

<b>Committee</b>	<b>Date</b>	<b>Classification</b>	<b>Report No.</b>	<b>Agenda Item No.</b>
<b>Health Scrutiny Panel</b>	<b>8 April 2015</b>	<b>Unrestricted</b>		
<b>Reports of:</b> Somen Banerjee: Director of Public Health  <b>Presenting Officers:</b> Somen Banerjee: Director of Public Health Brian Turnbull: Service Manager First Response		<b>Title:</b> Action Plan Update Report of the Scrutiny Review of Accident and Emergency (A&E) Services in Tower Hamlets  <b>Ward(s) affected:</b> All		

## 1. Summary

- 1.1. This report presents an update on the implementation of recommendations that were set out in the action plan in response to the Scrutiny Review of Accident and Emergency (A&E) Services in Tower Hamlets in 2014.
- 1.2. The scrutiny review made six recommendations. One of these recommendations was for Barts Health, four for the Director of Public Health, and one for the Service Head for Commissioning and Strategy in ESCW. Five of these recommendations were carried forward after the review period.
- 1.1 The Action Plan attached to this report (Appendix 1) sets out each recommendation with the corresponding responses from the relevant services, and the activities that have been and are being implemented to meet these.

## 2. Recommendation

- 2.1 The Health Scrutiny Panel is asked to consider the progress update provided.

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### LOCAL GOVERNMENT ACT, 1972 (AS AMENDED) SECTION 100D

#### LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

<b>Background paper</b>	Name and telephone number of and address where open to inspection
None	N/A

### **3. BACKGROUND**

- 3.1 The recommendations under consideration came out of the scrutiny review of A&E services at the Royal London Hospital. The review was undertaken in response to the winter pressures A&E services were facing across the UK. Given the significant concerns being raised about A&E services it was decided to undertake a scrutiny review of local A&E services to better understand the issues faced, and what was being done to address them.
- 3.2. At the end of the review period, the working group made six recommendations. One of the recommendations had already been met by Public Health within the review development period, and therefore the other five were carried forward. These are all outlined in the corresponding Actions Plan.
- 3.3. The Action Plan attached to this report (Appendix 1) sets out each recommendation with the corresponding responses from the relevant services, and the activities that have been and are being implemented to meet them.

### **4. LEGAL COMMENTS**

- 4.1 The Health and Social Care Act 2012 ('the 2012 Act') aims to strengthen and streamline health scrutiny and enable it to be conducted effectively as part of local government's wider responsibility in relation to health improvement and reducing health inequalities for their area and its inhabitants. It introduces a new role for local authorities in the co-ordination, commissioning and oversight of health and social care, public health and health improvement. Further, section 190 of the 2012 Act amends s244 of the National Health Act 2006, which sets out the Council's health scrutiny functions and enables the Secretary of State to make regulations which set out how the Council must exercise these functions.
- 4.2 Regulation 21 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 allows a local authority to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area, including provision of A&E services. The Council is required to invite any interested parties, including the NHS trust, to comment on these matters.
- 4.3 Regulation 22 empowers the Overview and Scrutiny Committee to delegate to the Health Scrutiny Panel its function to make reports and recommendations to the local authority, on any matter it has reviewed or scrutinised under Regulation 21. Regulation 22(6) requires that reports and recommendations made under this regulation must include—
  - (a) an explanation of the matter reviewed or scrutinised;
  - (b) a summary of the evidence considered;
  - (c) a list of the participants involved in the review or scrutiny; and
  - (d) an explanation of any recommendations on the matter reviewed or scrutinised.This update report of this scrutiny review supports these criteria.

- 4.4 The Care Act 2014 was enacted in May 2014 and the majority of the legislation comes into effect from 1 April 2015. Section 1 of the Care Act 2014 places a general duty on the Council to promote an individual's well-being. Well-being is defined in the 2014 Act as including physical, mental and emotional wellbeing.
- 4.5 Furthermore, sections 2 and 3 of the Care Act 2014 place a general duty on the Council to prevent needs developing and to promote integration of care and support which includes preventative support. The strategy, and this update, evidences supporting these general duties.
- 4.6 Any strategy plan must be prepared in accordance with the public sector equalities duty to eliminate unlawful conduct under the Equalities Act 2010. The duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

## **5. COMMENTS OF THE CHIEF FINANCIAL OFFICER**

- 5.1 In the short term the financial implications of the current set of recommendations can be contained within the existing financial resources of the authority. Barts Health's current resource commitment and response to the poor performance combined with joint working with authority in terms of social care support and raising awareness of A&E and public health would address the resourcing issues.
- 5.2 In the long term Integrated Care Programme and Better Care Funding include provisions and funding streams addressing the reduction of acute services via Out of Hospital Schemes which are developed such as the integrated care programme across primary and secondary health services and social care, and generally increased capacity in the community. As such any financial implications will materialise within the Better Care Fund performance.

## **ONE TOWER HAMLETS CONSIDERATIONS**

- 6.1 As A&E services are used by the general population of the borough, the review and its recommendation took into consideration the general health and wellbeing of the boroughs population, therefore positively impacting upon them. The recommendations made will further enhance the partnership of the councils, Barts Health's and related health services, in order to continue and develop services

and interventions that will work towards improving health inequalities across the borough. This will positively impact on reducing health inequalities which is a key part of building a robust approach to addressing disadvantage in the borough.

## **7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

7.1 There are no direct environmental implications arising from the report or recommendations.

## **8. RISK MANAGEMENT IMPLICATIONS**

8.1 There are no direct risk management implications arising from the report or recommendations.

## **9. CRIME AND DISORDER REDUCTION IMPLICATIONS**

9.1 There are no direct crime and disorder reduction implications arising from the report or recommendations.