

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE

HELD AT 6.30 P.M. ON THURSDAY, 20 SEPTEMBER 2018

MP702 - TOWN HALL MULBERRY PLACE

Members

Councillor Kahar Chowdhury
Councillor Eve McQuillan
Councillor Mohammed Harun
Councillor Gabriela Salva Macallan
Councillor Andrew Wood

Co-opted Member – David Burbidge

Healthwatch Co-Chair

Apologies

Councillor Kyrsten Perry

Officers

Daniel Kerr
David Jones

Dianne Barham

Dr Jayne Gallagher
Dr Kristin Ullrich
Dr Somen Banerjee
Jackie Sullivan

Lade Ogunseitan
Menara Ahmed
Ms Athina Karavasopoulou
Rafiqul Haque
Rushena Miah
Simon Hall

Strategy Policy & Performance Officer
Interim Divisional Director Adult Social
Care
Chief Executive of Healthwatch Tower
Hamlets
Lead of Barts Health Pain Service.
RLH Inpatient Pain Service
Director of Public Health
Executive Managing Director (Royal
London and Mile End Hospitals) –Barts
Health Trust
Team Manager HOST Housing Options
VAWG & Hate Crime Manager
Clinical Nurse Specialist
Housing Options Manager
Committee Officer – Democratic Services
Managing Director - Tower Hamlets CCG

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of pecuniary interest.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the last meeting were approved as an accurate record and signed by the Chair further to the following corrections:

- With reference to page 10 of the agenda pack, it was noted that Councillor Mohammed Harun did not self-nominate for the INEL JHOSC role, he was nominated by Councillor Macallan and seconded by Councillor Perry.
- With reference to page 13 of the agenda pack, it was clarified that the change to walk in services was an 'information' letter not a 'consultation' letter. The change to service was not something that required a statutory consultation.

RESOLVED:

1. To approve the minutes of the meeting held on 10 July 2018.

3. REPORTS FOR CONSIDERATION:

4. HEALTHWATCH TOWER HAMLETS PAIN MANAGEMENT REPORT

The Committee received a presentation on research conducted by Healthwatch on pain management from Dianne Barham, Chief Executive of Healthwatch Tower Hamlets.

Key themes:

- Identified local people's experiences of pain management. There tended to be two groups of people who came to hospital with pain 1) emergency cases, 2) Chronic pain and long term conditions.
- Self-management of pain – empowering people to manage pain in an acute setting.
- Research found that there were communication issues between the pain management team and other medical professionals.
- The Committee were directed to read up on the case studies in the report.
- Overall there was a picture of things improving but also work to do.

RESOLVED:

1. To note the Healthwatch report on pain management.

5. BARTS HEALTH PAIN MANAGEMENT PRESENTATION

The Committee received a presentation from the pain management team at Barts Health Trust. Speakers included: Jackie Sullivan (Managing Director of Hospitals-Barts Health), Dr Jayne Gallagher, Lead of Barts Health Pain Service, Dr Kristin Ullrich, RLH Inpatient Pain Service, Ms Athina Karavasopoulou, Clinical Nurse Specialist.

Questions from Members:

- **You mentioned there is a specialist pain management nurse available on the ward Monday – Friday, what provision is there on weekends?**
Provision for pain management throughout the week falls to the aestheticians, trainees, junior doctors and ward nurses.

- **Have you identified any bias from your staff in the pain management for certain groups of people, women and recovering addicts for example?** This is covered in training for nurses. We identify the effectiveness in eliminating bias through structured patient feedback. We are looking to do more to train nurses to be advocates for patients and reduce bias.
- **What happens to the approximately 30% of patients who do not receive adequate pain management?** We look at previous intervention and draw up a pain management plan for that individual. This is put on the system which can be accessed by medical professionals for case history.
- **Around 40% of patients are not asked about pain. What are the barriers that prevent medical professionals asking patients about pain?** There is some improvement required in this area. We need to investigate whether people are not being asked about pain or if they are being asked so many questions they cannot recall being asked about pain management. We will take this back.
- **What are your staffing levels like?** There is a safe staffing total that is met. At the Royal London 95.2% of staff are employed in a substantive post. Recruitment and retention levels are very good.
- There was a concern that the CCG had cut their opiate drug budget. This was refuted by CCG officers and it was confirmed that the drug budget had increased. The CCG and Barts Health officers agreed to be available to discuss further pain management questions or individual cases with Members outside of the meeting.

RESOLVED:

1. To note the Barts Health pain management presentation.

ACTION: Members to contact Barts Health or THCCG if they wish to discuss individual cases on pain management.

6. DOMESTIC VIOLENCE DEEP DIVE

The Committee received a presentation from Menara Ahmed, VAWG Domestic Abuse and Hate Crime Manager. Ms Ahmed requested the committee note an error on page 45 of the pack, refugee bed space increased by 17.9% not 17%.

Questions from Members:

- **Can you explain if children are included in these figures and if not what provisions are in place for children?** Work involving child victims is carried out by the Children's Safeguarding Team. The MARAC MASH team also support children and Public Health is also doing some work around family violence. There are numerous early intervention projects at youth centres and nurseries as well.
- **With regard to turn away rates, your presentation showed 17 people were turned away. Why was this?** There may be several reasons including being unable to find a space after phoning the refuge

helpline, their preferred refuge was full, they chose to not use the refuge offered, concerns about the safety of the area or they did not meet the criteria – under 16s are not permitted to use the service.

- **What is the eligibility criteria?** It is quite broad but to simplify it is someone who is 16 years old or over, who is experiencing domestic violence or the threat of domestic violence. There is one male refuge in the borough.
- The Broken Rainbow helpline managed by the Greater London Authority was recently cut. It was acknowledged that more work needed to be done to support LGBT people experiencing domestic violence as refuges tended to be geared towards heterosexual women.
- **Do you have enough funding to do what you want to do?** Efficiency savings have been made but these have not affected the quality of the service. Provision in this borough is better than neighbouring boroughs. If further funding was allocated the team would like to expand their work to develop children's refuges, LGBT refuge, services for those with no recourse to public funding.
- It was noted that people outside of the borough do have access to Tower Hamlets Services as the remit is to support any woman experience domestic violence. Members suggested doing partnership work with other councils to support this work.
- **What impact has universal credit made for those fleeing domestic violence?** The Department of Work and Pensions sits on a multi-agency partnership board, partners include the local authority and voluntary sector. Weight will be given to those experiencing domestic violence. Split payments will be possible. The VAWG team are part of DWP training programme which covers implications of universal credit. As this was a multifaceted topic, Ms Ahmed agreed to answer further questions on the topic by email or provide an update at a later meeting.
- **Is there any work being done with FGM survivors and has anyone been prosecuted?** There is a MOPAC funded service delivered by a voluntary sector organisation called Women's Health and Family Service. Nineteen cases were identified in the borough for FGM or risk of FGM and there was a 72% conviction rate. The service promotes that FGM is not a religious or cultural issue but a child protection issue. It works within the community. One challenge is that in some cases the victim does not wish to prosecute a family member.
- **With regard to Social Housing Allocation for women experiencing domestic violence, why are there only 10 spaces available a year?** This number was set as a quota and seems to be adequate; there have not been any requests to exceed this number.
- **Is the sanctuary scheme available to private renters?** Yes.

RESOLVED:

1. To note the presentation on VAWG services.
2. To recommend that the council explores the provision of refuge for LGBT people fleeing domestic violence.

3. To recommend that partnership work with other councils be explored considering a large number of non-residents use Tower Hamlets services.

7. HEALTHWATCH TOWER HAMLETS ANNUAL REPORT 2017/18

The Committee received a verbal summary of the Healthwatch Annual Report 2017/18, presented by Dianne Barham – Chief Executive of Healthwatch Tower Hamlets.

Summarised points:

- The community intelligence network has been established and has begun to produce research.
- The intelligence gathering database is up and running and the CCG has been able to access datasets. Healthwatch and THCCG have been shortlisted for a Healthwatch England award for this piece of partnership work.
- Healthwatch Tower Hamlets is a leading Healthwatch across the country.
- Priorities for next year include a review into improving the hospital admission system, a review into mental health and homelessness and more work young people.
- Aim to inspect 8 services over a 4 week period in 2018/19.

RESOLVED:

1. To note the Healthwatch Annual Report 2018/19.

8. HEALTH SCRUTINY SUB COMMITTEE WORK PROGRAMME 2018/19

The Committee were not in agreement that housing associations and how they support the health and care agenda should be the scrutiny review challenge for 2018/19. The Chair and SPP officer said there was still time to select a different topic.

RESOLVED:

1. To select a different scrutiny challenge review topic.
2. For Daniel Kerr, SPP Officer, to email Members with alternative options for a scrutiny challenge review.

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

- There was a request for information on how the NHS 10 Year Plan will affect the 'STP' relationship?
- There was a request to review the Tender for the Community Service Contract and the roll out of the service. How has Tower Hamlets Together commissioned ELFT to deliver the service?
- Concern was raised about Care World London, a social care organisation that provides services in Tower Hamlets. Workers there

had lost their sick pay. There was a request for information regarding Care World employee's terms and conditions and a review into the situation. David Jones, Interim Divisional Director Adult Social Care, said he would speak with Warwick Tomsett about the issue and provide an update to Members of the Committee.

- The Speakers Ball clashed with the next Health Scrutiny Committee Meeting on 4 December 2014. Two alternative dates were offered. These were: Monday 3 December 2018 or Thursday 6 December 2018. Members indicated a preference for Monday 3 December 2018. Democratic Services Officer to send Members a diary invite for Monday 3 December 2018.

RESOLVED:

1. To note the AOB and actions arising from them.

The meeting ended at 8.58 p.m.

Chair, Councillor Kahar Chowdhury
Health Scrutiny Sub-Committee