# An evaluation of the London Borough of Tower Hamlets' health scrutiny programme

March 2010

## Table of contents

Summary 3

Recommendations 8

Background and context 12

Methodology 16

Principles for effective health scrutiny 17

- Aims 19
- Accountability, Coherence and Balance 23
- Partnership 29
- Outcomes 37

Conclusion 41

Appendix 1: Interviewees 47

## Summary

Much has been done to build the credibility and effectiveness of scrutiny in Tower Hamlets in the past few years. It is evident from the work conducted for this evaluation that the practice of health scrutiny has contributed significantly to scrutiny's current overall standing and achievements in Tower Hamlets. Health scrutiny is recognised as a lever for change at strategic and local delivery levels, by increasing the visibility of issues and helping to make them a higher priority for health partners or the Council. Health partners have played their role in this journey, by taking health scrutiny seriously and investing time and effort in working with Health Scrutiny Panel (HSP) members and scrutiny officers.

As a result, the health scrutiny programme – a unique four year initiative aimed at tackling local health and health-related issues jointly across local agencies – has been a vehicle for challenging and addressing health inequalities and underperformance. There have been a number of successes in contributing to the shaping and improvement of service strategies and provision, through, for example, the access to GP and dentistry services and tobacco and smoking cessation reviews. Information available to local people regarding health services has been improved. Elected members are also engaging more effectively with service users and NHS trusts across the borough. This is a strong platform on which to build, particularly given the enthusiasm and willingness of the Trusts to engage.

The health scrutiny programme work has been carried out with an understanding that the primary aims of health scrutiny are to identify whether health and health services reflect the views and aspirations of the local community and ensure that all sections of the community have equal access to services and an equal chance of a successful outcome from services. An extensive induction and planning process in 2006 agreed three broad cross-cutting themes for its work programme:

- health promotion and prevention through work with health partners and other third sector organisations
- developing better integration and partnership to improve joint service provision
- improving access to services as a key way of tackling health inequalities

Alongside these themes, it identified three specific health issues as priorities for the borough – smoking, heart disease and mental health – that reflect local circumstances and the needs of local people.

*A coherent programme of health scrutiny*

The HSP has worked hard to construct a coherent scrutiny programme, taking account of other audits and reviews, and has sought to provide effective public accountability. Over the four years it has also had to take on board substantial pieces of work, not easily anticipated, involving joint health overview and scrutiny committees on a sub-regional and pan-London basis, although Members have

not always prioritised some of this work. One of the HSP's strengths is that it has been broadly effective at 'the reactive agenda' – in picking up and dealing with local residents' pressing health issues – although there is more that could be done to ensure that the HSP is aware of patients' and residents' problems that are being raised through other means, especially via the Tower Hamlets Local Involvement Network (THINk).

There have been issues, however, that have inhibited the effective delivery of a coherent and proportionate programme of health scrutiny. Firstly, the sheer scale of health problems and inequalities in Tower Hamlets has posed problems for the HSP in constructing and prioritising its agenda. The HSP is inclined towards employing a 'broad and shallow' as opposed to a 'narrow and deep' approach, and a result rigorous scrutiny and holding to account can suffer. There are concerns, therefore, that very important health issues and developments have not always received the attention they have merited.

Secondly, the HSP has not always chosen to keep strictly to the broad topics agreed at the start of the programme. This has meant that the four year programme has been perceived by some as functioning in some respects more as a year by year programme, with annual refreshing. For the future, the greatest benefit can be expected from a four year health scrutiny programme that starts with a clear framework, set of priorities and topics for its work, but there can be a danger in an over-rigid approach. Some flexibility therefore in the choice of scrutiny reviews is important, but it is vital to ensure that any recasting of the programme is firmly based on objective evidence about local priorities.

Once reviews have been decided, though, the scrutiny process has been robust. But in future, there may be possibilities for improvement in the review process, and ultimately review outcomes, by taking more of a cross-sectoral view when examining health issues. This would tie in well with a 'Total Place' approach to investigating new approaches to efficient use of resources through integration and targeting to produce service improvements.

The practice of doing only one review a year might also be reconsidered, since two more focused reviews, completed in a shorter timescale, might be of greater value. This may have implications for staffing, with a need for the scrutiny officer currently supporting the HSP to become fully dedicated to health scrutiny. In addition, there is some scope for improving the quality of the recommendations produced, to enable clearer measures of success to be drawn and to improve monitoring and holding to account.

There are also improvements that the HSP could make to planning and managing its agenda. Health partners are willing to have planning conversations at a higher level to try to ensure that agendas can do justice to the 'big issues' in health. There is a case for following a 'less is more' approach, to ensure more manageable agendas lead to more robust scrutiny, which should have more

impact in adding value. The HSP also needs to revisit its earlier consideration of other ways for the HSP to carry out its work without putting items on panel agendas or making them the subject of scrutiny reviews.

There are further improvements that the HSP might consider in order to make its meetings more effective. Being briefed about the key issues, drawing more fully on patient and service user experiences, and developing questioning strategies before the meetings take place would enable HSP members to offer a more robust ‘critical challenge’ to the professionals.

*A partnership approach*
Over the past four years, and in particular the last two, the HSP has successfully pursued a partnership approach to its scrutiny programme, although more could be done on bringing effective working relationships with all partners up to the level of the best. For the new HSP work programme beginning in May 2010 with a new administration, it will be important to draw on previous experience to employ the most effective ways of engaging HSP members – including the Panel’s co-optees – and health partners in its planning. There is further potential in developing the HSP’s working relationship with THINk over the next four years, to make use of its gathering of patient and public experiences of health and social care services.

The process of holding extensive open discussions about what the new health scrutiny programme’s priorities and content and debating the merits of various suggestions should help to make the programme not only as relevant as possible but also to increase the likelihood of agency buy-in and co-operation. Resource limitations will mean that the programme will need to rein in ‘ideal world’ proposals: the aim should be to have realistic but nonetheless challenging expectations of what the programme can undertake and deliver.

The programme should also seek to mainstream health inequalities work, particularly in view of the Marmot review’s focus on policies and interventions that address the social determinants of health inequalities. Current moves to work with the Community Plan Delivery Groups to find ways of strengthening the relationship between Overview and Scrutiny and the Tower Hamlets Partnership to help deliver the Community Plan’s priorities are a welcome sign of an ongoing commitment to strengthen partnership involvement in health scrutiny and vice versa.

The HSP also needs to capitalise on the bipartisan approach to health issues and provision in Tower Hamlets. There is scope for it to do more to develop and use its relationship with the Lead Member for Health and Wellbeing as a way of firming up the strong leadership and vision needed as one of the ‘strategic levers’ underpinning the successful tackling of health inequalities.

Through the Overview and Scrutiny Committee and its Scrutiny Leads, the HSP should press to ensure that that the health dimension is considered in all scrutiny reviews and that health impacts of strategies, policies and services are given full consideration across all council directorates. Partnership working with NHS colleagues and other working in the health and social care field should be encouraged not just at the strategic and most senior levels but also lower down the officer structure. In particular, the HSP needs to strengthen its links with both the Adults' Health & Wellbeing and Children, Schools & Families Directorates to ensure they are as fully engaged as possible in its work.

*The community leadership role*

Particular attention needs to be directed as well to the way in which Members' role as community leaders in constructively informing and shaping proposed changes to service provision might be supported and enhanced. A wider appreciation of how Members can use their community leadership role and skills as part of the problem-solving process will be particularly important in view of the likely service reductions and changes over the next five years that are forecast under the PCT's new Commissioning Strategic Plan.

Of direct relevance here is the recent Scrutiny Review Group's report on Strengthening Community Leadership, which makes proposals for developing a new model of community leadership with an accent on a more dynamic problem-solving approach; increasing resident participation; and increasing engagement through partnership. Its recommendations link strongly with several in this report. The two pieces of work should therefore be considered in tandem in order to reinforce each other.

It is critical that all the above developments are accompanied by both a strong degree of continuity in the membership of the HSP over the lifetime of the forthcoming new administration and a degree of extra commitment by Members. The aim here is twofold: to ensure that HSP members can play the fullest part as strategic leaders in public health, exercising the community leadership role of local government to improve health and address health inequalities in their widest aspects; and to ensure that in doing so the burden of health scrutiny does not fall on just a few shoulders.

Efforts to engage patients and residents in scrutiny reviews should continue, and a number of measures are proposed to help enhance the level of public engagement with health scrutiny. A clearer understanding about areas of responsibility and operation between the HSP and THINk could help to reap the benefits of effective joint working through co-ordination of effort. More use too could be made by health scrutiny of the eight Local Area Partnerships (LAPs), which play a role in identifying and communicating local priorities and holding health services (amongst other public providers) to account for the quality of services in the area.

*Conclusion*
Tower Hamlets has built strong foundations for its health scrutiny function but recognises that there are improvements that can be made. The suggestions in this evaluation of the health scrutiny programme are offered to assist Members and all health partners to make the journey, as one contributor put it, “from good to great.”

## Recommendations

We believe our recommendations set out below will help overview and scrutiny to improve the effectiveness of the health scrutiny programme. The main body of the report also contains some suggestions for what it might focus on in future.

### Ensuring scrutiny incorporates best practice in addressing health inequalities

i) ensure the implications of the Marmot report are incorporated into the HSP's thinking about the aims of the new health scrutiny programme and the content of the programme itself (paragraph 38)

ii) benchmark the HSP's work and that of Tower Hamlets against those authorities which have been awarded Beacon status for reducing health inequalities, to learn lessons from their best practice, including ways of focusing on internal health inequalities (paragraph 39)

### Improving the approach to programming health scrutiny and carrying out reviews

iii) try new ways of carrying out and gathering evidence for scrutiny reviews, to help keep the approach fresh, innovative and securely evidence-based (paragraph 57)

iv) consider taking a cross-sectoral, 'Total Place' approach to the overall framing of the new health scrutiny programme for 2010-2014, as well as individual pieces of work, to ensure that all health partners, the Council and the voluntary and community sector in Tower Hamlets are able to play their part in addressing the key health issues that the borough faces (paragraph 60)

v) review the practice of doing only one HSP scrutiny review a year, to see if two more focused reviews, completed in a shorter timescale, might be of greater value (paragraph 62)

vi) consider making improvements in the quality of the recommendations that the HSP produces in its work, to enable clearer measures of success to be drawn from the recommendations and facilitate more effective monitoring and holding to account of Cabinet, Council officers and health partners (paragraph 63)

**Improving the partnership approach to health scrutiny**

vii) explore holding agenda planning conversations with health partners at a higher level to try to ensure that agendas can do justice to the ‘big issues’ in health (paragraph 66)

viii) explore following the ‘less is more’ approach to agenda planning in order to add more value by giving fewer but better resourced work items more robust scrutiny (paragraph 67)

ix) explore using the most appropriate method for considering different scrutiny items, in order to use the HSP’s time and resources more effectively (paragraph 68)

x) ensure the induction programme for new HSP members (including the Panel’s co-optees) in 2010/11 draws on the experience of previous inductions to employ the most effective ways of engaging HSP Members and enabling them to a) acquire a clear picture of current health issues and strategies; and b) start to develop effective working relationships with key health partner contacts (paragraphs 73, 74)

xi) ensure the induction process for new councillors includes discussions with Tower Hamlets Local Involvement Network (THINk) and consider ways to share information collected by THINk from patients and the public (paragraphs 76, 77)

**Mainstreaming health inequalities and health scrutiny work**

xii) allied to efforts to strengthen the relationship between health partners and health scrutiny, continue to seek ways to strengthen the relationship between Overview and Scrutiny and the Tower Hamlets Partnership to help deliver the priorities of the Community Plan (paragraph 78)

xiii) review how the HSP could do more to develop and use its relationship with the Lead Member for Health and Wellbeing, as a way of firming up the strong leadership and vision needed as one of the ‘strategic levers’ underpinning the successful tackling of health inequalities (paragraph 82)

xiv) promote consideration of the health impacts of strategies, policies and services by all council directorates, as a method of mainstreaming health inequalities work (paragraph 83)

xv) request Executive Leads to encourage partnership working with NHS colleagues and other working in the health and social care field not just at

the strategic and most senior levels but also lower down the officer structure (paragraph 83)

xvi) promote the development of a core group of public health champions in decision-making positions across all functions, through the use of a health training course for senior/third tier managers (paragraph 84)

xvii) ensure that a health dimension is included in the Overview and Scrutiny Committee's considerations of topics for scrutiny reviews and that its Scrutiny Leads are aware of what is available in terms of evidence sources and witnesses, from inside and outside the Council, to make reviews as soundly-based as possible in terms of health impacts (paragraph 85)

xviii) ensure that the relevant council directorates, in particular the Adults' Health & Wellbeing and Children, Schools & Families directorates, are as fully engaged as possible in the HSP's work directly and that directorates are made aware of the criteria which the HSP uses to assess whether topics are sufficiently important to be included in the work programme (paragraphs 86, 87, 90)

xix) ensure the new 2010-2014 health scrutiny programme is 'an informed joint enterprise' by holding extensive open discussions about its priorities and content, to produce a realistic but challenging programme and increase the likelihood of partners' buy-in and co-operation (paragraph 91)

**Developing the Health Scrutiny Panel's abilities and Members' community leadership role**

xx) explore opportunities to increase the HSP's 'critical challenge' function through topic briefings, holding all-party pre-meetings to develop questioning strategies in advance and attending a questioning skills development session (paragraph 94)

xxi) consider co-opting a representative from the East London NHS Foundation Trust's Council to bring in particular experiences that might otherwise be lacking on the HSP panel (paragraph 94)

xxii) explore how to develop a wider appreciation of how Members can use their community leadership role and skills as part of the problem-solving process in health and social care (paragraph 96)

xxiii) ensure that the recommendations of the Scrutiny Review Working Group on Strengthening Local Community Leadership are considered in tandem

with this report's, so that there is a health dimension to this developing work on community leadership (paragraph 97)

**Laying foundations for the next four year health scrutiny programme**

xxiv) ensure that in the HSP's future work programme account is taken of the strong possibility the further pan-London and sub-regional health service changes may require a substantial investment of time and effort participating in Joint Health Overview and Scrutiny Committees (paragraph 99)

xxv) continue efforts to engage patients and residents in scrutiny reviews, while considering other means of public engagement, such as co-options, holding some HSP meetings in more geographically accessible locations, increasing dialogue with THINK's membership and increasing the publicity effort for health scrutiny (paragraphs 104, 105)

xxvi) review the HSP's relationship with both LAPs and THINk to develop clarity about respective roles vis-à-vis holding health and social care services to account, and to reap the benefits of effective liaison and joint working (paragraphs 106, 107)

xxvii) consider increasing the scrutiny staffing resources so that there is a dedicated health scrutiny officer, as is common in a number of other authorities of comparable size to Tower Hamlets, to enable the post to assume a more strategic role around workload planning, prioritisation, analysis of information, commissioning of additional research and providing support for HSP members (paragraph 108)

xxviii) explore how to achieve the necessary high degree of continuity in the membership of the HSP over the life of the next four year programme and how to facilitate HSP members' input and engagement with the work for maximum effectiveness (paragraphs 110, 113)

## Background and context

1. Tower Hamlets is a small, densely populated borough. Its current population of around 235,000 is expected to reach 300,000 by 2020. The borough is made of a number of long-established communities as well as more recent neighbourhoods created by the regeneration of the old docks.

2. Tower Hamlets is one of the most diverse boroughs in the country. Almost half the population are from a minority ethnic group, and around 110 different languages are spoken by its school pupils. Nearly one in three people come from a Bangladeshi background and there are significant numbers of Somalis, Lithuanians and Romanians in the borough. It is a very young borough, with 35% of the population aged between 20 and 34 (compared to the 18% average for the rest of inner London). Over 70% of its young people are from minority ethnic backgrounds.

3. Immense wealth sits side by side with serious poverty. The continued development of Canary Wharf has brought much economic growth and many highly paid jobs into Tower Hamlets, lifting the average salary for people who work in the borough to nearly £69,000. But unemployment is high and almost two in five households live on less than £15,000. As a result, many children live in poverty and a lot of people suffer from poor health.

4. Expensive new private riverside housing developments sit alongside social housing estates. Housing affordability is low by national standards - with an average price of £380,835 which is more than double the average in England and Wales - and out of reach for most local people. Overall, Tower Hamlets is the third most deprived borough in the country.

5. Residents' health is a concern locally, since in general it is poorer than in the rest of England. People in the borough are more likely to experience conditions such as cancer, diabetes, stroke and heart disease. There is also a worryingly high rate of obesity for some children, with the borough having the fifth highest rate in the country at reception year and sixth highest in year 6.

6. Residents do not live as long as people in other parts of the country: average life expectancy at birth is 75 for men and 80 for women, ranking Tower Hamlets 383rd and 361st respectively, out of 432 local areas. Death rates are falling steadily from year to year, but there is little evidence of a reduction in the gap between Tower Hamlets and the rest of the country. There are also inequalities within the borough: the life expectancy of a boy born in Bethnal Green North is 8.5 years less than that for a boy born in Millwall, and that of a girl born in Limehouse is 5.7 years less than for a girl born in Bromley-by-Bow.

7. The Tower Hamlets Partnership Is working hard to improve residents' health, including tackling the underlying causes such as poverty, poor housing and unemployment. In addition, the borough has been awarded 'Healthy Town' status. It is one of only nine partnerships nationally and the only London Borough to secure extra government funding to encourage residents to eat more healthily and participate in more exercise.

8. Tower Hamlets' sustainable community strategy has recently been revised to become the 2020 Community Plan. The overall aim of the new plan is to "improve the quality of life for everyone who lives and works in the borough". Underpinned by a desire to build 'One Tower Hamlets' the borough's new priorities have been developed under four new themes:
   - a great place to live;
   - a prosperous community ;
   - a safe and supportive community; and
   - a healthy community

9. The Council currently has a Leader and Cabinet model of governance. Fifty one councillors represent 17 wards across the borough. There are 32 Labour, 9 Conservative, 4 Liberal Democrat and 6 Respect councillors. The Cabinet comprises the Leader and Deputy Leader and eight other portfolio holders, as follows:

   - Resources and Performance
   - Children, Schools & Families'
   - Cleaner, Safer, Greener
   - Culture and Leisure
   - Housing and Development
   - Employment and Skills
   - Health and Well-being
   - Regeneration, Localisation and Community Partnerships

10. The Overview and Scrutiny function is provided by the Overview and Scrutiny Committee which coordinates all overview and scrutiny work. It has nine councillors, reflecting the overall political balance of the Council, and provision for five co-optees with specific responsibilities for education. The Chair of the OSC oversees the work programme of the committee as well as taking a lead on monitoring the Council's budget. There are also are five 'scrutiny leads' - one for each of the themes in the Tower Hamlets Community Plan, with a further lead on 'Excellent Public Services'. The Scrutiny Lead for the 'Healthy Communities' theme is also Chair of the Health Scrutiny Panel.

11. The Health Scrutiny Panel (HSP), formally a Sub-Committee of the Overview and Scrutiny Committee, discharges the Council's specific

statutory responsibilities for health scrutiny. The HSP can look at any matter about health services within the borough including hospital and GP services, health promotion and prevention. This includes the way that health services are planned, how services are provided and how NHS organisations consult with local people.[1]

12. The HSP is chaired by Councillor Tim Archer and the Vice-Chair is Councillor Ann Jackson. It has a further five councillors sitting on it, as well as three co-optees – two from Tower Hamlets Local Involvement Network (known as THINk) and one from the Future Women Councillors Programme.

13. The scrutiny support function is located in the Chief Executive's Directorate, reporting to the Service Head of Scrutiny and Equalities. The Scrutiny Policy Team consists of a Scrutiny Manager and three scrutiny policy officers, one of whom is responsible as part of her job for servicing the Health Scrutiny Panel.

14. The borough has been divided into eight local Area Partnerships (LAPs), based on local wards. Each of the LAPs provides a platform for local residents to have their say on the improvements in their area, and to influence how the changes are carried out.

15. Each LAP has a steering group made up of around 15 local residents, six ward councillors and six service provider representatives. As a group they have a number of aims, including to:

- help deliver the Tower Hamlets Partnership's objectives and contribute to performance against the targets set out in the Local Area Agreement (LAA)
- develop innovative approaches to the delivery of key targets at a local level based on gathering intelligence, promoting joint working and joint problem solving

---

[1] The Health Scrutiny Panel's formal terms of reference are:

(a) To review and scrutinise matters relating to the health service within the Council's area and make reports and recommendations in accordance with any regulations made thereunder;

(b) To respond to consultation exercises undertaken by an NHS body; and

(c) To question appropriate officers of local NHS bodies in relation to the policies adopted and the provision of the services.

- work with the Community Plan Delivery Groups to agree local activities and projects linked directly to the LAA targets most relevant for their LAP area
- review and monitor local evidence on performance and outcomes to inform action planning
- develop local participation and empowerment
- help build local capacity
- channel entrepreneurial energy

16. Tower Hamlets Council is a major authority which employs around 10,500 staff, around 4,800 of whom are based in schools (including teachers), and has a revenue budget of over £500 million (including schools). The Council's Corporate Management team is headed by the Chief Executive and includes five Corporate Directors and two Assistant Chief Executives. The joint appointment of a Director of Public Health with the Primary Care Trust demonstrate a willingness to adopt a cohesive approach to planning across organisational boundaries.

17. Under the recent Comprehensive Area Assessment (CAA), Tower Hamlets Council scored 3 out of 4 in the assessment for its use of resources and was judged to be good at managing its money, assets and natural resources. It also scored 3 out of 4 for managing its performance. For the previous four years the Council's social care services for adults and older people had been assessed by the Care Quality Commission as 'performing excellently' and its services for children and young people had been assessed by Ofsted as 'excellent'. In addition, Tower Hamlets was awarded a 'Green Flag' for its exceptional performance or innovation in engaging and empowering local people.

18. The CAA also noted that the Tower Hamlets Partnership is making a good contribution to meeting ambitious strategic and partnership targets, with about two thirds of those targets within the Strategic Plan and the Local Area Agreement (LAA) on track to be met. Targets at risk of not being met included some health targets, such as childhood obesity and teenage pregnancy.

19. The CAA for Tower Hamlets also included an assessment for the Primary Care Trust (PCT), which rated the quality of commissioning of services for its local population by the PCT Care Trust as 'weak', and the financial management for the organisation as 'good'.

**Background to the evaluation**

20. The overall overview and scrutiny function at Tower Hamlets is evaluated on an annual basis through holding an evaluation meeting for scrutiny

members, with facilitation. These evaluations have included consideration of the health scrutiny function and have contributed to learning and development. Nearing the end of the health scrutiny four year programme, however, it was felt that a more extensive, focused review specifically of health scrutiny would enable the borough to check how effective its practice has been and consider any recommendations for how it might achieve better outcomes. An external scrutiny consultant (with some experience of overview and scrutiny in Tower Hamlets) was commissioned in order to provide greater challenge and to bring experience of relevant good practice in the field of health scrutiny from elsewhere.

## Methodology

21. The objective of this evaluation exercise has been to help the authority to assess its current strengths, potential areas for improvement and its capacity to change. The approach has been a supportive one, undertaken by a 'critical friend' with practical experience of both overview and scrutiny work in other authorities and current developments in health scrutiny. The intention has been to help the council – and its partners – to identify both current strengths and what could be improved.

22. Evaluation of a council's overview and scrutiny function characteristically uses the Centre for Public Scrutiny's four principles of good public scrutiny as a benchmark, [2] and considers the roles and relationships, process and practice, and skills and support in place to enable effective scrutiny to operate. These principles have formed a backcloth to this evaluation.

23. But since this has been an evaluation of *health* scrutiny in Tower Hamlets and its four year health scrutiny programme, another set of benchmarks specifically developed for evaluating health scrutiny has been used. The Centre for Public Scrutiny's Health Scrutiny programme [3] uses the

---

[2] The four principles are:

- provides 'critical friend' challenge to executive policy-makers and decision-makers
- enables the voice and concerns of the public
- is carried out by 'independent-minded governors' who lead and own the scrutiny role
- drives improvement in public service

[3] Since 2004, the Centre for Public Scrutiny has also been running a Department of Health funded support programme for the 150 health overview and scrutiny committees of social services authorities – see www.cfps.org.uk/what-we-do/

following set of principles as benchmarks against which to assess a health scrutiny programme:

*Aims*
- taking account of and seeking to redress health inequalities
- promoting health and well-being in response to local circumstances and the needs of local people

*Accountability, coherence and balance*
- providing the conditions for effective local accountability to local people in relation to their health and well-being
- a coherent and proportionate programme which has taken account of other audits and reviews
- reflecting a proper balance between 'mainstream scrutiny of public health issues and scrutiny of specialist areas of health
- reflecting the complex solutions required for cross-cutting issues which impact on health and well-being

*Partnership approach*
- an informed joint enterprise between the Health Scrutiny Panel (supported by the Overview & Scrutiny Committee) and partners in the health economy
- recognising the range of settings and providers on the 'patient journey', including the contribution of the voluntary and private sectors
- constructively informing and shaping proposed changes to health service provision which affect residents in Tower Hamlets

*Outcomes*
- resulting in local action and improvements to local service delivery
- producing outcomes which have helped to improve the health and well-being generally of local people

24. The bulk of the work involved in this evaluation took place in January and early February 2010. The approach was based on a review of extensive documentation from the council and all health partners; a range of interviews with Members, council officers and health partners personnel (see Appendix 1 for details); and observation of a Health Scrutiny Panel meeting on 26th January 2010. This has helped to identify strengths in the health scrutiny programme and how it has been carried out and areas for further consideration and improvement.

25. This evaluation was undertaken by Tim Young, a Centre for Public Scrutiny associate, assisted by Graham Peck of Peck and Company. We have appreciated the welcome and hospitality provided during this

evaluation and would like to thank everybody that we met during the process for their time and contributions, particularly Katie McDonald who supplied all the background documents and arranged all our interviews.

26. This report is structured around the four key benchmark areas for a health scrutiny programme mentioned above: aims; accountability, coherence and balance; partnership; and outcomes.

## Aims of the health scrutiny programme

Has the programme:
- taken account of and seeking to redress health inequalities?
- promoted health and well-being in response to local circumstances and the needs of local people?

*"Health scrutiny is both a challenge and an opportunity for local authorities and the NHS. Its primary aim is to act as a lever to improve the health of local people, ensuring that the needs of local people are considered as an integral part of the delivery and development of health services."*

Department of Health, *'Overview and Scrutiny of Health – Guidance'* (2003), para.1.1

27. The overview and scrutiny role was introduced in local authorities by the Local Government Act 2000 to complement changes in executive arrangements, but the specific powers for the additional role of scrutiny in relation to health were not formally granted until a year later, by the Health and Social Care Act. Guidance on the exercise of these powers did not appear until 2003. During this gestation period and since, debate and discussion among agencies and practitioners have helped clarify the role of health scrutiny. We can summarise this in a series of propositions:

- The role of health scrutiny is to improve the health of local people, by ensuring that their needs are considered as an integral part of the delivery and development of health services
- But the power to scrutinise health services should be seen and used in the wider context of the local authority role of community leadership and of other initiatives to promote the social, environmental and economic well-being of an area - health scrutiny members have a role as 'strategic leaders in public health'
- Health scrutiny should therefore also be linked to scrutiny of local authority services and actions that relate to the broader determinants of health, and its role is to ensure that local health and health-related issues are being tackled jointly across local agencies
- Scrutiny should therefore be part of a positive approach to partnership working and a vehicle for local authority involvement in health planning and tackling health inequalities and wellbeing issues
- Taken overall, health scrutiny offers local councillors a way to hold health services to account, to respond to the health and wellbeing concerns of their residents and to offer practical solutions or ways forward

28. How then does the Health Scrutiny Panel's work measure up to this role, with particular regard to taking account of health inequalities and promoting health and well-being locally?

29. The most striking aspect of the Health Scrutiny Panel's work is the uniqueness of its initiative in developing a four year programme to tackle health inequalities in Tower Hamlets. Other boroughs have shared Tower Hamlets' desire to focus on health inequalities [4] but a key defining factor in the HSP's approach has been to focus on tackling health inequalities on a systematic basis over the lifetime of an administration. As we shall see, it has not always been possible to hold fast to the broad programme for various reasons. But from the outset, the programme has been based on a commitment to seek to redress health inequalities and promote the health and well-being of local people in response to local circumstances and needs.

30. The starting point for this assessment of the aims of the health scrutiny programme lies in the work undertaken to construct a new health scrutiny programme after the municipal elections in May 2006.

31. In the two years prior to May 2006, the HSP had largely delivered on a work programme which had included:
    - three well-received reviews on diabetes, sexual health services and delivering 'Choosing Health', using obesity as a case study
    - the first year of Annual Health Checks – including joint meetings with health scrutiny in Hackney and Newham relating to East London and the City Mental Health Trust
    - working to improve relationships between the HSP and local health partners

32. This work was carried out with an understanding that the primary aims of health scrutiny are to:
    - identify whether health and health services reflect the views and aspirations of the local community
    - ensure all sections of the community have equal access to services
    - ensure all sections of the community have an equal chance of a successful outcome from services

33. Through an extensive induction programme involving both HSP members and health partners at the beginning of the new council administration in May 2006, this understanding was carried over and taken on board by the new membership of the Health Scrutiny Panel, which endorsed the

[4] See examples in Lucy Hamer, *Local government scrutiny of health: using the new power to tackle health inequalities* (HAD, 2003)

proposition that “addressing health inequalities was and remains a key challenge for Health Scrutiny.”[5] The broad cross-cutting themes agreed for the new work programme were:

- health promotion and prevention through work with health partners and other third sector organisations
- developing better integration and partnership to improve joint service provision
- improving access to services as a key way of tackling health inequalities

34. Alongside these themes, three specific health issues were identified as priorities for the borough: smoking, heart disease and mental health. These clearly reflect local circumstances and the needs of local people, although it is true to say that there are, unsurprisingly in an area such as Tower Hamlets, a number of other key health issues which the HSP could have chosen to focus on.[6]

35. Indicative of the concern, however, of the HSP to ensure that it addresses the health needs of local people was the inclusion of a piece of work to look at how local residents accessed health services, specifically GP and dentistry services. Councillors’ local knowledge led to their awareness that many residents were unable to access effectively the appropriate form of service, with consequent effects on their health, and it was judged that helping to address this would provide a useful first step to challenging local health inequalities.

36. We will examine in more detail the content of the programme and how effective it has been in terms of outcomes in the next three sections.

37. Looking forward, there will be significant challenges posed by the changing landscape for local health services in Tower Hamlets that the HSP will need to take account of in thinking about its aims and how to realise them through a new work programme. These changes include:

- the development of an integrated sector plan for the East London and City Alliance (covering City and Hackney, Newham and Tower Hamlets), of which Tower Hamlets PCT’s new Commissioning Strategic Plan (CSP) is a part
- the requirement for all PCTs to agree proposals for the future organisational structure of PCT-provided community services with their Strategic Health Authority by March 2010

---

[5] *Health Scrutiny Panel Work Programme 2006/07 – 2007/08 report*, Health Scrutiny Panel.

[6] See, for example, *Time for health: The annual report of the Joint Director of Public Health 2008- 2009*, which focuses on obesity and alcohol as well as tobacco usage.

- the further possibility of change to Tower Hamlets PCT through the amalgamation of borough-based London PCTs, breaking the current borough-PCT coterminous links
- the renewed bid by Barts and the Royal London NHS Trust to become a Foundation Trust, coupled with major service developments at its new hospital
- the drive to implement Healthcare for London, including the Darzi pathways and shift of care closer to home
- the financial pressures on the Council, the PCT and other public sector partners
- the likely service reductions and changes that are forecast under the PCT's new Commissioning Strategic Plan, and the considerable financial risk to the PCT if the required productivity growth and savings are not realised
- the significant patient and public involvement that these changes will require, in which the HSP will be expected to play an important role

38. A further important development is the publication of the Marmot report - the independent review commissioned to propose the most effective strategies for reducing health inequalities in England from 2010. [7] It will be important to ensure the implications of the Marmot report are incorporated into the HSP's thinking about the aims of the health scrutiny programme and the content of the programme itself. This will require dialogue between the HSP and its health partners, particularly the PCT's Director of Public Health.

39. The HSP could also usefully benchmark its work and that of Tower Hamlets against those authorities which have been awarded Beacon status for reducing health inequalities.[8] One aspect of the work of several

---

[7] *Fair Society, Healthy Lives: The Marmot Review Final Report on Strategic Review of Health Inequalities in England post 2010* (February 2010). The review had four tasks:
i) identify, for the health inequalities challenge facing England, the evidence most relevant to underpinning future policy and action
ii) show how this evidence could be translated into practice
iii) advise on possible objectives and measures, building on the experience of the current PSA target on infant mortality and life expectancy
iv) publish a report of the Review's work that will contribute to the development of a post-2010 health inequalities strategy

[8] In 2008, six local authorities and one Fire & Rescue authority received the Beacon Award for their excellent work in reducing health inequalities. They were: Coventry City Council, Derwentside Council (now part of Durham County Council), London Borough of Greenwich, Sheffield City Council, and Sunderland City Council, plus Merseyside Fire and Rescue Service. See *'Reducing health inequalities: Beacon and beyond'* (IDeA, November 2009).

of these authorities was their focus on addressing internal health inequalities and the particular programmes they devised to tackle this issue. The desirability of a more explicit focus in a new health scrutiny work programme on the internal health inequalities which exist in Tower Hamlets was a point made to us by both the current Chair of the HSP and the Director of Public Health, and there may be lessons to learn from the Beacon authorities in this regard.

## Accountability, coherence and balance

Has health scrutiny :

- devised a coherent and proportionate programme which has taken account of other audits and reviews?
- reflected a proper balance between 'mainstream scrutiny of public health issues and scrutiny of specialist areas of health?
- reflected the complex solutions required for cross-cutting issues which impact on health and well-being?
- provided the conditions for effective public accountability to local people in relation to their health and well-being?

40. There is evidence that the health scrutiny programme has mostly been constructed in a coherent fashion, taking account of other audits and reviews, and has sought to provide effective public accountability. The bulk of the programme's reviews and work clearly follows the priorities set out in the original proposals for the programme in 2006/7. Other pieces of work programmed in for the first two years, in keeping with health scrutiny's statutory responsibilities, included consultation by the PCT on maternity services, palliative care and the treatment of long-term conditions, and consultation by the East London and the City Mental Health Trust on the closure of a ward in St Clements Hospital.

41. This type of programming has continued over the life of the HSP's work programme. Most recently, in its last two meetings the HSP has examined reports on a range of issues including the review of Older People's Services; the annual report of the Safeguarding Adults Board; the Health for North East London local consultation plan; the Mental Health Care of Older People Strategy's redesign of older people's services at East London NHS Foundation Trust; and the PCT's Commissioning Strategic Plan for 2010/11 to 2015/6.

42. Other significant pieces of work which fall within the HSP’s statutory responsibilities and have been programmed in over the period are the Annual Health Check process; two pan-London Joint Health Overview and Scrutiny Committees (JHOSCs) on consultation responses to the Healthcare for London strategic proposals and subsequently the significant changes to the delivery of major trauma and stroke services in London; and the sub-regional Health for North East London JHOSC.

43. We found acknowledgement in interviews we conducted that the HSP was also broadly effective at ‘the reactive agenda’ – in picking up and dealing with local residents’ pressing health issues. One such example was the way the HSP took on board the issues relating to the appointments system, physical accessibility and treatment of patients at the Shah Jalal Medical Centre, and brought them to the attention of health commissioners and providers.

44. However, we found evidence of four particular issues affecting the HSP’s delivery of a coherent and proportionate programme of health scrutiny.

*The problem of prioritisation*

45. Firstly, the sheer scale of health problems and inequalities in Tower Hamlets has posed problems for the HSP in constructing and prioritising its agenda – as one councillor put it, “we don’t know what to cut out in order to focus on particular issues.”

46. One result of the resulting ‘broad and shallow’ as opposed to a ‘narrow and deep’ approach is that rigorous holding to account can suffer. For example, Barts and the Royal London Hospital’s view of the health scrutiny programme was that they did not feel particularly scrutinised and held to account, and that therefore health scrutiny had not been particularly meaningful for it, although it was acknowledged that the responsibility for changing this partly lay with the provider to become more engaged.

47. However, as a HSP councillor explained, it is difficult to challenge and hold to account a complex, enormously important, world leading health provider such as Barts and the Royal London. But even where the issues are of a smaller scale, such as a ward closure by the East London NHS Foundation Trust, we heard that its perception was that the HSP’s questioning was not very searching and did not provide a ‘critical challenge to match the thorough information provided. We will make recommendations about how to tackle this at a later point.

48. In a situation where health problems and issues are numerous, the necessity of prioritisation becomes even more acute. There is a balancing act to be maintained between spending time and resources on those

issues which are recognised as the most serious (as the original programme set out to do) and also dealing with other issues of public concern that may crop up, such as swine flu. We found some concern among health service mangers that the amount of attention given to some of this latter set of issues was disproportionate, given the importance of the deep-seated health issues facing the borough.

49. For example, the view was expressed that an item on the GP 'list cleansing' problem taken at the HSP meeting on 26th January 2010 could have been satisfactorily dealt with off the agenda, between the PCT and the HSP or the PCT and THINk, which first raised the issue. This would have freed up more time for the last item on the night which was the PCT's Commissioning Strategic Plan for 2010/11 to 2014/15. This set out eight programmes for achieving the PCT's ambitious goals while meeting the huge financial challenge of avoiding a potential deficit of £36m by 2014/15, rising to £50m by 2016/17 if nil growth in resources was matched by no action to manage demand and increase productivity to cater for population growth. This was in effect asking the HSP to start taking on a strategic community leadership role around the health programmes that would significantly impact over the next five years on all local residents.

50. On the other hand, for HSP members the time spent on the 'list cleansing' item was a productive exercise in holding the PCT to account for a project management error which impacted on some of their constituents and might impact again when the exercise is conducted on annual basis. As such, HSP members were exercising a community leadership role, in terms of responding to local concerns and employing an immediate problem-solving focus.

51. This example illustrates the problem of demands on the HSP's time and the multiple roles it is asked to play, and therefore in turn how to manage competing views about the content of health scrutiny agendas and how they should be drawn up. We make some recommendations on ways in which this might be done towards the end of this section.

*Consistency or flexibility?*

52. Secondly, in terms of the HSP's scrutiny reviews, while the panel's Smoking Cessation review was universally welcomed, we found evidence of some disagreement and debate about whether two of the reviews, on End of Life Care and Child Obesity, which were not part of the original programme, should have been conducted.

53. The inclusion of the End of Life Care review was challenged on the grounds of whether it was of a sufficiently high priority. However, it was acknowledged by focusing on the relevant social care services and other related services for which the Council has primary responsibility, the

review dealt with the potential difficulty that the PCT had already adopted the 'Delivering Choice Programme' piloting the Marie Curie toolkit to redesign and improve end of life care services. End of Life Care did not figure as a priority issue in the original HSP work programme. However, by seeking to improve how health and social care services worked together on this issue in order to create a seamless service, it is arguable that this review was anchored to the overall programme theme of 'developing better integration and partnership to improve joint service provision.'

54. The Childhood Obesity review raised a slightly different problem. It is clearly a major issue in Tower Hamlets, with long-term consequences, and has targets in the Local Area Agreement in recognition of the partnership approach that is required to address it. But it had already featured in the health scrutiny programme before 2006 as a case study in examining the delivery of 'Choosing Health'. [9] In addition, the planned review for 2009/10 that it replaced had been on mental health, which had been identified as one of the three specific priority health issues for the borough in discussions between HSP members and health partners.

55. However, although the Childhood Obesity review has not quite yet reported its work, it is evident that it has built on the earlier work and is taking an interesting approach to the issue. One of its aims is to try to add value to existing work on tackling obesity by including consideration of how the council might address directly the twin problems of the proliferation of fast-food outlets, particularly in the vicinity of schools, and the quality of the food that they provide. Although it revisited an issue, what this review illustrates is the HSP's willingness to investigate complex solutions required for cross-cutting issues which impact on health and well-being.

56. For the future, the greatest benefit can be expected from a four year health scrutiny programme that starts with a clear framework, set of priorities and topics for its work but is able to avoid the dangers of rigidity by being willing to judge any new proposals against the programme's priorities and assess their comparative value if undertaken. This will assist deciding in a transparent manner the respective benefits of competing choices.

*The choices in scoping and carrying out reviews*

57. Thirdly, we found much praise for the HSP's handling of scrutiny reviews but also some constructive criticism. Most respondents thought that the HSP had a thorough and collaborative approach to scoping and carrying

[9] The review attracted funding from the Centre for Public Scrutiny's 'Action Learning in Health Scrutiny' project and featured in its evaluation, "*Learning together: further lessons from health scrutiny in action*" (Centre for Public Scrutiny, June 2007).

out scrutiny reviews: “they’re pretty robust…they’ve got a genuine handle on it.” Officers should continue to check what other scrutiny reviews on chosen topics have done [10] and be prepared to try new ways of gathering evidence or drawing occasionally on expert witnesses. This could help to keep the approach to carrying out reviews fresh, innovative and securely evidence-based.

58. But the contrary view about the programme of reviews put to us was that in designing the programme and scoping individual reviews the HSP needed to take more of a cross-sectoral view when examining health issues, for example by looking across the total health pathway. This would involve looking at the whole picture, how different parts of the health system and Council provision interact with each other, and bringing the collective resources of the Council and health partners to bear on issues.

59. As ever, this is easier said than done. Issues of time and resources enter into the equation. The End of Life Care review, for example, consciously excluded end of life care provision for children and young people from its scope on the grounds that it posed different challenges and would benefit from a specialist investigation.

60. But the moves towards a ‘Total Place’ approach open up possibilities over the next four years to investigate new approaches to efficient use of resources through integration and targeting to produce service improvement in local areas.[11] However, Total Place is by no means an easy option for tackling health inequalities. Inherent in the approach are process issues and tensions over matters such as agreeing joint priorities, targets and performance management and how to use flexibilities such as pooled budgets, joint posts and integrated services. These will need to be addressed in order to reap the health benefits of the Total Place initiative.[12]

61. Nevertheless, there are potential benefits to be gained from examining health issues in the round as much as possible before making any

---

[10] The Centre for Public Scrutiny has an extensive on-line library of scrutiny reviews carried out by all types of authority across health and social care and other subjects.

[11] One of the ‘Total Place’ pilots is Worcestershire County Council, which has chosen a range of themes to explore, including tackling obesity and road safety (a leading cause of childhood death and serious injury, disproportionately affecting children from the poorest families), both of which feature on the Tower Hamlets Partnership agenda.

[12] For a discussion of these, see Martin Seymour, “Embedding health in a vision of Total Place” in Fiona Campbell (ed.), *The social determinants of health and the role of local government*, IDeA, March 2010.

recommendations for redesigning or otherwise improving services. We suggest this approach is built into both the overall framing of the new health scrutiny programme for 2010-2014, as well as individual pieces of work, to ensure that all health partners, the Council and the voluntary and community sector in Tower Hamlets are able to play their part in addressing the key health issues that the borough faces.

62. In addition, the practice of doing only one review a year might also be reconsidered. There is a danger with the 'one review for the year' approach that service practice can have overtaken the review's recommendations by the time it reports. Two more focused reviews, completed in a shorter timescale, might be of greater value.

63. Consideration should also be given to making improvements in the sometimes variable quality of the recommendations that the HSP produces in its work, by sharpening up on exactly what is being recommended and by focusing more on what is to be delivered and by whom. This would enable clearer measures of success to be drawn from the recommendations which could then be more effectively monitored and used to hold to account the Cabinet, council officers or health partners, depending on specific responsibility for implementation.

*The burden of additional joint scrutiny work*

64. Fourthly, the necessity of engaging in two pan-London Joint Health Overview and Scrutiny Committees (JHOSCs) and the Health for North East London JHOSC has had an effect on the HSP's work programme. JHOSCs can involve considerable time and effort on the part of both HSP members and scrutiny officers. This has been clearly the case for the pan-London work, although less so for the sub-regional committee where under the reconfiguration proposals Tower Hamlets' position is essentially non-problematic and has correspondingly received less Member attention.

*Delivering a coherent and proportionate programme: managing and balancing the agenda*

65. What can be done about the common problem experienced by health overview and scrutiny committees of managing the agenda? Pressure on the HSP's agenda has been acknowledged since 2006.[13] The solution proposed then of considering the issues over a number of years has not lessened the pressures involved. The pace of change in the health service has been relentless, throwing up new issues, not least sub-regional and pan-London reconfigurations of service referred to above.

66. In our interviews there was a detectable willingness among the health partners to have planning conversations at a higher level to try to ensure

---

[13] *Health Scrutiny Panel Work Programme 2006/07 – 2007/08*, para. 4.9

that agendas can do justice to the ‘big issues’ in health, while recognising that the final decision on HSP agendas rests with Members. This should be explored.

67. We suggest that the principle ‘less is more’ is followed. Experience elsewhere shows that fewer but better resourced work items and more manageable agendas are likely to lead to more robust scrutiny, which should have more impact in adding value.

68. Another part of the solution to tackling the problem of overlong agendas that fail to do full justice to the more important items is to try using the most appropriate method for considering different types of items. A suggestion made in 2006 for managing the agenda proposed employing other ways for the HSP to carry out its work, such as councillors working individually or in small groups to undertake specific pieces of work and report to the Panel with their findings. This appears to have been rarely used, although some HSP Chairs have clearly devoted much individual time to their role and there are also a few examples of councillors taking on issues (such as organ donation by the BME community) on an individual basis.

69. We have listed below approaches tried by other health scrutiny committees. Some of these are used already to some extent in Tower Hamlets and some may not be possible because of the limitations on HSP members’ time. With 51 councillors (effectively 41 after the Cabinet Members have been deducted), Tower Hamlets has one of the lowest counts of councillors in a London borough to cover all Member responsibilities, particularly given its population size.[14] However, consideration should be given as whether any of the following might be successfully used (or tried again), in order to lessen pressure on the agendas of the five HSP meetings:

- single day panel – where an issue can be resolved by bringing together all key stakeholders for a facilitated workshop day
- member champion – where an issues could be investigated by a single member who would then report back to the panel
- informal briefings – to provide background information particularly on complex issues, thus saving the need for long presentations to the full panel

[14] Only two London Boroughs, Islington and Hammersmith & Fulham, have fewer councillors than Tower Hamlets, but their populations are substantially less – 185,500 and 171,400 respectively, compared to Tower Hamlets’ 212,800 (using ONS mid-year population estimates for 2006). Boroughs with more councillors than Tower Hamlets but approximately the same or smaller populations include Kensington & Chelsea (54 councillors, 178,000 population); Hackney (57 councillors, 208,400 population); and Harrow (63 councillors, 214,600 population).

- reports in members' information packs – to provide background information of less complex issues
- portfolio holder briefings – where the portfolio holder is dealing with an issue relevant to the panel's work

## Partnership approach

Has the programme:

- been an informed joint enterprise between the Health Scrutiny Panel (supported by the Overview & Scrutiny Committee) and partners in the health economy?
- recognised the range of settings and providers on the 'patient journey', including the contribution of the voluntary and private sectors?
- constructively informed and shaped proposed changes to health service provision which affect residents in Tower Hamlets?

*An informed joint enterprise, recognising the range of settings and providers*

70. There is strong evidence that the HSP has worked hard to develop a partnership approach and secure partner buy-in to health scrutiny in Tower Hamlets. As a result we found very positive attitudes towards the HSP among its partners – validating one councillor's observation that "a core strength of health scrutiny [in Tower Hamlets] is that it is taken seriously by the partners."

71. The PCT has been a longstanding partner in the health scrutiny process, closely followed by the East London NHS Foundation Trust. The Barts and the Royal London NHS Trust acknowledge that they are perhaps the least engaged of the three Trusts, owing to what it sees as problems on both sides. But the Trust does participate in the induction programme for HSP members, took part in what was the HSP's contribution to the Annual Health Check process and cooperates when requests for information or involvement are made. There is clearly also a willingness in the Trust to be more involved in discussions about the HSP's work programme and an appetite to have more direct communication and information coming back to the Trust about its services.

72. We suggest that this relationship should be nurtured. The Trust will be approaching the HSP again in the near future as it resurrects its bid to become a Foundation Trust. Over the next two years, the huge capital development programme at the London Hospital will change what services the Trust provides for patients very materially, which will have a considerable impact on Tower Hamlets' population. We suggest that these changes should be considered as a potential topic when the next HSP work programme is devised, in order that a scrutiny perspective on behalf

of Tower Hamlets' residents might be brought to bear on these developments.

73. For the future HSP work programme, as well as building on the foundations of a joint enterprise approach already laid down, the induction process for the HSP panel in the new administration after May 2010 will be an important factor. Developing this will need to draw on the experience from the extensive induction programme in 2006 to employ the most effective ways of engaging HSP members, including the panel's co-optees, and health partners.

74. From the point of view of the HSP members, the aim of the induction programme should be to provide them with the information and analysis to acquire a clear picture of the health issues that the borough faces, the strategies that have been devised to tackle the issues, and the key health contacts with whom the HSP needs to develop effective working relationships.

75. What Members told us they appreciated about the previous induction and site visits during the year was the opportunity to see at first-hand what the facilities were for patients, to explore in situ (with patients and staff) what the issues were, and to see what problems HSP recommendations and actions had been addressing. Inevitably, presentations about the issues and the challenges that health trusts face will still need to be part of the new induction programme. But these should be designed with any new councillors in mind – for some, getting to grips with health provision in the borough may be what one councillor described as "an uphill learning curve". [15]

76. The induction process should also include discussions with Tower Hamlets Local Involvement Network (THINk) which has since its inception in 2008 been gathering information about patients' and residents' experiences of health and social care service delivery. Its work targeted at 'hard to reach' groups such as residents from Eastern European and other new communities, young people and women from Bangladeshi and Somali communities could particularly help the HSP to realise the aim of promoting health and well-being in response to local circumstances and the needs of local people. These discussions would be in addition to any contribution that the two THINk co-optees on the HSP might make in HSP formal meetings to the final shape of the new work programme.

[15] All health partners and council directorates that we interviewed expressed a willingness to offer a variety of learning and development opportunities (site visits, briefings, shadowing etc) to HSP members and the health scrutiny officer throughout the year, not just as part of the formal induction process.

77. There is further potential in developing the HSP's working relationship with THINk. As the shape of the local health economy changes over the next few years, particularly with the expected decoupling of the PCT's commissioning and provider functions, the need to recognise the range of settings and providers on the 'patient journey', including the contribution of the voluntary and private sectors, may well increase. Sharing information collected from the performance of THINk's role of "enabling people to monitor and review the commissioning and provision of care services" and particularly the exercise of its 'enter and view' power could also assist the HSP in this regard. One possible way this might be done would be to consider this information at the same time as the HSP reviews the complaints made to the three health trusts.

78. These recommendations, if implemented, could help to strengthen the relationship between health partners and health scrutiny. Also welcome here are the proposals in a report[16] which is being taken to all the Community Plan Delivery Groups to consider the best ways of strengthening the relationship between Overview and Scrutiny and the Tower Hamlets Partnership to help deliver the priorities of the Community Plan. The report notes the work with partners in the current Overview and Scrutiny work programme, including the review of community leadership which will help shape future developments, and asks for suggestions of areas for future reviews and how scrutiny structures and processes could be enhanced to work closely with the CPDGs.

79. In terms of further enhancing structures and processes, in addition to the suggestions that we have already made, four interlinked points were made in the interviews we conducted that need to be followed up. These points all relate to the desirability – recently reinforced by the Marmot review's focus on policies and interventions that address the social determinants of health inequalities – of mainstreaming health scrutiny

80. The first is that health is very much a bipartisan issue, but paradoxically suffers perhaps as a result. The Chair of the Health Scrutiny Panel is from the largest of the minority parties and a non-partisan approach to the health agenda was evident from both our interviews and from the conduct of the HSP meeting that we observed. Given this sort of consensus, health issues in the Cabinet receive less attention, in terms of time and positioning on the agenda, than more contentious issues.

81. While this has some advantages, it can mean that the drive required to ensure the successful pursuit of objectives and commitments can be allocated to other issues – leaving health with a relatively lower profile. One of the common themes emerging from the 'tackling health

---

[16] *'Strengthening the relationship of Scrutiny between the Partnership to help deliver the Community Plan to 2020'*

inequalities' Beacon authorities was the identification of strong leadership and vision as one of the 'strategic levers' underpinning the success of these authorities in tackling health inequalities. [17]

82. Secondly, the HSP could do more to develop and use its relationship with the Lead Member for Health and Wellbeing. It is significant that the Lead Member has not attended any HSP meetings this year but has recognised that attending some (subject to other commitments) would be helpful in terms of information sharing, debate and discussion and general accountability. This would be in addition to any 'spotlight' or challenge sessions for accountability on specific issues.

83. The third related point is that it would be useful for the Scrutiny Leads on the Overview and Scrutiny Committee to have discussions with their corresponding Executive Leads to ensure that potential or actual health impacts deriving from strategies, policies and services within their particular remit are given full consideration. The Executive Leads in turn need to ensure that this perspective is shared with their Directors and cascaded through directorate structures. This could help ensure that the need for partnership is recognised not just at the strategic and most senior levels but also lower down the officer structure, to help encourage partnership working with NHS colleagues and other working in the health and social care field.

84. The importance of doing this was one of the key conclusions from the 'health inequalities' Beacon authorities. We suggest consideration is given to adapting for Tower Hamlets' use the 'Health: Everyone's Business' course for senior/third tier managers run by Beacon authority Greenwich Council.[18] This aims to provide participants with the knowledge, skills and language to promote health within key council roles and develop a core group of public health champions in decision-making positions across all functions.

85. Fourthly, the Overview and Scrutiny Committee should look at ensuring that a health dimension is included in its considerations of topics for scrutiny reviews and that its Scrutiny Leads are aware of what is available in terms of evidence sources and witnesses, from inside and outside the Council, to make reviews as soundly based as possible in terms of health impacts. To its credit the Scrutiny Team identified in 2006 that Health Impact Assessments (HIAs) are increasingly being used to take into account the health implications of various policies and initiatives, and that

---

[17] See '*Reducing health inequalities: Beacon and beyond* ' (IDeA, November 2009), pp 21ff

[18] See '*Reducing health inequalities: Beacon and beyond* ' (IDeA, November 2009), p.12

HIAs should be used as a tool within reviews across all scrutiny themes, to see the potential impacts on health. This objective should still be pursued.

86. The HSP itself needs to ensure that the relevant council directorates are as fully engaged as possible in its work directly. Although a senior officer from the Adults' Health & Wellbeing Directorate has attended the HSP on a regular basis and has contributed to the development of the work programme, the HSP needs to do more to enhance its relationship with the Directorate. Doing so should help ensure that social care services and issues are given their due weight in the HSP's work programme and are not effectively deprioritised. This can be a common problem where an overview and scrutiny committee has a remit combining health and social care but feels the more pressing need is to respond to the issues thrown up by the work of NHS Trusts and the increasing pace of change in the NHS.

87. The same considerations apply to the Children, Schools and Families Directorate and the health of children and young people. This is particularly important in the light of the recent Audit Commission report, *'Giving Children a Healthy Start'*,[19] which found that local authorities and primary care trusts are aware of the key health issues affecting the under-fives in their areas, but this is not always reflected in strategic plans, and is rarely given priority in local area agreements. In Tower Hamlets childhood obesity has been given priority as a target in the LAA and the HSP's scrutiny review in 2009/10 focused on children's obesity. However, interviewees acknowledged that the connections between the Children, Schools and Families Directorate and the HSP could be stronger and identified the 'Be Healthy' sub-group, a theme group for Every Child Matters, as potentially playing more of a role in identifying issues for health scrutiny.

88. This does not mean to say that the result of a closer connection should simply be more 'children and young people' items on the HSP's already crowded agenda. With its structure of an overarching OSC and a Health Scrutiny Panel, the council does not face the common question posed for other councils' overview and scrutiny functions as to which scrutiny committee or panel should be given the children's and young people's health remit. Reviews led by other Scrutiny Leads have therefore touched on children and young people's health issues but from a different perspective. However, closer working relationships may, for example, have contributed a more robust health input into two reviews, one chaired

[19] *Giving children a healthy start: A review of health improvements in children from birth to five years* (Audit Commission, February 2010)

by the Safe and Supportive Scrutiny Lead on young people's alcohol misuse, and the other chaired by the Learning, Achievement and Leisure Scrutiny Lead on young people's participation in sports.

89. The HSP should still hold a responsibility for ensuring that provision for children's and young people's health is adequately covered in its work. From our interview with senior officers in the Directorate, it is clear there is no shortage of ideas for scrutiny reviews or lack of willingness to engage further.

90. For its 2010-2014 programme, the HSP may wish, therefore, after discussions and input from the Children, Schools and Families Directorate and health partners, to include a limited but significant selection of issues relating to children's and young people's health where it calculates that it can add value in some way. The Children, Schools and Families Directorate – or indeed any directorate which may wish to put forward a health issue for inclusion in the HSP's work programme – should be made aware of the criteria which the HSP uses to assess whether topics are sufficiently important to be included in the work programme.

91. The final point to make here is that the key to ensuring that the new 2010-2014 health scrutiny programme is indeed 'an informed joint enterprise' will be to hold extensive open discussions about what the priorities and the content of the programme should be. Councillors and all health partners need to express their preferences and to debate the merits of all the various suggestions before arriving at any decisions on the future programme. Inevitably there will be a clash between 'ideal world' and real world' perspectives because resource limitations will mean that the HSP will not be able to take up all the proposals made. It will be important therefore to use the process to ensure there are realistic – as well as challenging – expectations for the programme. Overall, such a process will help not only to make the programme as relevant as possible to tackling health inequalities in Tower Hamlets but also increase the likelihood of buy-in and co-operation throughout the life of the programme.

*Constructively informing and shaping proposed changes to service provision*

92. There was general acknowledgement of HSP successes in contributing to the shaping and improvement of service strategies and provision, of which the access to GP and dentistry services and tobacco and smoking cessation reviews were the most often quoted.

93. The HSP regularly takes a number of reports on its agenda on proposed changes to service provision (most recently, for example, on the East London NHS Foundation Trust's proposals to redesign older people's services as part of the Mental Health Care of Older People Strategy) and

questions the officers presenting. However, the lack of time and, possibly, a lack of knowledge about patients' perspectives on proposed changes, appears to restrict the HSP's ability to offer as forthright a 'critical challenge' as it might on service changes without making them the subject of a full-scale exercise, as with the End of Life Care review.

94. There are various ways of addressing this to help build the confidence of HSP members and enable them to be more challenging to the professionals. Some authorities (notably Tameside) hold an all-party pre-meeting before the scrutiny committee sits to develop questioning strategies in advance. We believe a similar arrangement in Tower Hamlets would be beneficial. Where appropriate, these sessions could draw on standard questions drawn up for a range of health and social care topics by the Centre for Public Scrutiny.[20] HSP members might also be briefed in advance about the key issues, drawing on patient experiences relayed by THINk. Extending the number of co-options to the HSP would also help to bring in people with particular experience that might otherwise be lacking on the panel, for example by co-opting a representative from the East London NHS Trust's Council. Finally, all HSP members, including co-optees, might benefit from development support around questioning skills.

95. There are also other ways in which Members may play a part in constructively informing and shaping proposed changes to service provision that play to their strengths as community leaders. We heard one telling example where the East London NHS Foundation Trust had sought to use some empty council premises for the Dual Diagnosis Team, but ran into a public outcry. However, two or three councillors attended the public meetings held on the issue, asked the right questions and were felt by the Trust to be very supportive. This community leadership role could have been performed before the issue blew up, and the Trust acknowledged that a better course of action would have been to engage with the HSP in advance and enlist the help of local councillors to play this role.

96. Equally, though, departmental Council officers could have been more proactive in alerting Members to this potential problem once they knew that this was planned and had been approached by the Trust for co-operation. There therefore needs to be a wider appreciation of how

[20] For example, 'Ten questions to ask if you are scrutinising the transformation of Adult Social Care' (Centre for Public Scrutiny, October 2009), a companion publication to *'Scrutinising the Transformation of Adult Social Care: Practice Guide'* which provides more information about the wider social care agenda and guidance for scrutiny committees undertaking in-depth reviews. Since 2004 CfPS have developed a comprehensive set of guides and briefings about health scrutiny ranging from the fundamentals of accountability in health to practical guides about how to tackle specific issues – see www.cfps.org.uk/what-we-do/publications/cfps-health/ for details.

Members can use their community leadership role and skills as part of the problem-solving process.

97. Overview and Scrutiny has already recognised the need for this wider appreciation by setting up the Scrutiny Review Working Group on Strengthening Local Community Leadership. Its report focuses on a series of recommendations designed to develop a new model of community leadership. If implemented, they should provide Tower Hamlets with what the Group's report sees as "a more sophisticated way of tackling problems" in recognition that "that finding sustainable solutions is often complex." Ensuring that there is a health dimension to this developing work will be particularly important in view of the likely service reductions and changes over the next five years that are forecast under the PCT's new Commissioning Strategic Plan.

98. This also plays into the introduction of the new Councillor Call for Action (CCfA) process by emphasising the need to ensure that ward members can act as champions for an issue raised directly from their ward and engage with Council officers, partners and local residents to work on finding solutions to difficult problems. The link with the LAP Steering Groups and the attendance of the PCT at these meetings is important here because it could potentially create a more direct response to local health needs. The aim should be not to ensure that CCfA does not become a device that is used all the time but only as a last resort if no feasible solution can be found to the health (or any other) issue raised.

99. The final point in this section relates to joint health overview and scrutiny committees (JHOSCs). Participation in all JHOSCs affecting Tower Hamlets is important, even if, as in the case of the Health for North East London sub-regional JHOSC, it is simply to keep a watching brief. For the future HSP work programme, account will need to be taken of the strong possibility of more pan-London and sub-regional health service changes that may require a substantial investment of time and effort by the HSP.

## Outcomes

Has the programme:

- resulted in local action and improvements to local service delivery?
- produced outcomes which have helped to improve the health and well-being generally of local people?

100. For some aspects of the HSP's work there are two difficulties involved in assessing whether it has produced outcomes which have helped to improve the health and well-being of local people. Firstly, positive

outcomes for some of the health issues that the HSP has or is attempting to tackle – such as child obesity – may not reliably show for a generation of more. Secondly, it is difficult to define the exact contribution the HSP has made to the initiation and implementation of changes in local service delivery and positive outcomes, such as the substantial improvements made to access in primary care in Tower Hamlets.

101. Nothwithstanding these difficulties, overall the mix of reviews and holding commissioners and providers to account is seen by interviewees as contributing to a greater impetus to the drive to improve services, especially over the last couple of years and particularly in terms of hearing the voices of black and minority ethnic communities. As seen from examples in earlier sections of this report, the HSP is acknowledged to have focused well on poor performance areas where it senses that health partners have not been up to scratch, and accelerated the work of health trusts and the Cabinet. There have been a number of successes in contributing to the shaping and improvement of service strategies and provision, through, for example, the access to GP and dentistry services and tobacco and smoking cessation reviews. Information available to local people regarding health services has also been improved.

102. Health scrutiny in Tower Hamlets is therefore recognised as a lever for change at strategic and local delivery levels, by increasing the visibility of issues and helping to make them a higher priority for health partners or the Council. Elected members are engaging more effectively with service users and NHS trusts across the borough. Health partners have played their role in this, by taking health scrutiny seriously and investing time and effort in working with Health Scrutiny Panel (HSP) members and scrutiny officers.

103. This is a strong platform on which to build, particularly given the enthusiasm and willingness of the Trusts to engage. We have already mentioned some of the ways that the HSP could improve in future on its record of securing improvements in local service delivery and local people's health and well-being, such as a greater emphasis on partnership working and a more robust approach to programme and agenda planning. This could usefully incorporate planning and scoping the HSP's work with a clearer focus on the outcomes that it wants to affect and how, making sure this is aligned with council and area priorities.

104. The desirability of increasing public engagement in health scrutiny was also raised in our interviews. The focus of doing so should not be solely on greater public attendance at HSP meetings - although holding some HSP meetings in more geographically accessible locations than the Town Hall or in a venue that, for example, particular service users would be likely to attend for an agenda item of interest to them might be useful. Efforts to

engage patients and residents in scrutiny reviews should continue, and a number of the measures already proposed, on co-options and more dialogue with THINk, for example, would help to enhance the level of public engagement with health scrutiny.

105. In addition, thought could be given to increasing the amount of publicity given to health scrutiny (and scrutiny in Tower Hamlets in general) through various means: revamping the current website; using 'East End Life' more frequently; and producing a scrutiny newsletter, for notice boards and e-mail distribution, to report back on the outcomes of reviews, give alerts of new ones and provide details of other scrutiny news. [21]

106. More use too could be made by health scrutiny of the eight Local Area Partnerships (LAPs), which play a role in identifying and communicating local priorities and holding health services (amongst other public providers) to account for the quality of services in the area. One way in which the HSP's agenda could be sharpened up and prioritised more would be to develop an understanding with the LAPs about the respective roles in holding health and social care services to account. This could involve the LAPs assuming clear responsibility to do the local holding to account, with the HSP taking the strategic role, for issues that are borough-wide, cross LAP boundaries, cross borough boundaries, or have been escalated up for attention and resolution as a last resort.

107. Similarly, a clearer understanding about areas of responsibility and operation between the HSP and THINk, which in other boroughs has been agreed as part of a protocol between the two bodies, could also help to reap the benefits of effective liaison and joint working by providing greater clarity and co-ordination of effort.

108. Some of the recommendations in the previous sections may have implications for both staff and HSP members. Currently the remit of the scrutiny officer supporting the HSP is servicing its five panel meetings and supporting an HSP scrutiny review and one other scrutiny review. A number of other authorities of comparable size to Tower Hamlets provide a dedicated scrutiny officer for its health scrutiny work. This would enable whoever is in that post to assume a more strategic role around workload planning, prioritisation, analysis of information, commissioning of additional research and providing support for HSP members. This is something that senior management may wish to consider.

109. A new health scrutiny programme will need to be planned and delivered from 2010 to 2014, following the borough elections in May 2010. While some councillors will be re-elected, there will inevitably be new members

[21] See for example Tameside Council's website pages on scrutiny including its scrutiny newsletter at www.tameside.gov.uk/scrutiny

and probably some new faces on the HSP. Health partners told us of the difficulties that the lack of continuity in the Chair's role (three in a four year period) and the wider HSP membership during the current administration posed in terms of building relationships and a shared understanding of health issues and the complexities of the health system.

110. Maintaining the necessary high degree of continuity in the membership of the HSP throughout the life of the new administration will be a key challenge. Dealing with this challenge will be of vital importance in ensuring that the HSP is able to build the effective working relationships with health partners that are so crucial to the success of health scrutiny work. Previous efforts to encourage continuity in the HSP's membership should be redoubled.

111. But a stronger degree of continuity in membership is only half the answer to the challenges of a new four year programme. While the demands on Members' time are fully recognised, giving health a higher profile across the Council and continuing to make inroads on the health inequalities agenda will perhaps require a degree of extra commitment by Members.

112. The last two years of the 2006-10 health scrutiny programme have been perceived as stronger in terms of Member input and engagement, but the burden of health scrutiny has tended to fall on just a few shoulders. If all HSP members contribute regularly from their experience and that of their constituents, then not only would the workload be shared more and patients' and residents experiences across the borough be better represented, but also it is likely that this commitment would be acknowledged and responded to by those working with the HSP.

113. Officers will therefore need to explore how to facilitate HSP members' input and engagement with the HSP's work for maximum effectiveness. Allied with a stronger degree of continuity in membership of the HSP over the lifetime of the forthcoming new administration, this would then provide firm foundations for the next four year programme.

*Ideas for the new work programme*

114. Encouragingly, there was no shortage of ideas among interviewees when asked what they thought could be usefully included in the HSP's new work programme. While this is positive in terms of giving health a higher profile and involving Adults' Health & Well-being and Children, Schools and Families directorates, it points up the problem of prioritising from a potentially very wide agenda.

115. In an overarching sense, two issues stood out: the need to look at and incorporate the implications of the Marmot report and also ensure that all inequalities strands are included in the new programme; and the need to

deliver services in new ways, driven in part by the challenges posed by the public sector finance settlement. Within those strands, proposals for the programme included:

- significant service variations in older people's services
- dementia care
- safeguarding adults
- alcohol misuse by adults
- maternity services
- health visiting and school nursing services
- approaches to drug misuse and young people
- emotional health and well-being service provision for children and young people
- issues around learning disability service provision
- differential life expectancy across the borough
- the reconfiguration of acute hospital services
- developments around stroke and long-term conditions, including reconfigurations and new service provision
- the development of 'poly-systems'
- service integration between GP services and social care services, possibly involving LAP-based delivery teams
- local input into sector commissioning

## Conclusion

116. Much has been done to build the credibility and effectiveness of scrutiny in response to the Audit Commission's earlier criticism of its performance. This improvement was recognised by the Council's Corporate Assessment in 2008 in which inspectors judged that scrutiny locally makes a real and positive difference. Within that judgement, it is evident from the work conducted for this evaluation that the practice of health scrutiny has contributed to overview and scrutiny's current overall standing and achievements. Tower Hamlets has examples of good practice that it is hoped it will be willing to share with, and in turn learn from, other health scrutiny members and officers, through the networks and initiatives such as the Centre for Public Scrutiny's Health Inequality Scrutiny programme.[22] But there are improvements in the way that health scrutiny

[22] The CfPS Health Inequality Scrutiny programme is a 2-year programme funded by the Improvement and Development Agency's Healthy Communities Team to raise the profile of overview and scrutiny as a tool to promote community well-being and help councils and their partners in addressing health inequalities, by:

- extracting examples of good practice from health inequality scrutiny reviews

operates in Tower Hamlets that can still be made. The suggestions in this evaluation of the health scrutiny programme are offered to assist Members and all health partners to make the journey, as one contributor put it, “from good to great.”

--o--

---

- developing a resource kit designed to provide Councils with help, support and advice to such reviews
- identifying and working with four “Scrutiny Development Areas” who will help make the kit a comprehensive resource by testing existing models of scrutiny and developing new ones
- publishing “How to” guides and the findings from the study about the contribution that health overview and scrutiny committees can make to tackling health inequalities.

## Appendix 1

**Interviewees**

Susan Acland-Hood (Service Head for Strategy, Partnerships & Performance) & Layla Richards (Service Manager, Strategy, Strategy, Partnerships and Performance, Children, Schools and Families Directorate, London Borough of Tower Hamlets)

Cllr Anwara Ali (former Lead Member, Health and Wellbeing, LBTH)

Ashraf Ali (Local Information System Manager, Strategy and Performance, LBTH and former LBTH Scrutiny Policy officer)

Cllr Tim Archer (Chair, Health Service Panel)

Dianne Barham (THINk Director)

Ian Basnett (Joint Director Public Health, NHS Tower Hamlets / LBTH)

Deborah Cohen (Service Head, Commissioning & Strategy, Adults' Health & Wellbeing Directorate, LBTH)

Myra Garrett (THINK representative, Health Scrutiny Panel)

Afazul Hoque (Scrutiny Manager, LBTH)

Cllr Ann Jackson, Vice-Chair, Health Scrutiny Panel

Cllr Emma Jones (former member of Health Scrutiny Panel)

Michael Keating (Head of Scrutiny & Equalities, LBTH)

Shanara Martin (Head of Participation & Engagement, LBTH, and former LBTH Scrutiny Policy officer)

Leeanne McGee (Borough Director, East London NHS Foundation Trust) & Paul James, (incoming Borough Director, East London NHS Foundation Trust)

Andrew Ridley (Deputy Chief Executive, NHS Tower Hamlets)

Graham Simpson (Director of Strategy, Barts and the London NHS Trust)