councillors Present:**

None

**Others Present:**

Chris Lovitt	Associate Director of Public Health, LBTH
Dianne Barham	Director of Healthwatch Tower Hamlets
Sarah Williams	Independent Chair - Tower Hamlets Safeguarding Adults Board
Bozena Allen	Interim Head, ASC
Sandra Howard	Interim Service Manager, ASC

## **Officers in Attendance:**

Louise Russell	Service Head Corporate Strategy and Equality, Law Probity & Governance
Leo Nicholas	(Strategy, Policy and Performance Officer, Education, Social Care and Wellbeing)
Elizabeth Dowuona	Committee Officer, Directorate Law, Probity and Governance)

## **1. STANDING ITEMS OF BUSINESS**

### **1.1 Welcome, Introductions and Apologies for Absence**

#### **Welcome**

The Chair welcomed everyone to the first meeting of the Health and Wellbeing Board in 2015 and expressed his good wishes for the New Year to all.

The Chair reported that the meeting would be focusing on the Long Term Conditions and Cancer priority. The Board's meeting in March 2015 would largely focus on the refresh of the Strategy Delivery Plans in addition to some statutory duties such as signing off the Better Care Fund Section 75 Agreement and the Pharmaceutical Needs Assessment.

#### **Apologies for Absence**

An apology for absence was received from Cllr Alibor Choudhury (Cabinet Member, Resources) and for lateness from Dr Sam Everington (Chair, Tower Hamlets Commissioning Group) and Steve Stride (chief Executive, Poplar HARCA).

#### **Membership**

The Chair reported that John Wilkins, Deputy Chief Executive, East London and the Foundation Trust Co-opted Member had been replaced by Dr Navina Evans, Deputy Chief Executive, East London and the Foundation Trust.

The Chair on behalf of the Wellbeing Board thanked John Wilkins for his contribution and welcomed Dr Navina Evans onto the Board.

#### **Order of the Agenda**

The Board noted the Chair's decision to reorder the agenda making Item 2.3, Halve It Coalition the first substantive item on the agenda. The other items were considered in the order they appeared on the agenda.

## **Public Questions**

The Board noted that no questions had been received from members of the public.

### **1 .2 Minutes of the Previous Meeting and Matters Arising**

#### **Resolved:**

That the minutes of the meeting held on 9 December 2014 be approved as a correct record, subject to the inclusion of Councillor Denise Jones on the list of Members Present.

### **1 .3 Declarations of Disclosable Pecuniary Interests**

There were no declarations of interest.

The Board noted the advice of the Legal Adviser to the Board, regarding the query raised at the last meeting on the declaration interests already declared in the Members Register of Interests.

It was agreed that the advice was reported to the next meeting of the Board.

### **1 .4 Forward Programme**

#### **Health and Wellbeing Strategy Monitoring 2013/14**

It was noted that 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 noted the Forward Plan.

## **ITEMS FOR CONSIDERATION**

### **2. HEALTH AND WELLBEING STRATEGY**

#### **2 .1 Breast Cancer Screening Assurance**

Dr Somen Banerjee, Interim Director, Public Health, introduced the report that detailed and highlighted a particular area of concern around breast cancer screening where there has been a decline of 6.5% in breast cancer screening coverage over one year.

Dr Banerjee provided some background to the breast cancer screening

programme and coverage. He also provided data released by Public Health England in November 2014 showing a sharp reduction in breast screening coverage in Tower Hamlets (67.8% to 61.5%) in the year following transfer of responsibility and budget for screening to NHS England (April 2013 to March 2014). The downward trend appeared to be continuing and showed a consistent decline in coverage rates since 2013/2014.

In summer 2013, NHS England acknowledged numerous concerns over the quality of service delivery at Central & East London Breast Screening Service (CELBSS). Following a management team meeting to discuss the service and find ways to address the areas of concern, a number of actions were put in place which yielded significant improvements in the quality of service provided.

Concerns identified by Tower Hamlets Public Health however included a lack of outreach service to increase screening uptake in Tower Hamlets. It was noted that in July 2013 the commissioner reported serious concerns in the performance of the breast screening provider, CELBSS. It was expected that the “slowing” of the breast screening service (as part of the package of measures to manage performance) would impact on screening coverage. However, the decline seen in breast screening coverage in Tower Hamlets in 2013/4 had not occurred in the neighbouring boroughs of Newham, Hackney or Waltham Forest also served by CELBSS.

During 2013/4, NHSE London continued to commission Community Links (a local voluntary sector organisation) to provide an outreach and “calling” service in Newham, to telephone women from GP practices and provide endorsement and support to attend screening appointments. There was evidence of the impact of this model on increasing the uptake of screening in Tower Hamlets, however no similar service was provided in Tower Hamlets despite the transfer of funds to enable this. The team of 4 cancer screening facilitators in Tower Hamlets was decommissioned by NHS England in April 2014.

In discussion, Members expressed disappointment in the decline in breast cancer screening in Tower Hamlets. They considered that the integration of services across healthcare (breast screening, health checks, and referrals by GP services), social care (assessments and reviews of care needs) and public health was essential in efforts to reverse the decline of breast cancer screening.

#### **RESOLVED -**

1. That the significant decline in breast cancer screening in Tower Hamlets over the past year be noted;
2. That assurance be sought from NHS England (London) that it was taking the necessary measure to reverse the decline in uptake of

breast cancer screening in the local population e.g. by providing evidence-based outreach and primary care endorsement services such as those it funds in Newham.

3. That the monitoring of the progress on breast cancer screening uptake through 15/16 (via the Health and Wellbeing Board Executive Officers Group) be continued.

**Action By:** Dr Somen Banerjee (Interim Director of Public Health, LBTH)

## **2.2 The National Cancer Patient Experience Survey 2014 - Tower Hamlets results**

Dr Somen Banerjee, Interim Director, Public Health) introduced the report and outlined some of the work that had taken place in the last year. The report focused on patients' experience of care, highlighting the views of respondents treated for cancer by Bart's Health NHS Trust living in Tower hamlets, Waltham Forest, Newham and City and Hackney.

Following discussion, it was

### **RESOLVED -**

1. That the findings of the survey and the areas where there had been improvement and where there continue to be gaps be noted;
2. That assurance be sought from service provider representatives and commissioner representatives that the issues of concern identified in the report were being addressed;
3. To report back to the Health & Wellbeing Board in the next municipal year.

**Action By:** Dr Somen Banerjee (Interim Director of Public Health, LBTH)  
Elizabeth Dowuona (Committee Officer LBTH)

## **2.3 Request for HWB to consider becoming a supporter of the Halve it Coalition**

Chris Lovitt (Associate Director of Public Health, LBTH) presented the report, which highlighted the reduction in the late diagnosis of HIV as a national and local priority.

He described the Halve it Coalition as an organisation comprising 21 HIV charities, patient groups, clinician groups and observer members including the Local Government Association, Department of Health, Public Health England, NICE which had as its support of Leader of the Opposition, Prime Minister and Deputy Prime Minister

The Halve it Coalition patient groups and clinician groups sought the support of statutory and voluntary partners to continue to prioritise HIV as an important public health issue through action to implement the following stated aims:-

- Fully implement National Institute for Health and Care Excellence (NICE) public health guidance on HIV testing.
- Support the delivery of the Public Health Outcomes Framework (PHOF) by ensuring that local health organisations were equipped to realise the benefits of early detection of HIV.
- Offer incentives to test for HIV in a variety of healthcare settings, for example through the Quality and Outcomes Framework (QOF) and Commissioning for Quality and Innovation (CQUIN) frameworks.
- Ensure that people diagnosed with HIV had access to any retroviral therapies (ARTs) to prevent onward transmission in line with the joint recommendations of the Expert Advisory Group on AIDS (EAGA) and the British HIV Association (BHIVA).
- Ensure quality-assured (i.e. CE marked) self-testing kits for HIV when available, were integrated into local HIV testing strategies along with home sampling kits.

It was noted that the Halve it Coalition had been successful in achieving national support including through observer members such as the Local Government Association, Department of Health, Public Health England, NICE and had already achieved many of their stated aims at a national level and were now seeking local organisations to sign up as supporters.

It was also noted that Tower Hamlets Health and Well Being would be the first HWB to sign up and join Lewisham Council who signed up as a supporter on the 1<sup>st</sup> Dec 2014 as early local adopters.

In response to questions the following points were noted:

- The Tower Hamlets Health and Well Being Board, in agreeing to the invitation to be enlisted as a supporter of the Coalition meant a public endorsement to the Coalition's aims and a show of leadership in the commitment to continue the campaign on early diagnosis, a reduction in HIV infections and associated health harms.
- That it was important that Tower Hamlets was involved in national recommendations and requirements to widen access to HIV testing, given that it was one of 64 Local Authorities with a high incidence of HIV.
- That reducing HIV late diagnosis was a Public Health Outcome Framework reflecting the importance of early diagnosis for both the

individual and the public sector.

- That there were no financial implications for the Council;

The Board noted expressions of support from Members present.

#### **RESOLVED -**

1. That the good progress that had been made in reducing the late diagnosis in Tower Hamlets of HIV through effective partnership work across the NHS, council and voluntary sector be noted.
2. To ask the Mayor, as Chair of the Health Well Being Board, to contact the Halve it Coalition and request that the Tower Hamlets Health and Well Being Board is listed as a supporter of the coalition's aims.
3. To note that there was no dissension on the part of partners of the Board on the request that Tower Hamlets Health and Well Being Board was listed as a supporter of the coalition's aims.
4. That the work across the partnership to increase the availability and uptake of HIV testing to ensure the realisation of health benefits of early diagnosis be continued.

**Action by** : Chris Lovitt (Associate Director of Public Health, LBTH)

### **3. REGULATORY OVERSIGHT**

#### **3.1 Winterbourne Review Report - Time for Change (2014)**

Bozena Allen, Interim Head of ASC and Sandra Howard, Interim Service Manager, presented the report, which outlined the latest recommendations from the post-Winterbourne Review Report, an assessment of local implications, the next steps to develop an action plan for implementation; and a second annual update of progress of local actions agreed by the Board in 2013 following the first Government report in 2012. They outlined a phased approach and with some priorities on the proposed action plan.

The 'Winterbourne View - Time for Change' was published in late 2014 and made recommendations for a national commissioning framework, under which local commissioners should identify gaps in provision for people with challenging behaviour and Learning Disabilities.

It recommended a community-based alternative to inpatient care, through the creation of a mandatory commissioning framework requiring local authorities and NHS clinical commissioning groups to pool health, social care and housing budgets.

The report provided a summary of the eleven post-Winterbourne recommendations (set out in the report by a steering group of the NHS England set up to make recommendations for a national commissioning framework in which local commissioners would secure community based support for people with learning disabilities. It was noted that the Government was likely to publish their response in early 2015. The Board noted that the implications for Tower Hamlets and its Partners was that the Health and Wellbeing Board could play a significant role in leading a local response to the Winterbourne Review of 2012 and 2014 by making in helping reshape local services to improve health outcomes for children and adults with learning disabilities and/or autism who have mental health conditions or behaviour that challenges.

The Board also noted that the proposed local response to these recommendations was to:

- a) set up a local 'Post-Winterbourne Actions Project Team' with joint working between LBTH CCG, Tower Hamlets Council, and local partners;
- b) to develop a local action plan and monitor its implementation.

The project team would be set up to agree a time specific plan for delivery of the other recommendations. This would be overseen by the Learning Disabilities Partnership Board and the Health and Well-being Board.

Members welcomed the proposed action plan which they regarded as a testament to the good work that had been done in Tower Hamlets. The proposed action plan was noted as follows: To develop a Charter of Rights for people with Learning Disabilities;

1. Although good work was in progress with the local police to ensure that people with learning disabilities were better treated by the criminal justice system, there was an opportunity for the project team to discuss developing a local agreement;
2. Recommendation three was partially met where learning difficulties service users had the 'right to challenge' decisions through a complaint system;
3. There was work in progress where Bart's Health and Clinical Commissioning Group (CCG) were leading on considering the extension of a personal health budget, although further consideration was required from the proposed project team;
4. The proposed project team to work with the Housing Benefit service to protect a person's home tenancy when on hospital admission;
5. The proposed project team to consider developing a 'mandatory commissioning' plan for Learning Disabilities Service;
6. The proposed project team to consider the implications of community –based providers 'right to propose alternatives' to inpatient care;
7. The project team to consider whether the commissioning framework



- should be accompanied by a closure programme of institutions (if that is applicable to this borough);
8. Proposed project team to consider workforce data from the NMDS-SC to help assess local workforce skills in this area;
  9. The project team to consider fostering partnership working to establish a 'Life in the Community' Social Investment Fund;
  10. The proposed project team to review what local data was collected and that was relevant for publication.

## **RESOLVED -**

1. That the contents of the report be noted and that the proposal to set up a 'Post-Winterbourne Actions Project Team' to formulate an action plan for way forward be agreed. That all commissioners across all areas (including housing) work with Public Health to identify the gaps, and put in place a clear plan for delivery of commissioning priorities, which was time specific, and informed by service users;
2. That the second annual update of local actions since the Winterbourne Review, including proposals of future actions specified in the report, especially those marked out in paragraph 6.2 (e) be noted;
3. That the actions from Resolution (1) above be delegated to the Learning Disabilities Partnership Board to set up a commissioning specific work-stream which would put into place a plan of action based on the eleven recommendations.
4. To report back to the Health & Wellbeing Board at a future date.

**Action By:** Bozena Allen (Interim Head of Adult Services, Education Social Care and Wellbeing)  
Elizabeth Dowuona (Committee Officer LBTH)

## **4. ANY OTHER BUSINESS**

### **Primary Care Co-Commissioning**

#### **Special circumstances and Reasons for Urgency**

The Board noted that the report had not been available for inspection within the timescales set out in the Authority's Constitution, but agreed that there were special reasons for urgency and that the report should therefore be considered at the meeting in order to afford the Board the opportunity to consider the proposal in advance of its implementation in April 2015.

Jane Milligan, Chief Officer, Tower Hamlets Clinical Commissioning Group presented the report which provided a full and comprehensive

Update on primary care commissioning. The report outlined the invitation in May 2014 by NHS England for CCGs to express an interest in taking on an increased role in the commissioning of primary care services. Three models of co-commissioning were proposed, ranging from greater responsibility for CCGs in primary care decision making, the lowest level of involvement, through to delegated commissioning, the greatest level of involvement and responsibility;

It was noted that following engagement its membership and Governing Body, the Tower Hamlets CCG opted to apply for delegated commissioning arrangements. An application was submitted on 9<sup>th</sup> January 2015 in partnership with the CCGs across WEL (Tower Hamlets, Newham and Waltham Forest). Should the application be successful, implementation of delegated commissioning arrangements would take place from April 1<sup>st</sup> 2015.

Jane Milligan explained that the aim of the proposed co-commissioning was to establish a collaborative effort with WEL CCGs to improve commissioning for their local residents. The Board noted a summary of the benefits and risks of co-commissioning for the primary care services for CCGs across WEL (Tower Hamlets, Newham and Waltham Forest).

The proposed new arrangement would necessitate changes to the CCGs:

- Governance Structures
- Conflicts of Interest Policy and the separation in powers in the interests of accountability.
- Constitution

Members asked a number of questions on the decision making process, membership, voting powers and the remit of the new CCG Governing Bodies. In response, the following points were noted:

- Decisions would be made about primary care locally by the proposed CCG Committees by voting members made up of lay members and CCG officers and ratified by the CCG Governing Body;
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- The proposed CCG Committees would be supported by the WEL Collaborative Forum whose role would be to make recommendations to the CCG Committees on the outcome of procurement processes and contract performance management decisions, including the monitoring of contracts;
- That the membership of the proposed CCG Committees included GP representatives and they would be fully engaged with the work of the Committees.

Members welcomed the proposals as a joint up working model and expressed their willingness to work with the CCG to ensure that the opportunities of bringing commissioning together and the making use of economies of scale through the sharing of resources would be realised.

## **RESOLVED**

1. That the submitted application for delegated co-commissioning and its impact on future arrangements be noted;
2. That the contents of the co-commissioning application pending a decision from NHSE in February / March 2015 at which point further information would be provided on next steps be noted.
3. That officers report back to the Board in March 2015.

**Action By:** Jane Milligan (Chief Officer, Tower Hamlets Clinical Commissioning Group)  
Elizabeth Dowuona (Committee Officer LBTH)

### **5. Date of Next Meeting:**

Noted that the next meeting of the Board was scheduled to be held on Tuesday, 10 March 2015 at 5.00 p.m. in Committee Room MP701, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London E14 2BG

**The meeting ended at 7.00pm**

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