

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE HEALTH SCRUTINY PANEL**

**HELD AT 6.30 P.M. ON TUESDAY, 23 MARCH 2010**

**M72, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,  
LONDON, E14 2BG**

**Members Present:**

Councillor Tim Archer (Chair)

Councillor Alexander Heslop  
Councillor Ann Jackson (Vice-Chair)

**Other Councillors Present:**

Nil

**Co-opted Members Present:**

Myra Garrett – (THINK Steering Group Member)

**Guests Present:**

Judith Bottrill – Associate Director Governance, Barts & The London Trust  
Jane Hughes – NHS Tower Hamlets  
Peter Morris – Chief Executive, Barts & the London NHS Trust  
Alan Steward – Deputy Director, Corporate Development & Performance, NHS Tower Hamlets  
Ben Vinter – Head of Corporate Affairs, NHS Tower Hamlets  
John Wardell – NHS Tower Hamlets  
John Wilkins – East London NHS Foundation Trust  
John Wiltshire – Care Quality Commission  
Tim Young – Centre for Public Scrutiny

**Officers Present:**

Rachael Chapman – (Strategy & Policy Officer)  
Deborah Cohen – (Service Head, Commissioning and Strategy, Adults Health and Wellbeing)  
Katie McDonald – Scrutiny Policy Officer  
Alan Ingram – (Democratic Services)

**1. APOLOGIES FOR ABSENCE**

Apologies were submitted on behalf of Councillors Lutfa Begum, Stephanie Eaton and Bill Turner and Dr Amjad Rahi, Co-opted Member.

## **2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **3. UNRESTRICTED MINUTES**

The minutes of the meeting of the Panel held on 26 January 2010 were agreed as a correct record.

### **Matters Arising**

Ms Jane Hughes, NHS Tower Hamlets, provided a verbal update on the plans for the patients formerly on the list of Dr Mitchell at the small practice in Devons Road. It was intended that the list would be subsumed by the practice at Bromley by Bow and subsequently, if patients so wished, by the St Andrews polyclinic. Patients would be helped to make any additional changes that might be needed so as to be able to access the service they required. Letters to that effect had been issued to the patients affected.

The Chair commented that he was broadly in support of the proposals and asked Mr Terry McGreenera, a member of the public present at the meeting, whether the letters addressed the issue adequately. Mr McGreenera confirmed that this was the case but added that his personal preference would have been for the continuation of the smaller Devons Road practice.

## **4. REPORTS FOR CONSIDERATION**

### **4.1 Health Scrutiny Panel Evaluation Report and Presentation**

Mr Tim Young, Associate for the Centre for Public Scrutiny, introduced a report indicating how the evaluation of the Health Scrutiny Panel's approach to its work programme had been undertaken.

It had been found that, while the scrutiny process was handled in a generally robust manner, improvements could be made by adopting a more strictly focused approach to reviews; participating in high-level discussions with partners; ensuring that Members were briefed so as to enable them to take a more challenging stance when questioning health partners; links should be firmed up to include Children's and Adults' Services with Overview and Scrutiny; finding more ways of sharing information with THINK and LAPs; ensuring that new Members received full and appropriate induction training.

Members pointed out that scrutinising the work of largely external bodies was different from looking at Council services over which they had direct influence. It was recognised that a stable Panel membership was desirable but this could not always be achieved. It was also considered that a dedicated Officer for the Panel should be requested. A huge amount of work was being carried out by the NHS in London and this was reflected in the scale of health related

problems in the Borough. Health Scrutiny Panel agenda planning and management was under constant review and, due to the scale of the issues to be addressed, two Panels might be required. In addition, the Scrutiny Team were looking at ways of providing Members with reports in advance of Panel meetings to allow more effective questioning.

After further discussion, the Chair indicated that the report and its recommendations would be referred to the Overview and Scrutiny Committee for consideration.

#### **4.2 Care Quality Commission Presentation**

Mr John Wiltshire, Area Manager, Care Quality Commission (CQC), introduced a report on the new regulatory authority for both health and social care bodies, which had come into operation on 1 April 2009 and started work in December 2009. Mr Wiltshire then made a presentation, copy of which had been circulated, giving Members an understanding of how the CQC affected the scrutiny process and examining how both parties could work together. He further explained the registration process, along the lines of the circulated report stressing that this was now a continuous process rather than a single annual event.

In response to queries from Members, Mr Wiltshire indicated that:

- The principles of diversity were implicit through the entire regulatory process.
- Events comprising major instances of non-compliance with registration would result in an immediate response/inspection. A hierarchy of levels of concern was currently under development.
- Recognised qualifications existed for accreditation of inspectors and there were three work streams to look at registration, compliance and quality assessment.
- Service providers had to demonstrate to the CQC that they took account of the views of service users to demonstrate accountability. Patient experience was a big item on the NHS agenda and this would be subject to an assessment report in a year's time.

The Chair thanked Mr Wiltshire for his report, the contents of which were noted.

#### **4.3 Excellence in Quality Strategy – Report and Presentation, Barts and the London NHS Trust**

Mr Peter Morris, Chief Executive, Barts and the London NHS Trust made a detailed presentation of the Quality Improvement Strategy detailing the transformational improvement in patient care that would be undertaken over the next five years as set out in the circulated report and tabled documentation. He indicated that the mission of the Trust was to be a NHS quality leader in service delivery, in the context of receiving some 700,000 patients annually. More conversation was needed with partners on how to achieve excellence of service delivery and an honest assessment was needed of services which did not currently meet that standard.

Mr Morris added that Phase 1 of the new Barts hospital facility was being introduced that week and he would be happy to offer visits for Panel members. The effectiveness of the service would be judged on the results of patients and also from staff appraisals, with input also being sought from stakeholders.

Ms Judith Bottriel, Associate Director Governance, Barts and the London NHS Trust, stated that an annual plan would be presented to the Trust Board next week on the basis of what mattered most to patients and staff. To that effect, information was being sought from patients completing bedside questionnaires. The Council's comments on the draft quality documents would be invited around mid-April.

Mr Morris and Ms Bottriel then responded to questions from Panel members, indicating that:

- Most patients' complaints were dealt with on the spot, with informal means of resolution being offered, as most people preferred a quick response at ward level rather than a bureaucratic process. However, a small team was available to deal with more formal complaints, working alongside clinicians. Staff were expected to learn from complaints and the responsiveness in dealing with final stage complaints had improved from 60% to 75% being completed in 25 days. All complaints and outcomes were reviewed by the Chief Executive or Chief Nurse. The last comparative benchmark data had shown the Trust as being in the top four in national performance levels.
- There had been heavy focus on the patient discharge pathway to improve the whole hospital experience from beginning to end.
- A recent peer review of safeguarding arrangements in mental health care had recently been undertaken and the feedback had been a strong message from stakeholders that mental health support services were very well established.
- Recent surveys on staff attitudes had shown a significant turn around and comparative information was also being sought from patients to enable the provision of data on an annual basis.
- It was acknowledged that work needed to be progressed on development of compassion/empathy with regard to treatment of patients on a ward level. The Trust's Chief Nurse was currently leading a programme to address this.

The Chair thanked Mr Morris and Ms Bottriel for their contribution.

NOTE: At this point, the Chair indicated that he would vary the order of business to enable consideration of agenda item 4.5 as next item. However, for ease of reference the agenda items are recorded in their original order.

#### **4.4 Operating Plan NHS Tower Hamlets – Report and Presentation**

Mr Alan Steward, Deputy Director, Corporate Development and Performance, NHS Tower Hamlets, introduced the detailed report reflecting the first year of delivery of the Commissioning Strategic Plan. The report set out information

relating to aims to ensure that funds were invested well and to shift care away from hospitals as much as possible, which was better for patients and enabled savings to be made. However, the overarching principle was about service delivery and teams were being set up to ensure proper provision.

The Chair pointed out that the very detailed document would need to be made more accessible in future years as it was too full for discussion at Panel meetings. Mr Steward commented that 20 proposals for moving services away from hospitals had been decided with clinicians, on the basis of what could be safely attributed to the polysystem model. The Panel needed to have an overview of this but need not discuss details of proposals.

Mr Ben Vinter, NHS Tower Hamlets, added that the report was a planning tool required to be produced in a certain way by the Strategic Health Authority and that alternative documents for discussion which captured the essence of the Chair's comments included a summary of 'Our Priorities' document and the Commissioning Strategy Plan, both of which had been shared with the Panel in the past.

In response to queries from Members, Mr Steward commented that:

- He would be happy to arrange a special session with clinicians present to meet Panel Members if they so wished.
- There would not be a shift in culture overnight as patients still had the expectation of going to hospital for some aspects of treatment that would be moved out to the polysystems. Clinicians too would need to adapt their thinking towards this.
- In-depth local knowledge was necessary for Panel Members but they also had a part to play in maintaining an overview of the CSP progress.
- The Operating Plan was not just specific to East London and the Strategic Health Authority were of the view that NHS Tower Hamlets were very well placed among their peers.

The Chair thanked Mr Steward for his report.

#### **4.5 Overview of Integrated Care – Presentation - NHS Tower Hamlets**

Mr John Wardell, Programme Director of Integrated Care, NHS Tower Hamlets, made a detailed presentation giving an overview of the plans for integrated care concentrating on the local needs and priorities for the Borough, as circulated with the agenda papers. He referred to the NHS vision of improving the quality of life for everyone who worked and lived in the Borough by building one Tower Hamlets and described the proposals for overlapping polysystems on a geographical basis, aligned with LAPs and GP networks.

Replying to questions from Members, Mr Wardell stated that:

- A very detailed urgent care strategy was being prepared, encompassing out of hours services and coping with a constantly moving population. In particular, out of hours provision was on a three year rolling programme and could be addressed contractually. The

availability of a full seven day service would have to be marketed to patients.

- There had been success in negotiating extended hours for GPs last year and efforts this year would be concentrated on implementing polysystems that would allow GPs to decide on how to provide a full time service.
- Discussion groups were being established to allow GPs to interact and there had been a breakthrough in data sharing and transparency over a very short period.
- The timescale for polysystem development was ongoing and the proposals for Tower Hamlets worked well with regard to national strategies. A particular challenge was that larger buildings would not come on stream for a while but that would not stop work proceeding.

The Chair thanked Mr Wardell for his presentation.

## **5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT**

### **5.1 Childhood Obesity Review**

The Chair reported that the Scrutiny Review Group on Childhood Obesity had met last week and their recommendations would be forwarded to Overview and Scrutiny Committee, then Cabinet in April. Matters to be put forward included free school meals for all Tower Hamlets pupils and restrictions on fast food outlets near schools.

Mr Ben Vinter indicated that he would welcome any consultation about the recommendations so that NHS Tower Hamlets could make an input. Ms Katie McDonald, Scrutiny Policy Officer, indicated that Mr Ashraf Ali would make arrangements accordingly.

### **5.2 North East London JOSOC**

Ms McDonald indicated that the final meeting of the Municipal Year would be held on 25 March and its draft report would be emailed to Panel Members for any comments.

The Chair commented that this was the final meeting of the Health Scrutiny Panel for the current Municipal Year and thanked all Members and Officers involved for their hard work and valuable input.

The meeting ended at 9.25 p.m.

Chair, Councillor Tim Archer  
Health Scrutiny Panel

