

LONDON BOROUGH OF TOWER HAMLETS
MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT TIME NOT SPECIFIED ON TUESDAY, 26 JANUARY 2010

**M72, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,
LONDON, E14 2BG**

Members Present:

Councillor Tim Archer (Chair)

Councillor Ann Jackson (Vice-Chair)

Councillor Abjol Miah

Dr Amjad Rahi

Councillor Bill Turner

Other Councillors Present:

Nil

Co-opted Members Present:

Dr Amjad Rahi – (THINK Interim Steering Group Member)

Guests Present:

Dr Peter Bell – Lead Clinician (Tower Hamlets), East London NHS Foundation Trust

Deb Clarke – Director of Human Resources, NHS Tower Hamlets

Jeremy Gardner – Head of Communications & Engagement, NHS Tower Hamlets

Mabli Jones – Associate Director, Primary Care Commissioning

Michael McGee – Service Director for Older People, East London NHS Foundation Trust

Andrew Ridley – Deputy Chief Executive, NHS Tower Hamlets

Alan Steward – Deputy Director, Corporate Development & Performance, NHS Tower Hamlets

John Wilkins – East London NHS Foundation Trust

Officers Present:

Afazul Hoque – (Scrutiny Policy Manager, Scrutiny & Equalities, Chief Executive's)

Katharine Marks – Acting Service Head, Disabilities & Health

Katie McDonald – Scrutiny Policy Officer

Alan Ingram – (Democratic Services)

1. APOLOGIES FOR ABSENCE

Apologies were submitted on behalf of Councillors Lutfa Begum, Stephanie Eaton and Alexander Heslop.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. UNRESTRICTED MINUTES

The minutes of the inquorate meeting of the Panel held on 20 October 2009 were agreed as a correct record and the comments made with regard to reports/presentations submitted were ratified.

4. REPORTS FOR CONSIDERATION

4.1 Review of Older Peoples Services - Presentation

Mr John Wilkins, East London Foundation Trust, introduced a report relating to the redesign of older people's services at East London NHS Foundation Trust.

Mr M. McGee made a detailed presentation of the proposals, which had been accepted by the Trust Board in July 2009. It was proposed that a reduction in overall bed numbers would increase reinvestment in specialist community services, developing a wider range of community options for older people with mental health issues. It was also considered that flexibility of services for older people would be improved. Mr McGee set out details of the consultation procedure adopted; options and proposals for bed configurations, proposed service and staffing structures and objectives to bring mental health provision in Tower Hamlets to a par with the City of London, Hackney and Newham. He added that a principal aim was to allow more people to remain at home for treatment, rather than being admitted to hospital.

Messrs McGee and Wilkins and Dr Peter Bell then answered questions put by Panel Members on:

- The numbers of older people needing access to in-patient treatment.
- National and local prevalence rates for dementia sufferers and the additional elements of ethnicity and poverty.
- Effective diagnosis of dementia through various age groups and its impact on preparation of individual care packages.
- The improvement of community resources arising from financial savings anticipated from service realignments.
- Monitoring of service provider contracts and the limiting of carer numbers for the benefit of dementia sufferers.

- The likely pressure on services (including respite care) as the number of older people in the population increases.
- The effects of the proposals on NHS staffing levels and configurations.

It was **agreed**

- (1) That a further report be made to the Panel when the results of the further consultation measures are available.
- (2) That Members pass details of any vulnerable people they may contact to Afazul Hoque, Scrutiny Policy Manager, for onward transmission to East London NHS Foundation Trust staff.

The Chair then thanked the East London NHS Foundation Trust representatives for their contribution to the meeting.

4.2 Transformation from Under 18 to Adult Autism Services - Presentation/Verbal Update.

Ms Katharine Marks, Acting Service Head Disabilities & Health, reported that the most recent development in the Transition Service had been the establishment in January 2010 of a multi-disciplinary Transition Team. A pathway specific to autism had not yet been developed but work on this was underway. The Government would be publishing a National Autism Strategy by April and when this information was received, more progress would be made. A further report could be made thereafter.

It was **agreed**

- (1) That Ms Marks arrange a briefing on this subject for Councillor Heslop.
- (2) That Ms Marks contact Councillor Turner for details of a relevant family in his Ward.
- (3) That the matter be included on a future Health Scrutiny Panel agenda when appropriate.

The Chair thanked Ms Marks for her presentation.

4.3 Update on GP Cleansing List Process

Ms Mabli Jones, Associate Director, Primary Care Commissioning, introduced a report as requested at the last meeting of the Panel, on the matter of women's names being erroneously removed from GP list during a list cleaning exercise. Ms Jones indicated that the problem had principally affected women who were part of a breast screening programme and had occurred when inadequately addressed letters had failed to be delivered, with the result that 280 women (out of some 9,000 invited) had been removed from their GP list when no reply from them had been received. She added that a Contract Manager, Bill Cane, had been appointed in 2010 and would be agreeing a list cleaning protocol and formulating appropriate procedures to ensure the situation would not recur.

Members expressed the view that GP lists in the Borough continued to be a problem and were consistently not managed correctly. Questions were then put by Panel Members, to which Ms Jones responded as below:

- Prior to the problem occurring, there had been no list cleaning for five years and arrangements were being made for this to be managed as an annual routine.
- There had been recent agreed changes to the policy for registering with GPs, requiring less proof from patients to make the process easier. A “Find a Doc” service was available to assist patient choice.
- All GPs had to be able to undertake home visits to patients in their catchment areas – if a patient moved from that area, they would have to re-register elsewhere. However, there was usually good overlap of catchment areas.
- GPs also had the right to off-list patients, where relationships had broken down or a patient was violent. Nevertheless, measures were taken to ensure the patient could re-register in an alternative location and a mediation service was also available.
- Changes to practice boundaries had to be agreed by the PCT, to ensure reasonable cover in all areas.
- GPs had to write to patients who had not made contact for some time but some practices had up to 42% annual turnover, which resulted in much work to keep lists accurate.

The Chair commented that the process that was used where people had been removed seemed to have been heavy-handed. An assurance was needed for consultation on the new procedure with THINK members to make sure that there was no recurrence. There was a need for cross-referencing of data and a more robust process. Ms Jones indicated that Vivienne Cencora, Associate Director, intended to have dialogue with various forums and there would be an annual process for list cleansing that would involve THINK.

The Chair remarked that the report submitted to the previous meeting had been of little value owing to the lack of numerical details and a full report was needed explaining the new process and wider issues around off-listing (i.e. how many people were off-listed annually), patient choice, etc. A map showing GP catchment areas in the Borough should also be included.

Ms Jones **agreed** to provide such a report to a future meeting.

4.4 Tower Hamlets Primary Care Trust Workforce to Reflect the Community - Presentation

Deb Clarke, Director of Human Resources, NHS Tower Hamlets, made a detailed verbal, slide show and video presentation on the PCT workforce and made points including:

- The NHS was the largest employer in the country and encompassed a whole range of careers. NHS Tower Hamlets employed about 1400 full time posts.
- Aims of the organisation were to employ more local people at all levels and in all professional areas; to address all strands of equality; to grow

and develop the careers of their own staff; to increase the levels of BME (particularly Bangladeshi) staff.

- 50% of the Tower Hamlets NHS workforce was BME, with 13%-14% Bangladeshi and it was hoped to reflect all aspects of diversity in top management.
- 12% of staff had declared themselves as disabled and the organisation had been recognised by Stonewall as being in their top 50 London employers. NHS Tower Hamlets also subscribed to the double-tick disability symbol.
- A whole range of apprenticeships was available to allow people to access NHS careers and there was also close liaison with Tower Hamlets College and the Central Foundation Girls' School.
- Senior management had introduced a breaking through top talent to NHS programme and this had supplied solely female Bangladeshi staff in 2009/10. A website was also available to help local people into the NHS economy, as they could apply for posts or register to acquire skills that would enable them to do so.
- A scheme existed to assist local graduates into commissioning roles and work was in progress on establishing a joint scheme with the Council.
- There was a Tower Hamlets youth intake every year and a good practice recruitment guide had been implemented for managers.

Replying to questions and points made by Panel Members, Ms Clarke added that a range of courses was available for various career paths and the organisation was flexible about how ongoing staff development could continue. 50-60 local Bangladeshi girls had recently been awarded qualifications to pursue a career in nursing/midwifery. Other options than an academic route to these careers were also being pursued.

Ms Clarke **agreed** to forward details of all current employment schemes to Afazul Hoque, Scrutiny Policy Manager, for onward transmission to the Panel.

The Chair thanked Ms Clarke for her comprehensive presentation.

4.5 Health for North East London - Local Consultation Plan

Mr Jeremy Gardner, Head of Communications & Engagement, NHS Tower Hamlets, introduced a report detailing a consultation programme on proposals that aimed to:

- Improve the quality and safety of hospital care.
- Develop more care in the community through investment in primary care and the delivery of new and improved health facilities.
- Make health services more accessible by moving them closer to people's homes.
- Improve the treatment for people with long-term conditions.

The programme would include an on-line questionnaire; meetings with forums at government and local levels; meetings with local traditionally under-represented groups and a series of public roadshows.

In response to queries from Panel Members, Mr Gardner indicated that:

- The website questionnaire was quite involved but sought to obtain people's views and reasons for giving particular answers, rather than being just a form of vote.
- Bi-lingual staff would be available at all roadshows and the events would be aimed at a range of BME groups, not only Bangladeshi.
- There was a strong case for centralising certain services, such as the cardiac care at the London Chest Hospital and other trauma units. Staff would be encouraged to obtain additional skills.
- Health inequalities were being approached across the board, but not necessarily all groups in all Boroughs: e.g. white disengaged working class were being targeted but not specifically in Tower Hamlets.
- The driving force behind the proposals was that the quality of skills and care available in individual hospitals was inconsistent and was not successful financially or in allowing staff to develop specialist skills.
- The whole picture of the NHS would be changing in nature and care provision would move increasingly closer to the home.

It was **agreed** that Afazul Hoque, Scrutiny Policy Manager, would look into means of encouraging LBTH staff to engage with and completed the on-line questionnaire.

4.6 Commissioning Strategic Plan

Mr Andrew Ridley, Deputy Chief Executive NHS Tower Hamlets, introduced a report and tabled paper on the preparation of the Commissioning Strategy Plan for the next five years. He made the point that health care inflation was particularly problematic as 70% of total expenditure was accounted for by wages/labour costs and ran at a much higher rate than normal. However, this did not alter strategic service aims. The 10 strategic goals were set out in the tabled paper, along with measures to deliver the NHS vision and save money while improving services. The process of forming polysystems was continuing and GP were now formed into Networks that were co-terminus with LAPs. The aim was that in three to four years there would be a much improved primary care system, thus necessitating fewer hospital admissions.

Mr Ridley and Mr Alan Steward, Deputy Director, Corporate Development & Performance, responded to questions from the Panel, commenting that:

- There was needs information for all LAPs but the CSP document used LAPs 7 and 8 to illustrate both the data available and the planned polysystem. The PCT benchmarked its service quality, performance and data against other London PCTs, nationally and internationally to drive service and outcome improvements.
- For the first time a structure existed that matched that of the Council's administrative arrangements.
- GP list turnover could be high, reflecting the mobile local population, but was more stable in some areas of the Borough.
- There was a severe lag in the national budget allocation process reflecting the impact of population growth. Currently, some 243,000

patients were registered in the area but the Department of Health still worked from the last census figure of 205,000. In addition, there were large, rapid developments in some parts of the Borough that were not adequately reflected in the NHS budget allocation process.

Mr Steward **agreed** to make the full Commissioning Strategic Plan available to Afazul Hoque, Scrutiny Policy Manager, for onward transmission to the Panel.

The Chair thanked Messrs. Ridley and Steward for their contribution.

4.7 Update on Health Scrutiny Panel Work Programme 2009/10

The Chair indicated that the last inquorate meeting had been unable to approve the work programme and this was further submitted for comment.

It was **agreed** that the proposed Health Scrutiny Panel work programme 2009/10 be approved for action.

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

The Chair reported that the following events were imminent:

- Health Scrutiny Review on Childhood Obesity – 6th February at Toby Lane Depot.
- Inner North East London Joint Overview & Scrutiny Committee – 11th February at 9.30 a.m., Newham Town Hall

The meeting ended at 9.15 p.m.

Chair, Councillor Tim Archer
Health Scrutiny Panel