

<b>Committee</b> Health Scrutiny Panel	<b>Date</b> 26 October 2010	<b>Classification</b> Unrestricted	<b>Report No.</b>	<b>Agenda Item No.</b> 4
<b>Report of:</b>  <b>Originating Officer(s):</b> Katie McDonald Scrutiny Policy Officer		<b>Title:</b>  Health Scrutiny Panel Work Programme 2010/11 – 2011-2012  <b>Ward(s) affected: All</b>		

## 1. Summary

- 1.1 This report outlines the two year work programme for the Health Scrutiny Panel (HSP) for municipal years 2010/2011 and 2011-2012
- 1.2 The report sets out the process used to develop the Health Scrutiny Work Programme and suggests a number of ways in which the Panel may wish to approach the workload.
- 1.3 Appendix 1 sets out the schedule for items across the Panel Meetings for 2010/2011

## 2. Recommendations

The Health Scrutiny Panel is asked to:

- 2.1 Consider and comment on the draft work programme items and schedule attached at Appendix 1 and 2
- 2.2 Agree options for managing the work programme
- 2.3 Agree to review the work programme every quarter

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### LOCAL GOVERNMENT ACT, 2000 (SECTION 97)

#### LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Background paper

Name and telephone number of and address  
where open to inspection

N/A

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### 3. Background

3.1 The scrutiny of health is an important part of the Council's commitment to place patients and the public at the centre of health services in the borough. It is a fundamental way by which democratically elected Councillors may voice the views of their constituents and require local NHS bodies to listen and respond. In this way, the Council can assist to reduce health inequalities and promote and support health improvement.

The Health Scrutiny Panel's remit covers local health service provision and social care services for adults and older people. A major role for the Panel is being a statutory consultee for all substantial service change and development of local health services. The statutory duty and powers given to local authorities for Health Scrutiny were established through the Health and Social Care Act 2001. Local authorities with Social Services responsibilities are required to have an Overview and Scrutiny function that can respond to consultation by NHS bodies on significant changes and developments in health services and take up the power of Overview and Scrutiny on broader health and wellbeing issues. The Local Government and Public Involvement in Health Act 2007 strengthened these powers further; it provides powers for Overview and Scrutiny Committees to review and scrutinise the performance of public service providers to meet the LAA targets, as well as empowering councillors to raise issues with Overview and Scrutiny Committees through a 'councillor call for action'.

3.2 The primary aims of health scrutiny is 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
- And have an equal chance of a successful outcome from services.

3.3 In Tower Hamlets the Health Scrutiny Panel has been established as a sub-committee of the Overview and Scrutiny Committee. Its Terms of Reference are:

- To review and scrutinise matters relating to the health and social care within the Council's area and make reports and recommendations in accordance with any regulations made
- To respond to consultation exercises undertaken by an NHS body
- To question appropriate officers of local NHS bodies in relation to the policies adopted and the provision of the services.

3.4 During the induction process Members of the Health Scrutiny Panel met to set out the strategic focus for the Panel for the two years 2010 – 2012. Instead of the previous four year cycle the Panel will look to develop a two year cycle with a one year rolling programme. It has been agreed that the Panel will work under the same overarching theme of the previous cycle and the purpose for Health Scrutiny in Tower Hamlets should remain as tackling health inequalities.

3.5 The broad cross-cutting themes of the rolling work programme remain:

- 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.

#### **4 The work of the Health Scrutiny Panel in 2009/2010**

4.1 The Panel delivered an in-depth review looking at reducing childhood obesity. A summary of the review is outlined below.

#### **Scrutiny Review: Reducing Childhood Obesity – Increasing the availability of healthy choices**

4.2 The review looked at reducing childhood obesity with a focus on promoting healthy eating by increasing the availability of and access to healthy food choices and reducing the availability of and access to foods that are high in fat, sugar and salt.

4.3 The review had a number of key objectives.

- To develop appropriate recommendations to ensure the issue around prevention of an over-concentration of fast food outlets can be operationalised.
- To explore the possibility for offering healthy free school meals for all.
- To support schools to maintain their commitment to providing food in a pleasant, sociable environment with promotion of healthy choices.
- To examine the possibility of further investment into improving school dining facilities.
- To continue to develop current initiatives particularly under the Healthy Borough programme such as business advice to encourage healthier food choices.

4.4 The Health Scrutiny Panel were keen to ensure that their work added value to existing work that had taken place in the borough on tackling obesity. The Panel considered how the Council might directly address the problem with the proliferation of fast-food outlets, particularly in the vicinity of schools, and the quality of the food they provide. The Working Group examined the lettings policies of public sector landlords and Registered Social Landlords with regards to fast food outlets to identify what action can be taken as well as the possibility of Tower Hamlets offering healthy free school meals for all.

4.5 Key Recommendations from the report were:

- That the Children, Schools and Families Directorate find additional resources to provide free school meals for all pupils in Tower Hamlets (although it is realised in the current economic climate that this recommendation will not be implemented).
- That Children, Schools and Families Directorate work with schools to develop a staggered lunch hour, so that pupils are not queuing for long periods over lunch.
- That Development and Renewal Directorate develop an evidence base to underpin emerging policy on managing fast food outlets in Tower Hamlets as outlined in the 'Healthy Borough Programme' report with a view of developing a means to restrict the over-concentration of fast food outlets in the borough, particularly those outside of town centres and within close proximity to schools.
- That a report be presented to the Overview and Scrutiny Committee detailing the success of the Healthy Borough Programme. This paper should form the basis for strengthening proposals for requesting further funding beyond March 2011.

#### Impact:

- The report is due to go to Cabinet in December 2010.

#### **4.6 Health for North East London Consultation – Joint Overview Scrutiny Committee (JOSC)**

Health for North East London (H4NEL) is the NHS programme review, run on behalf of the north east London's Primary Care Trusts (PCT) and acute hospital trusts. The aim of the health for north east London consultation was to significantly improve the health of thousands of patients and ensure the NHS delivers the best possible care by taking advantage of new medical developments and improve the way it delivers care to patients by bringing some services closer to people's homes and centralising others to

provide better specialist care.

Two Members of the Health Scrutiny Panel and the Chair, Cllr Tim Archer were nominated to represent the borough on the Inner North East London JOSCS with Members from the London Boroughs of Hackney, Newham and the City of London. They considered and responded to the proposals set out in the PCT consultation document, and examined whether the Health for North East London proposals would deliver better healthcare for the people of North East London. The JOSCS had the opportunity to collect evidence from clinical specialists, the London Ambulance Service, Transport for London and service users to reach its conclusions. The consultation has now finished but the work is still on-going and it is likely that members of the HSP will be asked to comment on the findings and final recommendations produced by H4NEL later in the year.

#### **4.7 Evaluation of the Health Scrutiny Panel 4 year programme March 2010**

As the Health Scrutiny Panel's four-year work programme approached its end. It was agreed in October 2009 that it would be beneficial for an external evaluation. The evaluation was based on the Centre for Public Scrutiny's principles of good scrutiny and tested views from across the authority and its partners on the effectiveness of the four-year programme. The bulk of the 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 partner's personnel as well as an observation of the Health Scrutiny Panel meeting on 26<sup>th</sup> January 2010.

It is an important piece of work identifying both strengths and weaknesses as well as providing recommendations for improvements to the Panel as we look to the 2010/2011 programme. In response to this report the Scrutiny Team have put together an Action Plan which will guide the way the Health Scrutiny Panel conducts its work over the next two years.

The evaluation recognises that Tower Hamlets has built strong foundations for its health scrutiny function but there are improvements that need to be made. Particularly in relation to improving the partnership approach to health scrutiny and developing the Health Scrutiny Panel's abilities and Member's community leadership role. The suggestions will assist Members and all health partners to make the journey as one contributor in the report is quoted "from good to great.

### **5. Health Scrutiny Panel Work Programme 2010/2011**

- 5.1 Health inequalities remain a key challenge for the borough. Tower Hamlets is the third most deprived borough in the country and there are areas of deprivation in every part of the borough. There is strong evidence that areas with deprivation have worse health and greater health inequalities. The life expectancy for a boy born in Bethnal Green North is 8.5 years less than that for a boy born in Millwall, in 2006, the probability of survival to age 75 for a man in Tower Hamlets was 54% compared to 66% nationally. Although life expectancy is increasing and death rates appear to be falling steadily year on year. There is little evidence of a reduction in the gap between
- 5.2 The Borough's Community Plan explains how the Council will improve the quality of life in Tower Hamlets. The aspiration of 'One Tower Hamlets' runs throughout the plan and a key component is to reduce the inequalities and poverty that we see around us, strengthening cohesion and making sure communities continue to live well together. The HSP will support the Tower Hamlets Partnership to build 'One Tower Hamlets' by :
- Focusing on reducing the health inequalities that exist within the borough and narrowing the gap between Tower Hamlets and the healthiest parts

- of the country
- Supporting people to lead healthier lifestyles
- Making sure that health services are accessible –including at a time and place that suits residents
- Recognising the strong links between health and other areas such as employment, housing and the environment

5.5 The process for preparing a long list of items for the Health Scrutiny Work Programme has been to draw on a number of sources. The Health Scrutiny Panel has key business, policy and performance items that it must respond to for example Tower Hamlets NHS Commissioning Intentions, responding and the Healthcare for North East London review. Members of the Panel have been invited to comment on a draft list of items which includes the above and to suggest further issues. As in previous years the Panel want to make sure that patient, users and local people influence how services are designed; therefore the Tower Hamlets Involvement Network (THINK) was also involved in agreeing items for the programme. The three NHS Trusts were requested to feedback on possible areas to evaluate and where possible Health Scrutiny could add value to existing programmes of work.

5.6 This year the Health Scrutiny Panel will look to carry out two challenge sessions in 2010/2011 with the possibility of a longer review later in the year.

5.7 The challenge sessions agreed are:

1) **Polysystems and Reconfiguration of Local Services** – what this means for local residents?

This session will aim to:

- Examine the local picture and what reconfiguration of local primary care and social care services will mean for residents.
- Increase Member's understanding around the key issues to enable them to use their community leadership role to communicate change to residents
- Listen to local GPs and hear their opinions on the re-provision of local healthcare services.
- Make recommendations on how we can better engage residents in this process and communicate change.

It will assist in addressing the challenges outlined in the Joint Strategic Needs Assessment around service delivery and access to health services. As well as addressing those issues around variation in health outcomes, the low uptake of screen services and the need to integrate services by engaging residents and providing necessary information. There has been a large clinical focus on polysystems and reconfiguration of health services over the last year but there is still work to be done to engage residents which this challenge session will focus on.

This session took place on 29<sup>th</sup> September 2010, the recommendations will be discussed at the Committee meeting in October.

2) **Cancer – The development of preventative services** - early diagnosis and rapid referral

This session will aim to:

- To support the improvement of life expectancy in the borough. Tower Hamlets has amongst the highest prevalence of risk factors for cancer in London.
- To improve resident understanding and knowledge around this issue
- Address the important role Councillors and residents have to play in their communities to prompt early diagnosis and treatment

A challenge session would address the gaps identified by the 2008-09 report from Joint Director of Public Health, Ian Basnett and Joint Strategic Needs Assessment 2009 surrounding the low uptake of screening services. In 2005 life expectancy in Tower Hamlets was 75.2 in males and 80.2 in females. This is 2.1 years shorter in males and 1.3 years shorter in females compared to England and ranks Tower Hamlets in the bottom 20% of all local authorities. There were 614 new cases of cancer in 2006. Tower Hamlets has higher rates of diagnoses of lung, cervical, bowel and stomach cancers compared to London and national figures. There is a consistent pattern of poorer survival which may be linked to later diagnosis. Cancer is a major concern that Tower Hamlets continues to be significantly off target. It is a hard trend to shift and this is scrutiny challenge session would go some way to intensifying efforts to improve early detection rates in the Borough.

## 6 Other work of the Panel

- 6.1 Over the next few years there are a number of policy developments and issues that will have an impact on health scrutiny and its work programme:
- **Care Quality Commission** ( development of commissioner assessment)
  - **Increasingly challenging financial climate.**
  - **Increasing integration** (health and social care, NHS and local government, acute and community services – links to “Total Place”)
  - **The Marmot Review** (Opportunities for the Health Scrutiny Panel to consider the health issues outlined in its work).
  - **The NHS White Paper** (What this will mean for health care in Tower Hamlets)
  - **Locally** – Executive Mayor and Mayoral System
  - **Further work with the Tower Hamlets Involvement Network (THINK)** to increase resident participation and link its work with the HSP.
- 6.2 The NHS is undergoing a period of unprecedented change and modernisation affecting the way health partners are developing and providing services to local people. It would be helpful for the Panel to develop a deeper understanding of these changes to inform its role and work. These include:
- The NHS White Paper (2010) – (including NHS Trusts gaining foundation trust status by 2013)
  - Finance and funding of services including payment by results;
  - Commissioning;
  - Performance Management through Quality Accounts and the Care Quality Commission
- 6.3 Outside of the main work of the Panel the two challenge sessions will be conducted with a possibility of a longer review later in the year. Alongside a programme of briefings, seminars and site visits to inform and develop understanding of the key health issues in the borough. During the second year of the cycle, the Health Scrutiny Panel has proposed an in-depth review looking at Mental Health services in the Borough.
- 6.4 The proposed work programme for the next year is set out in further detail in Appendix 1. At the request of the Chair the meetings in January and March have been left clear to provide the Health Scrutiny Panel with a degree of flexibility given the current climate and major changes in health policy. Once the overall work programme is agreed, the scope and exact timing of issues will be developed in consultation with relevant NHS partners and services. This will ensure that the work is focused and delivers its objectives. A proposed work programme has also been included at Appendix 2 for 2011/2012. Members of the Health Scrutiny Panel will be invited to add to this plan throughout the year.

6.5 The implementation of past scrutiny reviews and recommendations will continue to be monitored. In addition, other issues may be identified as the Panel develops its programme and links with both NHS and community organisations.

## **7. Role of Health Scrutiny Panel Members**

7.1 To maximise the value of health scrutiny in improving services Members of the Panel can play various roles. These include:

- The Community Leadership Role linking with community groups, residents and LAP meetings to consult and engage residents – in particular deeper level of engagement with the Partnership work under the Healthy Community, Community Plan Theme;
- The active promotion of health scrutiny and gathering of information from residents and community groups to raise with the Panel and Health Partners;
- Undertaking an individual link role by liaising with health partners by visiting and meeting as appropriate and reporting back to the Panel.

7.2 The changing role of community leaders, with more emphasis put on leadership of *place* rather than *services* highlights the potential for scrutiny in influencing and shaping the local area. With many services being jointly provided or commissioned scrutiny of partnership will be an area of growing interest for non-executive councillors looking to improve the overall quality of life for residents.

7.3 Learning and development will also need to run alongside the rest of the work programme. The Scrutiny Policy Team will be supporting Members to tailor this to their individual needs.

## **8. Concurrent Report of the Assistant Chief Executive (Legal Services)**

8.1 By virtue of the Health and Social Care Act 2001, duties were added to Overview and Scrutiny Committees for Health Scrutiny Panels to review and scrutinise matters relating to the health service in the authority's area and to make reports and recommendations on such matters in accordance with the relevant regulations.

## **9. Comments of the Chief Financial Officer**

9.1 This report describes the draft two year work programme for the Health Scrutiny Panel (HSP) for municipal years 2010/2011 and 2011-2012. The government have recently announced changes to the delivery of health services in London particular the future existence of Primary Care Trusts (PCTS) that are likely to impact on the scope and nature of the proposed work programme of the Health Scrutiny Panel over the next two years and its associated costs.

9.2 There are no specific financial implications emanating from this report, and any additional costs that arise from the work programme of the Health Scrutiny Panel, must be contained within directorate revenue budgets. Also, if the Council agrees further action in response to this report's recommendations then officers will be obliged to seek the appropriate financial approval before further financial commitments are made.

## **10. One Tower Hamlets consideration**

10.1 Tackling inequalities and reducing poverty is central to the work of the Overview and Scrutiny Committee and Health Scrutiny Panel and this is reflected in work around access to health services and work around health promotion and prevention. Equal opportunities and diversity implications will be considered during each of the scrutiny reviews.

## Appendix 1 – Health Scrutiny Panel Meetings

2010/11

Panel Date	Reports / Topic	Method
June 2010	<ul style="list-style-type: none"> <li>• Induction Programme</li> <li>• Update on THINK</li> <li>• Work Programme discussion</li> </ul>	Presentation Meeting & Verbal updates
July 2010	<ul style="list-style-type: none"> <li>• The NHS White Paper</li> <li>• Six Lives Panel Project</li> <li>• 2010/2011 Draft Work Programme</li> <li>• Health Scrutiny Evaluation Report - Action Plan</li> <li>• Health4nel response to INEL JOSC</li> </ul>	Verbal Update Report and Presentation Draft Report Report  Report and Verbal update
October 2010	<ul style="list-style-type: none"> <li>• Access to GP services – the Ocean Estate</li> <li>• Joint Reporting of Complaints across all Three Trusts</li> <li>• East London and City Alliance Commissioning Strategy Plan Update</li> <li>• THINK Patient and User Comments Report and Recommendations 2010</li> <li>• Update on Joint Strategic Needs Assessment</li> <li>• HSP Work Programme</li> </ul>	Briefing Presentation  Presentation/Briefing  Presentation  Report/presentation Report
January 2011	<ul style="list-style-type: none"> <li>• Public Health White Paper</li> <li>• NHS Tower Hamlets – Operating and Commissioning Priorities 2010-2012</li> <li>• Update on Maternity Services at BLT</li> <li>• Transformation of Adult Social Care and the Personalisation Agenda</li> <li>• Update on Challenge Session</li> </ul>	Briefing/Presentation  Report/Presentation Briefing Presentation  Report
March 2011	<ul style="list-style-type: none"> <li>• Excellence in Quality Strategy Report and Presentation, Barts and the London NHS Trust</li> <li>• Focus on Dementia (Adults Health and Wellbeing Directorate)</li> <li>• Update on Review and Challenge Session</li> </ul>	Report and Presentation  Report and Presentation Briefing



## Appendix 2 – Health Scrutiny Panel Meetings

2011/12

Panel Date	Reports / Topic	Method
June 2011	<ul style="list-style-type: none"> <li>• Induction Programme</li> <li>• Update on THINK</li> <li>• Work Programme discussion</li> <li>• Mental Health Review</li> </ul>	Presentation Meeting & Verbal updates
July 2011	<ul style="list-style-type: none"> <li>• 2011/2012 Draft Work Programme</li> <li>• Barts and London – Service Provision for Adults with Learning Disabilities.</li> </ul>	Verbal Update Report/presentations
October 2011	<ul style="list-style-type: none"> <li>• HSP Work Programme</li> <li>• Joint reporting of complaints from all three Trusts</li> <li>• East London NHS Foundation Annual Plan</li> <li>• Mental Health Review</li> </ul>	Report Presentation Report/presentation
January 2012	<ul style="list-style-type: none"> <li>• NHS Tower Hamlets – Operating and Commissioning Priorities 2011/12</li> <li>• Update on Review and Challenge Session Work</li> </ul>	Report/Presentation  Report
March 2012	<ul style="list-style-type: none"> <li>• Excellence in Quality Strategy Report and Presentation, Barts and the London NHS Trust</li> <li>• Update on Review and Challenge Session</li> </ul>	Report and Presentation  Report and Presentation Briefing