

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE HEALTH SCRUTINY PANEL**

**HELD AT 6.30 P.M. ON TUESDAY, 25 JANUARY 2011**

**M73, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,  
LONDON, E14 2BG**

**Members Present:**

Councillor Tim Archer (Chair)

Councillor Abdul Asad

Councillor Lutfu Begum

Councillor Lesley Pavitt

Councillor Rachael Saunders

Councillor Kosru Uddin

Dr Amjad Rahi (Co-opted Member)

**Other Councillors Present:**

**Co-opted Members Present:**

Dr Amjad Rahi – (THINK)

**Guests Present:**

David Burbidge

– THINK

Caroline Alexander

– (Director of Quality Development, NHS Tower Hamlets)

Paul James

– (East London NHS Foundation Trust)

Bethan George

– (NHS Tower Hamlets)

Christine Bevan-Davies

– Barts & the London Trust

Sandra Reading

– Barts & the London Trust

Kay Riley

– Barts & the London Trust

Annaliese Weichart

– Tower Hamlets PCT

**Officers Present:**

Rachael Chapman

– (Strategy & Policy Officer, Adults Health & Wellbeing)

– Dinosaur Services, LBTH

**1. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Anna Lynch, Dr Emma Jones and Bill Turner.

## 2. DECLARATIONS OF INTEREST

**Councillor Lesley Pavitt** declared a personal interest in Agenda item 4.6 "Response to THINK recommendations" as she was a member of THINK.

**Councillor Begum** declared a personal interest in all items on the agenda as she was an employee of Tower Hamlets PCT.

**Councillor Abdul Asad** declared a personal interest in the report on 'Ocean Estate GP Update on consultation' as he was a patient at the Harford Street Practice.

**Councillor Rachael Saunders** declared a personal interest in the Agenda as a member of the Tower Hamlets PCT Board.

## 3. UNRESTRICTED MINUTES

The minutes of the ordinary meeting held on 26<sup>th</sup> October 2010 were **agreed** as a correct record of the proceedings, with the addition of Councillor Kosru Uddin to the list of Members recorded as present.

## 4. REPORTS FOR CONSIDERATION

### 4.1 Ocean Estate GP Update on consultation - NHS Tower Hamlets

The report on the Harford Street Health & Wellbeing Centre – Patient and Public Engagement was presented by Ms Bethan George of NHS Tower Hamlets, who gave a presentation using power point slides. The presentation can be found at Appendix 1.

Members raised a number of points in response:

- Councillor Pavitt expressed concerned that the services of the practice were not recognised by its patients. A booklet should be produced annually or every six months
- Councillor Pavitt also expressed concern that people do not go to the dentist unless there is a crisis. Tower Hamlets children have dreadful teeth
- Councillor Pavitt expressed concern that the EMS system was almost impossible to use
- In response to Councillor Begum, Ms George said that Tower Hamlets NHS was working to ensure the PMS contract for the Harford Street practice reflected the needs of local people. The practice is an NHS practice
- In response to Mr Burbidge of Think, Ms George said there would be greater emphasis on user involvement

- Mr Burbidge also asked if the pharmacist could undertake some of the routine tests, such as urine and blood testing. Ms George said that it was critical to make all the services work together, but there could be logistical issues with this type of testing
- Councillor Asad said that 60 responses was a low return when there were approximately 9000 patients, it was less than 1%. Ms George said that the survey was set against the Health and Wellbeing Strategies
- Mr Rahi asked what would happen when the consortia took over; Ms George responded that the practice would be transferred as it is
- The Chair asked about the timescales and the involvement of communications. Ms George responded that the building work would be finished by mid June, and the GPs would move in first. The Dental and Pharmacy contracts would start in mid April. The Communications Team would be working with the practice from the week beginning 31 January 2011, so everyone would be aware of the move and the plans.
- Members requested that Ms George keep local Councillors informed and try to engage them earlier in the process

The Chair agreed to accept a question from the floor:

- Dr Anna Livingstone, a local GP asked if Health Visitors and District Nurses were going to be integrated on the site; Dr Livingstone expressed concern that there were plans for separate organisations. Ms George said there were no plans for accommodation for District Nurses or Health Visitors on the site, but there were plans for network working
- Councillor Saunders welcomed the move

#### **4.2 Complaints services in Tower Hamlets- NHS Tower Hamlets**

The Chair said that it was quite hard to make concerns known. Ms Alexander said that the Working Group had discussed the issues, and the report indicates the new approach. Bangladeshi complaints are low, in comparison with the number received by PALS. Unfortunately, the recording of ethnicity had not been prioritised, but would now be more explicitly solicited. The statistics should then give Members more confidence.

Councillor Archer also raised the issue of the East London Mental Health Trust website; this had no complaints form. There were different abilities to complain for each organisation. It would be helpful if the complaints channels could be aligned. Mr James from the ELMHT said that 80% of complaints received by the Trust were from inpatients. Complaints forms for the community needed to be made more user friendly.

Ms Bevan-Davies of the Barts & London Trust said that the website for the BLT was being simplified.

Councillor Asad said that the number of complaints from the Bangladeshi community were very low, however the community may not be aware of the possibilities to complain. Trusts could consider using more electronic media and the Bangladeshi press.

Mr James of the ELMHT said that the Bangladeshi Mental Health Association was very active with feedback.

Councillor Pavitt commented that many complaints were going to the Ombudsman. Ms Kay Riley of BLT said that the Trust's Chief Executive had said that many complaints were referred to the Ombudsman, rather than being referred back to the Trust to deal with. Unfortunately, the Ombudsman would not give each Trust feedback; this was to preserve confidentiality. Many complaints were not made in writing. It was noted that only 3 complaints about BLT were accepted for investigation by the Ombudsman: the others had not followed the Trust's Complaints Procedure or failed for other reasons.

Councillor Pavitt said that the BLT website did not make it clear how to complain; users had to choose between making a 'comment/suggestion/complaint'. The choice of making a complaint should be made clearer. Ms Bevan-Davies said the Trust did receive a trickle of complaints through the system.

Councillor Begum said that it was not just Bengalis who needed to complain, Members of the Somali and Chinese communities also needed assistance. Cards should be available in receptions with the procedure; many were computer illiterate.

Mr Burbidge asked how voluntary advocacy services were being developed, and those for ethnic communities. Mr James said that advocates used by ELMHT were provided by Tower Hamlets and Newham MIND, who provided an excellent service and engaged with patients in a very sensitive way. Ms Cohen commented that Tower Hamlets Council was conducting a complete review of advocacy. Ms Riley said that BLT spent £1 million on advocacy services; these were mainly taken up in Accident & Emergency and Maternity Services. Ms Bevan-Davies said that patients were signposted to the independent ICAS service. On the Mile End site, patients were signposted to PALS. It was also noted that THINK was developing voluntary advocacy services. Ms Alexander suggested that all the providers could work together provide consistency.

Mr Rahi said that it was as well the Council was involved in advocacy; the funding for PALS and ICAS was being transferred to the Council.

Councillor Uddin said he was still concerned at the low numbers of complaints from Bengalis. If complaints were dealt with early, it could be that there were fewer recorded. Ms Alexander said that improving ethnic reporting should show increased numbers of complaints from Bengalis.

It was **agreed** there should be a report containing an update on complaints to PALS by ethnicity at the next meeting of the Panel.

**Action:       Jebin Syeda, Scrutiny Policy Officer**

#### **4.3 Maternity Service - Update - BLT - Briefing Paper incorporating comments from the recent CQC Survey**

Ms Reading, the Head of Midwifery and Women's Health, presented the report on the Picker Survey of Maternity Services in Tower Hamlets, which had been carried out in 2010. This Survey was in contrast to a survey carried out in 2007, and showed definite improvements, and this report was being given 11 months after the Survey was carried out.

Improvements made included:

- Access to services, which needs to be as early as possible, this can be done online, by telephone or via the patient's GP. It was noted that 92% of patients did access the services early. This meant that women could be put on the appropriate pathway for their individual needs. It was noted that care offered by midwives and GPs was low risk
- The Services were working on normalising the experience of labour, and it was possible to offer 100% one to one care
- The Tower Hamlets Birth Centre had low take up in its first year with 200 births, but there were 400 births last year
- 81% of mothers rated their care as 'excellent' during pregnancy
- 85% of mothers rated their care as 'excellent or good' during labour
- 29% of mothers rated their postnatal care as 'poor'

Councillor Pavitt commented that she had been active in the Community Health Council, and the quality of maternity services had been an issue. This Survey compared well to the survey in 2007.

Councillor Pavitt expressed concern at the number of women who felt they were not treated with kindness or not spoken to in a way they understood. Ms Reading said that it had been noted that 'kindness' had not improved as much as the services would like, and work was being done to improve women's experience. Specifically, work was being done on improving the antenatal experience; the Talbot Ward was now there for women in early labour who did not want to go home. Modernisation was taking place in the light of the local population.

Mr Rahi said that he remembered the 2007 report. Midwives who trained in Tower Hamlets were now being recruited and staying, and the challenge was now to retain them in the borough. Maternity support workers were being recruited locally.

Mr Burbidge said that the report reflects attitudes, and he wondered what patients expected of staff, and asked what use was being made of volunteers.

Ms Reading responded that the main focus of the report was on the attitude of the staff. Attitudes have changed since 2007, patients are spoken to appropriately, dealt with quickly and efficiently. Work was being done on a volunteer Doula scheme, when a volunteer would support a woman through labour.

Women's groups feed into maternity services. There is a Women's Information Group which provides information on what services are available and how to self-care. There is also a Gateway Team who are experienced in working with vulnerable women.

Councillor Begum said that women should have the choice of home births, and Bangladeshi women like to have their babies at home. However, there are not many Bangladeshi midwives. There are many young people in Tower Hamlets, and the population is increasing; young people need to be recruited from schools. Ms Reading said that women have advocates to ensure they get the choice of hospital/home births.

Councillor Uddin noted that there had been the smallest change in antenatal services, but women should be comfortable from the start of their pregnancy. Ms Reading said that a huge amount of effort was made to ensure women accessed services early. It was to be hoped that women's experiences were better since the Survey.

The Chair noted that the process for testing for Down's Syndrome and the cleanliness of premises were poor. Mr Reading said there was an ongoing review and much effort made to improve these areas.

The Chair invited Dr Livingstone to comment from the floor: Dr Livingstone asked what were the areas of risk? Health visitors and continuity of primary care were important. Services such as Gateway could increase risks, because of delays in referrals. It would be better if patients used local services.

#### **4.4 Joint Report on the Public Health White Paper- NHS Tower Hamlets**

Dr Somen Bannerjee, the Co-Director of Public Health, presented a report on the White Paper on Public Health.

Public Health in England faced a number of challenges; these included:

- Increased life expectancy, but increasing ill health as people age
- Rise in obesity and Type 2 Diabetes
- Alcohol and substance misuse, and the consequences for others
- Poor mental health
- Infectious diseases and the environment
- Health inequalities

### The Radical New Approach

- Public health resources would be 'owned' by the local population
- Resources would be 'ringfenced' from other services
- Public health would be professionally led and evidence based
- Protection would be strengthened against threats
  
- Public Health England would be established with national responsibility for research and commissioning.
  
- Local authorities would take over some responsibilities and local Health & Wellbeing Boards would be established.

A sector stakeholder workshop is planned for 9<sup>th</sup> March for key partners, such as Councillors and GPs representatives to explore the implications of the White Paper.

Issues included the unknown budget available for 2012/13, the move of Public Health to Local Authorities and the disentangling of commissioning.

Councillor Pavitt asked where Health Visitors were going to be placed. She also noted that Think was going to be replaced by 'Health Watch'; local people needed to be involved from the start to shape the new services.

Dr Bannerjee said that Health Visitors would be commissioned.

Mr Rahi said that the Health & Wellbeing Board would consist of: the Mayor or Chief Executive of Tower Hamlets, 3 Directors (Public Health, Social Services and Children's Services), but no Councillors, although the Board will have powers to co-opt members. Once the PCT has gone, assessment will be done through the Council.

Councillor Saunders said there was no form of democratic involvement. This meant that the Health Scrutiny Panel would become increasingly important as an accountability mechanism. The Panel's powers would need to be strengthened to hold the Health & Wellbeing Board to account. It would be better if the Health & Wellbeing Board was more open.

Mr Burbidge said that the region containing Hackney, the City, Tower Hamlets and Newham would be all one. It was important that local issues did not get lost, local people need a bigger say as the sector will have control. Ms Cohen said the membership of the Health & Wellbeing Board was not finalised, and needed approval of the Council's Cabinet.

Mr Burbidge said that the membership of the Health & Wellbeing Board was likely to be as stated for cost-saving reasons, so it was important that it dealt with local issues.

Dr Bannerjee did not agree that the membership of the Health & Wellbeing Board was already fixed. The tenor of the White Paper was about doing things locally. Directors of Public Health were needed at both sector and local levels.

Mr Burbidge said that there was confusion about what public health actually was and how services would be accessed. A Board was needed to coordinate.

It was agreed that a response to the White Paper be coordinated. Anyone with comments should send them in.

**Action: Jebin Syeda, Scrutiny Policy Officer**

#### **4.5 Transformation of Adult Social Care & the Personalisation Agenda - NHS Tower Hamlets**

Ms Cohen introduced the report which reflected the huge change in adult social care. The driving vision was to provide a personal budget to meet social care needs. There would be a Home Support Plan with funding towards needs, and help would be given to those who were in need of safeguarding, together with risk assessment for vulnerable adults.

The new way forward in provision would be driven by individuals, and not by social services. There were major consequences for commissioning; there would be fewer block contracts and more market driven contracts. The change would also lead to mainstream services being made accessible to disabled people.

Adult social care would be divided into 3 areas:

- First response and hospital care
- Re-ablement – after illness/accident with the aim of rehabilitation
- Long term care

This model needs to fit in with Tower Hamlet's ageing population, and the large learning disabled population (Tower Hamlets has the largest population of learning disabled people in the UK). Ms Cohen said it was hoped to shelter funding for re-ablement and carers from the efficiency cuts.

The programme would finish at the end of March 2011 and then the pathway would be in place. The commissioning of Learning Disability Day services would be modernised, and this will go to Cabinet In February.

Mental health service users would also be able to take up personal budgets. Those who did not want to take the budgets up would be able to access traditional care.



Mr Burbidge commented that the support planning document was 100 pages long; and this was just to reach the indicative budget, there were even more questions after that had been settled. Ms Cohen said that this process had to be slimmed down.

Mr Burbidge also said there was no right of appeal should a user have an agreement with a social worker, when a trained volunteer advocate might be used. Ms Cohen said that the Independent Living Social Services were social workers who were training as support planners. It was noted that Suffolk CC had outsourced all its social work.

Mr Burbidge asked that there be support in the form of handymen for small repairs, electronic people to help set up televisions etc, heating engineers to balance heating and accounting technicians to help with the paperwork involved in the claims – receipts, invoices, cheques etc.

Ms Cohen said there was no system in place for appeals as yet. She agreed there was a need for a Handyman Service.

Mr Rahi said that currently, services were registered with the CVC, how would quality be controlled in the new model.

Ms Cohen said that this was a difficult question, possibly an accreditation system could be set up, and accredited services listed in a catalogue. There needed to be a balance between choice and control. The Support Planners could encourage users to ensure the provider had a CRB check. Risk assessments would be needed.

#### **4.6 Response to THINK Recommendations**

Mr Burbidge said that the report was for information.

The Chair commented that there were very good observations, but he had concern that changes would not take place in response. He asked that problems be flagged up and regular reports brought to the Health Scrutiny Panel.

Councillor Pavitt felt that a report should be brought back every 3 months.

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

##### Flu and Swine Flu

The incidences of flu/swine flu peaked at Christmas; since the New Year the trajectory had fallen and it was felt that this was the end of the episode. From 20<sup>th</sup> December 2010 the PCT had weekly meetings to assess the situation.

Issues of concern included:

- Availability of vaccines and anti-virals
- Midwives were not able to give vaccines legally
- Problems with getting vaccine to the vulnerable groups under 65, both in identifying and immunising
- Tower Hamlets figures for immunisation acceptable but needs to be higher

Mr Burbidge asked if the Health Scrutiny Panel could be issued with statistics on the causes of death within the borough from flu and other major diseases.

The meeting ended at 8.40 p.m.

Chair, Councillor Tim Archer  
Health Scrutiny Panel