

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE

HELD AT 6.30 P.M. ON TUESDAY, 10 JULY 2018

MP702 - TOWN HALL MULBERRY PLACE

Members Present:

Councillor Kahar Chowdhury (Chair)
Councillor Gabriela Salva Macallan
Councillor Muhammad Harun
Councillor Kyrsten Perry
Councillor Asma Islam - substitute for
Cllr McQuillan
Councillor Andrew Wood

Co-opted Members Present:

David Burbidge

Healthwatch Tower Hamlets
Representative

Officers:

Rushena Miah

Committee Clerk - Democratic
Services

Sarah Williams
Joseph Lacey-Holland

Legal Services LBTH
Senior Strategy Policy Performance
Officer

Denise Radley

Corporate Director of Adults Health
and Community

Somen Banerjee

Director of Public Health

Simon Hall

Managing Director of TH CCG

Warwich Tomsett

Joint Director of Integrated
Commissioning

David Jones

Interim Divisional Director Adult
Social Care

Jackie Sullivan

Managing Director of Hospitals Barts
Health Trust

Edwin Ndlovu

East London Foundation Trust

Apologies:

Councillor Eve McQuillan

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of pecuniary interests.

2. TERMS OF REFERENCE

RESOLVED

- i. To note the Terms of Reference.

3. MINUTES OF THE PREVIOUS MEETING(S)

It was noted that as the meeting on the 5 March 2018 was inquorate, the minutes cannot be regarded as a legal record of the meeting.

There were two errors in the notes under the Sexual Health Services item:

1. The smart kits were available for collection from local sexual health clinics not GP surgeries.
2. Homerton Hospital in Hackney was successful in the bid to run services from both the City of London and Hackney. This would mean the existing services provided format St Bartholomew's Hospital would close and a new service provided by Homerton NHS Trust would open in early 2018 from 80 Leadenhall St, London.

4. APPOINTMENT OF VICE CHAIR

Cllr Gabriela Salva Macallan nominated Councillor Eve McQuillan as Vice Chair, this was seconded by Councillor Kyrsten Perry.

RESOLVED

- i. To appoint Councillor Eve McQuillan as Vice Chair of the Health Scrutiny Sub-Committee.

5. APPOINTMENT OF INEL JHOSC REPS

It was noted that there were three openings for reps on the Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC). The Chair explained that two of the spaces were reserved for the Chair of the Health Scrutiny Committee and the minority Group Councillor. Therefore the Committee were asked to appoint one more Councillor as the third rep.

Councillor Muhammad Harun nominated himself and he was seconded by Councillor Gabriela Salva Macallan.

RESOLVED:

- i. To appoint the following Members as Tower Hamlets representatives on the INEL JHOSC:
 - 1) Councillor Kahar Chowdhury
 - 2) Councillor Muhammad Harun
 - 3) Councillor Andrew Wood

6. INTRODUCTIONS FROM KEY PARTNERS

Adults Health and Community

Denise Radley, Corporate Director Health, Adults and Community, introduced her team to the Committee. The following officers were introduced:

- David Jones, Interim Divisional Director Adult Social Care.
- Somen Banerjee, Director of Public Health

- Ann Corbett, Divisional Director Community Safety
- Warwick Tomsett, Divisional Director Integrated Commissioning (this is a joint post between LBTH and THCCG).

David Jones explained that the Adult Social Care provide a range of services including:

- Initial Assessment and Hospital Social Work, Integrated Community Learning Disability Service, Mental Health – both with ELFT, Community equipment - reablement, Day Centres, long term support plans.
- There were plans to develop localities co-terminus with extended primary care teams and linked to GPs and other local health services.
- It was noted that one of the challenges in adult social care was a high number of vacant posts, out of 132 bank positions 29 remain unfilled. The majority of recruits are newly qualified and so required additional training and support.

Warwick Tomsett informed the Committee that Tower Hamlets Together was a local partnership that would support the joint commissioning function. He said that it would look at ways of working, devise commissioning principles and to look into making savings.

- Key programmes of work included: home care, residential nursing, information and advice supported by the voluntary sector, carer services and mental health provision co-commissioned by partner East London Foundation Trust and supported by the voluntary sector.
- Personalisation - there would be a person centred approach to integration.
- To support commissioning plans THT will use data and financial analysis to understand need across the system.
- The joint commissioning executive will look to align with the wider East London network.

Questions from members:

Are we working in partnership to be more cost effective, or where have we come from to get to where we are today?

Denise Radley explained that one of the priorities in the health and wellbeing strategy was integration. Tower Hamlets was part of the national vanguard to pilot more integrated ways of working that produced better outcomes.

What kind of support is there for the voluntary sector to be involved in commissioning?

The Council funds Tower Hamlets Council for Voluntary Services to deliver a programme of support. A key element of the support includes assisting voluntary sector organisations in building consortia and bidding for contracts.

Dr Somen Banerjee provided a brief overview of the remit of Public Health

- Public Health moved into the Council as a department in 2013.
- They are structured around six programmes:
 - Healthy Environments
 - Healthy Communities

- Healthy Early Years
 - Healthy Children and Adolescents
 - Healthy Young Adults
 - Healthy Middle Age and Later Years
- Each programme has five work streams including: intelligence, strategy, delivery, partnership and evaluation
 - Public Health receives £35 million in funding from Public Health England, key areas of spend in Tower Hamlets include: sexual health, drugs and Alcohol (sits in Community Safety), smoking cessation, weight management, communities driving change.
 - PH also oversees around £17m Section 106 health infrastructure expenditure (working with planning, parks and NHS).
 - A paper on the borough profile was tabled.

Discussion:

- **Why do cancers tend to be diagnosed at a critical stage?** The early symptoms of cancer can be vague and can be confused with the symptoms of pre-existing conditions or general ailments such as a cough.
- THCCG is the NEL Cancer lead, they were awarded funding from the Cancer Alliance to do specific work on early diagnosis in the boroughs of Tower Hamlets, Newham and Barking & Dagenham. Simon Hall offered to return to the committee to present on this work.
- There seems to be a lot of provision for children's dental health, what is being done to support adult dental health? THCCG officers explained that the commissioning of dental services were outside of their remit. Dental services have gone back to being commissioned at the national level. However the east London health and social care partnerships across the 7 borough have put in a case to NHS England to bring dental services back into the local commissioning sphere.

The Kings Fund

The Committee watched a film released by the Kings Fund on how the Health and Social Care system in the UK works.

Tower Hamlets CCG

The Committee heard a presentation from Simon Hall, Managing Director Tower Hamlets Clinical Commissioning Group
Mr Hall provided an Introduction to Tower Hamlets CCG management and gave an overview of how the local system works and fits into regional and national health systems.

- CCG priorities include: person centred care, a focus on mental health as well as physical health and primary care at the centre.
- The CCG is partnered with the following organisations and strategies: Tower Hamlets Together, Council Health and Wellbeing Strategy, North East London Commissioning Alliance, the Community Plan, East London Health and Care Partnership.

- Priorities for 2018/19 include: Implementing new model of urgent care (UTC @ Royal London, GP hubs in each locality, NHS 111)
- Primary care strategy e.g. new single GP registration process and website
- Developing the THT partnership.

ACTION: For SPP officer to circulate the change to walk in services consultation letter to the Committee.

Barts Health

Jackie Sullivan - Executive Managing Director (Royal London and Mile End Hospitals), Barts Health NHS Trust, provided an introduction to Barts Health.

Summary of points:

- 4 major hospital sites, 6000 people treated a day, biggest emergency and maternity service in England.
- Strategic aims for Royal London and Mile End Hospital – improve flow and integrated care, staff wellbeing.
- Barts has gone on an improvement journey from 2015 when CQC inspections found some areas to be inadequate, to 2017 when good and outstanding were achieved for most areas.

East London Foundation Trust

The Committee received a presentation from Edwin Ndlovu on an introduction to East London Foundation Trust (ELFT).

Adult Services:

- In patient care wards based at Mile End Hospital
- 4 Community Mental Health Teams (in which LBTH Social Workers are integrated)
- Early Intervention Service
- Primary Care Mental Health service
- Older people Community mental health team (in which LBTH Social Workers are integrated)
- Community Learning disability services (LBTH Social Workers are integrated)
- RESET Drug and Alcohol service
- Recovery College
- Psychiatric Liaison Service based in the Royal London Hospital
- Psychological Therapies- Secondary and Primary care.

Children and young people's services:

- Is delivered by ELFT and commissioned jointly by the CCG and LBTH.
- Provides a targeted and specialist assessment and intervention service to children and young people 0-18 (0-19 flexibly)
- Forensic Services in other North East London Boroughs
- Emotional & Behavioural Team for children and young people with disorders such as anxiety, depression, eating disorders.
- Neurodevelopmental Team for children and young people with learning disability - ADHD and autism

- Adolescent Team for children and young people with psychosis and other serious disorders of adolescence.
- Support for looked after children.
- Paediatric Liaison Team for children and young people with physical problems and illness.

Achievements:

- Care Quality Commission compliant
- Recruitment and retention of staff
- Top five Trusts in the country
- Excellent staff satisfaction surveys
- Have been successfully delivering a £50 million CRES programme since 2010.

The GP Care Group

Presented by Tracy Cannell, Chief Operating Officer GP Care Group. GPCG is a Community Interest Company limited by shares. Board comprises:

- 8 elected representatives, (1 per primary care network)
- Non-executive Director (and 2 vacancies)
- Chief Executive
- Executive Directors
- Staff – approx. 370 headcount

Purpose :

- to be the voice of general practice working at scale
- to ensure sustainability of general practice

Delivery:

- 36 practices, 8 networks.
- The networks focus on population health across a geography, encourage collaboration between different sectors such as schools charities businesses, share resources, knowledge and specialist equipment - integrated working.
- Partner in the Tower Hamlets Together Board
- Nurse Training Programme.

RESOLVED:

- i. To note the presentations.

7. ANY OTHER BUSINESS

David Burbidge informed the Committee that Healthwatch were concerned with a recent service change at Mile End Hospital commissioned by ELFT due to inadequate consultation. He suggested the committee discuss the issue at the next committee meeting with a view to write to the secretary of state. The Chair noted the concern raised by Healthwatch.

End 8.35pm

8. WORK PROGRAMMING WORKSHOP - PRIVATE SESSION

Committee Members met to discuss areas of interest for the Committee's 2018/19 work programme.

The meeting ended at 8.35 p.m.

Chair, Councillor Kahar Chowdhury
Health Scrutiny Sub-Committee

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Health Adults and Community

**Corporate Director
Health, Adults and Community
Denise Radley**



**Interim Divisional Director
Adult Social Care
David Jones**



**Director of Public Health
Somen Banerjee**



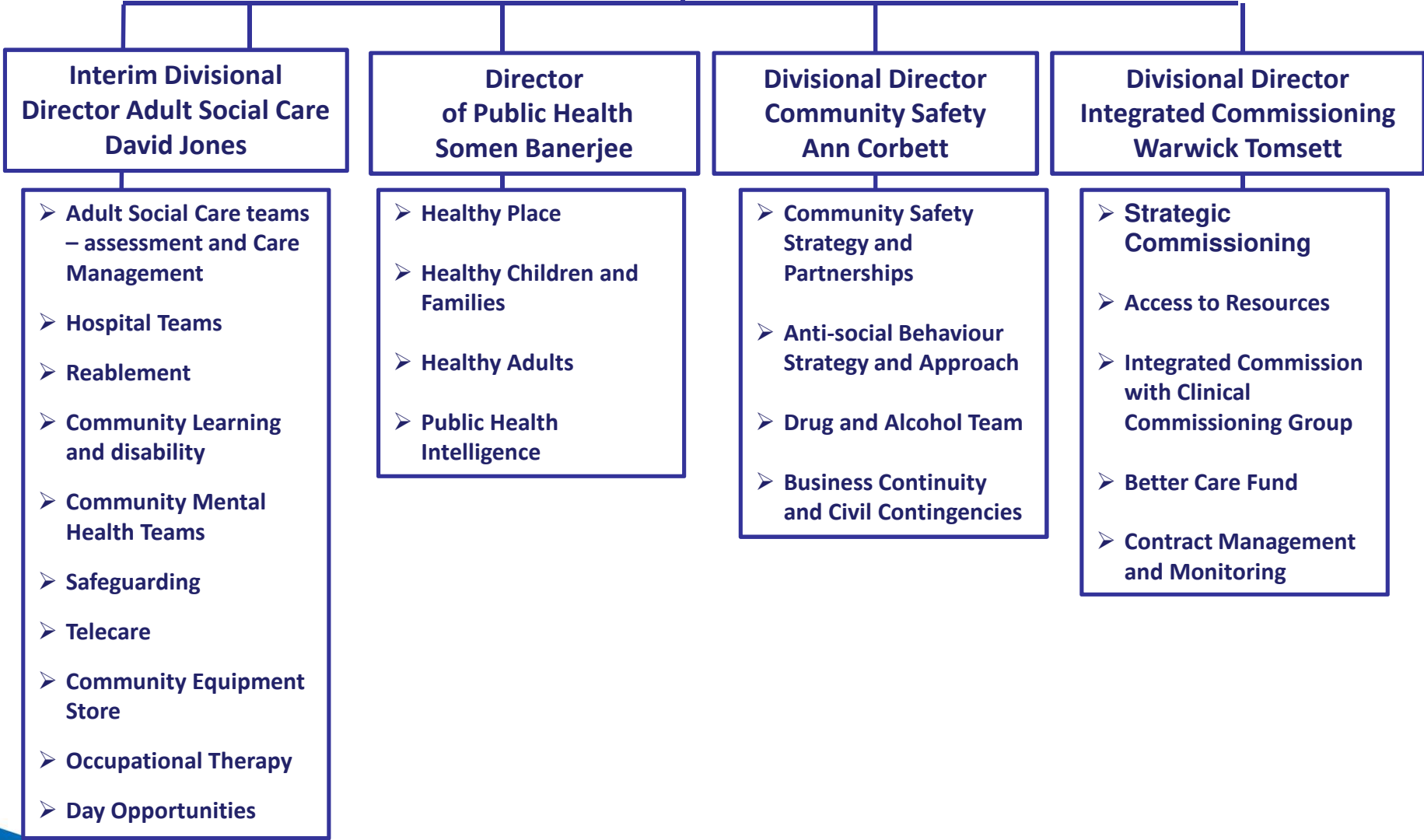
**Divisional Director
Community Safety
Ann Corbett**



**Divisional Director
Integrated Commissioning
Warwick Tomsett**



**Corporate Director
Health, Adults and Community
Denise Radley**



Adult Social Care

- Initial Assessment and Hospital Social Work
- Integrated Community Learning Disability Service
- Mental Health – both with ELFT
- Provider Services; Reablement, Day Centres, CES

Cultural Change & Improvement Programme – Safeguarding Practice

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Changes to Customer Journey – Alignment towards integration with Health - more focus on carers - Direct Payments

- Front Door including better information, advice and signposting/SPA
- Reablement/Intermediate Care via single entry point
- 4 localities

Workforce

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Integrated Commissioning

**TOWER HAMLETS
TOGETHER**

*Delivering better health
through partnership*

Tower Hamlets Together

Supporting vision
and strategy of THT
partnership

Developing
Commissioning
intentions process

Agree principles &
approach; ways of
working

Key Programmes

Social care support
and supported
housing

Carers Services

Mental Health and
Learning Disability

Personalisation

Continuing Health
care

Children's Health
Information/Advice

Equipment

Practice and Enablers

Use of data and
financial analysis

Co-production

Provider & market
engagement

Performance
management

System Wide

Ensuring local
influence over local
provision

Aligning with wider
East London system
across WEL and
ELHCP

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Public Health

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- We came to the Council in 2013 from the NHS
- Our role is to help the council meet its statutory duty to improve the health of people in the Borough
- We are structured around six programmes
 - Healthy Environments
 - Healthy Communities
 - Healthy Early Years
 - Healthy Children and Adolescents
 - Healthy Young Adults
 - Healthy Middle Age and Later Years
- Each programme has these workstreams:
 - Intelligence
 - Strategy
 - Delivery
 - Partnership
 - Evaluation
- We work across the whole council and with partners
- Public Health is funded through a ring fenced Department of Health Grant
- We current receive £35m
- Our big ticket items in terms of PH Grant expenditure are
 - Health Visiting
 - School Nursing
 - Sexual Health
 - Drugs and Alcohol (sits in Community Safety)
 - Stop Smoking Services
 - Weight Management
 - Communities Driving Change
- We also oversee around £17m Section 106 health infrastructure expenditure (working with planning, parks and NHS)

Useful links

Tower Hamlets Together Health and Wellbeing Strategy
https://www.towerhamlets.gov.uk/Documents/Public-Health/Health_Wellbeing_Strategy.pdf

Tower Hamlets Joint Strategic Needs Assessment
https://www.towerhamlets.gov.uk/Ignl/health_social_care/joint_strategic_needs_assessme/joint_strategic_needs_assessme.aspx

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Tower Hamlets

Unitary authority

This profile was published on 3 July 2018

Local Authority Health Profile 2018

This profile gives a picture of people's health in Tower Hamlets. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Health in summary

The health of people in Tower Hamlets is varied compared with the England average. Tower Hamlets is one of the 20% most deprived districts/unitary authorities in England and about 29% (15,400) of children live in low income families. Life expectancy for both men and women is lower than the England average.

Health inequalities

Life expectancy is 7.7 years lower for men and 4.3 years lower for women in the most deprived areas of Tower Hamlets than in the least deprived areas.**

Child health

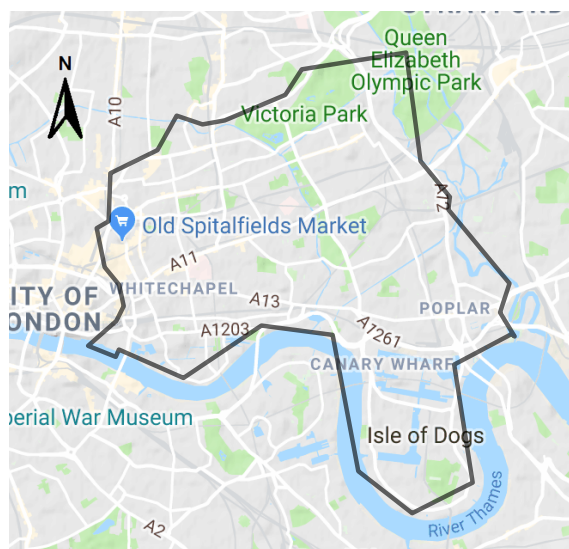
In Year 6, 26.8% (799) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 is 21*, better than the average for England. This represents 13 stays per year. Levels of teenage pregnancy, breastfeeding initiation and smoking at time of delivery are better than the England average.

Adult health

The rate of alcohol-related harm hospital stays is 484*, better than the average for England. This represents 996 stays per year. The rate of self-harm hospital stays is 60*, better than the average for England. This represents 206 stays per year. Estimated levels of adult smoking are worse than the England average. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections and TB are worse than average. The rate of people killed and seriously injured on roads is better than average.

* rate per 100,000 population

** see [page 3](#)



0km 1km 2km

Contains National Statistics data © Crown copyright and database right 2018
Contains OS data © Crown copyright and database right 2018
Map data © 2018 Google
Local authority displayed with ultra-generalised clipped boundary

For more information on priorities in this area, see:

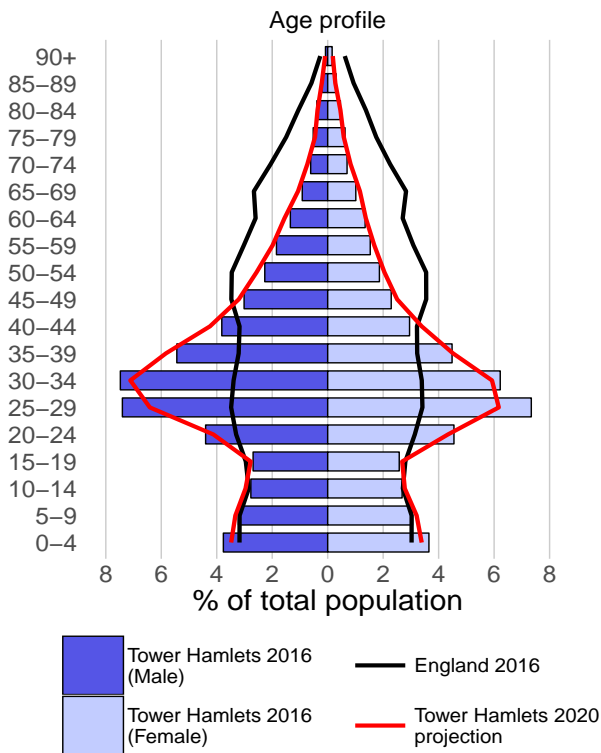
- www.towerhamlets.gov.uk

Visit www.healthprofiles.info for more area profiles, more information and interactive maps and tools.

Local Authority Health Profiles are Official Statistics and are produced based on the three pillars of the [Code of Practice for Statistics](#): Trustworthiness, Quality and Value.

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Population



Understanding the sociodemographic profile of an area is important when planning services. Different population groups may have different health and social care needs and are likely to interact with services in different ways.

	Tower Hamlets (persons)	England (persons)
Population (2016)*	301	55,268
Projected population (2020)*	328	56,705
% population aged under 18	22.1%	21.3%
% population aged 65+	6.0%	17.9%
% people from an ethnic minority group	53.4%	13.6%

* thousands

Source:
Populations: Office for National Statistics licensed under the Open Government Licence
Ethnic minority groups: Annual Population Survey, October 2015 to September 2016

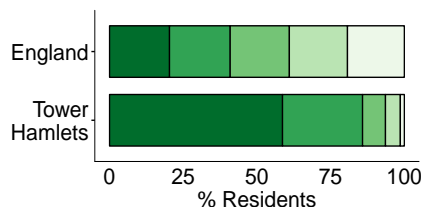
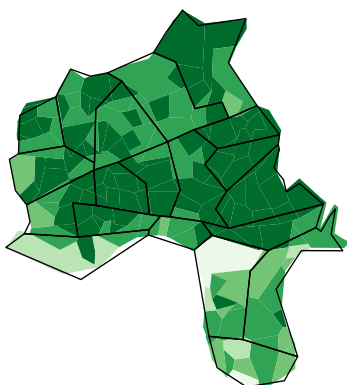
Deprivation

The level of deprivation in an area can be used to identify those communities who may be in the greatest need of services. These maps and charts show the Index of Multiple Deprivation 2015 (IMD 2015).

National

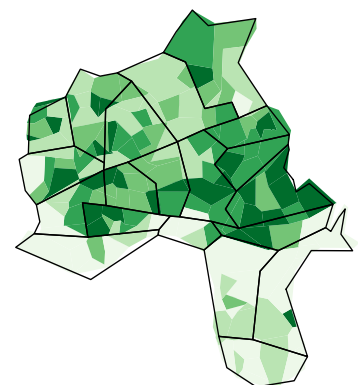
The first of the two maps shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of IMD 2015, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

The chart shows the percentage of the population who live in areas at each level of deprivation.



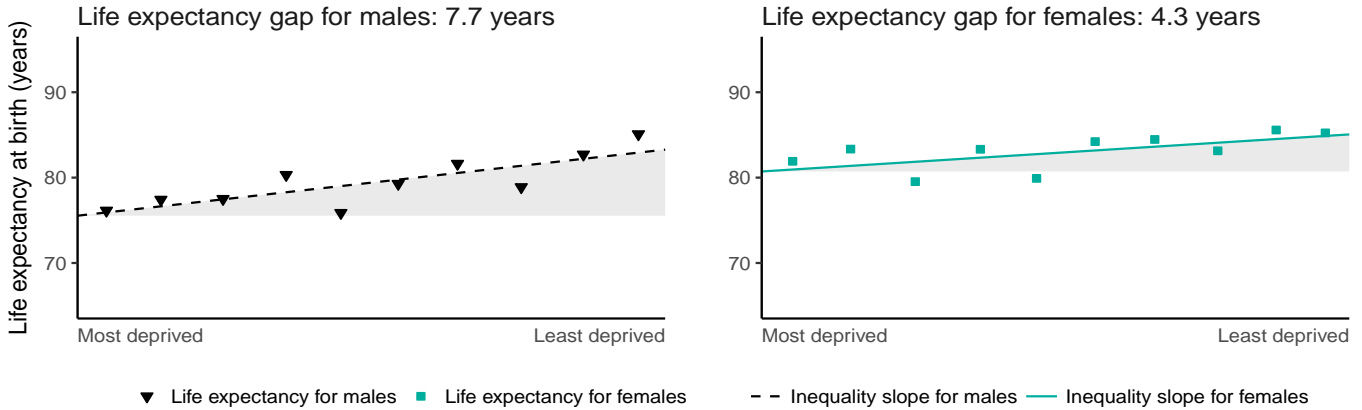
Local

The second map shows the differences in deprivation based on local quintiles (fifths) of IMD 2015 for this area.



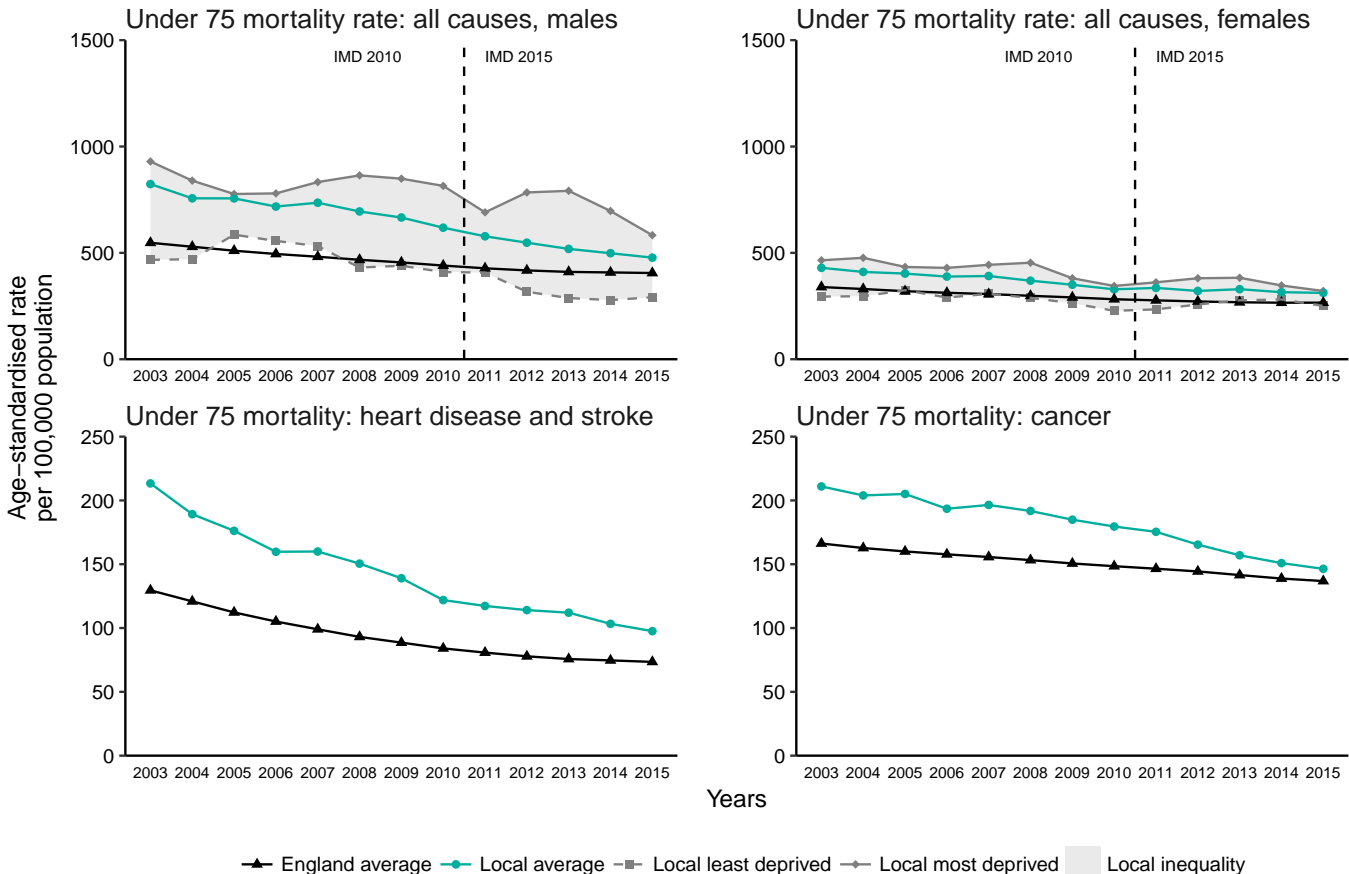
Health inequalities: life expectancy

The charts show life expectancy for males and females within this local authority for 2014-16. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015). The life expectancy gap is the difference between the top and bottom of the inequality slope. This represents the range in years of life expectancy from most to least deprived within this area. If there was no inequality in life expectancy the line would be horizontal.



Trends over time: under 75 mortality

These charts provide a comparison of the trends in death rates in people under 75 between this area and England. For deaths from all causes, they also show the trends in the most deprived and least deprived local quintiles (fifths) of this area.



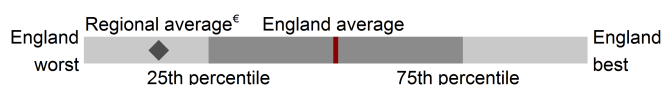
Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with the time period of the data. This provides a more accurate way of examining changes over time by deprivation.

Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004-06. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

Health summary for Tower Hamlets

The chart below shows how the health of people in this area compares with the rest of England. This area's value for each indicator is shown as a circle. The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator. However, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



	Indicator names	Period	Local count	Local value	Eng value	Eng worst		Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 – 16	n/a	78.7	79.5	74.2		83.7
	2 Life expectancy at birth (Female)	2014 – 16	n/a	82.4	83.1	79.4		86.8
	3 Under 75 mortality rate: all causes	2014 – 16	1,424	393.3	333.8	545.7		215.2
	4 Under 75 mortality rate: cardiovascular	2014 – 16	319	97.6	73.5	141.3		42.3
	5 Under 75 mortality rate: cancer	2014 – 16	476	146.4	136.8	195.3		99.1
	6 Suicide rate	2014 – 16	63	8.6	9.9	18.3		4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 – 16	277	31.3	39.7	110.4		13.5
	8 Hospital stays for self-harm	2016/17	206	60.4	185.3	578.9		50.6
	9 Hip fractures in older people (aged 65+)	2016/17	93	523.3	575.0	854.2		364.7
	10 Cancer diagnosed at early stage	2016	254	54.4	52.6	39.3		61.9
	11 Diabetes diagnoses (aged 17+)	2017	n/a	81.6	77.1	54.3		96.3
	12 Dementia diagnoses (aged 65+)	2017	868	80.2	67.9	45.1		90.8
Behavioural risk factors	13 Alcohol-specific hospital stays (under 18s)	2014/15 – 16/17	40	20.5	34.2	100.0		6.5
	14 Alcohol-related harm hospital stays	2016/17	996	484.4	636.4	1,151.1		388.2
	15 Smoking prevalence in adults (aged 18+)	2017	46,179	19.7	14.9	24.8		4.6
	16 Physically active adults (aged 19+)	2016/17	n/a	66.3	66.0	53.3		78.8
	17 Excess weight in adults (aged 18+)	2016/17	n/a	44.0	61.3	74.9		40.5
Child health	18 Under 18 conceptions	2016	53	12.6	18.8	36.7		3.3
	19 Smoking status at time of delivery	2016/17	185	4.2	10.7	28.1		2.3
	20 Breastfeeding initiation	2016/17	4,424	95.0	74.5	37.9		96.7
	21 Infant mortality rate	2014 – 16	69	5.0	3.9	7.9		0.0
	22 Obese children (aged 10–11)	2016/17	799	26.8	20.0	29.2		8.8
Inequalities	23 Deprivation score (IMD 2015)	2015	n/a	35.7	21.8	42.0		5.0
	24 Smoking prevalence: routine and manual occupations	2017	n/a	32.1	25.7	48.7		5.1
Wider determinants of health	25 Children in low income families (under 16s)	2015	15,440	28.7	16.8	30.5		5.7
	26 GCSEs achieved	2015/16	1,385	59.0	57.8	44.8		78.7
	27 Employment rate (aged 16–64)	2016/17	147,400	65.3	74.4	59.8		88.5
	28 Statutory homelessness	2016/17	7	0.1	0.8			
	29 Violent crime (violence offences)	2016/17	7,679	26.0	20.0	42.2		5.7
Health protection	30 Excess winter deaths	Aug 2013 – Jul 2016	125	12.4	17.9	30.3		6.3
	31 New sexually transmitted infections	2017	5,104	2,268.5	793.8	3,215.3		266.6
	32 New cases of tuberculosis	2014 – 16	266	30.1	10.9	69.0		0.0

For full details on each indicator, see the definitions tab of the Health Profiles online tool: www.healthprofiles.info

Indicator value types

1, 2 Life expectancy - Years 3, 4, 5 Directly age-standardised rate per 100,000 population aged under 75 6 Directly age-standardised rate per 100,000 population aged 10 and over 7 Crude rate per 100,000 population 8 Directly age-standardised rate per 100,000 population 9 Directly age-standardised rate per 100,000 population aged 65 and over 10 Proportion - % of cancers diagnosed at stage 1 or 2 11 Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes 12 Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia 13 Crude rate per 100,000 population aged under 18 14 Directly age-standardised rate per 100,000 population 15, 16, 17 Proportion - % 18 Crude rate per 1,000 females aged 15 to 17 19, 20 Proportion - % 21 Crude rate per 1,000 live births 22 Proportion - % 23 Index of Multiple Deprivation (IMD) 2015 score 24, 25 Proportion - % 26 Proportion - % 5 A*-C including English & Maths 27 Proportion - % 28 Crude rate per 1,000 households 29 Crude rate per 1,000 population 30 Ratio of excess winter deaths to average of non-winter deaths (%) 31 Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) 32 Crude rate per 100,000 population

€"Regional" refers to the former government regions.

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

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VIDEO

<https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work>

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Tower Hamlets CCG

Vision



Tower Hamlets
Clinical Commissioning Group

*“Excellent and person centred
care, close to people’s homes”*

THCCG Priorities



Person Centred Care

- ❑ take into account the wider needs of an individual and their family.
- ❑ people will be supported to **set their own goals** for their wider wellbeing.
- ❑ achievement of these goals will be supported by excellent, **evidence based care**, tailored to the individuals needs and ability to be engaged in their health and wellbeing.

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Mental health as much as physical health

- ❑ better access to mental health support offered seamlessly with the rest of healthcare.
- ❑ people with more complex mental health needs will be provided with **more support to live independently** and spend less of their time with secondary mental health services.



Primary Care at the Centre

- ❑ recognising that a successful health system starts with excellent primary care services.
- ❑ as the services used most by people in Tower Hamlets, **ensure it provides excellent, care, experience and access.**
- ❑ primary care will be the first port of call, ensure that **specialist services are reserved for those that need them.**

THCCG Corporate Objectives 2016 - 2019

1. To work in partnership to commission high quality hospital services that are accessible, provide the appropriate treatment in the right place, and achieve good patient outcomes for people of all ages living in the borough
2. To commission person-centred, integrated health and care services that are sustainable and that equally meet the mental and physical needs of our residents
3. To contribute towards a financially sustainable and responsive health and care economy which delivers value for money and innovation and supports the appropriate use of services
4. To support local people and stakeholders to have a greater influence on services we commission
5. To promote equality both as an employer and a commissioner of health care services
6. To create a high performing and sustainable workforce that continuously learns and is engaged in delivering our ambitions.

Our Strategic Approach



Tower Hamlets Together Partnership



Transforming Services Together

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Tower Hamlets Together Health & Wellbeing Strategy



North East London Commissioning Alliance




Community Plan



Commissioners & Providers

Commissioners

- LBTH Public Health
- **TH CCG** 
- NHS England (Dental, Pharmacy & Primary Care)
- NHS England (Specialist)
- Public Health England

Providers

- Individual GP practices
- TH GP Care Group
- East London Foundation Trust
- Barts Health
- Other NHS Hospitals
- Independent Sector providers
- Third Sector providers
- Community Interest companies
- Community pharmacists
- Dentists

The Tower Hamlets CCG Governing Body comprises of the 8 Commissioning Network representatives and the following members:

3 Senior Managers



Jane Milligan
Chief Officer



Simon Hall
Director of Commissioning



Henry Black
Chief Finance Officer

3 Lay Members



Julie Slay
Lead for Patient and Public Involvement



Mariette Davis
Lead for Audit and Governance



Noah Curthoys
Lead for Corporate Affairs

2 Local Authority Representatives



Dr Somen Banerjee
Director of Public Health



Denise Radley
Director of Adults' Services



Maggie Buckell
Registered Nurse representative



Dr Tan Vandal
Secondary Care Consultant representative

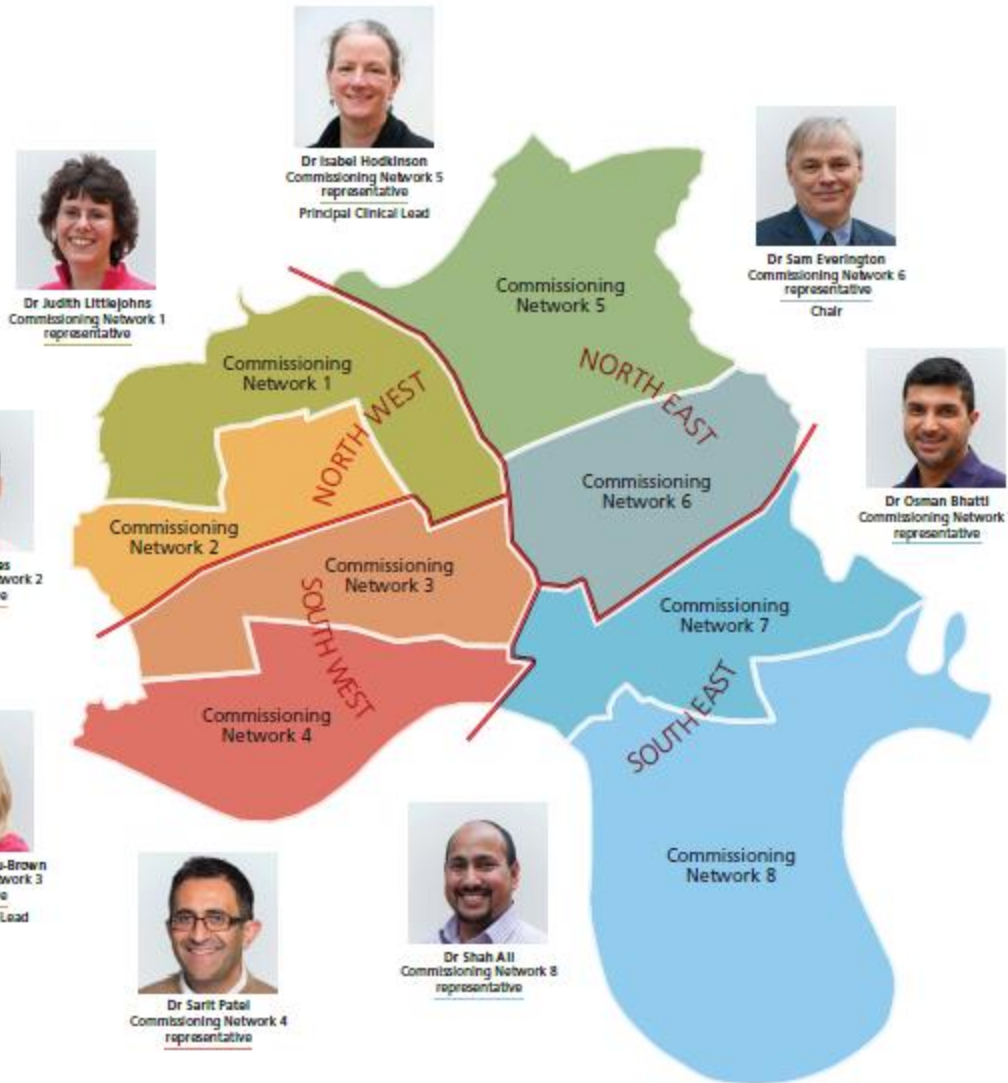
2 Practice Members



Virginia Patania



Linda Aldous



Commissioning Networks

Tower Hamlets is made up of 8 Commissioning Networks which is a geographical area comprised of neighbouring wards, further divided into 4 localities:

Achievements

1. All GP practices now rated as 'Good' or 'Outstanding' by CQC
2. CCG rated as 'outstanding' by NHS E -strengths in system leadership, governance, finance, performance and quality
3. Second in London for percentage of people with controlled diabetes (44.6%)
4. Second in London for dementia diagnoses
5. Pioneered accountable care through Tower Hamlets Together
6. Reduced consultations and saw health benefits through social prescribing
7. Sustained improvement in cancer 62 day referral to treatment target, in partnership with Barts Health
8. Innovative virtual Chronic Kidney Disease clinic, reducing waiting times for specialist opinion (64 to 5-10 days).

Priorities 2018-19

- Securing financial sustainability
- Implementing new model of urgent care (UTC @ Royal London, GP hubs in each locality, NHS 111)
- Year 2 of the new community services alliance – new integrated teams
- Mobilising new model of care for IAPT services
- Primary care strategy e.g. new single GP registration process and website
- Implementing full electronic process for hospital referrals and transforming outpatient programme
- Making joint commissioning a reality
- Ensuring Tower Hamlets Together develops into a more mature integrated care system partnership



Barts Health
NHS Trust

Introduction to Barts Health

Tower Hamlets Health Scrutiny Committee

10 July 2018



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About us

- Four major hospital sites and a number of community locations
- Almost 1m individual patients every year
- More than 6,000 people treated every day
- About 1.5% of NHS hospital activity
- Biggest emergency & maternity services in England

Our vision: To be a high-performing group of NHS hospitals, renowned for excellence and innovation, providing safe and compassionate care to our patients in east London and beyond.



Royal London & Mile End Hospitals



Barts Health
NHS Trust



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Trauma & Emergency



Neurosciences & Stroke

BartsMS



Children's Hospital



Renal & Diabetes



Royal London & Mile End Hospitals



Barts Health
NHS Trust

18/19 strategic aims:

1. **Flow** - Open our Urgent Treatment Centre, extend Ambulatory Care & support our PRU
2. **Out-patients** - transformation & integration of care with THT
3. Mile End **Diagnostics**, and explore 'Triangle'
4. Mechanical Thrombectomy, Neuro-rehabilitation & Burns
5. **Staff well-being** – safety, appraisals, learning, diversity

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NHS70



Our improvement journey

2015: Response to special measures: *Safe and Compassionate*

2016: CQC inspection reports say we are getting better
Safe and Compassionate 2: our ambition for excellence
Cancer turnaround: meeting all nine national standards

2017: **WeCare** values and Barts Health group brand
Staff survey: more progress than any other NHS Trust
WeImprove approach to quality improvement
Trust no longer ‘inadequate’ but ‘requires improvement’

Our improvement journey

The Royal London

Our 2017 Inspection

Following an unannounced inspection in June 2017, the CQC raised the overall rating for maternity from 'inadequate' to 'requires improvement', while highlighting two areas of outstanding practice.

The revised rating is a reflection of the overhaul in our approach to security, including installing baby tagging and new doors, the 98 hour consultant cover in the delivery suite, and improved arrangements to monitor and govern the process of sterilising theatre instruments. We continue to work with our partners via the Maternity Partnership Board.

Our 2016 Inspection

After re-inspecting The Royal London in July 2016, the CQC published a report which showed that we have made real improvements; the quality of the care we provide to our patients is getting better all the time:

- Overall our hospital improved from **Inadequate** to **Requires Improvement**
- Critical care scored **Outstanding** for the 'caring' domain and retained its Good rating overall
- Surgery improved from **Inadequate** to **Requires Improvement**
- Services for children and young people moved from **Inadequate** to **Requires Improvement**
- End of life care moved from **Inadequate** to **Requires Improvement**

Our improvement journey

2017
The Royal London CQC Report

Barts Health
NHS Trust

	Safe	Effective	Caring	Responsive	Well-led
Urgent and emergency services	Requires Improvement	Good	Good	Requires Improvement	Good
Medical care	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement
Surgery	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement
Critical care	Good	Good	Outstanding	Requires Improvement	Good
Maternity and gynaecology	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Services for children and young people	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
End of life care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Good
Outpatients and diagnostic imaging	Requires Improvement	Not rated	Good	Requires Improvement	Good
Overall	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement

Many of our services are rated ‘good’ Some are rated ‘outstanding’

So our plan is to:

- Sustain the progress we have made
- Exit quality and financial special measures
- Become ‘good’ and ultimately ‘outstanding’ across the board

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And that means we must:

- Not only provide quality care, but also continuously improve the care we provide
- Work with partners to transform services to meet the needs of local people
- Recruit more permanent staff, and develop them so they stay with us



Barts Health
NHS Trust

The Royal London and Mile End Hospitals Management Team



Jackie Sullivan
Managing Director



Neil Ashman
Deputy Managing Director



Simon Harrod
Medical Director



Lucie Butler
Director of Nursing



Kenny Hanlon
Associate Director of Estates and Facilities



Dan Gibbs
Director of Operations



Gabrielle Walters
Head of Quality and Efficiency



Craig Finch
Head of Finance



Helen Byrne
Director of Strategy and Integration



Damian McGuinness
Assistant Director of People



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EAST LONDON NHS FOUNDATION

PRESENTATION TO TOWER HAMLETS HEALTH
SCRUTINY COMMITTEE
JULY 2018

Background

ELFT achieve Foundation status 2007, At that point we were a mental health provider:

Since then we have added:

- Forensic Services in other North East London Boroughs
- IAPT Service in Richmond
- Community Health Services in Newham
- Mental Health & Learning Disability Services in Bedfordshire and Luton
- Community Learning Disability Services in Tower Hamlets
- Community Health Services in Tower Hamlets
- Bedfordshire adult and children's community health services- provided in partnership with Cambridgeshire Community Services (CCS) NHS Trust.

Current position in Tower Hamlets Adult Mental Health Service

- In patient care wards based at Mile End Hospital
- 4 Community Mental Health Teams (*in which LBTH Social Workers are integrated*)
- Early Intervention Service
- Primary Care Mental Health service
- Older people Community mental health team (*in which LBTH Social Workers are integrated*)
- Community Learning disability services (*LBTH Social Workers are integrated*)
- RESET Drug and Alcohol service
- CAMHs – Community Services. The Inpatient Unit, Coburn, is in Newham
- Recovery College
- Psychiatric Liaison Service based in the Royal London Hospital
- Psychological Therapies- Secondary and Primary care

Current position in Tower Hamlets Community Services Health Services for Adults

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- Rehabilitation Services – Home Not Hospital
- Admission Avoidance and Discharge Service – Rapid Response and Assess to discharge teams.
- New Older Person's Clinic – Prevention service for people over 65 years.
- Foot Health Services
- Continence Service
- Extended Primary Care Team and District Nursing Evening Service- Multidisciplinary Team providing to care to people in their homes

We care

We respect

*We are inclusive*⁴

Current position in Tower Hamlets Children and Young People Mental Health Services

- The specialist CAMHS provision in the borough is delivered by ELFT and commissioned jointly by the CCG and LBTH.
- Provides a targeted and specialist assessment and intervention service to children and young people 0-18 (0-19 flexibly)

Teams or Pathways

- Duty rotas
- Emotional & Behavioural Team for children and young people with internalising disorders (e.g.: anxiety, depression, eating disorders)
- Emotional & Behavioural Team for children and young people with externalising disorders
- Neurodevelopmental Team for children and young people with learning disability, ADHD and autism
- Adolescent Team for children and young people with psychosis and other serious disorders of adolescence
- CiSC Team focusing on the mental health needs of children and young who are looked after.
- Paediatric Liaison Team for children and young people with physical problems and illness

Achievements in Recent Years

- All ELFT wards in East London are CQC compliant June 2016 and May 2018 and have excellent AIMs Accreditation.
- Successful implementation and spread of Quality Improvement Programme.
- 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
- Deliver a good service all round to the local population.

Priorities

Mission

Vision

Strategic outcomes (primary drivers)

Meta outcomes (big dots)

What is our role in society?

What does our core purpose need to be, in order to achieve our vision?

What are the biggest factors that will help us achieve our mission?

What do we need to work on, for each of our strategic outcomes, in order to achieve our mission?

To improve the quality of life for all we serve Page 48

By 2022 we will build on our success and lead on the delivery of integrated care. ELFT will do this by working purposefully in collaboration with our communities and our partners, always striving towards continuous improvement in everything we do.

Improving Population Health outcomes

Improving the experience of care

Improving Staff experience

Improving value

- We will improve wider determinants of health,
- We will improve prevention including healthier lifestyles
- We will reduce health inequalities
- We will deliver a more integrated health and social care support offer
- We will improve recovery

- We will improve access to services
- We will improve the patient experience and the outcome of their care
- We will increase the number of people involved in their care We will improve patient safety and reduce harm
- We will reduce inequity in patient experience

- We will develop the skills of our staff to deliver integrated care
- We will increase capacity to effectively deliver our programmes of work
- We will improve how we listen to our staff and support them to continuously improve
- We will improve fulfilment at work

- We will increase productivity
- We will reduce waste
- We will reduce variation in clinical practice

Our values

How do we want to behave?

We care

We respect

We are inclusive

Organisational treasures

Our assets that we want to build on

Service user and carer involvement

Committed and caring staff

Quality improvement

Clinically led

Inclusion and diversity

Mental health and recovery focus

Questions

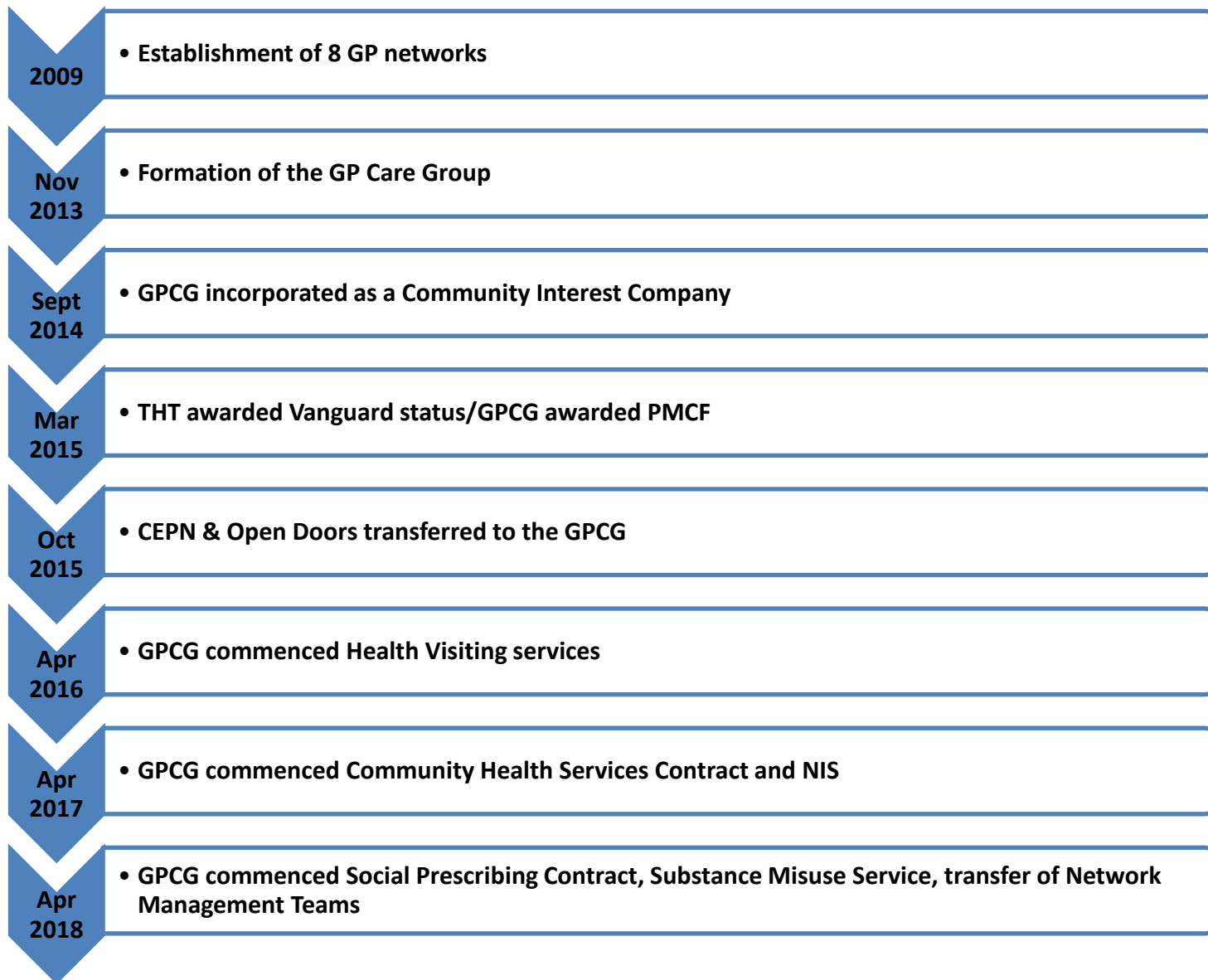
Thank You

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Tower Hamlets GP Care Group CIC

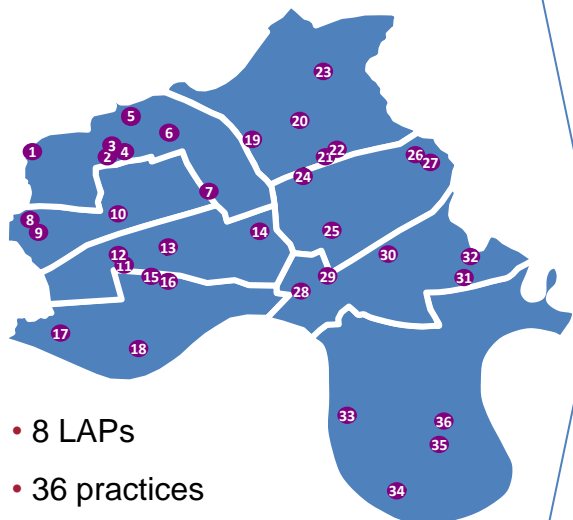
A brief overview

GP Care Group Journey



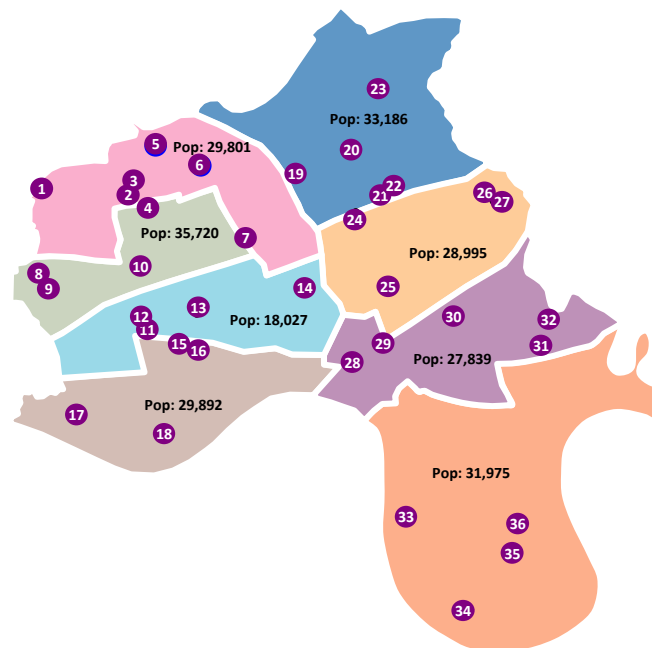
Networks

Tower Hamlets before networks



- 8 LAPs
- 36 practices
- Total population of ~245,000
- Practice list sizes of 3,000 to 11,000

8 Networks¹ were formed in the borough during 2009



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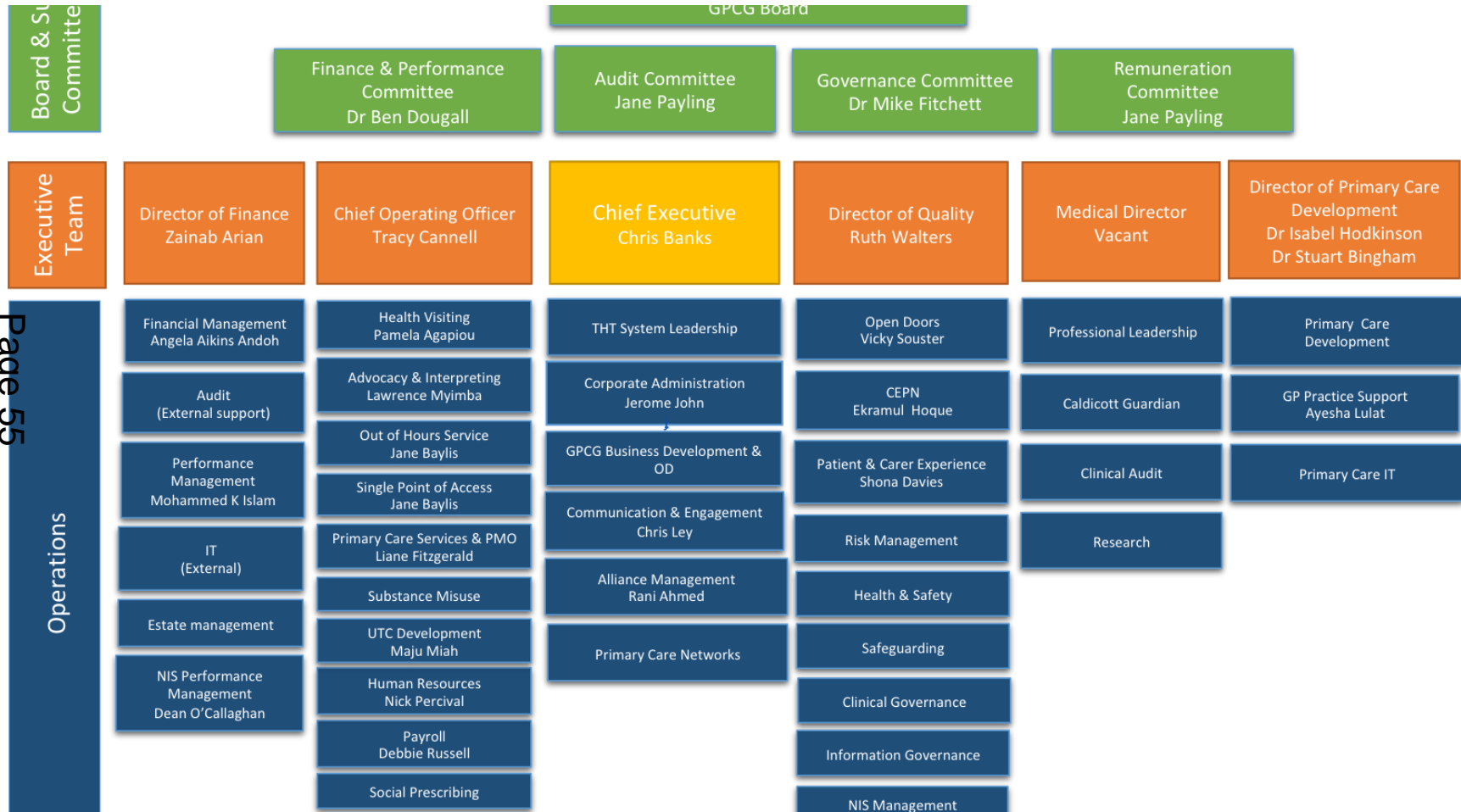
Why networks?

- Focus on **population health** across a geography
- Collaborative relationships with **wide range of partners** (e.g. Borough, schools, charities)
- Sufficient **scale for** specialisation of staff, ability to access rare skills and ensure access, resources (e.g. equipment)
- Integration with **estates plan**

GP Care Group

- Community Interest Company limited by shares
- Membership organisation (each holding 1 share of £1)
 - 35 general practices
 - 1 homeless access centre
- Turnover for 2017/18 £20.5million
- Board comprises:
 - 8 elected representatives, (1 per primary care network)
 - Non-executive Director (and 2 vacancies)
 - Chief Executive
 - Executive Directors
 - In attendance – Chair of LMC
- Staff – approx. 370 headcount
- Purpose
 - to be the voice of general practice working at scale
 - to ensure sustainability of general practice

Organisation Structure



Primary Care at Scale

Current Portfolio

- Surgical aftercare
- Pathology transport
- Websites
- Community Education Provider Network (CEPN)
- Open Doors (Practice nurse training)
- Extended access hubs
- Social prescribing pilots
- Health visiting
- System leadership – Tower Hamlets Together integrated care partnership
- Network improved services scheme
- Out of Hours/Urgent Care
- Single Point of Access
- Health advocacy and interpreting
- CHS alliance manager/system leadership

Pipeline

- Business Intelligence
- QI/ Primary Care resilience
- Sexual Health
- General practice contract



**Tower Hamlets
Clinical Commissioning Group**

2nd Floor, Alderney Building
Mile End Hospital
Bancroft Road
London E1 4DG
www.towerhamletscg.nhs.uk

9 July 2018

Dear Councillor,

CHANGES TO THE WALK-IN SERVICE AT ST ANDREWS HEALTH CENTRE AND THE BARKANTINE CENTRE

I am writing to inform you about some changes we are making to services at the St Andrews Health Centre and the Barkantine Centre. As you know Tower Hamlets CCG is responsible for commissioning NHS services in the borough and we are committed to ensuring that residents have access to high quality health services.

From the 1st August 2018 St Andrews Health Centre and The Barkantine service which will no longer offer 'walk-in' provision. Instead, the service will offer bookable appointment slots, available via NHS 111 or the patient's regular practice. This change will mean people can be seen more quickly and avoid long waiting times. To use the service, residents must be registered with a Tower Hamlets GP surgery and we are encouraging everyone who is unregistered to do so.

The services at St Andrews and The Barkantine are not closing, and the clinical capacity or opening hours will not be reduced. There will be no changes to the GP services for registered patients at either practice.

Why are we making these changes?

Residents have told us that accessing urgent care services is confusing and they find it difficult to navigate their way to the right help when they need it. There are numerous services in Tower Hamlets with different opening hours and different entry points. We need to provide simpler, faster ways to access urgent and out-of-hours care and advice. This change is part of ensuring that local people benefit from a 'right advice and treatment, first time' approach.

The new NHS 111 service for north east London launches on 1 August 2018 and provides 24/7 access to advice and treatment recommendations from a range of multi-professional clinicians. NHS 111 is the single point of contact for urgent care advice and treatment outside of normal GP practice opening hours in north east London.

The changes we are making to the St Andrews Health Centre and the Barkantine Centre walk-in service are in-line with a number of evidence-based interventions in local health economies which help to reduce pressures on urgent and emergency services.

Our analysis shows that in 206/17 75% of attendees using the service were residents and 25% were non-registered attendees. After 1 August 2018, non-residents will be signposted to call NHS 111 and directed to the appropriate service.

We have produced a range of public information for residents on the change, and I would be pleased to provide any further information or answer any specific questions.

You would be most welcome to visit one of the Centres, please let me know if you wish to do so.

Thank you

Jenny Cooke
Deputy Director for Primary and Urgent Care
07931862996

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The NHS in north east London

A GUIDE FOR COUNCILLORS



The NHS in north east London is made up of a number of different organisations – each contributing to the healthcare your residents receive.

This guide explains a little about who does what in the local NHS and who you should contact for help with health-related enquiries.

Joined up regional health and social care planning

East London Health and Care

Partnership (ELHCP)

What we do

We bring together the area's eight councils and 12 NHS organisations, combining expertise and resources to ensure health and care services meet the needs of local people, now and in the future. Your council is part of this partnership.

Contact us about

Strategic plans for health and social care across north east London, including estates, large scale service transformations, and plans to attract and retain the staff we need to deliver services.

Contact ELHCP

- Senior Responsible Officer: Jane Milligan
- www.eastlondonhcp.nhs.uk
- enquiries@eastlondonhcp.nhs.uk
- or contact the health lead within your council.

Local healthcare planning

Clinical Commissioning

Groups (CCGs)

What we do

There are seven CCGs in north east London and their role is to plan and buy health services for the residents in their borough: from cancer care to mental health; hospital operations to prescriptions. CCGs commission services from a range of different NHS providers (see below), plus charities and the private sector.

The seven CCGs work independently to commission health services for each local area, but are moving to commission jointly across north east London where it makes sense to provide consistent services. The seven CCGs have a single Accountable Officer, Jane Milligan. Day-to-day management is overseen by a Managing Director.

Contact us about

Plans and funding for local health services.

Contact your local CCG

Barking and Dagenham, Havering and Redbridge (BHR)

- Managing Director: Ceri Jacob
- www.barkingdagenhamccg.nhs.uk
- www.haveringccg.nhs.uk
- www.redbridgeccg.nhs.uk
- bhrccgs.enquiries@nhs.net
- 020 3416 5905

City and Hackney

- Managing Director: David Maher
- www.cityandhackneyccg.nhs.uk
- CAHCCG.cityandhackneyccg@nhs.net
- 020 3816 3222

Newham

- Managing Director: Selina Douglas
- www.newhamccg.nhs.uk
- NewCCG.enquiries@nhs.net
- 020 3688 2300

Tower Hamlets

- Managing Director: Simon Hall
- www.towerhamletsccg.nhs.uk
- thccg.info@nhs.net
- 020 3688 2500

Waltham Forest

- Managing Director: Jane Mehta
- www.walthamforestccg.nhs.uk
- wfccg.enquiries@nhs.net
- 020 3688 2604.

Local authorities

Your council commissions social care services such as sexual health, drug and alcohol, some mental health services, and residential care homes. It also works closely with the NHS on commissioning joint services.

Contact your council's adult social care team for more information.

Please note: If your enquiry is about hospital care, mental health services, out-of-hours services or community services (e.g. community nursing), you should contact the local provider of the service in the first instance: the hospital itself, or the relevant GP practice. See more information on this in the rest of the guide.

Local healthcare providers

GP practices

What we do

GP practices provide day-to-day care for residents, this is the way most people come into contact with the NHS. There are hundreds of GP practices across north east London – all of which are part of their borough's CCG. Most are independent businesses commissioned by the NHS.

Contact us about

GP appointment waiting times, opening hours and services.

Contact us

Find individual GP practice contact details at, www.nhs.uk

Hospitals

What we do

We provide inpatient, outpatient, emergency and planned services; together with centres of specialist care, including stroke, cancer, cardiovascular disease and neuroscience.

Contact us about

An individual's care, A&E waiting times, delayed or cancelled operations; questions about estates, car parking and travel to and from hospital.

Contact your local hospital trust

Barking, Havering and Redbridge University Hospitals NHS Trust (King George and Queen's hospitals)

- Chief Executive: Matthew Hopkins
- www.bhrhospitals.nhs.uk
- communications@bhrhospitals.nhs.uk
- 01708 435 000

Barts Health NHS Trust (St Bartholomew's, The Royal London, Mile End, Newham University, and Whipps Cross hospitals)

- Chief Executive: Alwen Williams
- www.bartshealth.nhs.uk
- communications@bartshealth.nhs.uk
- 020 7377 7000

Homerton University Hospital NHS Foundation Trust (Homerton Hospital)

- Chief Executive: Tracey Fletcher
- www.homerton.nhs.uk
- huh-tr.communications@nhs.net
- 020 8510 5555.

Mental health and community services

What we do

We provide mental health and community services to children, young people and adults, in clinics and people's homes.

Contact us about

Waiting times for services or assessments, community nursing and other specialist services delivered in the community.

Contact your local mental health and community services

North East London NHS Foundation Trust (including Barking Community Hospital)

- Chief Executive: John Brouder
- www.nelft.nhs.uk
- communications@nelft.nhs.uk
- 0300 555 1200

East London NHS Foundation Trust

- Chief Executive: Navina Evans
- www.elft.nhs.uk
- elft.communications@nhs.net
- 020 7655 4000

Homerton University Hospital NHS Foundation Trust

Contact details as listed previously.

NHS 111 and ambulance services

What we do

London Ambulance Service provide emergency ambulance services in north east London. From 1 August 2018 we will also provide a clinically-led NHS 111 service, a free health helpline which provides urgent care and advice, as well as having clinicians available to assess people over the phone 24/7.

Contact us on

- www.londonambulance.nhs.uk
- 020 7783 2000.

Regulators

Care Quality Commission

What we do

Inspect and monitor health and adult social care services – including hospitals, GP practices and care services – and report to the public.

Contact us about

Providers' performance ratings and residents' experiences.

Contact us on

- www.cqc.org.uk
- enquiries@cqc.org.uk
- 0300 061 6161.

NHS Improvement

What we do

Oversee NHS hospitals; offering support to providers to deliver safe, high quality, compassionate and financially sustainable care.

Contact us about

The performance of your local NHS trust.

Contact us on

- www.improvement.nhs.uk
- enquiries@improvement.nhs.uk
- 0300 123 2257.

National planning and commissioning

NHS England

What we do

We are responsible for planning, agreeing and monitoring health services across the region. We allocate funding to CCGs, manage primary care contracts for GPs, pharmacists and dentists, as well as some specialised national services.

Contact us about

CCGs and GP practice performance; and any questions about local and national NHS strategy.

Contact us

- www.england.nhs.uk/london
- england.londonregionaldirector@nhs.net

Public Health England

What we do

We are responsible for helping people to stay healthy by promoting healthy eating, staying active, immunisation, and wellbeing. Your council has a public health team which delivers these messages locally.

Contact us about

Health visitors, community health champions, or winter and flu advice.

Contact us

Contact your council's public health team.