

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE

HELD AT 6.35 P.M. ON WEDNESDAY, 2 NOVEMBER 2016

**MP702, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,
LONDON, E14 2BG**

Members Present:

Councillor Clare Harrisson (Chair)
Councillor Dave Chesterton
Councillor Abdul Mukit MBE

Co-opted Members Present:

David Burbidge

Healthwatch
Representative

Tower

Hamlets

Other Councillors Present:

Councillor Amina Ali
Councillor Rachel Blake
Councillor Amy Whitelock Gibbs

Apologies:

Councillor Sabina Akhtar

Others Present:

Chris Banks
Jenny Cooke

CEO GP Care Group
Deputy Director for Primary and Urgent
Care, Tower Hamlets Clinical
Commissioning Group

Josh Potter

Deputy Director Of Commissioning And
Transformation, NHS Tower Hamlets
Clinical Commissioning Group

Tracey Connell

GP Care Group

Edwin Ndlovu

Director of Adult Mental Health, East
London Foundation Trust

Officers Present:

Daniel Kerr
Dr Somen Banerjee
Janet Fasan
Joseph Lacey-Holland

Strategy, Policy & Performance Officer
Director of Public Health
Head of Legal (Operations)
Senior Strategy, Policy & Performance
Officer

Tim Madelin

Senior Public Health Strategist, Adults'
Services

Farhana Zia

Committee Services Officer

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

The Chair, Councillor Clare Harrisson welcomed everybody to the Health Scrutiny Sub-Committee meeting and asked everyone to introduce themselves.

She stated the Sub-Committee would be considering a report relating to how the Local Authority and its Health partners planned for healthcare infrastructure in light of population growth, consider the challenges facing General Practice plus how the housing needs for the elderly was being addressed.

She said the Sub-Committee would also consider a report which outlined the Clinical Commissioning Groups commissioning intentions in order to gain an understanding of their key priorities plus a report on ELFT and their Care Quality Commission inspection and rating.

Apologies for absence were received from the vice-chair Councillor Sabina Akhtar and Simon Hall, Acting Chief Officer of Tower Hamlets Clinical Commissioning Group.

Councillor Clare Harrison declared she was a member of UNISON.

2. MINUTES OF THE PREVIOUS MEETING(S)

The Chair referred members of the Sub-Committee to the minutes of the previous meeting held on the 15th September 2016. She asked members to approve these minutes as an accurate record of the meeting.

No points were raised and the minutes were approved.

3. REPORTS FOR CONSIDERATION

3.1 Planning and Primary Health Care Infrastructure

Jenny Cooke, Deputy Director for Primary and Urgent Care at Tower Hamlets Clinical Commissioning Group (CCG) jointly presented her report with Chris Banks and Tracey Connell from Tower Hamlets GP Care Group as well as Tim Madelin, Senior Public Health Strategist at Tower Hamlets Council.

The presentation gave an in-depth analysis of the issues facing the health economy in Tower Hamlets due to increased demand and population growth, coupled with funding restraints Commissioners was experiencing. In light of this the CCG was working with General Practices to improve access, streamline procedures using technology in innovative ways to ensure patients are signposted correctly.

Jenny acknowledged recruitment and retention of staff in primary care faced an unprecedented challenge however the CCG was working with GP practices to ensure change was occurring. She said the CCG had piloted their GP support programme over eight months and had seen impressive results. For example it had assisted one surgery to improve their telephone access with a drop in complaints by 40-60% and helped to reduce Did Not Attend (DNA) rates. The CCG was helping GP practices to think through their processes and to be more customer focussed, in order to help embed learning from the pilot.

Tracey Connell and Chris Banks informed Members about the GP Care Group. Chris explained how the GP Care Group came into existence with GP practices being grouped together and working in a network. It is a not-for-profit 'Community Interest Company' (CIC) which aims to support GP's and their patients. This has allowed Tower Hamlets to be 'ahead of the curve' in terms of consolidating the primary care offer.

The GP Care Group had successfully tendered for the Prime Ministers Access Fund (known as the GP Access fund), which exists to support provision outside of core hours and has created four hubs in Tower Hamlets where patients can access 350 appointments p/w in primary care out of normal hour's.

Evening and weekend appointments were available to patients and the hubs were staffed with a range of professionals – GP's, pharmacists, nurses and healthcare assistants. Patient footfall during the week and Saturday showed demand for an extended service (although Sunday take-up has been low) with an average of 290 appointments p/w. For example, the hubs had assisted with the BCG vaccinations by offering new parents additional appointments.

The GP Care group had built good relations with pharmacies and with additional funding next year hoped it could align services with the Urgent Care and Walk in centres.

Jenny added patient feedback indicated satisfaction with the standard of clinical care, but there was frustration with the process of getting an appointment. She also added that the GP workforce was also changing. In the past the profession was male dominated and GP practices were stand-alone businesses however more GPs are salaried staff and more are female. Hence with this change GP's are looking to work in federations and networks and there needs to be a strong local offer to attract GPs and retain them in Tower Hamlets. The CCG has developed their 'open doors' and 'physician associates' scheme in order to support career development and the skill mix of practitioners.

Tim Madelin, Senior Public Health Strategist stated the Public Health Team worked closely with Health professionals and the Local Plan set out the 15 year planning policy, subsequent design, scale and location of development. The Plan had identified and safeguarded potential sites for infrastructure development and considered how infrastructure could be funded.

Tim explained the difference between S106 agreements which were replaced with the Community Infrastructure Levy (CIL) in April 2015. He said that whereas the S106 agreements could specify what the monies should be used for – e.g. health centre, the CIL was a collective tax and the priority of allocating CIL monies were decisions made by the Mayor and Cabinet. CIL money is only likely to meet up to 20% of the cost required for infrastructure.

Tim informed Members the 'Ageing Well' Strategy was being developed with a view to ensure older people could live independently in their own homes for longer. Cllr Whitelock-Gibbs clarified the local authority was considering to build more extra-care sheltered housing in addition to supporting residents who require residential care or those with complex needs.

This was followed by questions and comments from Members, who stated:

- Impressed with the plans in place to analyse population increases and demand on health infrastructure however it's also about physical space in a given locality. Some parts of the borough have been over developed and there may not be the physical space for infrastructure buildings.
- What is being done to tackle overcrowding and can CIL monies be used to improve existing homes?
- What support is provided to vulnerable tenants in their own homes?
- S106 specified the project to be developed but how can we ensure CIL money is spent on health priorities?
- Will there be nurse-led surgeries similar to midwife led birthing centres?
- Improvement of Primary care focusses on GP's however attention should also be given to Dental Care and access to Dental practices.
- Would welcome the centralisation of processes – such as online registrations and appointments, telephone systems.
- Recruitment and retention has been highlighted as an issue; what is being done to link up with the councils objective of providing homes for key workers and how can we integrate health and housing need especially for those with Mental Health issues?

The Chair thanked everyone for their input.

The Sub-Committee **RESOLVED** to **NOTE**:

The contents of the presentation to help gain a greater understanding of:

- The challenges facing general practice and the plans in place to address them.
- Planning of healthcare infrastructure to account for population increases,
- The links between planning and health infrastructure and how this is implemented in LBTH.
- How the housing needs of elderly residents will be addressed.

3.2 TH Clinical Commissioning Groups Commissioning Intentions 2017/18

Josh Potter, Deputy Director of Commissioning and Transformation, for the Clinical Commissioning Group presented his report which outlined the Commissioning intentions of the CCG.

He referred members to points 1.1 and 1.2 of his report and said the local health economy needed to identify £10m of system savings per year over the next five years, in addition to the productivity savings set by NHS England. However due to the additional pressures within the health economy the requirement for 2017/18 have been revised to £15m.

In order to deliver the saving required the CCG was working together with other CCG's in East London and there were currently three major programmes underway;

- Transforming Services Together (TST) which is a sub-regional programme involving Tower Hamlets, Newham and Waltham Forest;
- North East London Sustainability and Transformation Plan (NEL STP) and
- Tower Hamlets Together – a new model of care Vanguard.

Josh referred members to the table on page 30-31 and explained the process involved in identifying savings. He said data analysis and review of current schemes and services plus public engagement informed their decision making. The Tower Hamlets Together programme builds on integrated care and Providers and Commissioners are working to identify areas they can deliver on.

Members raised the following questions and comments:

- The Tower Hamlets Together Board has the Director of Adults and the Director of Children's on its Board.
- There are several different plans running together. How will you ensure they are joined up and will help to deliver the transformational change you are seeking?

- The diagram on Page 29 does not show how public engagement will take place – how will the Patient Voice link between the different organisations and the THT Board?
- NHS has complex structures and finances. How can councillors engage in the debate?

The Chair thanked the Officer for his report and said that it was difficult for members to scrutinise the paper but would welcome the opportunity for it to come back to the Sub-Committee. She asked for a fuller briefing to be provided on the Tower Hamlets Together programme.

The CCG agreed to provide a diagram on how the NHS works and the organisation structures within it.

The Sub-Committee **RESOLVED** to **NOTE** the recommendations within the report, namely:

1. To develop an understanding of the CCGs key priorities and commissioning activities;
2. Consider how CCG commissioning at borough-level fits in with the Transforming Services Together (TST) programme across the sub-region (Tower Hamlets, Newham and Waltham Forest), and the North East London Sustainability and Transformation Plan (NEL STP)
3. Develop an understanding of Tower Hamlets Together: a 'New Models of Care' Vanguard.

3.3 East London Foundation Trust Care Quality Commission Inspection Response

Edwin Ndlovu Director of Adult Mental Health from East London Foundation Trust presented his report and stated that the Care Quality Commission visited in June 2016. The inspection included a visit of 86 services and discussions with over 300 patients, 52 carers and over 700 members of staff.

The CQC rated ELFT as 'Outstanding' and the table on slide 3, showed how the organisation has performed under various categories. Edwin stated ELFT were particularly proud of its achievement under the 3rd column labelled 'Caring' because it had worked hard with patients and carers to ensure service models delivered the expectations of the users.

Members made the following comments and questions:

- Members congratulated ELFT on their achievement and their outstanding rating.
- What is being done to ensure patients receive care in the community rather than locked wards?

- The Governing Body of the Foundation Trust should have user representation.
- Could ELFT lead on improving the physical health of patients with mental health? - i.e. making links with Primary care.

Edwin invited members of the Health Scrutiny Sub-Committee in visit services provided by ELFT and said he would be happy to arrange this for members.

Cllr Clare Harrisson informed Members she was visiting the CAMHs unit on the 21st November.

The Sub-Committee **RESOVLED** to

1. Note the outcome of the inspection;
2. Develop an understanding of the performance of East London Foundation Trust (ELFT)

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

Dr Somen Banerjee informed the Sub-Committee the Health and Wellbeing Board's strategy was out for consultation next week and once the consultation was complete the draft Strategy would come to the Sub-Committee for scrutiny.

He also informed members there was a workshop planned for the end of November, which members of the Health Scrutiny Sub-Committee may find useful which was looking at the shared outcomes stakeholders wanted to achieve across the health economy.

The meeting ended at 8.45 p.m.

Chair, Councillor Clare Harrisson
Health Scrutiny Sub-Committee