

LONDON BOROUGH OF TOWER HAMLETS

**MINUTES OF THE HEALTH SCRUTINY PANEL
HELD AT 3.30 P.M. ON WEDNESDAY, 15 JULY 2015
MP702, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,
LONDON, E14 2BG**

Members Present:

Councillor Amina Ali (Chair)
Councillor Sabina Akhtar
Councillor Danny Hassell

Co-opted Members Present:

David Burbidge – (Healthwatch Tower Hamlets)
Tim Oliver – (Healthwatch Tower Hamlets)

Apologies:

Councillor Abdul Asad
Councillor Dave Chesterton
Councillor Md. Maium Miah
Councillor John Pierce

Officers Present:

Tahir Alam – (Strategy Policy & Performance Officer, Law, Probity and Governance)
Afazul Hoque – (Senior Strategy, Policy and Performance Officer, Law, Probity and Governance)
Elizabeth Dowuona – (Democratic Services Officer, Law, Probity and Governance)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Maium Miah, Abdul Asad, Dave Chesterton and John Pierce (for whom Councillor Danny Hassell deputised).

An apology for late arrival was received from Councillor Sabina Aktar.

2. APPOINTMENT OF VICE-CHAIR

Councillor Danny Hassell nominated Councillor John Pierce (in his absence) to serve as Vice-Chair of the Panel for the remainder of the Municipal Year. The nomination was seconded by the Chair, Councillor Amina Ali.

RESOLVED

That Councillor John Pierce be elected to serve as Vice-Chair of the Health Scrutiny Panel for the remainder of the Municipal Year 2015/16.

3. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of Disclosable Pecuniary Interests.

4. MINUTES OF THE PREVIOUS MEETING(S)

RESOLVED

That the minutes of the Health Scrutiny Panel held on 8 April 2015 be approved as a correct record of the proceedings.

5. REPORTS FOR CONSIDERATION

5.1 Terms of Reference, Quorum, Membership and Dates of Future Meetings of the Health Scrutiny Panel

The Panel received a report detailing the terms of reference, quorum, membership and dates of meetings of the Health Scrutiny Panel for the Municipal Year 2015/16.

RESOLVED

- 1) That the report be noted.
- 2) That the co-option of **David Burbidge** and Professor **Tim Oliver** from Healthwatch Tower Hamlets (formerly Tower Hamlets Involvement Network) to the membership of the Health Scrutiny Panel for the Municipal Year 2015/16 (as agreed by the Overview and Scrutiny Committee on 7 July 2015) be noted.
- 3) To noted that the voting rights of the co-opted Members would be non-voting (as agreed by the Overview and Scrutiny Committee on 7 July 2015).

6. PUBLIC HEALTH - SERVICE PRIORITIES FOR 2015/2016

Dr Somen Banerjee, Director of Public Health (LBTH) gave a presentation on "Putting health and wellbeing at the heart of everything we do in Tower Hamlets 2015/2016 and beyond".

Dr Banerjee began by outlining the role of the health and wellbeing board. These boards were established by the Health and Social Care Act 2012 in all local authorities. The boards would play a key role in bringing health professionals and leaders from the health and care system, to work together to improve the health and wellbeing of the local population, and to reduce health inequalities. Health and Wellbeing Boards were a key part of broader plans to modernise the NHS to:

- ensure stronger democratic legitimacy and involvement;

- strengthen working relationships between health and social care; and
- encourage the development of more integrated commissioning of services.

In establishing Health and Wellbeing Boards the Care Act 2012 envisaged the following:

- That Boards would help give communities a greater say in understanding and addressing their local health and social care needs. Boards would have strategic influence over commissioning decisions across health, public health and social care. Boards would strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions, alongside commissioners across health and social care.
- Those Boards would also provide a forum for challenge, discussion, and the involvement of local people.
- Boards would bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community. They would undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs could be best addressed. This would include recommendations for joint commissioning and integrating services across health and care.
- Through undertaking the JSNA, the board would drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision would also be addressed.

The vision of the Tower Hamlets Health and Wellbeing Strategy was to improve health and wellbeing throughout all stages of life to reduce health inequalities, promote independence, choice and control.

Priorities for 2015/16 were noted as follows:

- Maternity and Early Years - A healthy start for every child;
- Healthy Lives - Living healthier together;
- Mental Health and Wellbeing - No Health without Mental Health; and
- Long Term Conditions and Cancer - Early identification and person centred care.

Dr Banerjee referred to the deprivation, crime, homelessness and pollution and social isolation as the backdrop of the situation in Tower Hamlets. With respect to children, infant mortality rate was one of the highest in the country and school readiness was lower due to poverty with a high level of safeguarding, early sexual activity and pregnancies cases. With respect to adults it was noted that there was a prevalence of pre-mature death from

strokes, cancer respiratory illnesses substance misuse and HIV including a low uptake of screening for health conditions.

The aspirations of the Borough was noted as follows:

1. A healthier place to live

- Healthy lives supported by good income, education, housing, employment;
- Environments – safe, health enhancing, support physical activity and healthy eating;
- Communities/families – strong networks supporting healthy lives;
- Local services – integrated, prevention orientated, inclusive, accessible, high quality.

2. More healthy 0-5 year olds

- Excellent maternal health;
- Strong early attachment;
- Healthy early nutrition;
- Foundations for oral health;
- Good physical and social development through play;
- Full immunisation;
- Free from health harms of alcohol, tobacco, drugs;
- Free from abuse or neglect.

3. More people in the Borough leading healthier lives

- A place that supports health;
 - Healthy environments;
 - Healthy communities;
 - Health promoting services;
- More people
 - Valuing health;
 - With foundations for healthy lives;
 - Protected from health harms.;

4. More healthy children, adolescents

- Good emotional health
- Strong foundations for lifelong mental wellbeing;
- Having life skills for fulfilling social and emotional relationships;
- Eating healthy at home, in school and outside school;
- Enjoying regular physical activity;
- Having excellent oral health;
- Free from health harms of alcohol, tobacco and drugs;
- Free from abuse or neglect.

5. More healthy adults

- Good mental wellbeing;
- Living healthily – eating healthily, regular physical activity, good sexual health;
- Free from harmful health behaviours – tobacco, alcohol/drug misuse, risky sex;
- Aware of risk of health conditions and taking action to reduce risk;

- Aware of symptoms of health conditions and seeking early help;
- Free from abuse or neglect.

Dr Banerjee set out the strategy organising an effective public health service: Human resources, staff structure, staff development, public health training programme, finance, contracting, legal, performance, risk, communications, responding to corporate requirements.

The Borough had received £32m grant to train its community on the issues at hand, refresh the new Health and Wellbeing Strategy and refresh the local development framework. In response to questions, Dr Banerjee stated that the local development strategy had been updated.

RESOLVED –

That the report be noted.

6.1 Clinical Commissioning Group - Service Priorities for 2015/2016

Jane Milligan gave a presentation to the Health Scrutiny Panel on the role of the Clinical Commissioning Group (CCG) which had responsibility for planning, buying and monitoring local health services. The CCG was comprised of 36 GP practices arranged into 8 networks each with 4-5 practices. The CCG worked closely with a wide range of health providers to commission health services.

The key visions of the CCG were:

- High quality health & social care services
- A vibrant and stable health & social care system
- Integrated services to cater for individual needs

NHS Tower Hamlets CCG was responsible for a number of services including planned hospital care, maternity services, cancer services, fertility services, urgent & emergency care, children's services and treatment of infectious diseases. The CCG managed a budget of approximately £340million which included £164m for hospital care and £51m for community health services. The key priorities included:

- Safe and convenient maternity services
- Improved health outcomes for children and young people
- Integrated care for patients with multiple health conditions
- Timely high quality urgent and emergency care
- Commissioning of integrated mental health services
- Innovative use of technology

In response to questions and comments from Members, Jane Milligan underlined the strategic approach where the commissions came together as a group to provide deliver particular services locally. CCGs would not be the sole purchaser of GP services but would be accountable to NHS England and the Secretary of State for Health. Further, co-commissioning reduced duplication and also saved money.

Members raised the issue of the delivery of services locally and the creation of centres of excellence which involved travelling. In discussion, Members considered that there was the need to consider transport links, more use technology and communication links such as the use of skype, greater focus in the integration of services at all levels e.g. patients being discharged would need the coordination of other services such as transportation, support at home and follow up appointments.

Members also considered that older people tended to be overlooked therefore there was the need to maintain some level of traditional ways of communication e.g. by letter, telephone as opposed to online bookings and correspondence by email.

On the question of services to non-English speaking patients, the Panel noted the use of advocates in health centres to ensure equality in service provision.

RESOLVED

That the presentation be noted.

6.2 Healthwatch - Service Priorities for 2015/206

Dianne Barham gave a presentation on Healthwatch Tower Hamlets. It was noted that Healthwatch Tower Hamlets was a charitable company with a Board of Directors to manage business and monitor performance alongside an Advisory Group representing the interests of residents.

The main role of Healthwatch was to:

- promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services;
- obtain the views of local people about their needs and experiences of local care services and then make those views known to those involved in the commissioning, provision and scrutiny of care services;
- Make recommendations about how services could or should be improved;
- let people's views and experiences be known to Healthwatch England to help it to carry out its role as national champion;
- advise the Care Quality Commission to carry out special reviews or investigations into areas of concern;
- provide information, signposting and support to residents about access to health and social care services to enable them to make informed choices.

It was noted that Healthwatch prioritised their work by focusing on the important local Health and Social Care issues. To do this, they engaged the wider Tower Hamlets community, which included residents and also stakeholders such as voluntary community organisations.

The priorities for 2015/16 included Bart's Health Trust - strengthening the leadership team at Whipps Cross Hospital and accelerating a comprehensive programme of quality improvements; Patient feedback on integrated care; Patient's access to GPs; Mental Health; and gathering views of young people on how they do and would like to use the health system and how they could be supported in understanding what good wellbeing was.

Following the presentation, Members asked a number of questions. On the question of gathering feedback of the health service from young people, it was noted that this would be by postal campaign through The Steps to Wellbeing Service, a free confidential NHS service for young people aged 18+, GP Practices, word of mouth, leaflets, training and through social media.

On the question of how complaints were dealt with as opposed to dealing with feedback, officers stated that Healthwatch was committed to ensuring that concerns and complaints about health and social care services were handled in line with Healthwatch England's wider program on complaints, which included a series of recommendations for structural reform in complaint handling, and work to improve standards in health and social care complaints advocacy. The vision also allowed measurement of progress so that organisations/services could determine the action they need to take to improve.

RESOLVED-

That the presentation be noted.

6.3 East London Foundation Trust - Service Priorities for 2015/2016

Representatives from East London NHS Foundation Trust gave a presentation on the Service.

It was noted that the Trust gained Foundation status in 2007. At that time, they were a mental health provider and delivered Mental Health Services which included the following:

- Adult Mental Health Services at The Tower Hamlets Centre for Mental Health and from Community Teams (in which LBTH Social Workers were integrated);
- Services for Older People with mental health problems, also at Tower Hamlets Committee for Mental Health and in the Community;
- Child and Adolescent Mental Health Services – Community Services The Inpatient Unit, Coburn, is in Newham;
- Substance Misuse Services.

In recent years, longer life expectancy had led to the inclusion of additional services. These were:

- Forensic Services in other North East London Boroughs;
- APT Service in Richmond;

- Community Health Services in Newham;
- Speech and Language Services in Barnet;
- From 1/4/15 Mental Health Services in Bedfordshire and Luton.

The Trust's achievements included the following:

- Following two serious incidents in 2010 inpatient Service had been improved;
- All ELFT wards in East London are CQC compliant and had excellent AIMs Accreditation;
- Very successful Nurse Recruitment and development strategies. 8% vacancy rates;
- 80% bed occupancy;
- In the top 5 Trusts in the Country from the National Patient Community Survey;
- Excellent Staff Survey results – joint top for Staff Engagement, third for the FFT;
- Successfully delivered a £50m CRES Programme since 2010;
- Crisis Care Concordant response well received
- Good RAID Service at RLH.

Priorities/ for the future included the following:

- delivering high quality services, supporting and developing staff and maintaining financial stability.
- A more collaborative approach with Commissioners to maintain 4% CRES annual savings;
- Full CQC compliance Inspection due before June 2016.
- Re-engineer Community Teams and work with Primary Care to support fewer patients with chronic problems.
- Maintain quick response times with acute referrals.
- Work in partnership with other providers, especially LBTH, Bart's Health [e.g. via RAID], the Police [Crisis Care Concordant], the Voluntary Sector and User Groups [via the Partnership Board].
- Delivery of the Vanguard new model of care as part of Tower Hamlets Integrated Provider Partnership (THIPP)

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

- The proposal to reduce in-patient provision was due to a downward trend in service usage. Due to active planning, streamlining processes and provision of integrated care, further decrease was also expected. However this would be reviewed if demand were to change.
- The average in-patient stay was 60 days and was in the mid-range for this type of care.
- While some people leaving in-patient care went into sheltered care and a very small number into 24-hour care, most were expected to be discharged home.
- Wards at the in-patient unit were mixed but there was gender separation.

- The service was not aimed at those with dementia as old age psychiatry segregated mental health services from those with dementia.
- The service was not aimed at those in end of life situations.
- The new provision was for Tower Hamlets and City and Hackney.
- There had been fewer issues around transport and it was found that the most affected group were spouses.

RESOLVED

That the report be noted.

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

There was none.

8. EXCLUSION OF PRESS AND PUBLIC

The Chair **Moved** and it was: -

Resolved:

That in accordance with the provisions of Section 100A of the Local Government Act 1972, as amended by the Local Government (Access to Information) Act 1985, the press and public be excluded from the remainder of the meeting for the consideration of the Section Two business on the grounds that it contained information defined as exempt or confidential in Part 1 of Schedule 12A to the Local Government, Act 1972.

9. WORK PROGRAMME PLANNING FOR 2015/2016

RESOLVED

That the update work programme be noted.

The meeting ended at 9.00 p.m.

Chair, Councillor Amina Ali
Health Scrutiny Panel