

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 7.00 P.M. ON TUESDAY, 18 NOVEMBER 2014

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

Members Present:

Councillor Asma Begum (Chair)
Councillor David Edgar (Vice-Chair)
Councillor Danny Hassell

Co-opted Members Present:

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

Others Present:

Jackie Applebee – (Parent Governor Representative)
Paul James – (East London NHS Foundation Trust)
Simon Twite – (Strategist, Tower Hamlets Public Health)

Officers Present:

Dr Somen Banerjee – (Interim Director of Public Health, LBTH)
Sarah Finnegan – (Senior Strategy Policy and Performance Officer, Corporate Strategy and Equality Service, Chief Executive's)
Barbara Disney – (Service Manager, Strategic Commissioning, Adults Health & Wellbeing)
Antonella Burgio – (Democratic Services)

Apologies:

Councillor Denise Jones
David Burbridge, Healthwatch Tower Hamlets

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

No declarations of disclosable pecuniary interests were made.

2. MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the meeting held on 16 September 2014 were presented for approval. The Chair and Councillor Edgar noted that their attendance had been omitted from the record. It agreed that their attendance be added to the meeting and subject to this correction, the minutes approved.

RESOLVED

That the minutes of the meeting held on 16 September 2014 be approved subject to the following correction: that the attendance of Councillors Asma Begum and David Edgar be recorded.

3. REPORTS FOR CONSIDERATION

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

The Interim Director of Public Health presented the report which informed the Panel of proposals for the transfer of commissioning responsibility for Early Years Public Health Services from NHS England to the local authority and highlighted the following matters reported in the document:

- The transfer would take place on 1 October 2015.
- Early years services were important in terms of the long-term impact on lifelong health and well-being and therefore were critical for the future health and well-being of the community.
- The role of 0-5 years health visitors would increase. Tower Hamlets had a good allocation of health visiting already and it was anticipated that the health visiting role (which was about supporting families in a holistic way) would incorporate health services delivered in the home environment.
- In the past, because health visitors resources had been lower than they should be, health visitors had had focused on more urgent elements of their role but with the anticipated increasing provision that the transfer would provide, it would be possible to look to fulfil the health visitor role more fully.
- The approach would be to focus resources on the most vulnerable (teenage mothers etc) and in this way to help turn around infant health issues that exist in the borough through better assistance.
- A notional budget of £6.6 million excluding overheads and management costs had been set. However the Interim Director aimed to that an appropriate level of funding would be released before signing off the transfer.
- Staffing was presently 45 health visitors and the aim was to reach a level of 95 practitioners. The Interim Director noted that the market for recruitment of this role was competitive and therefore the package needed to be an attractive.

- There were national standards for delivery of health visitor services incorporating; antenatal visits, and health visits at: one month, 6 to 8 weeks, two months, and up to the two-year-old health check.
- The Interim Director noted that there were high levels of childhood obesity in Tower Hamlets and it was intended that the health visitor assessments would help to identify resources to address this situation.
- It was necessary to ensure that the health visitor service integrated with other nursing services in the borough. To do this, Public Health would engage with the local authority, GPs and other service providers. The options were to bring health visiting services in-house.
- Options for procurement of the health visiting services were being explored with the Director of Education, Social Care and Well-being taking into account that terms and conditions for a key issue around the transfer of services, recruitment and retention of staff.

Councillor Hassell requested that information on:

- Outcome indicators for early years
- Healthy child review

be circulated to members of the Panel.

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

- Funding would be received directly by the local authority therefore the Council would be able to decide how to procure these services either by direct employment or through contracts. Health visitor funding would be ring fenced within the public health grant however the duration of this grant was not certain.
- The matter of whether funding for the increased number of health visitors would be secured from Government, was being discussed with Barts Health and terms that overhead costs must be covered resolved to ensure that the mandate could be delivered.
- In relation to recruitment pool that could be accessed and facilitating recruitment, overhead costs had been included in the transfer terms of some boroughs. However the terms of those mentioned in the report excluded overheads. Reasons for this omission did not directly relate to issues or activities of these councils.
- Boroughs faced different issues concerning the pool for recruitment and its facilitation. The local recruitment strategy would be to bring students into the service so that by the time the transfer took place the recruits would have worked in the borough and have an option to remain. The market for recruitment was competitive therefore job satisfaction would be important.
- There was no requirement, per se, to transfer existing staff for capacity building but there were options to explore visiting-type roles which could become involved in health visiting and this may be a good option to explore to bring in skills. Paul James of East London NHS Foundation Trust (ELFT) advised that ELFT runs visiting services in Newham and similar recruiting issues were encountered. However there was a fast track commissioning available to train into these roles.
- Stakeholder engagement would be organised by the Associate Director of Public Health in three months time.

- The transfer of health visiting services to the local authority offered opportunities to better monitor health strategies for children.

RESOLVED

That the report be noted

Action by:

Tahir Alam, Senior, Strategy, Policy and Performance Officer (LGP)

3.2 Health and Wellbeing Strategy (Healthy lives, and Maternity and early years)

A summary paper was tabled at the meeting. The Panel was informed that:

- the strategy was informed by the joint strategic needs assessment (JSNA) and based on priorities listed at page 6 of the paper.
- the update concerned maternity and early years and healthy lives.
- at present the one year action plan was being addressed.

The following were also noted:

- the strategy had two approaches, prevention (public health role) and treatment
- aspirations centred around early years covering a 4-year term. These were also listed in the paper. The aspirational elements were:
 - healthy eating at home and at school. It was noted that this lever was not available to the local authority in respect of free schools and there were challenges around healthy eating outside schools in terms of fast food outlets
 - physical activity, aiming for sustained impact via enjoyable participation in physical activity
 - adolescence, aiming to promote strategies regarding safe around drugs, risky sexual behaviours, knowledge to become good parents
 - middle age, retaining healthier habits and better awareness of health risks such as diabetes and heart disease and improved awareness of signs and symptoms
 - end of life care, to be in control of end of life choices

The above elements were undergoing a one-year refresh.

In response to Members questions the following information was provided

- The first draft of the revised strategy would be ready shortly and the revised action plans would be presented to the Health and Well-being Board in January 2015.
- High-level evidence of the importance of early years on health during later life was drawn from the findings of the Marmot review. Additionally evidence-based health checks were used to ensure that

people who had these could be referred appropriately. It was also noted that the strategy did not only rely on evidence-based data but incorporated innovative measures.

- There was concern that those in most need were not accessing services e.g. white middle-aged males, therefore the strategy aimed to address this.
- Opportunities for maximising section 106 benefits were secured via input into the Local Development Framework. However there also needed to be input from local people to improve the quality of green spaces. It was noted that this work was slow; however there were fenced off places that could be better used. The strategy could be used purposefully to explore the links between environment and health by setting out aspirations for the use of green spaces.

RESOLVED

That the report be noted

3.3 Carers

The Service Manager, Strategic Commissioning, Adults Health & Wellbeing gave a presentation set out at item 3.3 of the agenda and highlighted the following matters:

- The Care Act places a statutory duty on the Council to provide support for carers. The Council's JSNA summary (2014) highlighted that there was a need for people to take responsibility for their health. This would be achieved by preventative awareness programs delivered through partners such as LinkAge Plus as well as a broad range of "awareness" programmes to enable prevention and early diagnosis through public health and direct service provision. This joint approach meets the requirements of the Care Act
- The underpinning principles of the Council's Care Plan reflect the principles of the Care Act
- Arising from the impacts of the Care Act, the Council was presently reviewing its carers' service and rethinking services to ensure that it achieved an appropriate balance of specialist and community services.
- Support could be accessed across a range of Council services such as Ideas Stores etcetera.

In response to Members questions the following information was provided:

- Under the Act, transition from children's services to adult services would be smoother and transition services extended to 25 years old. Additionally the merger of Adult Social Care with Children's Services enabled better sharing of ideas to extend the carer work carried out by the council to children.
- It was accepted that, in general, carer levels were nationally underestimated. It was difficult to identify carers or those who perform

caring role as these persons did not necessarily reveal themselves or access services / agencies which would appropriately identify them.

- When the service was reviewed monitoring information would be analysed and finding used to assess the impacts of the Carer Act on services and inform how health services have benefited the community and how services are needed. It was noted that the Act would place greater emphasis supporting carers before they reach crisis point.
- Concerning the levels of advice and information currently available, a contract had been let to a consortium of local providers that give advice and information on a range of support available, including benefits. Awareness would increase once the Care Act was in force and the authority would also seek to raise awareness through outreach.

RESOLVED

That the presentation be noted

3.4 Update on GP Services and Funding Cuts

G.P Dr Jackie Applebee gave an update on the impacts of the Government's plans to implement MIPGL on General Practitioner (G.P.) services in the borough and East London.

The Government planned to roll out this program over seven years and, if effected, its implementation would destabilise 22 G.P. practices in East London. Tower Hamlets G.P.s have campaigned against this program and the Inner North-East London Joint Health Overview And Scrutiny Committee has sent a letter to the Head of Primary Care NHS England on this matter.

Issues with the programme concerned inaccurate and crude formulas used by NHS England, and accuracy issues, in calculating eligibility for additional funds. The East London GP action group was lobbying that the formula for primary care funding be based on life expectancy rather than absolute age as this better reflected when health issues in the borough would arise. Additionally the tool is used to rate GP practices was very crude and did not properly take into account the demographic of the population

It was noted that Simon Stephens will visit the CCG in December

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

- The formulation of poor eligibility criteria was not believed to be the result of due to incompetence but to under-resourcing which meant
 - there was no consultation at local level
 - criteria were not developed using local knowledge derived from information gained through familiarities that had been possible under the former PCT arrangement.
- The purpose of the meeting with CCG in December would be to pursue the issue of migration in the organisation, hygiene in the organisation

- Because of staffing shortfalls within NHS England its approach was mainly reactive rather than proactive.

RESOLVED

That the update to be noted

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

The Chair informed Panel that she had received a request from Mr Burbridge to consider the establishment of a standing committee between the Panel and Healthwatch Tower Hamlets. She advised that the matter would initially be explored informally and the proposal brought back to a future meeting

The meeting ended at 8.31 p.m.

Chair, Councillor Asma Begum
Health Scrutiny Panel