



Health Scrutiny Sub Committee

**Access to Health & Social Care in
Tower Hamlets**

Annual Report of the Municipal Year 2016-17

BACKGROUND

Health scrutiny is the fundamental way by which democratically elected local councillors are able to voice the views of their constituents, and hold relevant NHS bodies and relevant health service providers to account. To this end, the primary aim of health scrutiny is to act as a lever to improve the health and wellbeing of local residents by ensuring that:

- The needs of local people are properly considered in the commissioning, development and delivery of health services,
- Health inequalities are addressed by safeguarding and promoting equal access to services and supporting more equal outcomes across different communities,
- Proposals for substantial service changes put forward by the NHS are reasonable and appropriately consulted on,
- Service commissioning and delivery partners' work together to provide more integrated services.

In 2016/17 the Tower Hamlets Health Scrutiny Sub-Committee's (HSSC) identified the area of **'Access to Health and Social Care Services'** as a thematic focus for its work programme. The Sub-Committee wanted to review the accessibility of specific health and social care services in the borough and develop recommendations to improve provision. The Sub-Committee identified four areas of interest for review across the year.:

1. Community Pharmacy,
2. Primary Care, Planning and Health Infrastructure,
3. Early Years
4. Adult Mental Health Services

Each of these areas was given a time slot across the four ordinary meetings of the committee, with representatives and professionals from the relevant services invited to provide an overview of the main challenges in their areas of work. Committee members then asked questions and discussed the implications for residents, offered their own perspectives, and agreed a set of recommendations for action.

This report provides a brief overview of the key issues raised over the course of these meetings, the response of services to meeting the identified challenges, and the recommendations put forward by the committee for consideration. The report does not provide a verbatim record of the discussions, but these can be found in the formal minutes of the relevant meetings.

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1. Introduction

- 1.1. The Health Scrutiny Sub-Committee (HSSC) took a thematic approach to its work programme during the 2016/17 municipal year, agreeing to focus its scrutiny on the issue of resident access to local health and social care services - something that has become of increasing concern in recent years due to a number of social, economic and policy factors
- 1.2. Tower Hamlets has seen the largest population growth of any area in the country over the last 10 years, an increase of 27%, and this trend is projected to continue over the next decade with the borough expected to grow by a quarter to 2024 (the largest increase in England). Moreover, the diversity of Tower Hamlets population and its high level of deprivation pose some additional challenges to resident access to health and social services. Many residents suffer from chronic conditions linked to poverty, and certain cultural issues amongst our communities restrict local understanding about how to access the appropriate provision.
- 1.3. However, this growing demand for services has not been fully matched by increased resources. Challenging efficiency targets for the NHS and persistent reductions to local authority budgets have impacted on the capacity of the health and social care system to respond – for example, locally Barts Health has the largest deficit of any hospital trust in England, and Tower Hamlets Council has to make £63 million of savings though to 2018/19. Innovation in prevention, early intervention and demand management will be crucial for ensuring that services are able to meet local needs and provide effective care.
- 1.4. By reviewing this theme the Health Scrutiny Sub-Committee has the opportunity to explore what significant challenges face residents in accessing health and social care services in Tower Hamlets, and consider cutting edge solutions for improving access to the appropriate care.

2. Community Pharmacy

Attendees

Name	Organisation
Bhavin Patel	North East London Local Pharmaceutical Committee
Dr Somen Banerjee	Director of Public Health
Simon Hall	Acting Chief Officer, NHS Tower Hamlets Clinical Commissioning Group
Dr Sam Everington	Chair, Tower Hamlets Clinical Commissioning Group
Jenny Cooke	Deputy Director for Primary and Urgent Care, NHS Clinical Commissioning Group

2.1. The Sub-Committee considered the significant but often overlooked role of community pharmacies in the delivery of primary health services to local residents. The Sub-Committee wanted to develop a clearer understanding of:

- The current role of community pharmacies in Tower Hamlets and their place in the local healthcare system;
- Barriers to access for local residents and the potential impact of the proposed £300 million Government cuts to the community pharmacy budget from 2017/18;
- Possible opportunities for improving access, for example through better integration between community pharmacies and other local health services.

2.2. Community pharmacies are a key touch point for the public with the health system due to their significant presence in local communities. They offer a wide range of service, including prescriptions, support for people with lifelong conditions and advice on 'over the counter' medication/minor ailments.

2.3. Nationally, there are 1.6 million visits a day to community pharmacies, of which 1.2 million are for health reasons. Community pharmacies dispense around 1 billion medicines every year with prescriptions growing at a yearly rate of 2.5%.

- 2.4. Pharmacies represent the most accessible primary care location for local residents and 96% of people can reach a pharmacy within 20 minutes on foot or by public transport (increasing to 99% by car). According to NHS England, nationally there has been a 20% increase in the use of pharmacies in recent years, with the average person visiting a pharmacy 14 times each year.
- 2.5. Most community pharmacies have extended hours and weekend opening that GPs are unlikely to offer at scale any time soon. All of this helps to relieve pressure on hard-pressed GPs and A&E departments, freeing them to focus on patients with greater, more complex needs. It is reported that as many as 20% of all GP appointments could be dealt with just as effectively, and far more rapidly, through community pharmacy¹.
- 2.6. The Sub-Committee heard that the 48 pharmacies in Tower Hamlets play an important role in supporting the delivery of health services to local residents, as well as offering social and economic benefits to many of the borough's high streets by supporting foot-fall.
- 2.7. In addition to more traditional services, community pharmacies in Tower Hamlets also play an important role in supporting the prevention agenda by offering easily accessible and low level interventions, such as sexual health services and smoking cessation support. The Sexual Health programme (delivering chlamydia screening and contraception advice) was reported as being particularly popular with patients, especially young people, who preferred the anonymity offered by avoiding more formal settings such as the sexual health clinic.
- 2.8. However, it was felt that community pharmacies could play an even greater role as a high street clinic and form a more integral part of the new model of care that is emerging locally. By offering a wider range of services, such as medicines usage optimisation, enhanced support for people with long term conditions and treatment for minor illness and injuries, community pharmacies could help to relieve growing pressure on other elements of the healthcare system, such as general practice and urgent care.
- 2.9. The Sub-Committee were informed that the Tower Hamlets Clinical Commissioning Group (CCG) and the Local Pharmaceutical Committee (LPC) are working together to deliver an enhanced offer, with an initial focus on:
- Improving the availability of 24 hour pharmacy access locally and consideration of how this could assist with night time hospital discharge;

¹ <http://www.lgiu.org.uk/2016/06/06/viewpoint-a-bitter-pill-to-swallow/>

- Developing more comprehensive use of pharmacy 'dashboards' in order to help drive up quality and provide a sound evidence base for future decision making;
- Increasing the number of pharmacies with access to GP notes and shared records to help pharmacies provide a better, more bespoke service for residents.

2.10. The LPC also informed the Sub-Committee that they had the aim of establishing pharmacy federations on a hub model in order to offer more holistic support that is better integrated with local GP surgeries, care homes, those with long-term conditions in the community and mental health teams.

Recommendations

The Sub-Committee recommended that following issues be considered by the CCG and LPC:

- 1) That the lack of 24 hr pharmacy access locally is addressed, especially in terms of how this can support night-time hospital discharges;
- 2) That better and more comprehensive pharmacy performance dashboards are developed to help drive up quality and provide sound evidence base for future decision making around provision;
- 3) That the number of pharmacies with access to GP notes/shared medical records are increased.

3. Primary Care, Planning and Health Infrastructure

Attendees

Name	Organisation
Chris Banks CEO	GP Care Group
Tracey Connell	GP Care Group
Jenny Cooke	Deputy Director for Primary and Urgent Care, NHS Clinical Commissioning Group
Josh Potter	Deputy Director Of Commissioning And Transformation, NHS Tower Hamlets Clinical Commissioning Group
Tim Madelin	Senior Public Health Strategist, Adults'

3.1. The Sub-Committee considered the issues facing the commissioning, planning and delivery of primary care services in the borough. The Sub-Committee wanted to develop a clearer understanding of:

- The barriers facing local residents in accessing quality, safe and compassionate primary care services;
- The role of spatial planning in maximizing improved access to primary health services, especially in the context of a growing population and restricted public spending;
- The relationship between infrastructure and service investment and the delivery of improved patient care in the primary setting.

3.2. The NHS England 'General Practice Forward View' was published in April 2016 and aims to stabilise and transform General Practice by redesigning the way care is delivered, as well as setting out plans to tackle the issues of declining GP numbers, high workloads and out-dated infrastructure.

3.3. The Sub-Committee was informed that in Tower Hamlets General Practice is currently facing unprecedented levels of demand due to the rapidly growing population and high levels of need resulting from deprivation. In addition, the transient nature of the local population means that Tower Hamlets has high numbers of un-registered patients who access healthcare through expensive urgent care and A&E, meaning they

often don't receive preventative and proactive care. Moreover, changes in GP contracts and patterns of GP employment are significantly impacting on funding, meaning there remains a major recruitment and retention challenge for primary care staff.

- 3.4. These pressures are impacting on the accessibility of primary care in the borough. In the latest Tower Hamlets GP patient survey, 78% of respondents said they were able to see or speak with a health professional the last time they needed to, and 88% said this was at a time convenient to them, however feedback still suggests that whilst patients are satisfied with the standard of clinical care too many are frustrated with the process of getting an appointment. Healthwatch Tower Hamlets informed the Sub-Committee that of the 224 comments collected since 1 April 2016, 87 related to GP services, and of those comments 10 were positive and 51 were negative. Negative feedback focused clearly on two key areas; surgery telephone systems that prevented people from accessing appointments (41 comments), and the unavailability or long waits for appointments, particularly non-urgent appointments (46 comments).
- 3.5. The Sub-Committee was informed that in response to these challenges the CCG and GP Care Group have undertaken the following to date:
- Constituted the GP Care Group as a Community Interest Company (CIC) in order to consolidate the local primary care offer;
 - Obtained additional resources from the GP Access Fund to set up four primary care hubs in the borough where residents can access 350 appointments per week out of core hours;
 - Developed a 'Physician Associate' scheme to help with staff shortages and offer greater support to GP practices.
- 3.6. Going forward the CCG is prioritising the development of improved digital access so that patients can book appointments online, access their own medical notes, receive on-line consultations and obtain remote support for long-term conditions. The CCG is also developing a centralised registration process and streamlining urgent care and extended access.
- 3.7. In terms of physical infrastructure, the Sub-Committee was informed that the Public Health Team worked closely with planning professionals to develop the 'Local Plan' which sets out the 15-year planning policy framework (including the design, scale and location) for all developments in the borough. Through this process the 'Local Plan' has identified and safeguarded potential sites for infrastructure development and considered how key infrastructure, including health facilities, could be funded. It was reported that the planning department, public health and NHS partners felt confident that this process had been comprehensive and sufficiently robust.

3.8. A component of the required funding will be drawn from the new Community Infrastructure Levy (CIL), which replaced Section 106 funding as the main form of developer contribution to local infrastructure costs in April 2015, however CIL funds are only likely to meet up to 20% of the full cost of the identified infrastructure requirements. In addition, whereas s106 agreements could earmark funding for specific projects, CIL is a collective tax and the allocation of CIL monies is made by the Mayor and Cabinet. The Sub-Committee were informed that, to date, allocations had been adequate to meet the physical infrastructure needs of primary care.

Recommendations

The Sub-Committee recommended that following issues be considered by the CCG, GP Care Group and LBTH Public Health/Planning:

- 1) That consideration be given to the quality/access to non-GP primary care services in the borough, e.g. dental care;
- 2) That a strong local offer to attract and retain GPs in Tower Hamlets is developed collaboratively.
- 3) That the planning of healthcare infrastructure take account of the geographic dimension of population growth e.g. physical space constraints in certain localities, such as on the Island;
- 4) That the Community Infrastructure Levy (CIL) continues to be spent on addressing the borough's health priorities (e.g. is there scope for using it to improve housing conditions?)

4. Early Years

Attendees

Name	Organisation
Christine McInnes	Divisional Director, Education and Partnership, Children's
Esther Trenchard-Mabere	Associate Director of Public Health,

4.1. The Sub-Committee considered the main challenges facing 0 to 5 year olds in the borough in accessing the appropriate health and social care services. The Sub-Committee wanted to develop a clearer understanding of:

- The main challenges facing service provision for 0 to 5 year olds and their parents/carers;
- The response of local services to addressing these.

4.2. Tower Hamlets is a “young” borough, with a quarter of the whole population aged 0 to 19 years old and an estimated 21,843 0 to 5 year olds (7.7% of the population). The borough has the highest rate of child poverty in the UK, with 49% living below the poverty line. In 2015, 61.6% of children in Tower Hamlets achieved a good level of development at the end of reception compared to 68.1% in London (the worst in London) and 66.3% in England. Moreover, Tower Hamlets has low birth weights, above average infant mortality rates, excess weight and obesity, dental decay, and lower levels of vaccination and immunisation coverage than the national average.

4.3. The formative years from 0 to 5 are critical to the future health and wellbeing of infants in Tower Hamlets, and will depend on the extent to which the social, economic and family environment in Tower Hamlets supports the emotional, social and cognitive development through their first years of life. Early intervention by services in a child’s life can help ensure that incipient issues are addressed quickly, thereby preventing further escalation or crises, and ensuring resources are put to the best possible use.

4.4. Officers from Children’s Services and Public Health set out what is being done to improve access to health and social care for 0-5 year olds in the borough, including:

- Ensuring that early intervention services are outcomes focussed;

- Developing the Tower Hamlets Together (THT) model to integrate early-years services with universal health services, including re-designing the Children Centres offer to ensure they better meet the needs of children and families. In some parts of the borough universal health services, community maternity services and health visiting services, are already delivered from Children's Centres. Developing a model that makes this the norm across the whole borough will bring more families into children's centres.
- Improving the registration at Children's Centres by working with health visitors to simplify the process and by enabling Children's Centres to access to live birth data so that they can target hard to reach families/access data on the number of eligible children in their catchment area;

4.5. Going forward work will focus on developing the relationships between the Children's Centres, Child and Family Hubs and wider services including primary care, specialist children's health services, child and adolescent mental health services (CAMHS), children's social care and services for school age children. This should help reduce the over reliance on A&E by families of 0 to 5 year olds, who do not know who to turn to in the event of illness, by offering more active and holistic services.

Recommendations

The Sub-Committee recommended that the following issue be considered by LBTH Children's Services and Public Health going forward:

- 1) That links between hospitals and children's centres be strengthened to ensure birth data is shared and children automatically registered at Children's Centres and A&E usage for minor ailments is reduced;
- 2) That more be done to understand whether vulnerable families are missing out on Children's Centres provision through data collection/analytics;
- 3) That Children's Centres work to strike a sensitive balance between free and charged services they offer so as not to create a 'two-tiered' system;
- 4) That Children's Centres work to provide an adult offer to support new mothers, especially those from BME communities, who risk being isolated to language barriers etc.

5. Access to care for people with mental health problems

Attendees

Name	Organisation
Edwin Ndlovu	Borough Director for Tower Hamlets East London Foundation Trust
Craig Chalmers	Interim Operational Service Manager Mental Health
Michelle Kabia	MIND in Tower Hamlets and Newham
Carrie Kilpatrick	Deputy Director for Mental Health and Joint Commissioning

5.1. The Sub-Committee considered the main barriers people with mental health problems have in accessing the services they need in Tower Hamlets. The Sub-Committee wanted to understand:

- The progress in establishing parity of esteem between mental and physical health as set out in the Health and Social Care Act 2012;
- Whether crisis services are responsive and high quality, and if people admitted to general hospital have access to good mental health care;
- Whether mental health community based services are localised, integrated and promoting choice, independence and wellbeing, and if talking therapies are accessible to children and people from BME communities.

5.2. Tower Hamlets has amongst the highest level of mental health need in the country, and there has been significant growth in need over the last 5 years. This level of need is set to continue with population growth and demographic change over the next 5 years. Tower Hamlets has a high prevalence of risk factors that can contribute to the development of mental health issues such as child poverty, long term unemployment, pensioner poverty, overcrowded households, population density, homelessness, crime (including hate crime against specific communities), carers working over 50 hours per week, and harmful alcohol use. As a result, there is significant demand for mental health services in the borough for people of all ages, across both primary and secondary services.

- 5.3. The CCG and East London Foundation Trust (ELFT) outlined the main barriers people face in accessing services and the plans in place to improve mental health provision from both a commissioning and delivery perspective. The Sub-Committee was informed that the most significant barrier was a lack of awareness about mental health within the population, where there is a significant stigma attached to mental health, especially amongst BAME communities.
- 5.4. In addition, access is restricted by ongoing workforce and resource issues, as finding and retaining mental health practitioners is very challenging in the current environment and there is not always adequate capacity in the right place to meet demand or support new models of care. Furthermore, provision has become fragmented in recent years which means there has been more duplication, often causing confusion about what services are the right ones to use. It was recognised early intervention was required for the student population, in particular the 18 – 35 age group, as mental health problems within this age group were increasing and there is a particular issue around effective transition pathways at 18 from Children to Adult services.
- 5.5. Additional challenges that were highlighted include variability in the quality and outcomes between different services, with some areas of excellence but others that require improvement, and the continuing challenge of bringing services together - too many patients are still being treated in silos, which presents risks to delivering the ambition to deliver parity of esteem between mental and physical health.
- 5.6. To address these barriers and improve provision for people with mental health problems, the Tower Hamlets Mental Health Partnership is working within the North East London Substantiality and Transformation Plan to develop a population based approach and tackle the wider determinants of mental health. This work includes:
- Launching the 'Time to Change' programme to raise awareness and combat stigma, and the development of a new local suicide strategy;
 - Developing a new model of primary mental health care to achieve better integration of physical and mental health, deliver services in a 'normalised' environment, and provide continuity of care with GP services (this will help with early interventions as GPs are well placed to identify problems early);
 - The development of the Children and Young People's Transformation Plan 2016-2021 which sets out how early intervention services will be strengthened;
- 5.7. The partnership intends to build on these over the course of 2017 by redesigning dementia care pathways, establishing clear pathways for adults in crisis to ensure acute bed availability, developing a high quality

supported accommodation offer within the borough, further improving urgent and community care pathways, and prompting whole person care commissioning.

Recommendations

The Sub-Committee recommended that following issues be considered by the CCG, ELFT and other local mental health care providers:

- 1) That work continue to achieve the 5 Year Forward View objective of reducing suicides by 10% - this is significant in a borough where there is an increasing student population;
- 2) That councillors be given more information about where they can signpost residents with mental health needs that they come into contact with via casework;
- 3) That the choice of mental health interventions offered in primary care is reviewed to ensure that people have a range of talking therapy options;
- 4) That the interface between local mental health services and the Criminal Justice System (including YOT) be considered to ensure pathways for support/interventions are clear.