

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 7.30 P.M. ON TUESDAY, 22 JUNE 2010

**ROOM M72, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON,
E14 2BG**

Members Present:

Councillor Tim Archer (Chair)

Councillor Shelina Akhtar
Councillor Abdul Asad
Councillor Alibor Choudhury
Councillor Kosru Uddin
Myra Garrett
Dr Amjad Rahi

Other Councillors Present:

Co-opted Members Present:

Myra Garrett – (THINK representative)
Dr Amjad Rahi – (THINK representative)

Guests Present:

Dianne Barham – Director, THINK

Officers Present:

Deborah Cohen – (Service Head, Commissioning and Strategy,
Adults Health and Wellbeing)
Katie McDonald – Scrutiny Policy Officer
Rachael Chapman – (Strategy & Policy Officer)
Hafsha Ali – (Acting Joint Service Head Scrutiny & Equalities)

1. ELECTION OF VICE-CHAIR

The Chair moved and Councillor Abdul Asad seconded Councillor Rania Khan as Vice-Chair.

The Committee unanimously **RESOLVED** that Councillor Rania Khan be elected Vice-Chair of the Health Scrutiny Panel.

2. APOLOGIES FOR ABSENCE

Apologies for lateness were received from Myra Garrett.
Ben Vinter (Head of Corporate Affairs NHS Tower Hamlets)
Paul James (Borough Director, East London Foundation Trust)

3. DECLARATIONS OF INTEREST

No declarations of interest were made.

4. UNRESTRICTED MINUTES

The minutes of the meeting of the Panel held on 23rd March 2010 were agreed as a correct record.

5. REPORTS FOR CONSIDERATION

6. HEALTH SCRUTINY PANEL TERMS OF REFERENCE, QUORUM, MEMBERSHIP AND DATES OF MEETINGS (HSP001/011)

The Committee noted its Terms of Reference, Quorum, Membership and Dates of future meetings as set out in the report.

7. MEMBERS INDUCTION

Improving Health & Wellbeing in Tower Hamlets

Members heard a presentation given by Dr Ian Basnett, the Director of Public Health for Tower Hamlets, which included a snapshot of the population of Tower Hamlets, together with determinants of the healthiness of residents. From this data and examination of higher than national average incidences of illnesses suffered by local people, strategies have been created to reduce these events.

Successful work includes investment in Primary Care, providing networking between GP practices and social services, specialist GP practices with expertise in an area, such as anti-coagulation, 'care packages' for the treatment of diabetes and other illnesses.

Councillor Alibor Choudhury asked what work was done on relieving chronic non-life threatening conditions. Dr Basnett said that care was based on the Joint Strategic Needs Assessment.

Councillor Abdul Asad asked if ethnicity was recorded with the mortality figures. Dr Basnett responded that monitoring was not routine, but deaths were linked to GP registers. From preliminary data mortality rates were higher in the white population than in the Bangladeshi population.

Councillor Kosru Uddin asked what parts of the Borough had the highest mortality rates. Dr Basnett responded that there was a correlation with levels of deprivation, but no specific data about service provision.

Dr Amjad Rahi asked if there were graphs showing incidences of diabetes in each Local Areal Partnership.

Tower Hamlets Involvement Network (THINK)

Members heard a presentation from Ms Dianne Barham, Director of THINK; THINK was a network of patients, residents, user & community groups working together to improve health & social care in Tower Hamlets. Ms Barham explained that THINK actively solicited views of residents and users of services, then analysed the data before conveying people's views to commissioners, providers and scrutineers of local health and social care services. Recent successes included agreeing timescales for responses from organisations, resolving issues such as involuntary removal of patients from GPs lists, inadequate facilities for disabled patients at the Royal London Hospital, retrieval of ordered glasses from a closed down optician's shop and the continuation of funding for a Mental Health Support Officer at the Carers' Centre. Both the current Health Scrutiny Panel Co-Opted members were also members of THINK.

The Chair asked how residents interacted with THINK; Ms Barham responded that people completed questionnaires, surveys, dropped into the office, spoke to outreach staff at community events etc. THINK saw itself as a critical friend, and tried to resolve issues with commissioners initially, then would bring the issue to Health Scrutiny Panel, the Care Quality Commission and finally the Secretary of State.

Councillor Alibor Choudhury asked Ms Barham to name one big achievement; Ms Barham responded that the level of comment from the community was inspiring, and the agreement of laid down timescales for responses to data from commissioners of services was also an achievement.

Ms Deborah Cohen (Service Head, Disability & Health) said that THINK was embedded in quality control, and that was not always comfortable for providers.

Dr Basnett said that input from THINK was welcome, and had been a help in formulating the Joint Strategy.

Councillor Asad asked how many people had been removed from GPs' lists, Ms Barham responded that THINK had worked with Social Action for Health; overall there had been 600+ comments on the issue.

The Chair said that Ms Garrett had brought the issue to the attention of the Health Scrutiny Panel, and the Primary Care Trust (PCT) had been asked to attend the Health Scrutiny Panel to explain what had happened. The PCT was able to put those people back on lists who wanted to return to their old GPs.

Councillor Aktar asked if interviews were one to ones; Ms Barham said that some interviews were long, however information was sought from members

everyday. The Secretary of State had indicated that 'LINKs' organisations would be retained, possibly funded through a national body. This would be part of a trend towards empowering local residents.

Ms Garret asked if the Council had a shopfront premises that THINK could use; the lease on its current accommodation was running out.

Health & Social Care

Ms Deborah Cohen and Ms Rachel Chapman described the changes in provision by local authorities, emphasising that a range of Council run services contribute to the work of the teams, such as housing. Local authorities are providing less and commissioning more, with larger budgets. It should be noted that there is a high incidence of learning disabilities in Tower Hamlets.

In response to Councillor Choudhury's question on the debate about care in the community, whether this is needs led or resource led, and what impact would Government cuts have, Ms Cohen said that adult & social care was being transformed, and moving towards a more preventative service. Cuts to preventative services would mean higher costs for longer periods in the future.

In response to Ms Garnett's question about when free swimming for older people would stop (a change announced in the Budget), investigations would be made.

In response to the Chair's question about the personalisation of care, and care packages, users are offered the facility of creating their own packages: hence a season ticket to a leisure centre may be an alternative to a day centre. It should be noted that there is a strict audit trail.

The Scrutiny Workplan for 2010/2011

Members divided into two workshops, considering the Long list of Review Topics for 2010/2011. Outcomes of their discussions are listed below:-

Group 1

- I. *Mental Health*: Members felt work needed to be done on GP diagnosis, links with social services and more cooperation between mental health services and local authorities.
- II. *A whole system review of the three - Trusts serving Tower Hamlets*. Ms Garrett asked what the implications for the forced amalgamation of the Trust would be.
- III. *The reconfiguring of local services* for example, the introduction of polyclinics and public information. Ms Garrett said that if patients could see a consultant in hospital, or someone equally qualified in a GP surgery, they would need persuading that the level of treatment would be the same. The Chair said that he was not sure that people

understood the polysystems issue; Members would find themselves explaining to residents.

Group 2

- I. *Focus on Mental Health*: particularly dementia – diagnosis and preventative work
- II. *Diagnosis in general*
- III. *Safeguarding elders from abuse*
- IV. *Depression* – there were equality issues for black & ethnic minority women, and need for support for their families.

Further topics suggested included: polysystems (later in the year), cancer diagnosis, dementia diagnosis and structural changes in the Primary Care Trusts.

The Chair said that during the last municipal year, the Panel had conducted a comprehensive review on Childhood Obesity which had been well received and the final recommendations would be going to Cabinet later in the year.

The two groups had highlighted a number of good subjects; and health services were facing changes imposed by the new Government. It may be that the Panel would want some space capacity to examine these at a later date. Therefore the chair suggested that it might be more sensible to conduct two challenge sessions earlier in the year with the possibility that one of these could lead to a longer review in 2011.

In response to Councillor Choudhury, the Chair said that the Panel would meet formally 5 times a year, based on the Council calendar.

Members were asked to forward their comments to Ms McDonald.

The July meeting of the Panel would see the 'Six Lives' Department of Health presentation, and the external evaluation would also come to the meeting.

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

There was no urgent business.

The meeting ended at 8.45 p.m.

Chair, Councillor Tim Archer
Health Scrutiny Panel