HEALTH SCRUTINY SUB-COMMITTEE

Thursday, 20 September 2018 at 6.30 p.m.

MP702, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

This meeting is open to the public to attend.

Members:
Chair: Councillor Kahar Chowdhury
Vice-Chair**:** Councillor Eve McQuillan

Councillor Muhammad Harun, Councillor Gabriela Salva Macallan, Councillor Kyrsten Perry and Councillor Andrew Wood

Substitutes:
Councillor Faroque Ahmed, Councillor Asma Islam, Councillor Mohammed Pappu and Councillor Peter Golds

Co-opted Members:
David Burbidge (Healthwatch Tower Hamlets Representative)

[The quorum for this body is 3 voting Members]

Contact for further enquiries:
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Web: http://www.towerhamlets.gov.uk/committee

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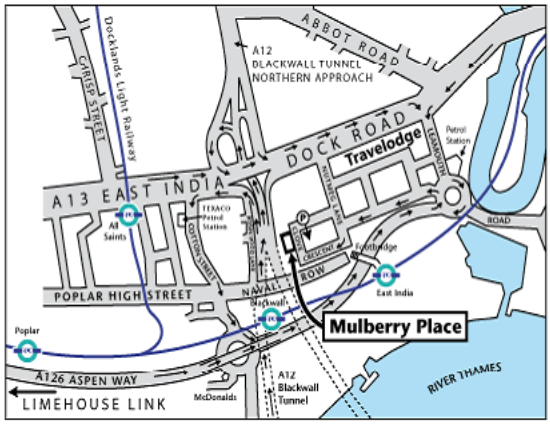

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		PAGE NUMBER(S)
	APOLOGIES FOR ABSENCE	
1.	**DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**	**5 - 8**
	To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Monitoring Officer.	
2.	**MINUTES OF THE PREVIOUS MEETING**	**9 - 16**
	To approve the minutes of the health scrutiny sub-committee meeting held on 10/07/2018.	
3.	**REPORTS FOR CONSIDERATION:**	
3 .1	**HEALTHWATCH TOWER HAMLETS PAIN MANAGEMENT REPORT**	**17 - 32**
	Presented by Dianne Barham, Chief Executive of Healthwatch Tower Hamlets.	
3 .2	**BARTS HEALTH PAIN MANAGEMENT PRESENTATION**	**33 - 34**
	The Committee will receive a presentation from Jackie Sullivan, Executive Managing Director (Royal London and Mile End Hospitals), on the systems Barts Health has in place to support patients with their pain management.	
3 .3	**DOMESTIC VIOLENCE DEEP DIVE**	**35 - 36**
	Presented by Menara Ahmed VAWG Domestic Abuse and Hate Crime Manager, LBTH. Topics covered will include: the provision in place to identify and manage residents at risk of domestic violence, reporting levels, the impact of universal credit on domestic violence and services for residents with no recourse to public funds.	
3 .4	**HEALTHWATCH TOWER HAMLETS ANNUAL REPORT 2017/18**	**37 - 82**
	Presented by Dianne Barham, Chief Executive of Healthwatch Tower Hamlets.	
3 .5	**HEALTH SCRUTINY SUB COMMITTEE WORK PROGRAMME 2018/19**	**83 - 90**
	To note the Health Scrutiny Work Programme for 2018/19 – Councillor Kahar Choudhury.	
4.	**ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT**	

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DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

Further advice

For further advice please contact:

Asmat Hussain, Corporate Director of Governance & Monitoring Officer,
Telephone Number: 020 7364 4800

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

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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	Legal Services LBTH
Joseph Lacey-Holland	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 were therefore not accepted 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 where 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

<u>Adults Health and Community</u>

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 aliments 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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Non-Executive Report of the: **Health Scrutiny Subcommittee** 20/09/2018	TOWER HAMLETS
Report of: Healthwatch Tower Hamlets	
Healthwatch Tower Hamlets Annual Report 2017/18	

Originating Officer(s)	Dianne Barham, Chief Executive Healthwatch Tower Hamlets

Summary

1.1. This report presents the findings of HWTH's research into pain management at the Royal London Hospital. Detailed feedback HWTH received from one patient promoted a larger investigation into patient experience with pain management in the Royal London Hospital. HWTH found that there are a number of significant issues which include: communication issues between the pain team and medical professionals from other departments, communication issues between doctors and patients on the subject of managing pain (including around safe dosages of various painkillers), delays in receiving pain relief for hospital inpatients, and admin, planning and staffing issues that could impact upon availability of pain relief for hospital inpatients.

Recommendations:

The Health Scrutiny Sub-Committee is recommended to:

1. Note the report of HWTH and comment on the findings presented in the report.
2. Use the information provided in the report to inform the discussion with Barts Health on pain management.

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Case study- pain management in the Royal London Hospital

Detailed feedback we have received from one patient prompted us to examine patient experience with **pain management in the Royal London Hospital.**

We have identified **48 individual comments** from Royal London Hospital patients on the topic of pain management (26 received in 2017 and 22 in 2018). Patient opinion of pain management in the hospital is **broadly negative, but might be improving**, particularly in the Maternity department.

The Maternity and A&E departments receive the most feedback on pain management, but the pain team, surgical clinic and fracture clinic see a higher proportion of negative comments. **Patients under the care of the pain team are concerned about communication in the department** (both among medical professionals and with patients); in some cases, it has been unclear which patients the pain team does or does not deal with.

Overall, multiple patients feel that **their symptoms are dismissed by medical professionals**; in some cases, they receive only over the counter painkillers, without any further investigation or explanation about their condition, despite being in severe pain; they receive inadequate low doses of painkiller or are discharged from hospital while still in a poor state.

This case study highlights the need for further investigation in the following areas:

- **Communication between the pain team and medical professionals from other departments.**
- **Communication between doctors and patients on the subject of managing pain (including around safe dosages of various painkillers).**
- **Delays in receiving pain relief for hospital inpatients.**
- **Admin, planning and staffing issues that could impact upon availability of pain relief for hospital inpatients.**

A wider research project touching upon these topics would be needed in order to assess accurately the scope of the issue and produce recommendations for tackling it.

A series of **Healthwatch Enter and View visits focused on the topic of pain relief** could be a starting point for such a project.

The detailed cases

An inpatient's story

In August 2018 we have received extensive feedback from "Grace" (name changed), a patient treated in the Royal London Hospital Emergency Gynaecology Unit. She suffered from a condition causing severe pain and she was strongly dissatisfied with the level of support provided to her for managing it.

Grace had very deep veins, which meant she needed to be cannulated by an anaesthetist under ultrasound guide and was intolerant to oral (including soluble paracetamol) but could tolerate it intravenously. This information, as well as a full least of medications for pain management prescribed by her regular consultant, has been conveyed upon admission to the ward manager and ward sister.

However, from the beginning, she received lower dosages than those prescribed, which were insufficient, to the extent that her continued pain and nausea prevented her from eating. She states that the Pain Team were unwilling to deal with her case, as they found it too complex.

Grace's regular consultant only saw her once, and prescribed intravenous paracetamol, as well as buscopane, to be administrated through a cannula, and referred her to the anaesthetist. Said anaesthetist only showed up after 10 pm in the evening and unsuccessfully attempted to cannulate Grace (the cannula broke because of rough handling by a nurse). A referral for a new cannula was not put in place promptly, causing Grace to remain in severe pain, without her prescribed treatment, over an entire weekend.

A different consultant saw Grace on Sunday evening, and wrongly noted that she was allergic to paracetamol; which Grace promptly corrected. However, when she was cannulated on Monday, Grace found that the intravenous paracetamol has been removed from her prescription list, possibly because of the misunderstanding with the consultant. A nurse later explained to Grace that the Pain Team (whom were not, to her knowledge, involved in her care at the time) had ordered she can have only oral paracetamol (which she was intolerant to) but not intravenous). Until her discharge several days later, Grace has been unable to see her usual consultant or to have her prescription list corrected.

Her case draws attention to a number of issues in regard to the care patients like her receive in hospital, primarily around:

- Communication between patients and medical professionals.
- Communication between different medical professionals: ex- the pain team and specialist consultants.
- The support provided to complex cases.
- The importance given to treating severe pain in the absence of more visible symptoms.
- Administration and planning in the hospital.

Throughout her hospital stay, Grace felt that her severe pain was not taken seriously by doctors and nurses, that the severity of her symptoms was consistently underestimated and that she was unable to communicate about her needs or to make informed choices.

An outpatient's story

"George" (name changed) suffers from long term chronic pain caused by arthritis. In order to manage his pain, he uses Fentanyl patches, as well as tramadol and paracetamol. Fentanyl can currently only be prescribed by a consultant from the Pain Team at the Royal London. The process of getting an appointment, however, is, in George's own words, *"like chicken eating eggs",* with waiting lists of over 26 weeks. George attributes the difficulty getting the medication he needs to NHS cuts- and specifically to a decreasing painkiller budget.

George's prescription needs to be re-ordered every month and reviewed every six months by a GP. In a surgery with high stuff turnovers and numerous locums *"every time I'm seen by a new GP I'm forced to have the same argument over and over again about the fact that I do, indeed, need the medication"*. A frequent, lengthy re-order and re-review process causes delays in obtaining the necessary medication; leaving George often in pain and feeling like he is *"fighting a losing battle"*. Similar discussions ensue whenever George sees a new physiotherapist- overall, he finds communication between medical professionals to be rather poor. *"The pain clinic used to be at the Mile End Hospital, I think things have gotten worse since, at least Mile End had a multidisciplinary clinic, where you could see a consultant, a physiotherapist, the pain service -all in one place. I don't think the pain team at the Royal London works like that now"*.

While he has not recently been an inpatient in the Royal London Hospital, George is aware of the challenges patients with chronic pain face when admitted to the hospital, namely around inability to continue taking the pain relief medicine they had been prescribed before admission: *"I did hear about patients' medication regime being altered when they go into hospital; that's a big problem for patients on the arthritis clinic. A lot of the nurses on the wards haven't seen Fentanyl patches at all and wouldn't know what they are"*. His concerns are echoed by other people we spoke to; an older female patient we met during one of our Enter and View visits to the older people's ward told us:

"I feel my pain could be managed better. They don't have tramadol?? In hospital and I can't bring it with me as they like to dish everything out. You lose control. I think it would be good to have an advocate sometimes. Someone who could talk to you about what you need to know from meetings with the the Dr or consultant and listen for you to the responses so maybe you can discuss with them afterward".

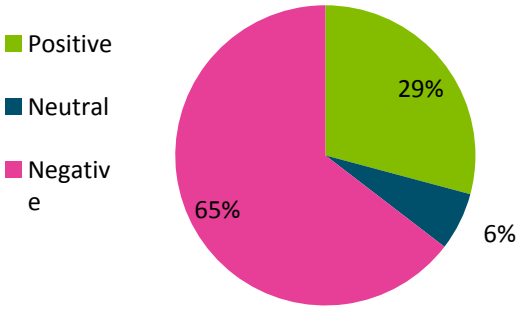
His case draws attention to a number of issues in regard to the care patients like her receive in hospital, primarily around:

- Communication between the hospital and GP surgeries.
- Excessive waiting lists for seeing a pain team specialist.
- A poor medication review system for people living with chronic conditions that are unlikely to change.

George also pointed out that a lot of patients dealing with long-term pain are prescribed morphine tablets and build a tolerance to it, to the extend that the drug is no longer effective in assuaging their pain. Nonetheless, once in hospital, they are often prescribed the same ineffective medication.

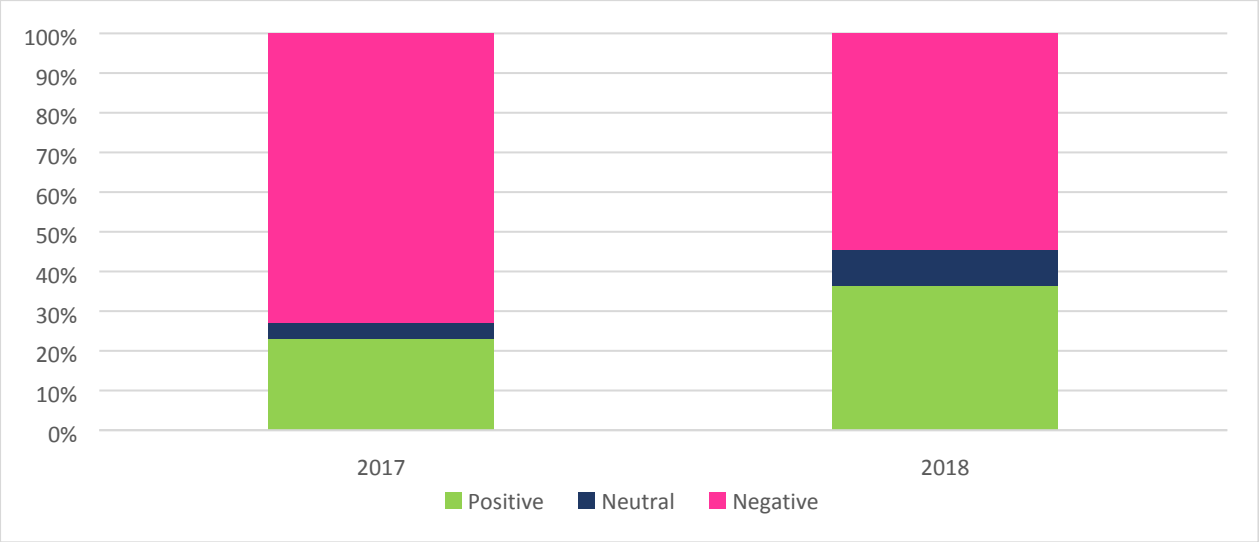
The wider picture

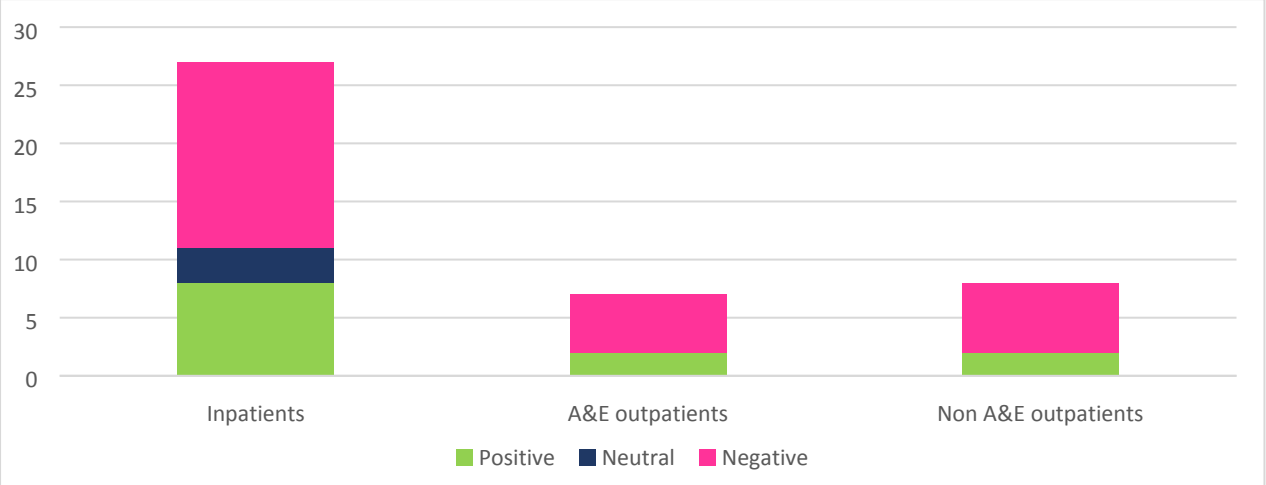
We have identified 48 individual comments from Royal London Hospital patients on the topic of pain management (26 received in 2017 and 22 in 2018).



Overall, patient experience of pain management was broadly negative.

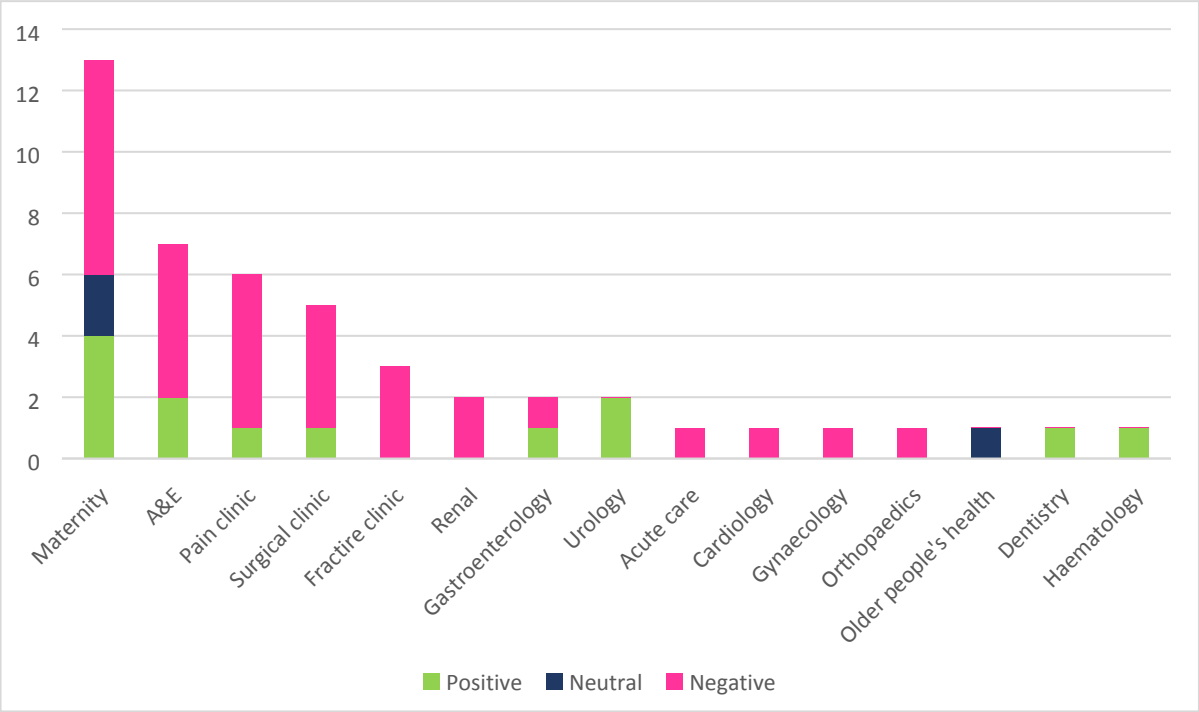
However, there seems to be a small improvement in patient opinion in 2018, compared to 2017:



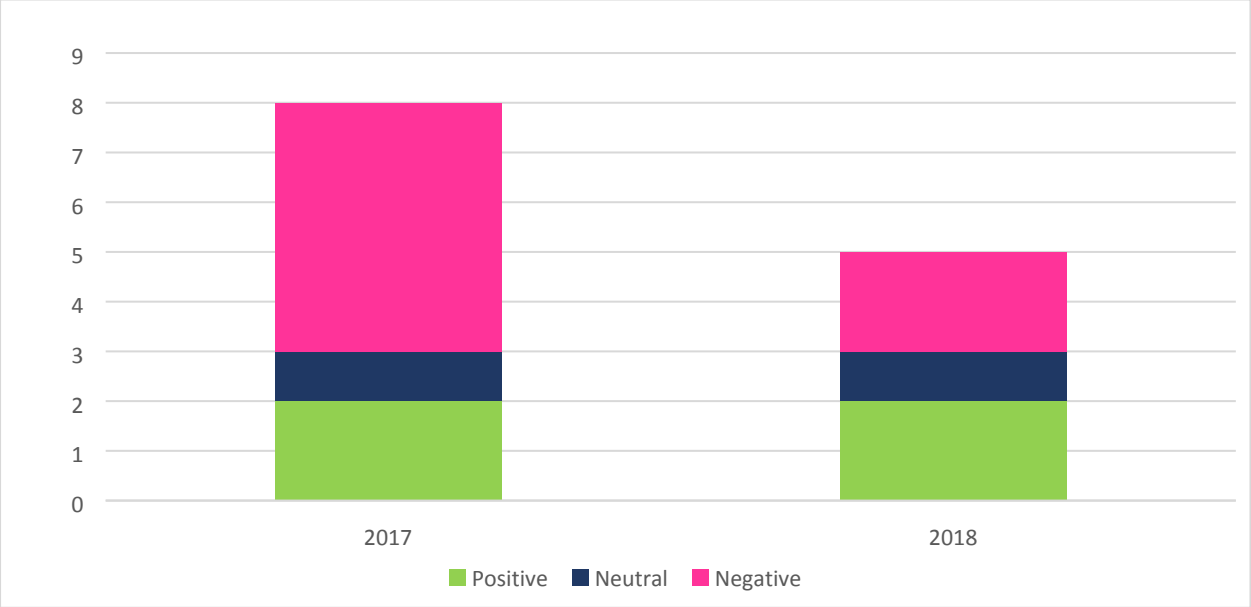


Hospital inpatients are the most likely to comment upon this aspect:

The Maternity and A&E departments receive the most feedback on pain management, but the pain clinic, surgical clinic and fracture clinic see a higher proportion of negative comments.



For the Maternity unit, the feedback received (showing less negative comments in 2018 than in 2017) is consistent with our monitoring of Maternity services, which shows a comparative improvement between 2017 and 2018



2017

"I had asked for epidural and it came very late, over 3 hours. When they finally came to administer the epidural, I don't know if the anaesthetist was a student, but he couldn't put the needle in properly he tried three times and failed. I felt him rupture my spine and when he wanted to try for the 4th time I refused although I was in pain and agony."

"The midwives at the labour ward and maternity ward are always so rude and snappy. They don't show any sympathy or compassion for labouring mums, and they are also very slow at administering pain relief. They just leave you screaming and writhing alone and in pain for hours. I had to literally beg like a screaming mad woman to be injected pethidine as midwives were reluctant to administer the drug because it would apparently make the baby drowsy, so they seemed to be happy to see me wail in pain instead. The entonox (gas and air) they gave me was deliberately made weak so did not have any effect on me; it did not even make me feel dizzy, but then neither did pethidine work as it was all deliberately administered on extremely pathetic low doses. When I called for an epidural they dismissed it saying no-one is available to supervise me on an epidural."

"I wasn't offered any kind of pain relief or told about it; maybe it's because I was going to have a water baby. But I walked in there at quarter past nine in the morning and I had the baby at ten to ten, so it was a bit rushed for everyone. When I gave birth to my second at Barkantine I used gas and air. This time, I felt quite in control of myself and don't feel like I would have needed it, but they should have offered it."

"I am taking a breastfeeding course and a pain relief in labour course. It is really helpful that RLH gives you opportunity to stay that informed and up to date."

2018

"The team of doctors and nurses helped me manage my Sickle Cell pain effectively and were very encouraging when it came to take the next step in my recovery treatment. I have nothing but the highest praise for the staff at the Royal London if it wasn't for them and their early intervention my husband and I would not be the parents of a healthy baby boy."

"My wife was given a pessary to help bring on labour and was checked at the time it was inserted. Despite us pointing out contractions had got a lot stronger later in the day (and that a monitor wasn't working well) she was never given a second physical check to see how dilated she was and it seemed like the midwives didn't really take her seriously when we said we thought she was farther along labour wise - we'd advise listening more closely to the patient in future even if they aren't making a fuss! When her waters did break it then transpired she was having a partial placental abruption, was 9.5cm dilated with no pain relief and the emergency button was pressed! After the button had been pressed the care was immediate and fantastic."

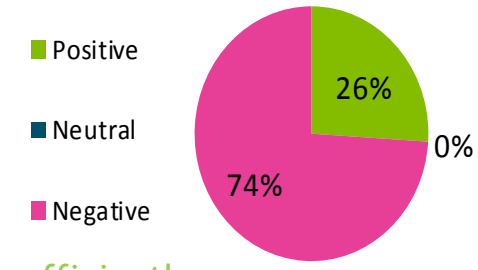
"I was recommended to have an induction and agreed to this only on the basis that there was an anaesthetist around and that the hospital was fully staffed - this was a Friday night. This is because last time I was not able to have an epidural because of shortage of anaesthetists. I was promised that there was and that at any time I wanted an epidural, I would be able to have one. I was induced, and it was incredibly painful. I was given two paracetamol and laughed at because it was early on. I kept asking for gas and air and was told definitely not as I could not have this for 10 hours. This was all said to me with an attitude of indifference and like I was a specimen or an animal. At some point, a doctor came in and I asked again for an epidural. I was told the doctor would come back. Eventually I was told that an anaesthetist was not available. Why were they just not honest from the start? I kept being fobbed off."

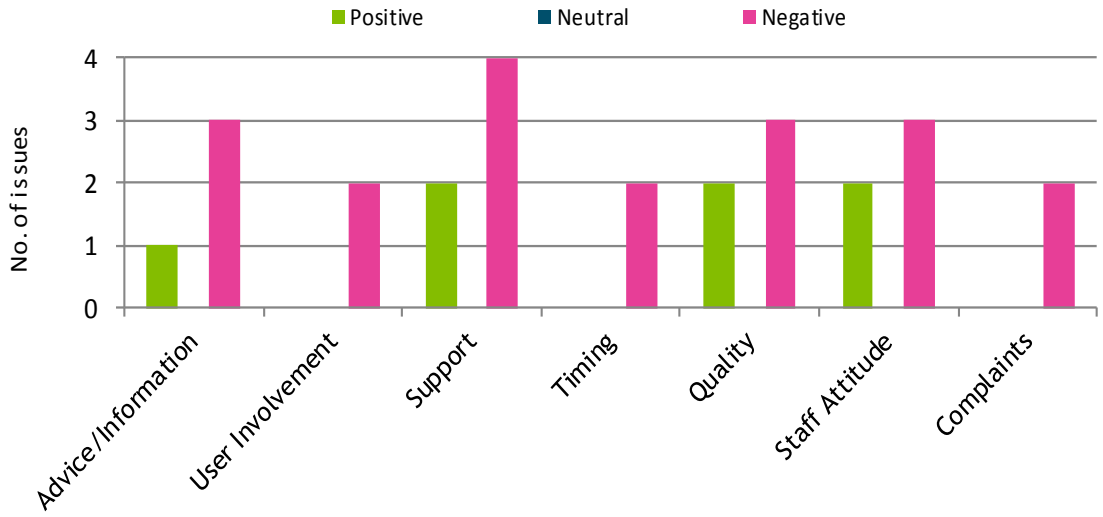
The pain management service

The Barts Health Pain Management Service is a multidisciplinary team comprising of doctors, nurses, psychologists, physiotherapists and acupuncturists specialising in helping patients to manage their pain.

Between January 2017 and August 2018, we have received nine comments about the pain management service and identified 34 issues.

Attitude about it is 74% negative. Patients feel poorly supported, poorly informed and insufficiently involved in their treatment.





In resemblance with Grace's story, one A&E patient also found that it is unclear what patients the Pain Clinic deals with and under what circumstances:

"I was first advised to "Go home and use same meds (that are not working) and rest" as if this wouldn't occur to someone with 20 years of Fibromyalgia. Took a debate with an A&E consultant to be admitted. Why? Because "The Pain Team do not see patients on A&E". Yes, seeing them and advising treatment with possible quick discharge might be too quick a system and more cost effective."

Several patients felt that their symptoms were being dismissed:

“Medical Consultant told me that my pain can’t be score at 8/10 because I'd be crying, not "playing games on the phone". Er... I'm an older technophobe and never play games at all. I was letting my carer (I'm disabled) know I’m been admitted. And trying to distract me from the pain by talking to a supportive friend by messages. I know pain! I practiced meditation for past 43 years! And can project a calm face. I was crying for over 30mins just before he came. But my culture believes in being strong and not engaging in any drama.”

“Visited pain clinic due to back pain as I had an operation before. The lady wanted me to walk further but I couldn't move that much. This job needs to be decreasing my pain, not increasing it.”

Patients also report poor communication and support from staff members; as well as por communication between staff members.

“Patient not happy with the poor communication with a staff member who was rude and belittling”.

“It doesn’t work at all- what they're looking for is just curing symptoms, not the cause- they give you lots of painkillers and each doctor deals very specifically with their own specialty- there is no communication between consultants and no framework for a more holistic view”.

“Complaint received from site - patient not happy that she has not received any aftercare after her procedure and with the information written in a letter to her GP”

Pain management in other departments

Patients' experience with support for managing their pain has been broadly inconsistent. Several patients felt properly supported, but the majority did not.

Multiple patients feel that their symptoms are dismissed by medical professionals; in some cases, they receive only over the counter painkillers, without any further investigation or explanation about their condition, despite being in severe pain:

"Patient reported that she came in to have a procedure two years ago and her nerves were damaged. it took the neurology team to confirm this. She would like to know how this could have happened and why no one would listen to her when she said she was in pain during the procedure." (Surgical Clinic, June 2017)

"I felt like I was treated like a nuisance and a fraud, yet I was in agonising pain and very frightened. If any of the medical staff had of bothered to ask me what the level of pain was, it would have been a 10. Instead they just gave me codeine, a walking stick and sent me on my way without even bothering to find out why a 23-year-old was in so much that I was unable to walk. (A&E, March 2017)

"Patient attended his appointment only to be told there was nothing they could offer him and that he should go back to his GP and get referred to the pain clinic" (Orthopaedics, March 2017).

"Mother is not happy with the recent clinic consultation her son had with the gastro clinician. She believes his manner was rude and of dis-interest. She also claims he appeared to have no knowledge of the patient's condition and failed to take her concerns regarding the pain her child suffers - dismissive." (Gastroenterology, March 2017)

There are reports of patients receiving what they feel is insufficient or inadequate pain relief:

"Patient got admitted after having a motor bike accident. Ended up with a fracture arm and knee. The patient feels a lot needed to be done to improve services, he felt his medication was not strong enough to help the pain, he was going through." (Fracture clinic, November 2017).

"I had to literally beg like a screaming mad woman to be injected pethidine as midwives were reluctant to administer the drug because it would apparently make the baby drowsy so they seemed to be happy to see me wail in pain instead. The entonox (gas and air) they gave me was deliberately made weak so did not have any affect on me; it did not even make me feel dizzy, but then neither did pethidine work as it was all deliberately administered on extremely pathetic low doses. When I called for an epidural they dismissed it saying no-one is available to supervise me on an epidural." (Maternity, February 2017).

Multiple patients report being told that they would receive painkillers and then never receiving them; this could be happening because of admin errors or staff shortages:

“The staff were rude and just ignored the fact that i was in pain. When i asked for painkillers they just did not seem to care and said they'll be back, which they never did come back with the painkillers.” (A&E, May 2018)

“I was recommended to have an induction and agreed to this only on the basis that there was an anaesthetist around and that the hospital was fully staffed - this was a Friday night. This is because last time I was not able to have an epidural because of shortage of anaesthetists. I was promised that there was and that at any time I wanted an epidural, I would be able to have one. I was induced, and it was incredibly painful. I was given two paracetamol and laughed at because it was early on. I kept asking for gas and air and was told definitely not as I could not have this for 10 hours. This was all said to me with an attitude of indifference and like I was a specimen or an animal. At some point, a doctor came in and I asked again for an epidural. I was told the doctor would come back. Eventually I was told that an anaesthetist was not available. Why were they just not honest from the start? I kept being fobbed off.” (Maternity- May 2018)

“Complaint about level of care received after undergoing surgery for cervical cancer. Patient had been advised that she would be given morphine to manage pain, however, this was not done, and both the doctor and the nurses could not confirm why the morphine had not been given to patient.” (Gynaecology, April 2018)

“I asked for some assistance to get some pain killers it's now 00.59 in the morning and no one here yet- I asked 3 hours prior to that.” (Maternity- August 2017)

“During her labour the family claim the midwife assigned to look after them was very rude and unprofessional in her approach to the patient. She left the room when the patient requested pain relief and showed no signs of being busy when the husband went to look for her to see why she was taking so long.” (Maternity, July 2017).

“My Wife went to A&E, they did the initial assessment and put her in the wrong place while her name was called out somewhere else. She had severe chest pain and was not given any pain killers. All this while she is pregnant. Absolutely atrocious, never been this bad, staff kept saying they will see you and never happened until 1 am.” (A&E, February 2017)

Several patients also report being discharged before they are ready to go home:

“Mr X has been admitted to the hospital 6 days and actually not recovered yet but has been forced to be discharged because the hospital needed the bed. HE said he was also waiting for 3 1/2 hours for painkiller medication. He said of this moment he is feeling a lot of pain and is not satisfied with the treatment he is receiving for the Royal London Hospital.” (Fracture clinic, November 2017).

“Patient admitted with 'T-bone fracture after a fall, claims to have been initially given inadequate pain relief. When she eventually found 'slight' relief, she states a doctor visited her and told her 'they needed to get her out of the hospital as soon as possible'.” (Fracture clinic, July 2017)

On the other hand, other patients report being seen and offered pain relief promptly:

“After surgery, I was waking up in recovery where, strangely, I had pain in my shoulder, which they didn't dismiss and provided pain-relief for. After some time in recovery, I returned to the ward where I was observed, given something to eat and drink, before being discharged home with information leaflets and pain killers.” (Urology, July 2018)

“I have now had my gall bladder removed on 12th February by the Hepa-bilary and Pancreatic team. The surgeon and team and the anaesthetist. I cannot tell you how grateful I am to him and his team and the clinical nurse specialist who helped to make my stay a lot more comfortable. My pain was kept under control after the operation. The nurses were very busy all the time running around doing so much and working so hard. Yes at times I didn't always get things as quickly as I would have liked but that was understandable.” (Gastroenterology, May 2018)

“I was referred to rheumatology for investigation into my chronic pain, I was advised at each appointment what tests would be done, who they would be carried out by and how long it would take to receive the results at each appointment, I saw numerous members of staff over the 6-9months that I was back and forth and they were all extremely helpful and accommodating, understanding and compassionate, I am a 32 year old woman with a debilitating illness which is invisible to others and I felt really comfortable to speak about my struggles in my day to day life, I got an official diagnosis and all paperwork and recommendations were sent to my GP in a timely manner and dealt with accordingly, I couldn’t be more thankful to the doctor and all of the staff From admin/reception - x ray staff and rheumatologist.” (Rheumatology, May 2018)

“What was good about my care was that I was monitored frequently by the health care assistance, and when asked for pain relief was given promptly. Also was given consideration regarding having my hot water bottle for the pain was greatly appreciated and helped my pain immensely”. (Haematology, April 2018)

“Kind, caring, pain relief within 20 mins of being there; I have to have open surgery on Monday to get rid of my gallbladder- if the care on the wards are like that then great!” (A&E, February 2018)

“On the Vascular Ward, I was moved into a side room and visited on a regular basis from consultants to nurses who ensured my stay would be comfortable and that my needs would be met. Everyone was of the highest professional grade and nothing to little for them to solve. Smiles a plenty, skills displayed and friendliness gave me a comfortable feeling. Even bringing me cups of tea, doing obs and gently giving me medications and injections which I hardly felt. All in all, my experience was a very positive one and I can’t thank those who pulled out all the stops to ensure a quick and pain free recovery.” (Surgical Clinic, November 2017).

“On call urologist came within 5 mins and diagnosed me and explained treatment options (lovely caring doctor) and arranged for my admittance on 9E. Was moved up there fairly soon and throughout the night pain relief was given regularly by a lovely caring nurse.” (Urology, September 2017)

“Triage nurse was caring and thorough. Taken straight to the emergency assessment cubicle. Seen by a consultant immediately who ordered pain relief which the nurse gave immediately.” (A&E, September 2017).

“I had an amazing birth experience! The head of midwives was present during my son’s birth found her to be very supportive and the service exceeded my expectation. They made me feel comfortable. I phoned to say I was coming and requested pain relief they administered this within an hour.” (Maternity, January 2017)

Conclusions and further research questions

This case study is only based on a small amount of available data; however, in highlights the need for further investigation in the following areas:

- **Communication between the pain team and medical professionals from other departments.**
- **Communication between doctors and patients on the subject of managing pain (including around safe dosages of various painkillers).**
- **Delays in receiving pain relief for hospital inpatients.**
- **Admin, planning and staffing issues that could impact upon availability of pain relief for hospital inpatients.**

A wider research project touching upon these topics would be needed in order to assess accurately the scope of the issue and produce recommendations for tackling it.

A series of Healthwatch Enter and View visits focused on the topic of pain relief could be a starting point for such a project.

Non-Executive Report of the: **Health Scrutiny Sub-committee** 20/09/2018	TOWER HAMLETS
Report of: Barts Health NHS Trust	
Barts Health: Pain Management	

Originating Officer(s)	**Jackie Sullivan**, Executive Managing Director, Royal London and Mile End Hospitals **Jo Carter**, Public Affairs Manager Barts Health NHS Trust

Summary
The presentation made at the health scrutiny sub-committee meeting will inform Members of the measures in place at Barts Health NHS Trust, to treat patients' pain in hospital. The presentation will outline the pain management options available to patients, the procedures in place to ensure patients pain is treated appropriately, and the measures in place to monitor the effectiveness and safety of the prescribed treatment.

Recommendations:

The Health Scrutiny Sub-Committee is recommended to:

1. Note the presentation from Barts Health and comment on the effectiveness of the pain management provision available to patients in the hospital.

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Non-Executive Report of the: **Health Scrutiny Subcommittee** 20/09/2018	TOWER HAMLETS
Report of: Community Safety Service, LBTH	
Domestic Violence Deep Dive	

Originating Officer(s)	Menara Ahmed VAWG, Domestic Abuse & Hate Crime Manager, Community Safety Service

Summary
This report presents a deep dive of key domestic violence issues and challenges in Tower Hamlets. This report reviews the provision in place to identify and manage residents at risk of domestic violence, and provides details of reporting levels in the borough. Furthermore, it provides an overview of 'turn away' rates in Tower Hamlets, details the impact universal credit has had on domestic violence and reviews the provision of domestic violence services for residents with no course to public funds.

Recommendations:

The Health Scrutiny Sub-Committee is recommended to:

1. Note the report and comment on the effectiveness of domestic violence services in the borough.

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Health Scrutiny – Domestic Violence Deep Dive

Menara Ahmed

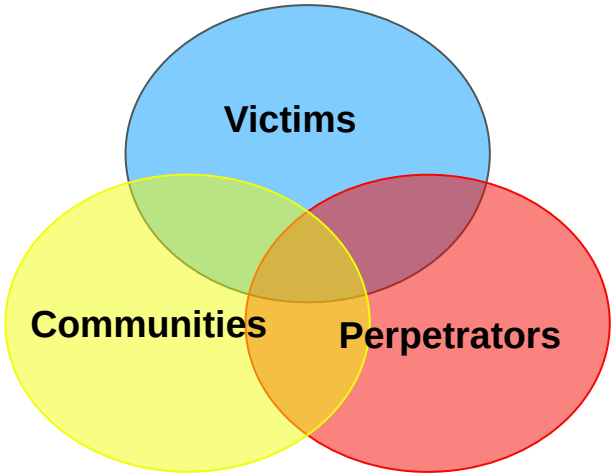
Violence Against Women & Girls, Domestic Abuse & Hate Crime Manager, Community Safety Service

Issues of interest to Health Scrutiny

1. To review the provision in place to identify and manage residents at risk of domestic violence (DV).
2. Develop an understanding of DV reporting levels and how the Council supports this
3. To review “turn away” rates in Tower Hamlets and develop recommendations to improve access to refuge services
4. To understand the impact universal credit has had on DV and the Council’s response to this
5. Review the provision of DV services for residents with no recourse to public funds

1) DV provision to identify and manage residents at risk of DV

Support and Protection



Prevention, Awareness, Community Cohesion

Enforcement and Intervention

1) Domestic Violence Provisions

Violence Against Women & Girls Strategy 2016-2019:-

Victims/Support

- Multi-agency Risk Assessment Centre
- One Stop Shop
- Projects
- Refuges and women's hostel
- Independent DV Advocates (IDVAs)

Perpetrators

- Specialist DV Court
- Police co-location
- Stop and Think Programme
- Positive Change Programme

Domestic Violence Provisions

Community/Education

- Campaigns
- Training/outreach
- School based work
- Self Defence Programme
- Operation Encompass

Identification & Risk Management

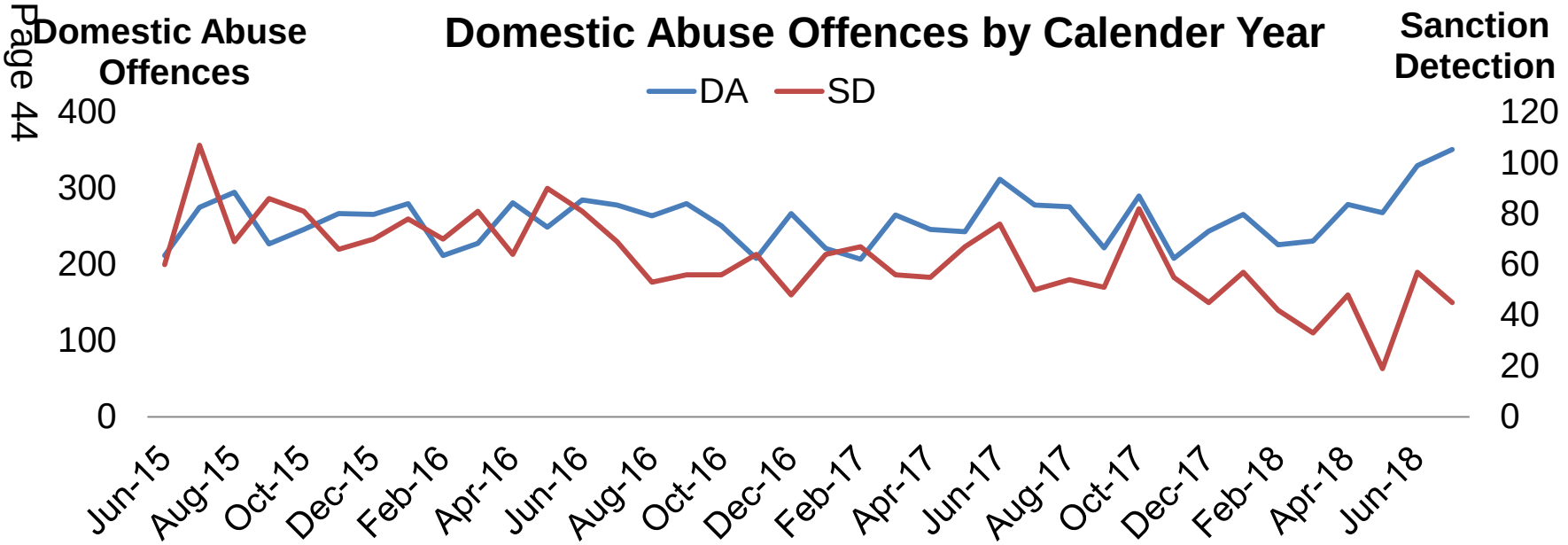
- Early intervention work
- Awareness campaigns
- Risk assessment forms
- Multi Agency Risk Assessment Conference (MARAC)
- Sanctuary Scheme
- Legal orders
- Safeguarding training/alerts

2) DV reporting levels and how the Council supports this

Financial Year	Total DA Offences	Total DA Incidents
FY 2016-17	3,056	6,467
FY 2017-18	3,042	5,861
FY 2018-19 (Apr-Jul)	1,228	2,140

- Multiple reporting options
- Campaign/outreach
- Data analysis
- 5th highest levels
- 11th for sanction detection rates
- Victims
- Perpetrators

Trends

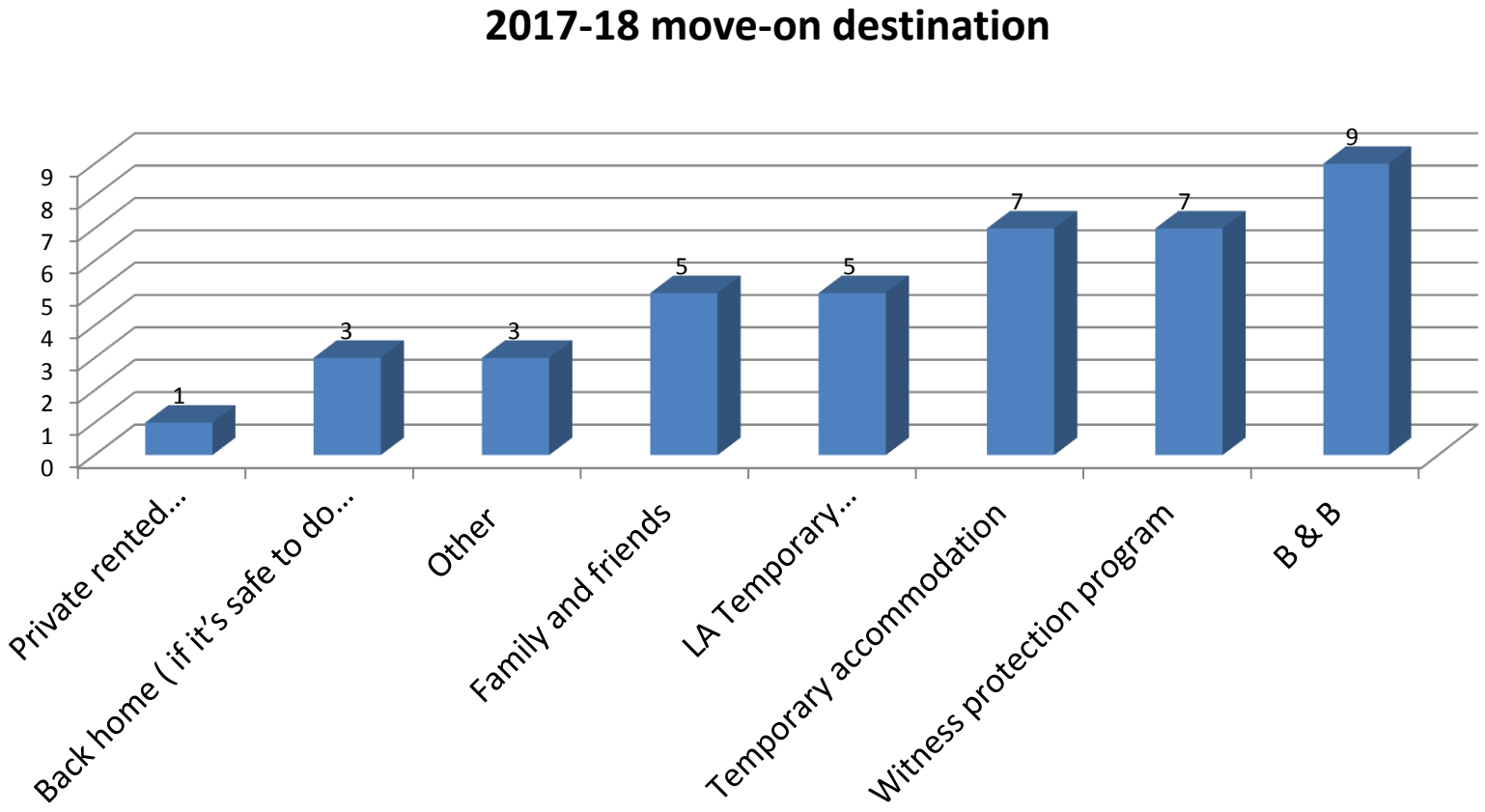

Domestic Abuse Offences by Calender Year
Domestic Abuse Offences
Sanction Detection
DA
SD
400
300
200
100
0
120
100
80
60
40
20
0
Jun-15
Aug-15
Oct-15
Dec-15
Feb-16
Apr-16
Jun-16
Aug-16
Oct-16
Dec-16
Feb-17
Apr-17
Jun-17
Aug-17
Oct-17
Dec-17
Feb-18
Apr-18
Jun-18

3) "Turn-away" rates in Tower Hamlets

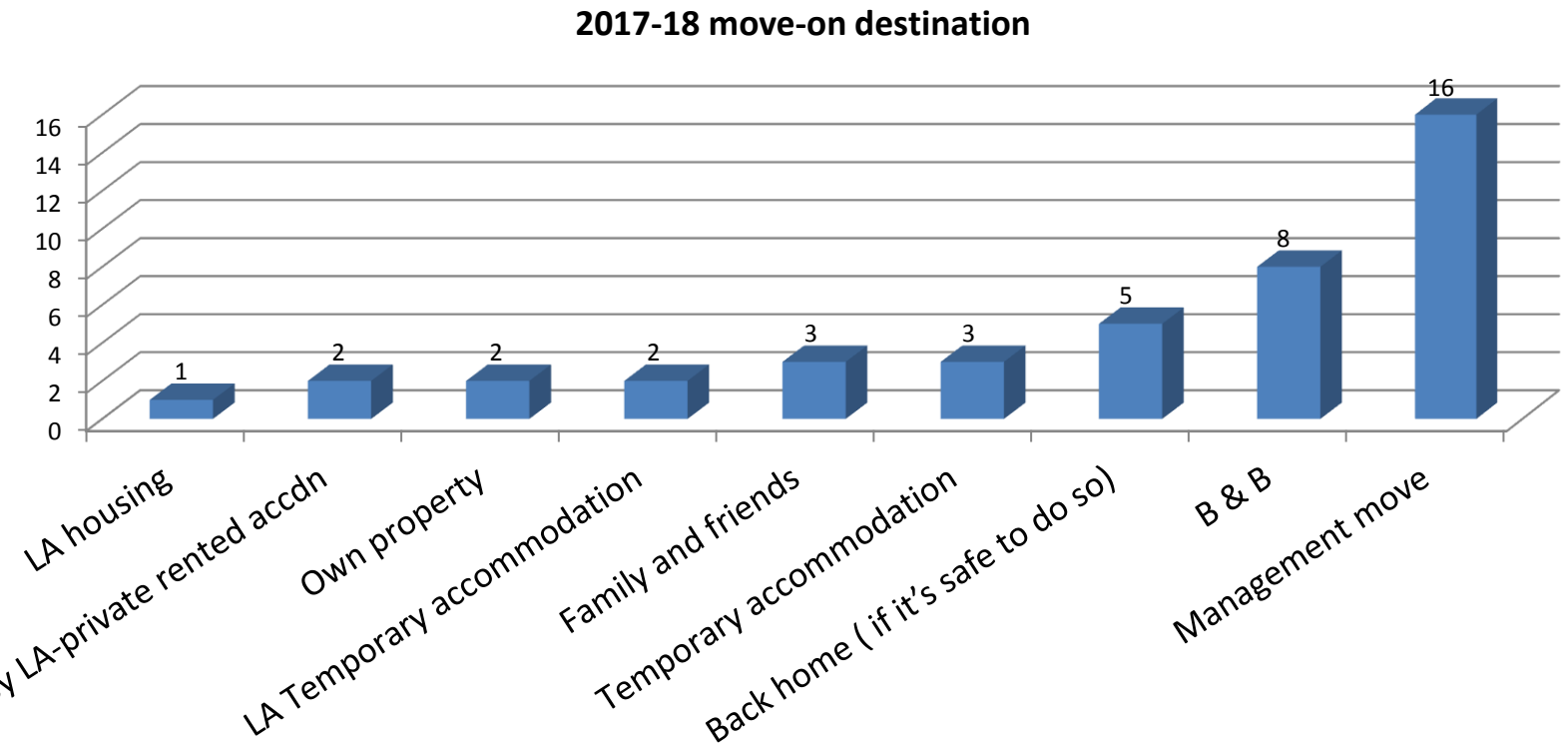
- Priority – reduce homelessness
- Non refuge options available
- Number of refuge bed space increased by 17% to 34 bed units in 2008
- New contract awarded April 2018 for up to 5 years
- Majority of users are from outside of Tower Hamlets due to safeguarding
- In 2017-2018, 100 referrals were made to DV Refuge of which 68 were accepted.
- 32 were not assisted for the reasons below

Reasons not assisted	Number of people
Agency / Client refused offer of space	17
Does not meet eligibility criteria	1
No vacancy	8
Service refusal - NRFP	2
Service refusal - unsafe to access	3
Service refusal - other	1

Generic Refuge



Asian Women's refuge



Homeless Service Turn away Rate

- 2017-2018, 106 applications
- 63% turn away rate
- Reasons for turn away could be:-
  - -referred to refuge
  - -did not show up
  - -not homeless
  - -not eligible

Work in progress:

- Improved data collation
- Staff training
- DV & housing co-location
- Domestic Abuse Housing Alliance Accreditation

4) Impact of universal credit on DV victims

National concerns:

- Single payment to household replacing separate individual benefit payments to both partners
- Single interview process – less opportunity to disclose DV
- Delays in payment for new claims leaving household with no funds for several weeks if not longer
- Wider support for vulnerable households is very prescriptive and primarily linked to digital and debt support
- National concerns - impact on DV victims and children

Council's response to UC impact

- CPAG research on UC and impact on children
- Resident support outreach team who will assist residents in claiming UC and commission specialist services to support people as need is identified
- Crisis and support scheme- cash payments, goods and services such as furniture and gas/electricity top ups
- Discretionary housing payments
- Tackling poverty small grants fund- for voluntary and community sector partners to deliver innovation
- Section 13A council tax support for those in hardship

5) DV Provision for residents with no recourse to public funds (NRPF)

- 13.3% NRPF victims
- Access to DV provisions
- £4,500 Assistance Budget
- BAME refuge - 1 bed space
- ELHP - 1 bed space
- Children's Social Care can house parent/children
- National Destitute Domestic Violence Concession
- Professionals training

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Non-Executive Report of the: **Health Scrutiny Sub-committee** 20/09/2018	
Report of: Healthwatch Tower Hamlets	
Healthwatch Tower Hamlets Annual Report 2017/18	

Originating Officer(s)	Dianne Barham, Chief Executive Healthwatch Tower Hamlets

Summary
Healthwatch Tower Hamlets (HWTH) gives local people and communities a stronger voice to influence and challenge how health and social care services are provided. HWTH's role is to gather robust local evidence and intelligence that can influence key decision making in health and social care. This report submits the HWTH Annual Report 2017/18. In addition to providing a summary of HWTH's performance and significant achievements in 2017/18, this report also sets out the priorities for HWTH in 2018/19.

Recommendations:

The Health Scrutiny Sub-Committee is recommended to:

1. Note the Annual Report and comment on the performance of HWTH in 2017/18.
2. Review the priorities of HWTH for 2018/19 and consider how they support residents, the council and how they can contribute to the work of the Health Scrutiny Sub-Committee.

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Healthwatch Tower Hamlets

Annual Report 2017/18

Glossary of organisations and acronyms you might not know.

Barts Health Trust manage the Royal London, St Bartholomew's, Whipps Cross, Newham, and Mile End hospitals and are a delivery partner within Community Health Services.

Care Quality Commission (CQC) inspect all hospitals, GPs, care homes and care services to make sure they are meeting government standards and to share their findings with the public.

Clinical Commissioning Group (CCG) plan and fund (commission) most local health services.

Co-production aims to bring together, in an equal relationship, professionals, service users, communities and any other relevant individuals to jointly design and deliver services.

East London Foundation Trust (ELFT) provides mental health services in Tower Hamlets.

GP Care Group is a federation of all 36 GP practices in Tower Hamlets that aims to provide innovative high quality, responsive and accessible health services.

Health and Wellbeing Board (HWB) is a forum where leaders from the NHS, the local authority, large service providers and the community can work together to improve the health and wellbeing of their local population and reduce health inequalities.

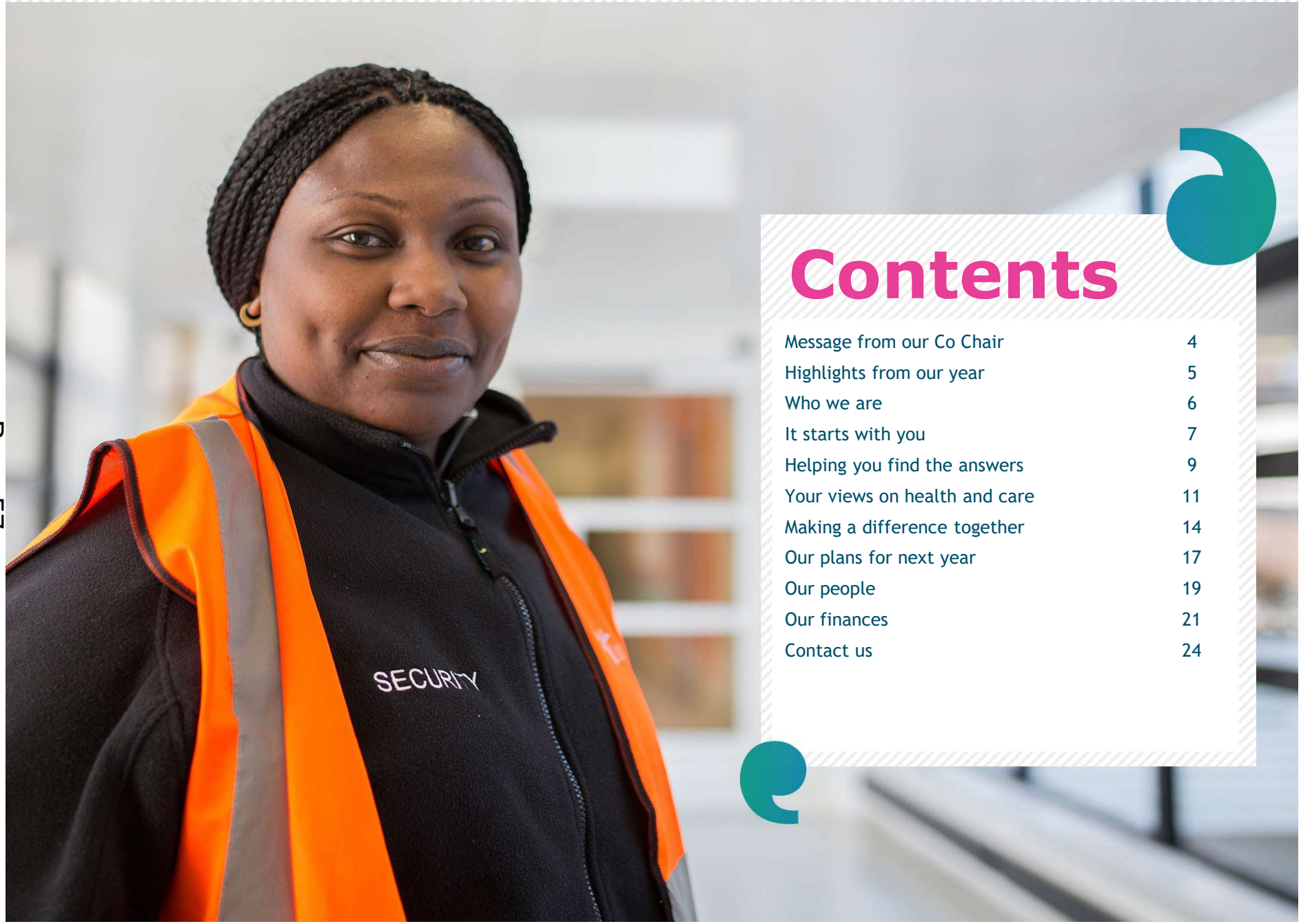
Health and Wellbeing Strategy (HWS) developed by the Health and Wellbeing Board is the overarching plan to improve health and wellbeing and reduce health inequalities in the borough.

Healthwatch England (HWE) is the national independent champion for consumers of health and social care. It supports and co-ordinates the activity of all the local Healthwatch organisations.

NHS Choices is the main NHS website that allows you to search and feedback on NHS services in your area.

Patient Advice and Liaison Services (PALS) - offers free accessible and confidential support, information and advice to patients, their relatives and carers and can help to resolve concerns or problems. There are PALS at Barts Health and ELFT.

Tower Hamlets Together (THT) is a partnership of Tower Hamlets GP Care Group, Barts, ELFT and the local authority that provides integrated care and delivers the Community Health Services contract.



Contents

Message from our Co Chair

This year we've enhanced our influence as the voice of local people.

We have achieved this through cutting edge work, building a substantial evidence base and working alongside our partners to deliver better services for local people.

Our new Community Insights Repository provides a database of qualitative feedback gathered from local people and partners. It allows any of our partners to quickly produce statistically robust reports on local peoples views.

> Our aim is to be the first port of call for partners seeking evidence of what local people think of their services.

With significant input from our volunteer researchers, we conducted substantial studies into a range of community priorities. Our GP Access report looked at the difficulties patients experienced in getting appointments. Working alongside our GPs we demonstrated which surgeries perform better or worse in this respect and how they can learn from one another. We believe it is already making the health services in the borough better and we continue to monitor improvement.

The voice of local people is critical in designing better services and we are keen to support and act as a resource in order for more residents to engage in this work. We believe this is how innovative and effective ideas emerge.

Finally, I'd like to thank all our volunteers and staff who have made our achievements and progress this year possible.

Randal Smith

Highlights from our year

4,047 local people told us about **25,094** issues.

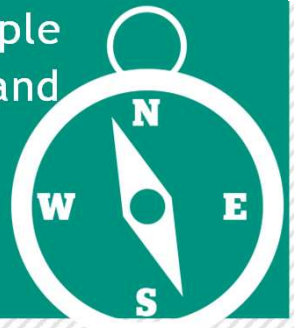
Based on your issues we made **158** recommendations to decision makers.

We visited **8** local services to talk to people receiving care.

We produced **10** reports on foot health to mental health and maternity services to social care.

8,000 people visited us online to feedback and find services.

We gave **300** people information and advice.



Who we are

We give local people a greater say in how health and social care support and services are provided.

Our purpose is to find out what matters to you and to help make sure your views shape the support you are offered.

You need services that work for you; helping you to stay well, get the best out of services and manage any conditions you face. That's why we want you to share your experiences of using health and care with us - both good and bad. We'll use your voice to encourage those who run your services to act on what matters to you.

We champion what matters to you and work with others to find ideas that work. We are independent and committed to making the biggest difference to you

Our aims are to:

1. Support you to have your say
2. Provide a high quality service to you
3. Ensure your views are heard and help improve health and social care

Insight: We undertake research to understand our communities, target engagement and track improvements over time.

Partnership: We work stratgically with professionals to share what communities say to bring about improvements.

Our staff team - Dianne Barham (Chief Executive) **Raluca Enescu** (Community Insights Manager) and **Aurora Todisco** (Finance & Information Officer)

it starts with YOU

"I didn't want other people to go without food in hospital. Our recommendations on the hospital food service at the Royal London Hospital have led to more choice, better food and greater care for those needing help." local resident Iain

#ItStartsWithYou

The more people share their ideas, experiences and concerns about NHS and social care, the more services can understand what works, what doesn't and what people want from care in the future.

But what difference can I make?

Iain's Story

Iain was visiting a neighbour in hospital when he noticed a patient's lunch was taken away without their having touched it. Iain used our Enter and View Programme to conduct a series of visits to see how the food service could be improved. As a result patients have been directly involved in feeding into the new food service contract specification. Iain's work has had a direct impact on the quality and variety of food for patients across all the Barts Hospital sites and has contributed to an improvement in patient outcomes and improved nutrition. Iain continues to work with hospital staff and management to monitor and improve the new service.

A huge thanks to Iain. I hope he is very proud of what we have all achieved with the new contract.
Kenny Hanlon, Associate Director of Estates and Facilities, Barts NHS Trust

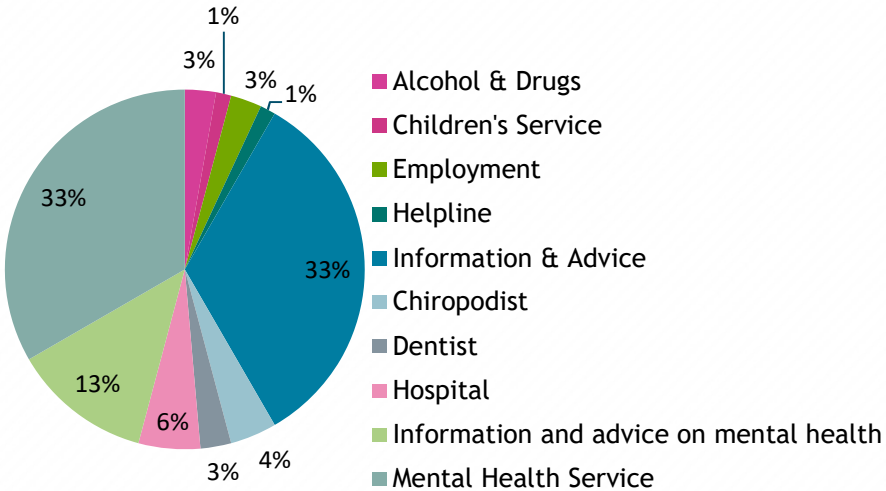
David's Story

David was a frequent user of the Foot Clinic at the Mile End Hospital as he was unable to cut his own toenails because of mobility issues. Changes in service provision left him without access to this vital service or a viable alternative. David wanted to know what was happening and alerted us. We did a quick survey to find out if others were having problems. As a result of our report and recommendations the provider is looking at alternative services and better training for carers.

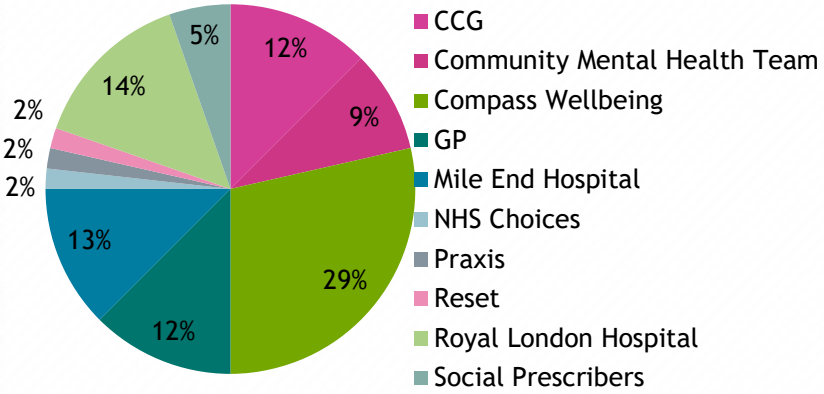
Helping you find the answers

Helping our community to get the information it needs:

We helped over 300 people with requests for information and signposting on a range of topics.



We signposted them to a wide range of destinations.



Case studies of how we helped

An older resident contacted us. Over the course of our discussion it became apparent that he was going through a mental health crisis. While talking to him about available community and NHS options for mental health support, we also found out that he was not registered with a GP. We gave him the address for his nearest GP surgery and talked him through the process of registering and then obtaining a referral for long term mental health treatment. We also signposted him to other mental health support resources he could use in the.

A Romanian UK resident phoned us as he had been invoiced nearly £5000 for his treatment at the Royal London Hospital. Through working with PALS and Complaints we helped him to successfully prove he had been wrongly classified as a non-resident and the invoice was withdrawn.

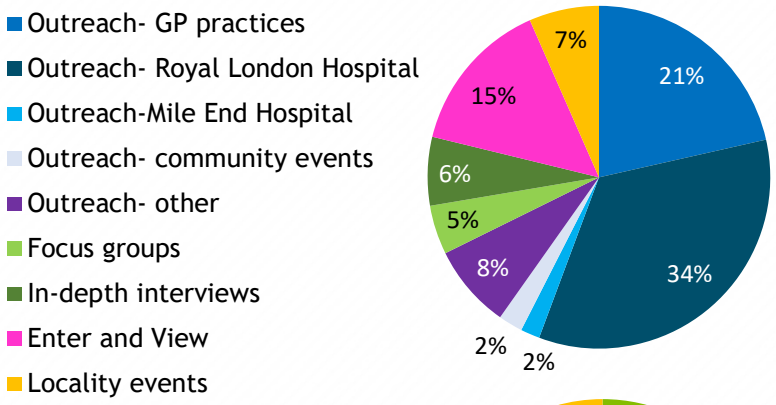
Thank you so much for all your help in finding the right service for Mrs B…. I am confident this will take a huge amount of pressure off her in having to deal with something she clearly has a lot of anxiety about. No doubt, this will have a positive effect on her wellbeing. As a result, we will hopefully have a resident who feels she is being listened to and is supported while she is going through this trying time in her life. Take care and keep up the amazing work you do! Health, Adults & Community Services Directorate

Your views on health and care

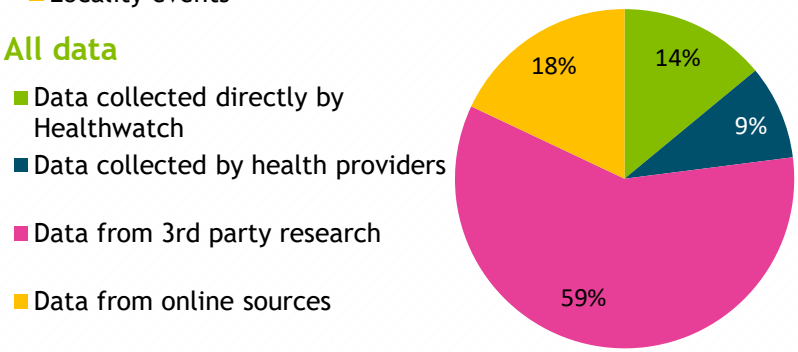
Listening to your views

To help us to find out what matters to you and to bring about change, we developed our Community Insights Repository. The repository holds over 25,000 issues identified by local people that were gathered either directly by us or through NHS and local partners. It will continue to grow.

Data collected directly by Healthwatch



All data



We use this information to identify what it feels like to receive care in Tower Hamlets and make that voice heard to improve services and support for local people.

We want to hear all voices in the community; to reach people who are not normally heard, we have engaged with:

- elderly members of the Chinese and Vietnamese community with help from the Community of Refugees from Vietnam.
- elderly members of the Bangladeshi community with help from Bengali-speaking student volunteers.
- the Lesbian, Gay, Bisexual and Transgender community, particularly around their experiences with GP surgeries.
- carers of people with advanced dementia, who would not have been able to give feedback on care themselves.
- young people through a work placement programme with Tower Hamlets Education Business Partnership and Queen Mary University.
- people undergoing cancer treatment from the point of diagnosis, through surgery and post discharge with the help of Toynbee Hall and Queen Mary University film department.

From listening to people and visiting services we know that local people:

- are broadly satisfied with the quality of medical care received from GPs, hospitals and community health services, but find booking appointments with GPs, hospital consultants and community clinics frustrating and time-consuming. Services are perceived as over-stretched and under pressure.
- are generally happy with the care they receive in hospital and the attitude of staff members whom they describe as kind and dedicated. But many report very poor follow-on after discharge or being discharged without an appropriate care plan.
- find the care assessment process a difficult bureaucratic process with some perceiving it as unfriendly and adversarial.
- have limited knowledge of social care options and resources.
- find community and day centres and befriending schemes a crucial resource for combatting loneliness but feel they are becoming more difficult to access due to cuts to activities and community transport.
- find the extent to which services collaborate has a knock-on effect (positive or negative) on their outcomes and the kind of life they are empowered to live.
- are overwhelmingly pessimistic regarding the ability of social services to provide the care that they may need in the future.
- feel that maternity services are slowly improving.

Our Key Reports 2017-2018

Adults receiving care at home - how well services are services working together?

Maternity services – are things improving?

GP Practices - how could access be improved?

Royal London Hospital - what are local concerns?

Foot Clinic - the impact of service changes on patients no longer eligible for the service?

To read any of our reports please visit our website www.healthwatchtowerhamlets.co.uk/our-work/documents/

Making a difference together

How your experiences are helping to influence change

Because so many local people give us their views and they are held in our community insights repository we are able to quickly provide community voice reports on wide ranging topics. These reports have brought us, and local people, into the heart of co-designing services and have led directly to:

- An improvement in the choice, nutritional value and the delivery of food at the Royal London Hospital.
- the establishment of a Royal London Hospital Patient Experience Operational Group focusing on improving administrative processes and patient information.
- CCG Primary Care Commissioning and the GP Care Group co-designing a boroughwide online consultation offer that meets the needs of patients and practices. Our regular monitoring is accepted and used by practices to improve their services.
- The development of a social enterprise providing an affordable toe nail cutting service.
- Systematic monitoring of local people's experience of integrated care, and understanding where in the system patients experience problems.
- Our maternity intelligence being quoted in the Royal London CQC Report. We continue to provide the CQC with crucial patient experience indicators in order for them to continue their regular inspections.
- Our Adults Receiving Care at Home report is influencing the expansion of integrated primary care teams.

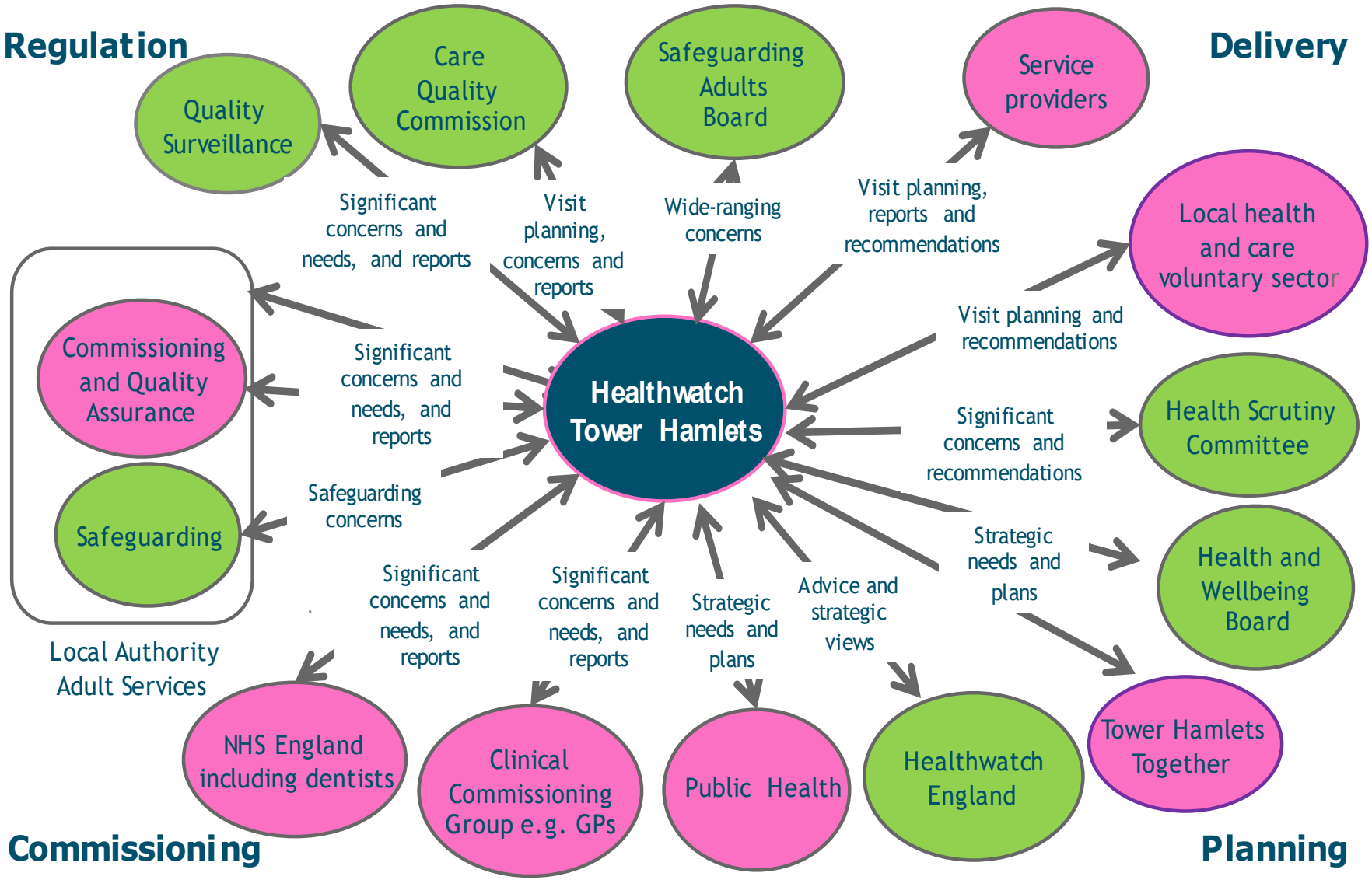
> **The regularly updated and centralised repository of patient feedback has been used to help practices improve their processes and the CCG commission and deliver broader strategic programmes.** Jenny Cooke, Deputy Director for Primary and Urgent Care, Tower Hamlets CCG

Working with other partners

We ran our Your Voice Counts events in partnership with Tower Hamlets Together to jointly engage local people on:

- The Health and Wellbeing Strategy
- Children and Families
- Older people
- Local GP Practices.

Your feedback can influence the whole health and care system



Our plans for next year

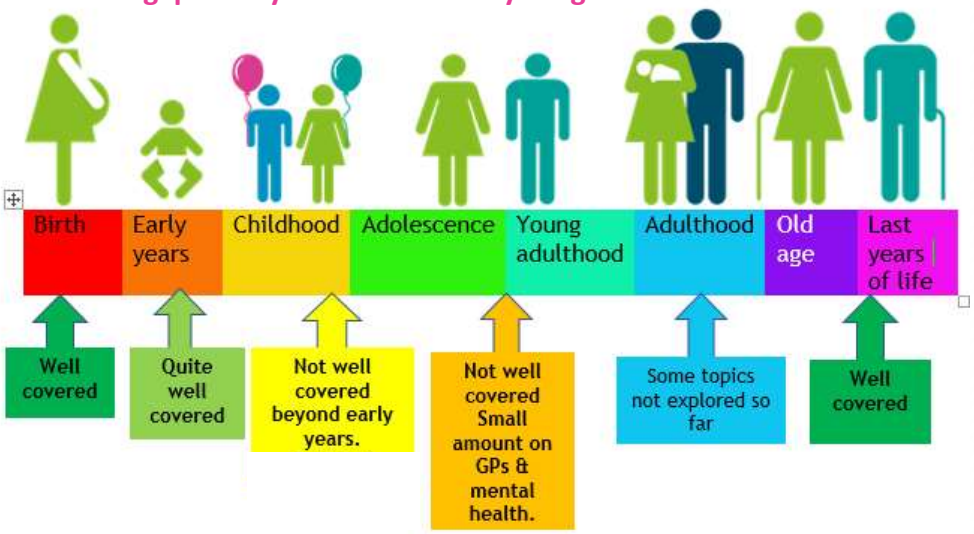
What next?

To set our priorities for the coming year we:

- analysed all of the feedback that we have gathered over the past year to understand what local people think is important;
- asked local organisations responsible for designing and providing health care what they would like to know from local people; and
- reviewed whether there are gaps in our feedback that mean that some voices aren't being heard.

We developed a long list of 20 potential priorities and asked our local partners and the local community to choose their top six.

Our gaps analyses of community insights across the life course



The following project priorities are areas that our members and partners feel are important, timely and will have an impact.

Our top priorities for next year

1. Developing co-located integrated care services and group clinics in primary care.
2. Improving dementia and end of life care.
3. Improving hospital administration systems and patient information.
4. Mental health focusing on non-hospital based treatments and a human rights approach.
5. Engaging with young people
6. Gathering dentistry feedback with a focus on children.

We will now consider the background factors of:

- local work on the issue;
- work plan balance;
- potential to have an impact;
- Urgency of issue

We will then set these as our key priorities for the coming 18 months.

Our people


healthwatch
talk
to us
...we are listening
GP Services
Hospital Services
Community Services
Mental Health
Ambulance Services
Social Care
Opticians
Pharmacies
Dentists

Decision making

We are run by a Board of 12 local people who are elected annually at our Annual General meeting through and open recruitment process.

David Burbidge (Co Chair)	Randal Smith (Co Chair)
Iain MacLeod	Karen Bollan
Lesley Pavitt	Fatihmah Rofe
Mahbub Anam	Myra Garrett
Tim Oliver	Fay Quayle
Stephanie Dowker	Vicky Allen (Local Authority)

Our staff, Board members and volunteers attended over 200 meetings to represent the voice of local people. We continue to have a strong role on the Council-led Health and Wellbeing Board; to bring the voice of local people into the shaping services in the future; and to the Local Authorities Health Scrutiny Committee to hold service providers to account where the evidence dictates this.

Volunteers

We can't function without our volunteers. They have undertaken comment collecting, data entry, event support, research and report writing and lead their own projects. Our patient experience panel members meet every two weeks to read and code all of the feedback they and others gather. We work closely with local universities and secondary schools to provide our young people with crucial work experience.

If you want to learn more about our volunteering opportunities and how to get involved please go to www.healthwatchtowerhamlets.co.uk/get-involved/volunteers/

Our finances

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	179,716
Additional income	1,904
Total income	181,620
Expenditure	**£**
Operational costs	44,800
Staffing costs	119,259
Office costs	17,352
Total expenditure	181,411
Balance brought forward	209

The views and stories you share with us are helping to make care better for our local community

Aurora Todisco
Healthwatch Finance and information Officer

Contact us

Address:
Room 23 Block 1 (Trust Offices)
Mile End Hospital
Bancroft Road
London E1 4DG

Office number: 020 8223 8922
Freephone number: 0800 145 5343

Email: info@healthwatchtowerhamlets.co.uk
Web: www.healthwatchtowerhamlets.co.uk
Tweet us: @HWTowerhamlets
Like us on Facebook: https://www.facebook.com/Healthwatch-Tower-Hamlets-436763663344717/

Our annual report will be publicly available on our website by 30 June 2018. We will also be sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

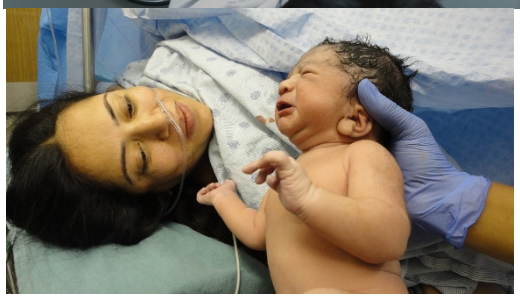
If you require this report in an alternative format please contact us at the address above.

healthwatch Tower Hamlets

Trends Analysis report

Health and Social Care services

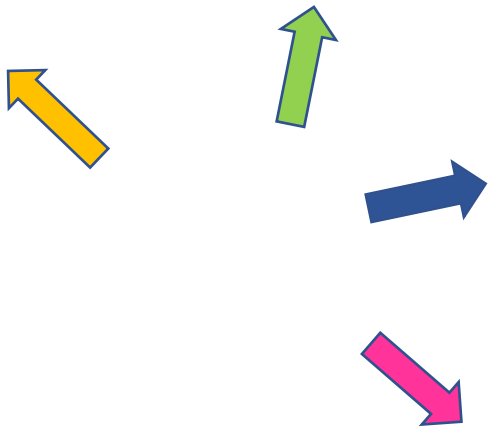
April 2017 to March 2018



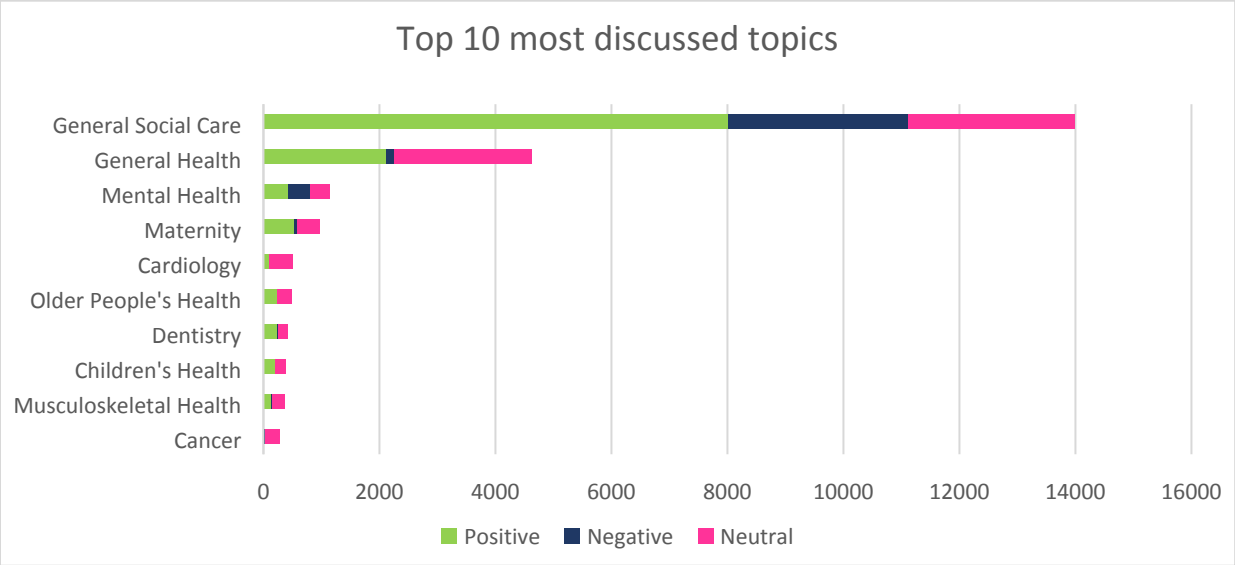
Our community intelligence

Between April 2017 and March 2018, we have collected comments from 3171 service users (plus 876 respondents of the Personal Social Services survey, which we have analysed alongside our data), identifying a total of 25094 issues.

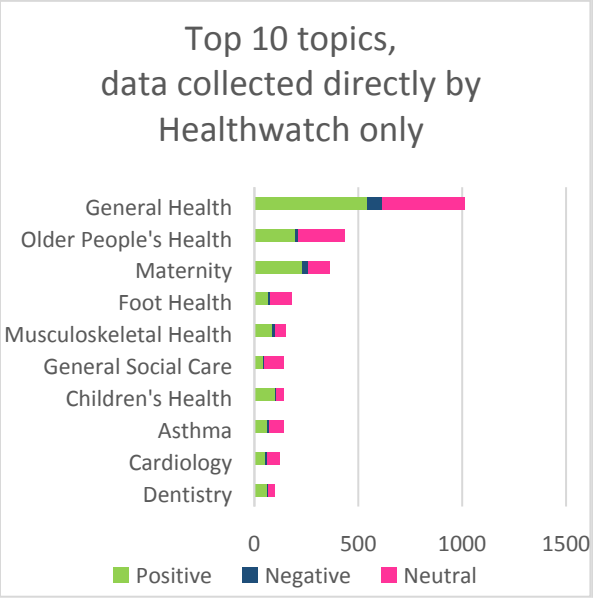
Most of our data came from ***our secondary analysis of the Personal Social Services Survey*** and ***CQC reports on domiciliary care providers***, as well as from ***NHS Choices/ Patient Opinion*** and from ***our own community outreach***.

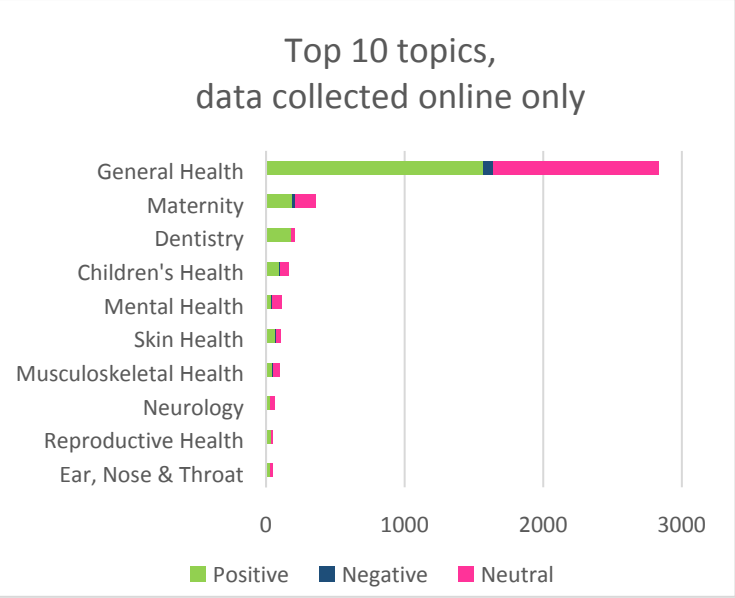


Most discussed topics and services



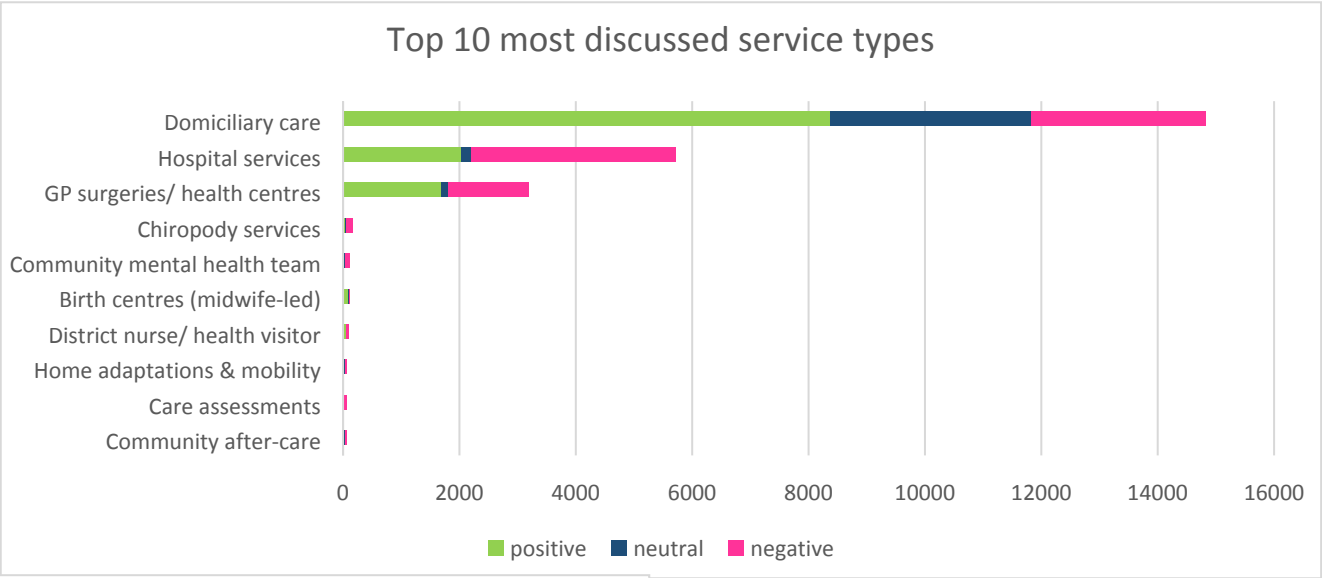
The topics of *general social care* and *the mental health of people using care services* are engaged with in the Personal Social Services survey; whereas a high representation of *maternity* and *older people's health* comments reflect a higher level of engagement with these topics in research conducted by Healthwatch, in accordance with last year's priorities.

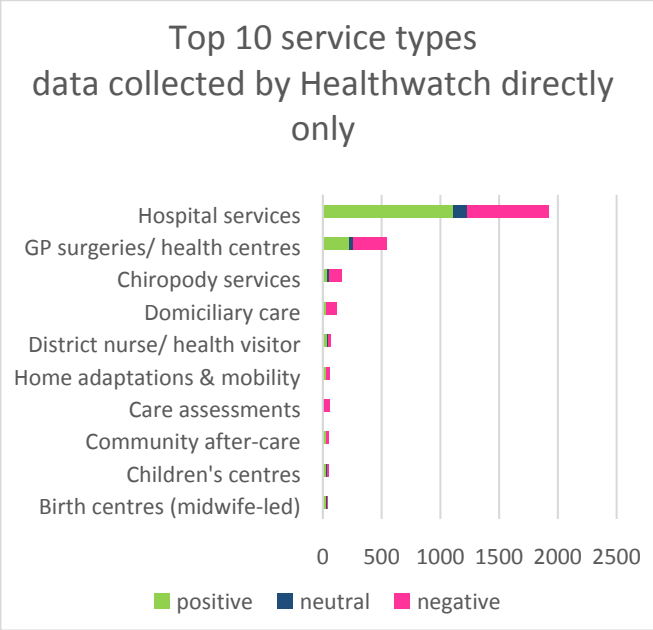


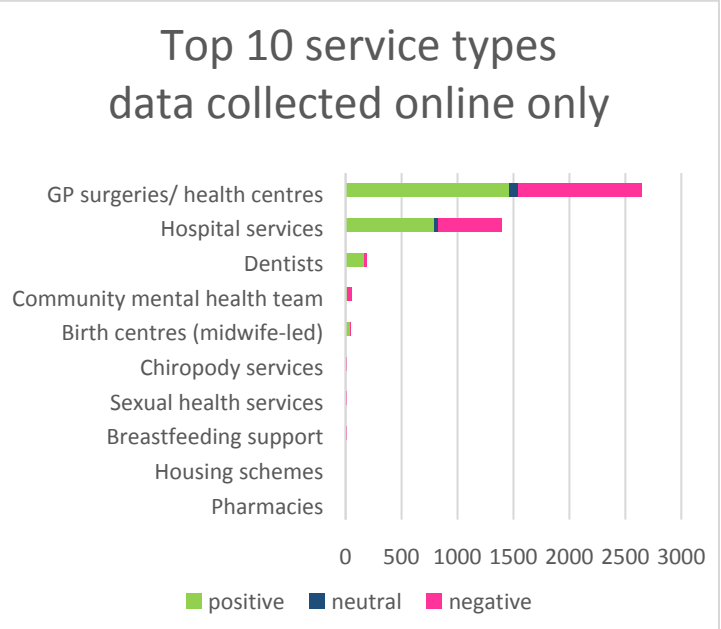


Possible topics to explore:

- Gather *mental health* data from more sources, including outreach.
- Gather *dentistry* data from more sources, including outreach/ enter and view
- Gather *sexual and reproductive health* data, we currently know little about it.



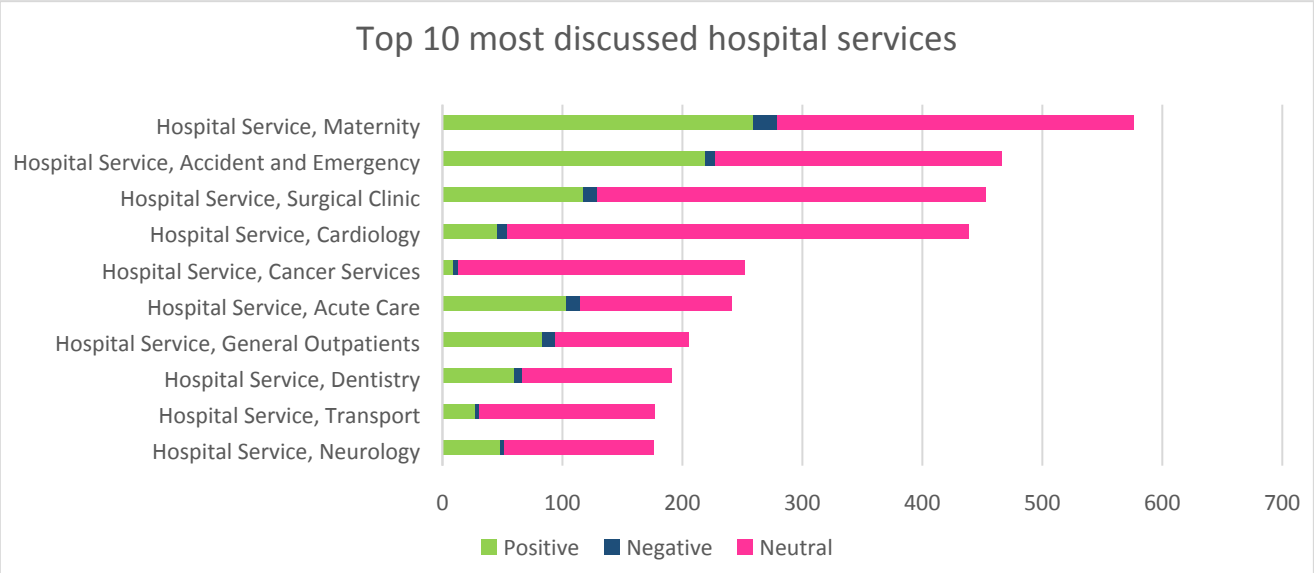


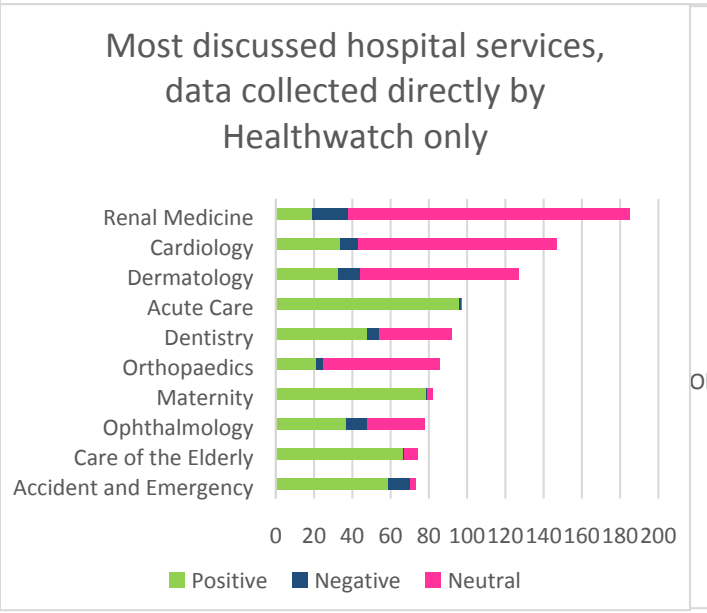


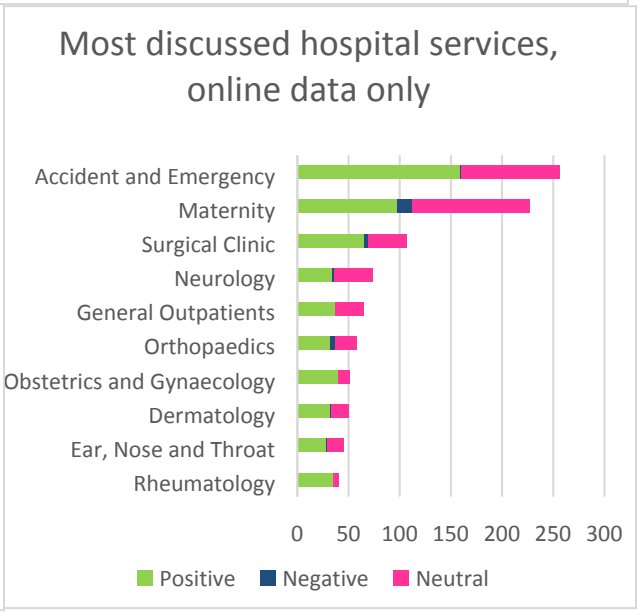
Most of the data we currently have is heavily focused on ***GP and hospital services***; with the exception of ***domiciliary care***, most community services are only touched upon sporadically and non-systematically.

What could be missing?

- Non-hospital mental health services (psychotherapists, support groups, CMHT).
- Sexual health clinics/ contraception services.
- Public health/ prevention services (smoking cessation, community health checks)
- Addiction services, including domiciliary (drugs, alcohol)





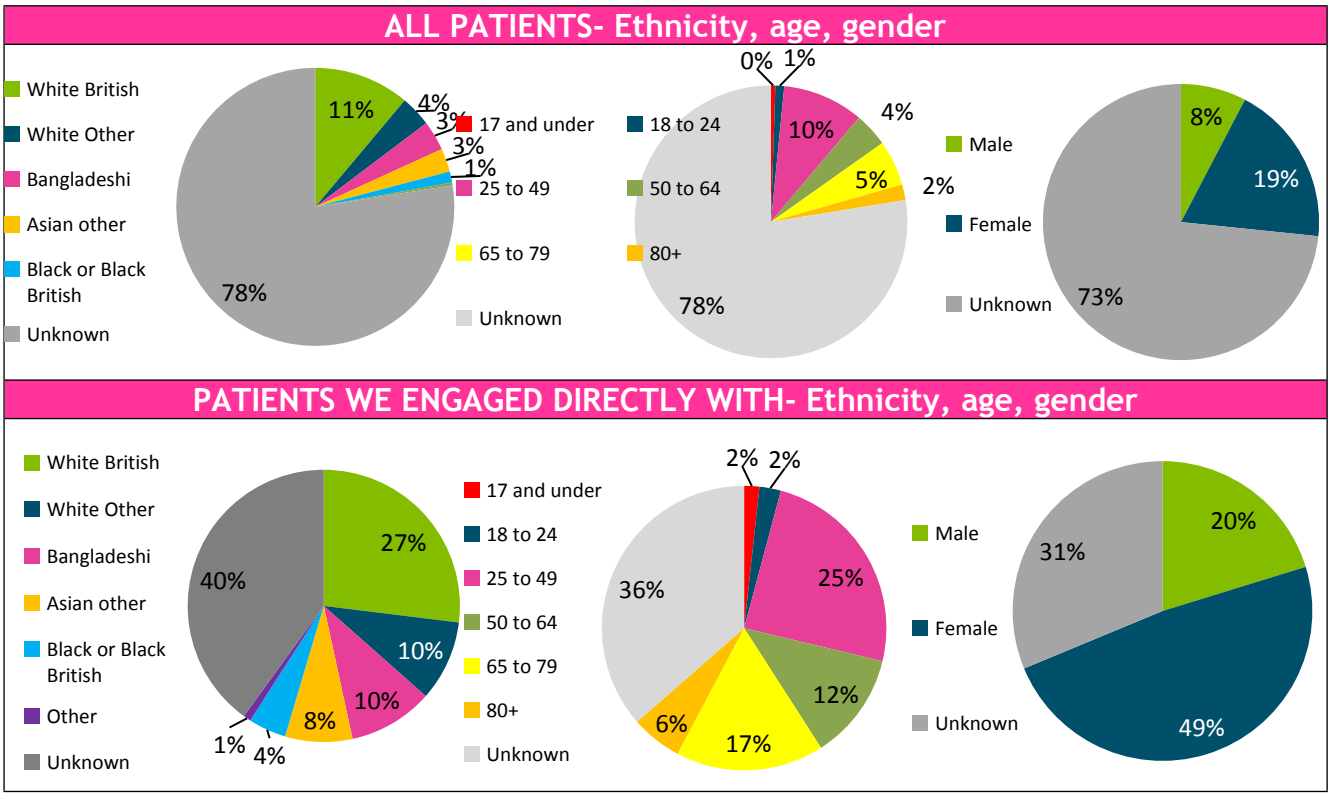


The ***surgical clinic*** at the Royal London Hospital is often mentioned by patients in online reviews, as well as being the subject of feedback received through PALS and Complaints. However, we have engaged directly with surgical clinic patients only to a small extent.

Possible topics to explore:

- Monitoring of the ***Royal London Hospital surgical clinic***, through:
  - Secondary data analysis of BARTS health data around waiting times and cancellations
  - An Enter and View visit.

Whom are we engaging with



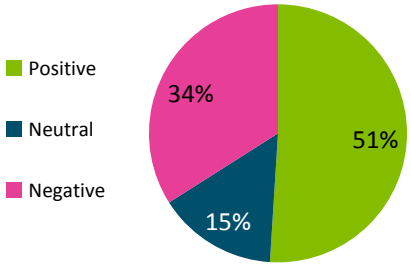
Older people and women are over-represented among people we spoke to, reflecting our research on ***maternity services*** and ***adults with care needs*** over the last year.

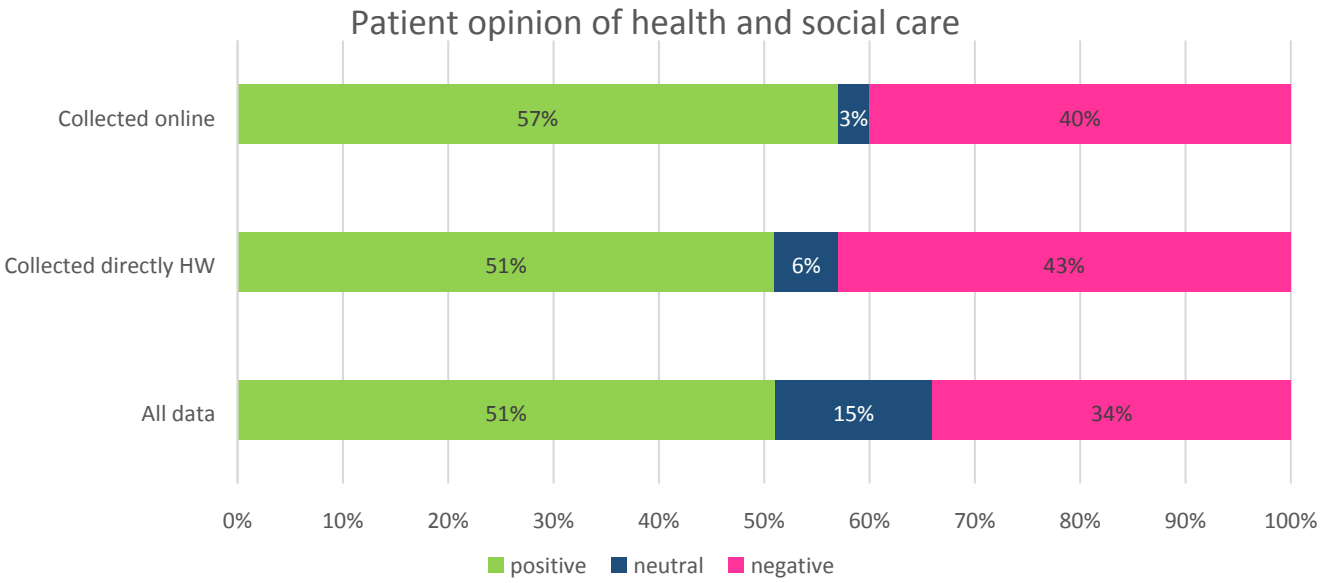
Whom could be missing?

- Young people (aged under 24)
- People aged 25 to 49 other than new/ expectant parents
- People from Black minority ethnic groups (African, Caribbean, Somali)

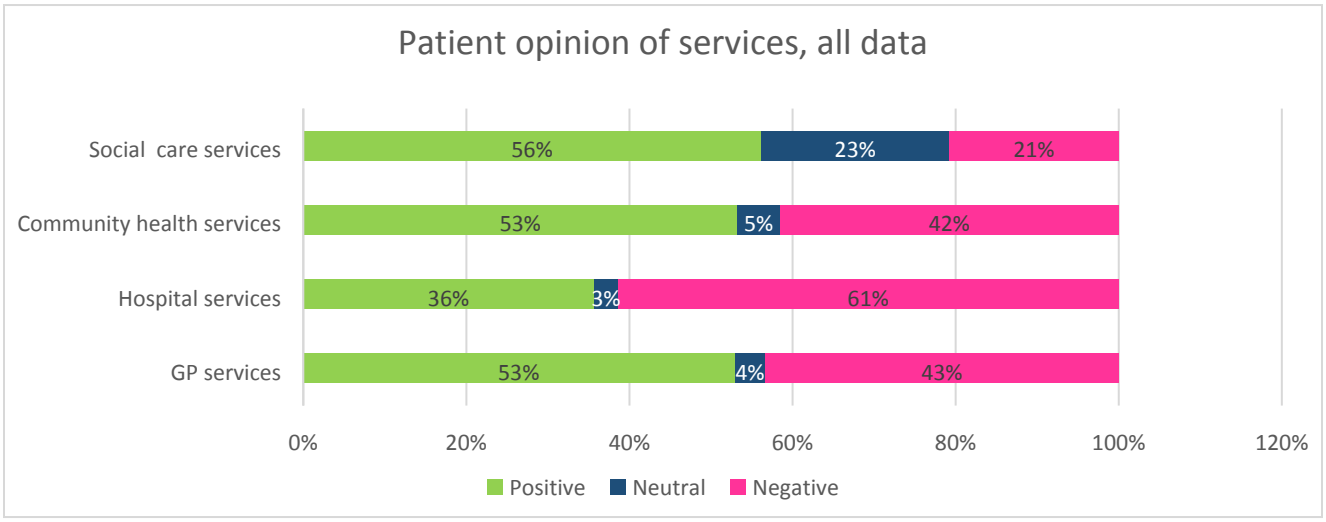
Public opinion of health and social care services

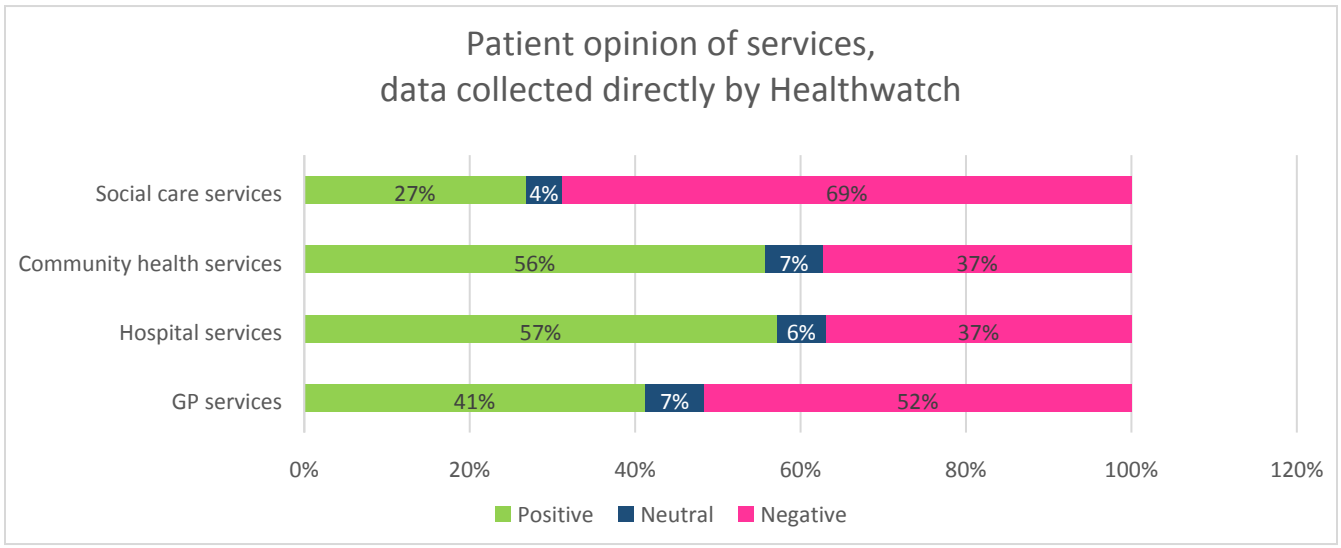
Overall, opinion of health and social care services in the borough is 51% positive; with slight differences between those whom we engaged with directly and those who gave their views online.

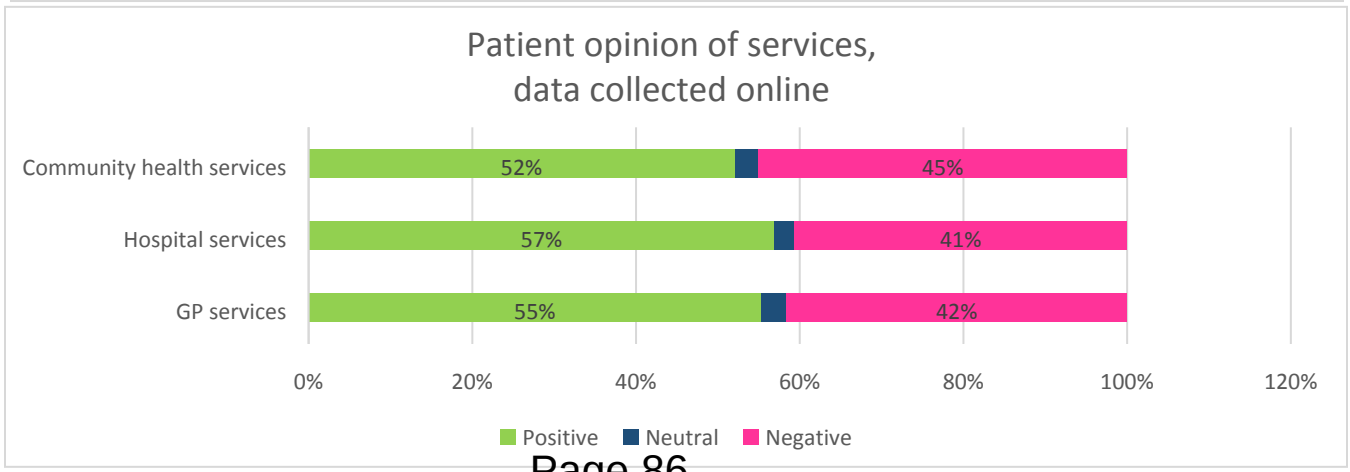




Patients were broadly happy with GPs, social care services and community health services, but less satisfied with hospital services.
It is noteworthy, however, that Personal Social Services survey respondents gave more positive feedback on social services than those who took part in Healthwatch's research activities; and that hospital services are the only ones for whom we analyse PALS and complaints data. People whom we spoke to directly and those who gave feedback online had a mostly positive opinion of hospital services.





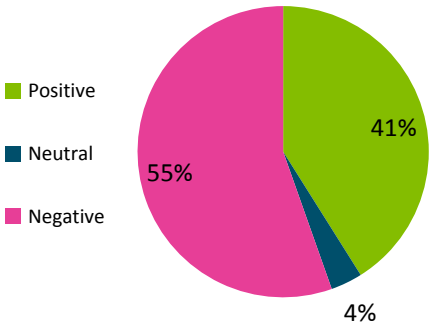


The Royal London Hospital

What Local People Think

Between April 2017 and March 2017, we have collected feedback from 1497 service users, identifying a total of 4515 issues.

Opinion of the Royal London Hospital is 55% negative.



What we have learned

- Opinion of the hospital's **maternity services** has been **steadily improving** since we started monitoring them. Patients feel that **midwives and obstetricians communicate better.**
- The **Lotus Birthing Centre** has been consistently receiving positive feedback from service users since its opening in 2017, as did the **antenatal classes** offered by the hospital.
- There is some evidence that opinion of **clinical nursing** in the hospital has improved (as of our latest Royal London Hospital monitoring report- May 2018), particularly of **nurses' attitude and communication skills.**
- **Long waiting lists and cancellations** have consistently been the subject of negative comments from patients; some report waiting lists exceeding NHS recommendations, repeated cancellations and even having to resort to private treatments since waiting lists grow unacceptably long. The hospital's **surgical clinic** is particularly affected, with patients having their elective surgical procedures cancelled and rescheduled, in some cases multiple times in a row, to make room for those in need of urgent surgery.
- **Admin issues** such as loss of referrals, errors in patient records, in appointment letters, appointment letters not sent, or failure to notify patients of cancelled or reschedule appointments have constantly been, and continue to be, an important source of complaints from patients.
- Since catering contracts have been switched to SERCO, hospital inpatients received **a better choice of food,** and there is some evidence that **the quality and presentation of food** have also improved. However, not all patients are aware of the full extent of available choices: some report that food service staff fail to present them with complete or special menus.
- **Hospital transport** has become somewhat more reliable, but severe delays continue to be a problem, especially for those returning home from the hospital.
- Some service users report a **lack of continuity of care** once discharged from hospital; with little support or awareness for accessing relevant community services.

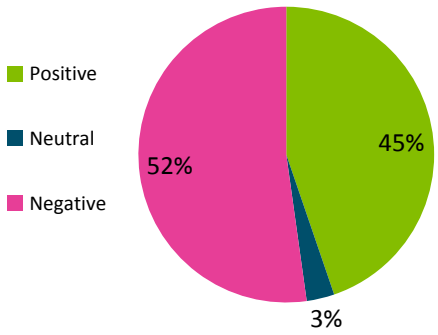
QUESTIONS TO EXPLORE	POSSIBLE RESEARCH METHODS
How can **examples of good practice** and **improvement strategy** from the hospital's maternity, the Lotus birthing centre and nurses from various other wards be shared and adopted across the hospital?	**Engagement with Barts Health nursing leads and with patient groups**
From the moment of first referral from a GP or other professional: • **How long must a patient typically wait** until receiving an appointment date for a Royal London Hospital consultant? • How long until they are actually seen? • How frequently do cancellations happen? • How common is it for a patient to have their appointment cancelled and rescheduled more than once?	**Secondary analysis of Barts Health data on waiting lists and cancellations (if available)** **Outreach in hospital with bespoke questionnaire** **Enter and View in the Surgical Clinic**
How will **cuts/ changes to the hospital's transport service** affect vulnerable groups, such as renal patients on kidney dialysis, dementia sufferers or adults with severe learning disabilities?	**Consultations with patient groups and local organisations such as REAL**
How can hospital services be better integrated with community-based services?	**Collaborative process within Tower Hamlets Together**

Mile End Hospital

What Local People Think

Between April 2017 and March 2017, we have collected feedback from 133 service users, identifying a total of 362 issues.

Opinion of the Mile End Hospital is 52% negative.



What we have learned

- The **hospital's Rheumatology and Physiotherapy** departments are praised by patients for their efficiency and good level of support.
- In particular, the **Physiotherapy Department and ARCaRe** (Respiratory Care and Rehabilitation) Service are **well-integrated with other community and social services**, primarily those catering for independent older people with increasing care needs (occupational therapy, reablement, home adaptations, health awareness education).
- Proposed **changes to the remit of the Hospital's Foot Clinic** have been met with strong criticism from local residents; our consultation showing near unanimous opposition to the changes:
  - Older and/or disabled people from deprived background, who need services such as toenail cutting, are disproportionately affected by the current changes to service provision.
  - Nearly 50% of respondents couldn't think of any services appropriate for replacing the ones no longer available at the foot clinic. Private chiropody services were not seen as an acceptable alternative to using the foot clinic, partly (but not exclusively) because of their high cost.80% of our consultation survey respondents said they would find it "difficult" or "impossible" to pay privately for treatment suitable to their foot health needs.

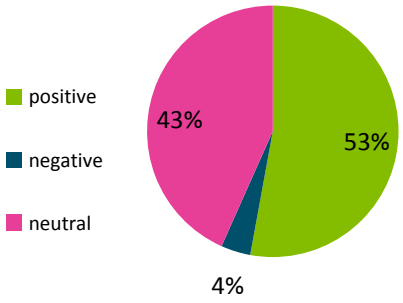
QUESTIONS TO EXPLORE	POSSIBLE RESEARCH METHODS
How can **examples of good practice in service integration, signposting and referral** from the Physiotherapy department and ARCaRe be promoted and adopted by other departments and services, both within and outside of the hospital?	**Engagement with physiotherapy leads at the Mile End Hospital; collaborative process within Tower Hamlets Together**
What is the impact of **changes in service provision to the Foot Clinic** on patients and on local NHS Services? Is there an increased risk of hospital admissions or severe complications?	**Continued consultations with relevant groups, through questionnaires and focus groups** **If possible, the hospital to track patients no longer eligible, to see if they are more likely to develop more serious problems** **Monitoring of patient feedback on any solutions put in place to replace the foot clinic services for those no longer eligible (ex: training classes, toenail cutting service etc.)**

Tower Hamlets GPs

What Local People Think

Between April 2017 and March 2017, we have collected feedback from 733 service users, identifying a total of 3190 issues.

Opinion of Tower Hamlets GP surgeries is 53% positive.



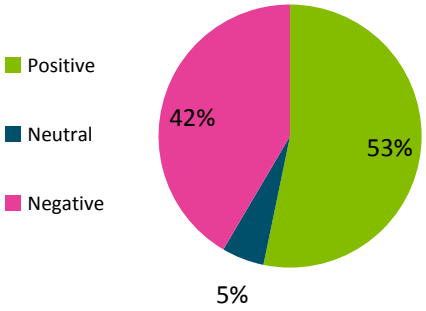
What we have learned

- Patients are happy with the **quality of service provision**, but are frustrated about the process of **booking appointments** and the **long waits** before they can be seen. This suggests that GP services in Tower Hamlets are seen by residents as high quality, but difficult to access.
- **Online booking** is popular where available, but not all surgeries offer it and, where they do, patients cannot always make full use of it, for technical or administrative reasons.
- Many perceive surgeries' **booking systems** as inefficient, lacking transparency, error-prone and difficult to understand, particularly around emergency bookings. Because of the lack of transparency, some service users perceive it as unfair or arbitrary.
- Not all surgeries offer online consultations; and only a small number allow patients to access their medical records and test results online.
- Some patients choose to de-register with their surgeries and register with the **GP at Hand service** instead, although some return to their surgeries afterwards. Difficulty in obtaining appointments is an often-cited reason for de-registering.
- Patients are broadly happy with the attitude of **reception staff**, who they find to be helpful and approachable; but they are dissatisfied with the level of advice and information they receive from the reception desk. Many report difficulties contacting their GP surgery on the phone.
- Most patients see both doctors and nurses as supportive, caring and competent. Only a minority report rude or unprofessional treatment, or express doubts about medical professionals' competence. In some cases, nurses can offer advice or treatment to patients when other professionals are unavailable or don't have the capacity. However, this solution is not suitable in all cases. Some patients report seeing a nurse when they actually needed a doctor.

QUESTIONS TO EXPLORE	POSSIBLE RESEARCH METHODS
Is the more widespread introduction of **online consultations** (either by individual surgeries or at hub level) desired by patients? Would it relieve pressure on surgeries and make it easier for patients to get medical advice suited to their needs? Would it provide a viable alternative to the GP at Hand service?	**Ongoing engagement with the GP care group.** **Outreach with bespoke questionnaires.** **Focus groups/ workshops with relevant demographics (teenagers, young professionals, older people, disabled people etc.)** **If available, secondary data analysis on data provided by surgeries on usage of their online services**
What do patients consider to be an **acceptable** or **unacceptable wait** to be seen for emergency and routine appointments? How do their standards compare to their experience of what their GP surgery offers?	**Outreach with bespoke questionnaires.** **Enter and View visits.**
Could **specialised clinics and patient support groups** based in GP surgeries (ex. baby clinic, older people's clinic, diabetes support, disabled support) function efficiently as signposting hubs for better integrated health and social care services?	**Collaborative process within Tower Hamlets Together** **Monitoring of patient feedback on any such clinics or groups already in existence.**

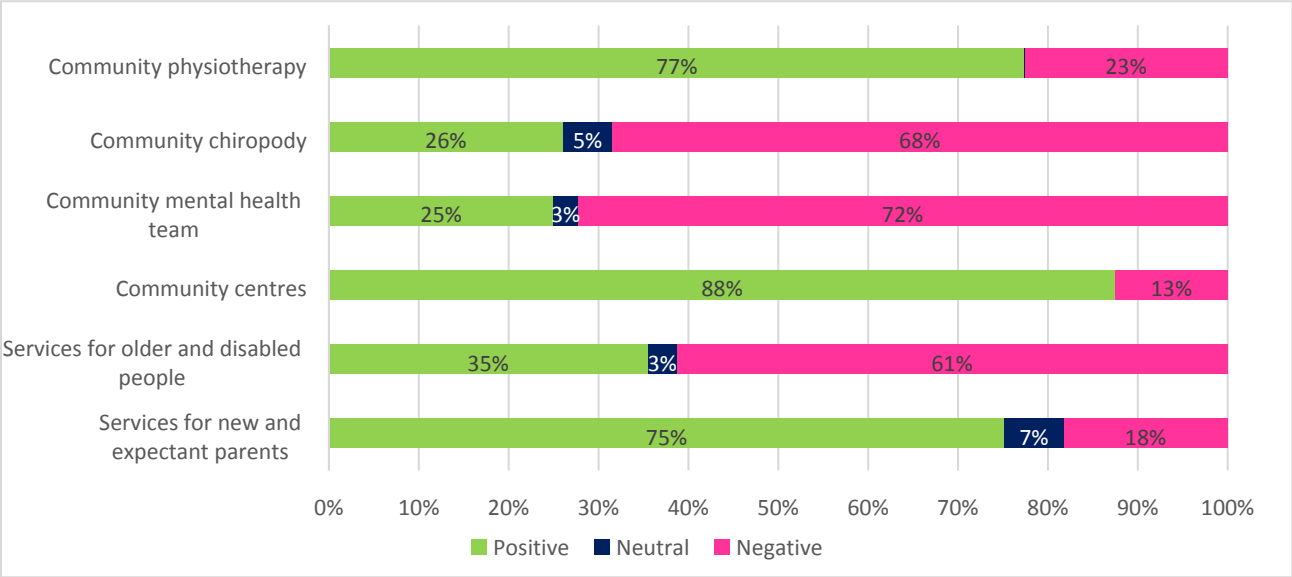
Community services

What Local People Think



Between April 2017 and March 2017, we have collected feedback from 255 service users, identifying a total of 691 issues.

Opinion of Tower Hamlets community services is 53% positive. It is noteworthy that services for newborns and new parents receive more positive feedback than services for older and disabled residents.



Services for new and expectant parents *include birth centres, breastfeeding support, community midwives, health visitors and antenatal classes.*
Services for older and disabled people *include district nurses, continence services and occupational therapy.*

What we have learned

- Services for new-borns and their parents are a valuable community asset, providing new parents with valuable advice, information and resources. Their workers receive positive feedback from service users for being helpful, pleasant and knowledgeable.
- Community centres and children's centres play a vital role in providing signposting and sometimes advocacy, particularly for people with a poor level of English. They can also be an important factor in preventing loneliness and isolation for vulnerable people, such as the elderly or single mothers without a support network.

- Some older people with care needs report that they wish they could receive support from district nurses, but currently don't (or don't know how to request it). Better support from district nurses in the home could potentially reduce hospital admissions.
- Most comments we received to data about the Community Mental Health Team came through ELFT's PALS and Complaints service. Patients complain about a general lack of support and psychologists/ psychiatrists being dismissive of patients' symptoms and needs.

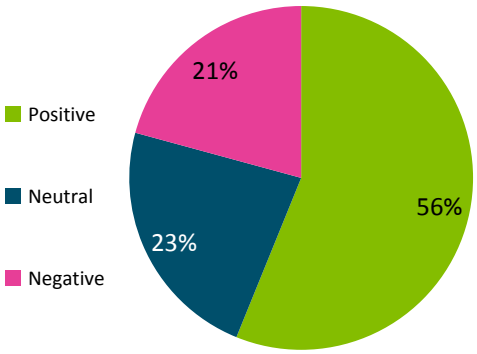
QUESTIONS TO EXPLORE	POSSIBLE RESEARCH METHODS
Can better provision of district nurses and other integrated community services reduce pressure on hospital and primary care services?	**Collaborative process within Tower Hamlets Together** **Ongoing monitoring of community services, with a view to find out to what extent they work together.**
How can community services be better integrated with each other?	

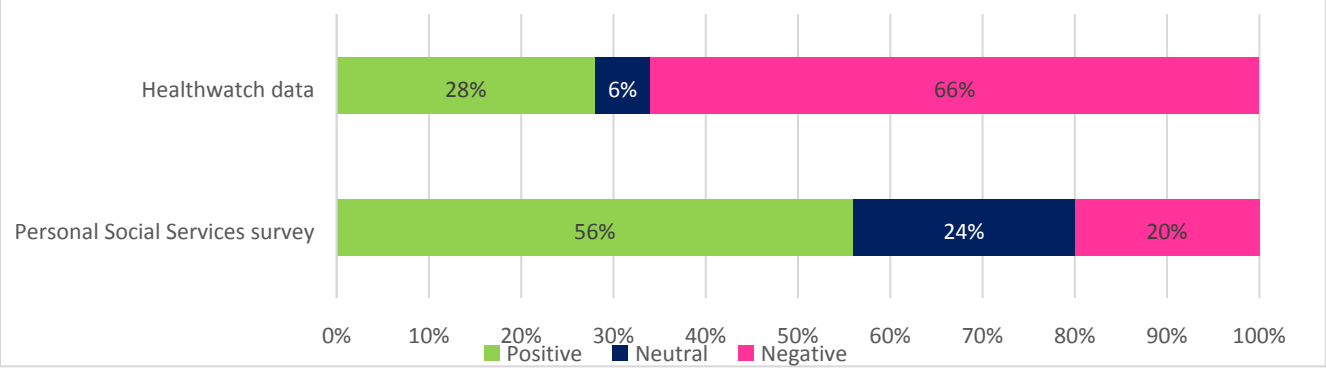
Social care services

What Local People Think

Between April 2017 and March 2017, we have collected feedback from 419 service users, and analysed feedback from 876 respondents of the Personal Social Services survey, **identifying a total of 15048 issues.**

Opinion of Tower Hamlets residents about social care services is 56% positive; however, Personal Social Services Survey respondent gave significantly more positive feedback than service users interviewed directly by Healthwatch.





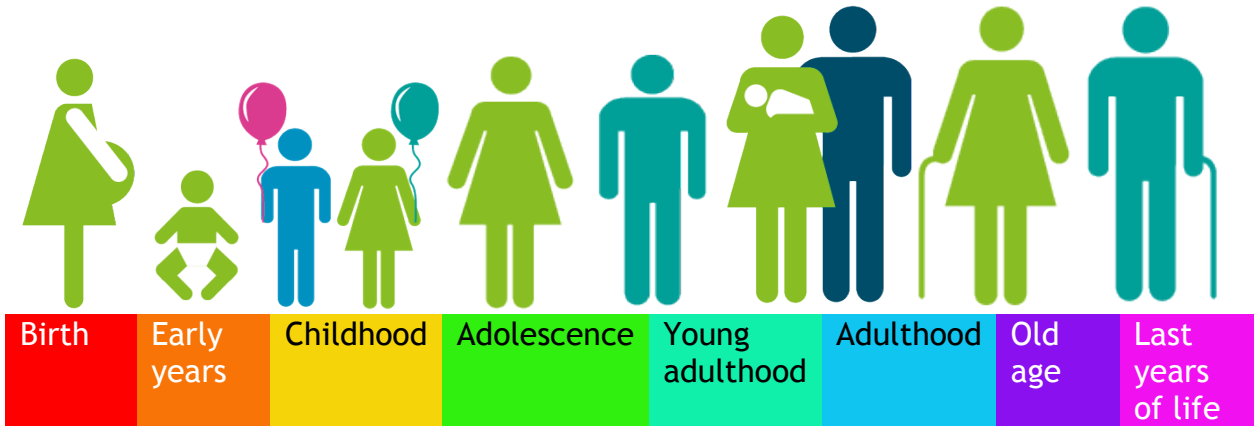
What we have learned

- Care assessments were found by many service users to be a difficult bureaucratic process that some perceived as unfriendly and adversarial. Their perception was that social services, under pressure from austerity cuts, only want to give them as little care as they can get away with.
- Those who received adaptations to their home or mobility aids through the NHS or local social services found them useful and felt that those were supporting them with remaining independent.
- Most of those receiving **care at home** had overall positive feedback about their carers as individuals; but many felt unsupported by social services and care agencies. Those who had had negative experiences with their care workers felt that social services and care agencies fail to keep carers accountable for providing adequate care.

- Out of 40 **domiciliary care providers** available to Tower Hamlets residents, 17 were rated Good by the CQC, 11 were rated Requires Improvement and one Inadequate.
- In some cases, service users were able to obtain **flexible care,** adapted to their needs. This may empower them to continue leading an active lifestyle and socialise, to the extent of their abilities. In other cases, however, lack of flexibility on the part of carers and care agencies can constitute an obstacle to socialising or attending community events; rendering people who would otherwise be able to take part practically house-bound.
- Many people had **limited knowledge of any social care options and resources** available in the borough (including domiciliary care, home adaptations, occupational therapy or day centres). The **language barrier** can be a serious obstacle for service users who cannot speak fluent English.
- With recent **changes to service provision and austerity cuts**, many people reported having to give up care at home they have benefitted from, as it became unaffordable. Some also became ineligible for certain types of care.

QUESTIONS TO EXPLORE	POSSIBLE RESEARCH METHODS
How can care assessments be more person-centred and employ an integrated care model?	**Collaborative process within Tower Hamlets Together**
How can social care services be better integrated with each other and with community services?	**Ongoing monitoring of community services, with a view to find out to what extent they work together.**

What is missing from the picture?



Very well covered
Monitoring of maternity services carried out.

Quite well covered
Through data obtained as part of the Maternity project.

Not well covered beyond early years
Some data on asthma in children and adults, some feedback provided by parents online on GP and hospital paediatric services (not systematically collected). No data on childhood vaccinations.

Not well covered
Small amount of data on GP at Hand users. Mental health data we have not age-specific.

More data needed on young people's mental health; sexual health and contraceptive services; how young people use/ want to use technology for accessing GPs and other services.

Some topics not explored so far
Dentistry
Screening (breast, bowel, cervical, AAA)
Mental health
Substance misuse
HIV/AIDS (including testing)

Very well covered
Adult Social Care report carried out.

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Non-Executive Report of the: **Health Scrutiny Sub-committee** 20/09/2018	TOWER HAMLETS
Report of: Health Scrutiny Sub-Committee	
Health Scrutiny Work Programme 2018/19	

Originating Officer(s)	Councillor Kahar Choudhury (Chair) Daniel Kerr, Senior Strategy, Policy and Performance Officer, LBTH

Summary
This report presents the Health Scrutiny work programme for 2018/19.

Recommendations:

The Health Scrutiny Sub-Committee is recommended to:

1. Note the work programme for 2018/19

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Health Scrutiny Work Programme 2018/19

Meeting	Agenda	Outcomes	Lead Officer	Method
Thursday 20th September 2018 Paper Deadline: Tuesday, 11th September, 2018	Domestic Violence (Deep Dive)	• To review the provision in place to identify and manage residents at risk of domestic violence. • Develop an understanding of domestic violence reporting levels and how the council supports this • To review 'turn away' rates in Tower Hamlets and develop recommendations to improve access to refuge services. • To understand the impact universal credit has had on domestic violence and the council's response to this. • Review the provision of domestic violence services for residents with no recourse to public funds.	**Ann Corbett** Divisional Director Community Safety, LBTH **Menara Ahmed** VAWG Domestic Abuse and HC Manager, LBTH	Report/Presentation
	Healthwatch Tower Hamlets (HWTH) Annual Report & Trend Analyses	• To review the performance of HWTH in 2017/18 • To understand HWTH's priorities in 2018/19 and how they can support residents, the council and the work of the Health Scrutiny Sub-Committee.	**Dianne Barham,** Chief Executive, HWTH	Report/Presentation

	Pain Management	• To develop an understanding of the systems Barts Health has in place to support patients with their pain management.	**Jackie Sullivan ,** Executive Managing Director (Royal London and Mile End Hospitals)	Report/Presentation
	Health Scrutiny Work Programme 2018/19	• Agree the Health Scrutiny Sub-Committee work programme for 2017/18.	**Kahar Choudhury,** Health Scrutiny Chair	Report/Presentation
Tuesday 4th December 2018 Paper Deadline: Friday, 23rd November, 2018	Quality of residential and home care provision in LBTH (deep dive)	• Develop an understanding of what the Improved Better Care fund is and how the council is using it. • Review the quality of home care and residential care provision in the borough. • Develop an understanding of how the new home care contract is performing from a council, provider and resident perspective. • To review the findings from the 'Evaluation of the impact of the Adult Social Care charging scheme on Adult Social Care service users'	**Warwick Tomsett** Joint Director of Integrated Commissioning	Report/Presentation
	Budget	• To review budget proposals and understand how the health and social care budget will be spent. • To develop an understanding of the new funding increases in Health and review how the NHS are	**Denise Radley** Corporate Director for Health, Adults and Community	Report/Presentation

		considering using the increased resources available to them.	**Simon Hall** Managing Director, Tower Hamlets CCG	
	Adult Social Care Survey	• Develop an understanding of social care performance through analyses of resident feedback.	**David Jones** Interim Divisional Director Adult Social Care **Joanne Starkie** Head of Strategy and Policy – Health, Adults and Community Services	Report/Presentation
	Transition from NHS to private hospital	• To understand the process and key issues for patients transferring from an NHS hospital to a private hospital.	**Jackie Sullivan ,** Executive Managing Director (Royal London and Mile End Hospitals)	Report/Presentation
Tuesday 12th February 2019 Paper Deadline: Friday, 1st	Alcohol and Substance misuse (Deep dive)	• To develop an understanding of the relationship between substance misuse and health in Tower Hamlets. • To review the substance misuse prevention services in place in Tower Hamlets.	**Ann Corbett** Divisional Director Community Safety, LBTH	Report/Presentation

February, 2019		• To review the quality of current treatment services to support people with alcohol and substance misuse issues, and make recommendations to inform the commissioning of the new service.	**Rachael Sadegh** Service Manager - Substance Misuse	
	Reablement Scrutiny Review Action Plan	• Review the action plan produced for the Reablement Scrutiny Review and ensure it is being implemented successfully.	**David Jones** Interim Divisional Director Adult Social Care **Paul Swindells** (Team Manager, Reablement Service)	Report/Presentation
Tuesday 30th April 2019 Paper Deadline: Wednesday, 17th April, 2019	Adults Safeguarding (Deep Dive)	• Develop an understanding of how Adults Safeguarding is managed strategically and delivered operationally. • Review the performance of the Adults Safeguarding Board. • Review the cultural understanding of safeguarding across LBTH staff - “safeguarding is everyone’s business”. • Provide recommendations on how LBTH can improve and embed safeguarding management	**David Jones** Interim Divisional Director Adult Social Care **Lisa Matthews** Service Manager Safeguarding (operations)	Report/Presentation

		and practice within LBTH.		
	Social aspects of people living with Cancer	• Develop an understanding of how residents are supported and managed to live with a cancer diagnosis.	**David Jones** Interim Divisional Director Adult Social Care **Zereen Rahmen-Jennings** Macmillan living with Cancer Programme Lead	Report/Presentation
	Suicide Prevention Strategy (2018- 2021)	• Provide scrutiny of the Suicide Prevention Strategy at the end of its first year of implementation • To review the quality of the plans in place and how effectively they are being implemented	**Somen Banerjee** Director of Public Health	Report/Presentation

Scrutiny Review and/or Challenge Session		
Topic	**Outcomes**	**Timetable**
Scrutiny Challenge Session: How housing associations engage with and support the health and social care agenda	• What are housing associations role in supporting health and care? Are we making the best use of the opportunities? How do large organisations that have significant reach and influence engage health and care agenda? • What opportunities are there for Tower Hamlets Housing Forum to engage with	Feb/March

(Opportunity for cross scrutiny committee work between health & housing)	and support the health agenda such care closer to home, hospital discharge, and identifying social isolation.	

Site Visit	
Royal London Hospital A&E	March