

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 7.10 P.M. ON WEDNESDAY, 8 APRIL 2015

MP701 - TOWN HALL MULBERRY PLACE

Members Present:

Councillor Asma Begum (Chair)
Councillor David Edgar (Vice-Chair)
Councillor Danny Hassell
Councillor Suluk Ahmed
Councillor Mahbub Alam

Co-opted Members Present:

David Burbidge – (Healthwatch Tower Hamlets Representative)

Others Present:

Julie Dublin, – Transformation Manager Tower Hamlets CCG;
George Lenon – Transformation Programme Officer Tower Hamlets CCG;

Officers Present:

Esther Trenchard-Mabere – (Associate Director of Public Health, Commissioning & Strategy)
Brian Turnbull – Service Manger, Adult Social Care
Antonella Burgio – (Democratic Services)

Apologies:

Councillor Denise Jones
Dr Sharmin Shajahan (PhD)

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

No declarations of pecuniary disclosable interests were made.

2. MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the meetings held on 18 November 2014 and 2 March 2015 were presented.

RESOLVED:

That the minutes of the meetings held on 18 November 2014 and 2 March 2015 be approved as a correct record of proceedings.

3. REPORTS FOR CONSIDERATION

3.1 CCG - Self Management of Long Term Conditions

The Transformation Manager Tower Hamlets CCG; and Transformation Programme Officer Tower Hamlets CCG made their presentation to the Panel informing members of the following:

- Self-management was a priority programme during 2014- 15 and a number of pilots were presently in train.
- Nationally there were some 50 million individuals with long-term conditions. In Tower Hamlets 34% of the population had long-term conditions and these are accessed through primary care. There were Packages for common conditions such as diabetes COPD and cardiac care. The basis of self-management is to support people to manage their own long-term conditions through provision of tours education and guidance on behaviours. Using not only primary care at the public and voluntary sectors.
- Clinical outcomes patient experience and the management initiatives were used to deliver the care to those with long-term conditions. For self-management pilots were being delivered in the bar at present these were:
- Your move provided by a green candle, a 12 week programme of exercise and dance in Graaf esteem provided by community option involving a range of services to help people to consider the impacts of their went mental well-being and behaviours on their physical well-being. The services delivered through a combination activities and one-to-one support
- Managing your health and well-being, delivered by ability pro, a program to support 75 people to complete a tailored exercise program

- Self-management and education for people with CVT hypertension and diabetes provided by social action for health and WHFS. This involves redesigning some services for those with diabetes and expanding the service to those with CVT and hypertension

Tower Hamlets was a pilot site for NHS England and Leicester University delivering the above projects which would be evaluated by talking health. Outcomes of the evaluation are expected in November 2015.

The therapies provided were interventions drawn from the voluntary sector and the mental health services and the CCG strives to use the resources efficiently.

The interventions comprise the following elements:
Integrated care, alternative working to engage people to take responsibility for their own care and use of the voluntary sector.

To this end Tower Hamlets CCG was to become an integrated personal services commissioning pilot focused on patient and personal centred care; a theme which is included in the Care Act. The pilot will include a personal-care project aimed at some adults and children with long-term conditions and the pilot is supported by Bromley by Bow Centre and Real.

Self-care and self-management are situated in the individualised user portfolio which includes social care partners. If the pilots are successful, options for expanding the provision will be investigated.

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

Concerning whether the pilot was part of a local scheme or part of a regional/national set initiatives, the Panel was informed that the King's Fund was involved in the development of the scheme of self-care and the tools were developed in the USA which were designed to help identify where resources were needed.

Concerning whether NICE was involved and whether there was overlap with its work and that of CCG, the Panel was informed that NICE employed its own researchers. Links between the two schemes would be investigated and a full written answer would be circulated to Members following the meeting.

Concerning who was responsible for the development of healthcare plans and budgets, the Panel was informed that, at this stage in the programme, CCG Transformation Manager for long-term conditions was currently the responsible officer in this regard.

Concerning how eligibility issues for the services would be addressed; the Panel was informed that there were care plans for the following long-term conditions: diabetes COPD and cardiac care management and these were driven by the primary care sector. The tailored care plans would be developed jointly by the patient and the primary care provider but will be

shared across the providers. Mr Burbage Co-optee representing Healthwatch Tower Hamlet disputed that all those in the borough with long-term conditions to manage would have adequate accessibility to these services. He advised that HealthWatch had carried out much engagement on the new care plans and observed that no information presented at the meeting convincingly indicated how those accessing self-management services could accomplish the self-management of their conditions. The Panel was informed that the care plan would be explained by the manager and the relevant conditions described by GPs. Arising from this the CCG will develop a suitable offer for the population.

RESOLVED

That the update be noted

3.2 Update on Actions Arising from HSP Scrutiny Review of Accident and Emergency Services in Tower Hamlets

The Associate Director of Public Health Tower Hamlets and Service Manager First Response provided an update on progress against three of the action points identified in the scrutiny review of A & E Services that was carried out in 2013. It was noted that an update on the recommendations concerning Royal London Hospital had been provided at the Panel's meeting on 2 March 2015 and feedback on the following three recommendations concerning public health were presented at this meeting for Members' to consider.

Greater Promotion/Uptake of Flu Vaccination:

The Panel was informed that Public Health had worked with the local authority to improve uptake and, in 2014 – 15, uptake had increased by 40% compared the previous year. The vaccination programme would continue to be promoted and frontline staff targeted as a priority group. Although Public Health was pleased with the uptake observed thus far it aimed to further improve uptake in the next campaign and would also focus on improving flu vaccination by home care staff.

Appropriate Use of A&E Campaign:

Concerning the recommendation that the Council should raise awareness of when A & E services should be accessed, the Panel heard that an 'Appropriate A&E Usage' campaign was being publicised through Ideas Stores, through awareness programmes and outreach programmes. 12 staff would be employed to accomplish the outreach which would be targeted at suitable delivery mechanisms. Suitable candidates for this role would be sought initially from amongst Council re-deployees and then from amongst students. First round of interviews would be held in the forthcoming week.

Smoking Cessation and Healthy Eating:

Concerning these schemes, the Panel was informed that most of the health trainer services for these programs had been reprinted. These scheme would also work on targeting the long-term conditions, targeting people with long-term conditions. There were three programs plans to achieve these of which

the first two the first and second programs are agreed and a new programme has been developed and is awaiting sign off.

In response to members questions the following information was provided

Concerning the impact on monitoring, sickness data the Panel was informed that this information would be provided, circulated after the meeting

Concerning the campaign to promote proper A&E usage, it was noted that important factors of the scheme were GP recognition and patient waiting times when accessing primary care.

Concerning the criteria for recruitment of redeployees into the campaign for appropriate usage of A&E services, the Panel was informed that screening tools and interviews would be utilised to determine competence and compliance with the person and job specifications. The Panel requested that it should be stipulated that uptake of the flu vaccine was a requirement of employment.

Concerning promotion of employment through the voluntary sector the Panel was informed that this element was presently targeted at directly employed staff. However further recruitment would be undertaken in future directed to the voluntary sector.

Concerning access to medication issues arising with pharmacy dispensing where patients have registered to receive their prescriptions with a particular pharmacy, the Panel was informed that the situation has arisen because of the way the pharmacists pay for their dispensing medication medications. It would be necessary to investigate tracking the claims so that there was no fraudulent use of medications.

Concerning the selection of Idea Stores to deliver the A&E usage awareness campaign, the Panel was informed that these venues had been considered to be suitable because there was a high foot-fall and many already had their own health education programmes. These programmes would link into other advice services already offered. Additionally Idea Stores were already a frontline service.

Concerning a recommendation that the Council accelerates its work with Barts Health NHS Trust to bring forward plans for integrated care that reduce pressure on A&E and other hospital services, the Service Manager informed the Panel that in September 2013 Education, Social care and Well-being Directorate was invited to bid for winter pressures funding and a scheme had been devised, which was not based on a 9-to-5 Monday to Friday Friday provision, but where social workers were encouraged to provide extended services on a voluntary basis (with overtime) with a view to provide a dedicated A&E service to alleviate 'parking' or delayed discharges to assessment wards over late hours and/or weekends. The scheme had cost £85,000 over six months and, in its first year, had prevented 703 unnecessary admissions. The initial scheme ceased in March 2014 and at that time the CCG provided funding for a year in order for the service to be continued. In

the current year, the funding had been secured to roll the scheme forward for another year and during the extended period an extra 280 admission preventions had been achieved. It was also intended that the scheme will be extended to cover bank holidays. Social workers would assist with discharge assessments and this had now also been incorporated as part of the Better Care funding. A further scheme costing £75,000 is being developed involving research workers which would be employed to deal with complex discharges.

Concerning the sums saved due to faster discharges, the Panel was informed that statistics were generated quarterly and would available later. However it was estimated that savings were around £500 per patient. Members were informed that where the elderly could be prevented from being admitted to hospital, there was additional benefit in that other complications of hospitalisation such as loss of confidence or other infections could be avoided. Additionally step-down beds were not a popular choice with families.

RESOLVED

That the update to be noted

3.3 Barts Health

The Strategy Performance and Policy Officer presented the report which informed the Panel of recent developments at the Barts Health Care Trust. Following the CQC inspection of Whips Cross hospital, the Trust had been placed in special measures.

Two more inspections were awaited at Royal London Hospital and Newham University Hospital respectively due to these matters a representative from Barts was not presently available to attend the meeting. The matter had been referred and would be considered by the Inner North-East London Joint Health Overview and Scrutiny committee at a meeting on 27 May 2015. It was proposed that once the joint health overview and scrutiny committee had considered this matter, the individual health scrutiny bodies of the local authorities would then consider the matter individually.

RESOLVED

That the update be noted

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

The Senior Strategy Policy And Performance Officer informed the Panel that a scrutiny challenge meeting on the subject of carers would be held on 13 May at the Carers Centre at 5:30 pm. Members were invited to attend to assist with this work.

RESOLVED

That the notification be noted

The meeting ended at 8.40 p.m.

Chair, Councillor Asma Begum
Health Scrutiny Panel