

Committee Overview and Scrutiny	Date	Classification Unrestricted	Report No.	Agenda Item No.
<b>Report of:</b>  <b>Chief Executive</b>  <b>Originating Officer(s):</b>  <b>Katie McDonald</b> <b>Scrutiny Policy Officer</b>  <b>Afazul Hoque</b> <b>Scrutiny Policy Manager</b>		<b>Title:</b>  <b>Scrutiny Challenge Session:</b> <b><i>Polysystems - What does it mean for local residents?</i></b>  <b>Ward(s) affected: All</b>		

**1. Summary**

- 1.1 This report updates the Overview and Scrutiny Committee on the outcome of the Scrutiny Challenge Session on Polysystems and the changes to primary care held on 29<sup>th</sup> September 2010.

**2. Recommendation**

- 2.1 The Overview and Scrutiny Committee is asked to consider the outcomes of the scrutiny challenge session and agree the recommendations proposed in the report.

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

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

**Background papers**

**Name and telephone number of and address where open to inspection**

None

N/A

### 3. Introduction

- 3.1 This report provides a summary of the scrutiny challenge session held on polysystems at the Bromley by Bow Centre on 29 September 2010. This session provided Councillors and residents with an opportunity to examine the local health picture and what the reconfiguration of local primary and social care services will mean for the residents of Tower Hamlets.
- 3.2 The session was delivered together with NHS Tower Hamlets and the Partnership team and was attended by 32 people in total. Including LAP members, members of THINK and local residents. The event was also attended by Cllr Tim Archer (Chair), Cllr Rachael Saunders (Lead Member Health & wellbeing), Cllr Rania Khan, Cllr Shelina Aktar, Cllr Alibor Choudhury, Cllr Kosru Uddin, Cllr Emma Jones and Cllr Peter Gold.

### 4. Purpose

- 4.1 Health Scrutiny Challenge sessions are designed as a quick way for Councillors to look at a key policy area in one meeting to ensure a robust check on NHS and Council policies in relation to health. They are also usually held outside of the town hall to encourage openness and enable more community involvement.

The purpose of this scrutiny challenge session was:

- **To examine the local picture and what reconfiguration of local primary care and social care services will mean for residents.**
  - **To increase Members understanding around the key issues to enable them to use their community leadership role to communicate change to residents**
  - **To listen to local GPs and hear their opinions on the re-provision of local healthcare services.**
  - **To make recommendations on how we can better engage residents in this process and communicate change.**
- 4.2 As part of the Health Scrutiny Panel 2010/2011 Induction, the Chair, Cllr Archer met with Andrew Ridley, Chief Executive of NHS Tower Hamlets and discussed some of the main issues for the PCT in the coming year as well covering the proposed session on polysystems. This meeting was helpful in setting the scene as it allowed the Chair to understand the wider context and start to look at areas that could be discussed. In preparation for this meeting, members of the Health Scrutiny Panel were also given a number of briefings as background to polysystems and current health challenges
- 4.3 The meeting on 29 September was structured as follows:
- Cllr Tim Archer (Chair of Health Scrutiny Panel and Scrutiny Lead for a Healthy Community) introduced and chaired the meeting.
  - John Wardell (Programme Director of Integrated Care) and Carol Fenton (Head of Improving Health and Wellbeing Network Commissioning Team) from NHS Tower Hamlets presented on the ***Development of Primary Care in Tower Hamlets and the Future role of Clinical Networks in delivering Care Closer to Home.***

- Dr Sam Everington (Partner and GP at the Bromley by Bow Centre) discussed the challenges in Tower Hamlets and the need for strong Primary Care Networks from a GP perspective.
- Deborah Cohen (Service Head for Commissioning and Strategy at LBTH) presented on Polysystems and Social Care.
- Members, residents and NHS colleagues split into three groups to discuss the main priorities for residents and possible recommendations on how Councillors, the NHS and the Council could better communicate change and engage residents in the process.

## 5. Background

- 5.1 The North East London Case for Change document (published March 2009) challenged NHS Tower Hamlets to work closely with local stakeholders to change the way in which healthcare is provided. It is a strategic priority for both NHS Tower Hamlets and the Council to improve health outcomes for the whole population. In the current climate there is a challenge to do more but with less resources due to the financial situation facing the NHS and the public sector. The NHS strategy is to drive up productivity across the whole health system by better managing care for people with long term conditions (like diabetes) and moving care closer to home through polysystems.
- 5.2 The word Polysystem was the terminology given by the Department of Health to describe care within the community or 'out of hospital'. Although the arrangement and names vary locally and can include consortia, networks or localities, what the arrangements have in common is that they include groups of general practices working together to better meet local needs. Clinical networks (polysystems) include all the people and organisations that can support a patient in the community at every stage of their health journey, from health promotion to terminal care and social care. It is wider than the NHS since it includes services provided by the local authority and other bodies such as voluntary organisations (the 'third sector'). For the purpose of the meeting we used the term polysystems as it was the terminology being used in the initial stages of setting up clinical networks. However, due to confusion around the term it is widely understood that it is no longer in use by the NHS. The NHS direction of travel is to move more care out of acute hospitals and into clinical networks. Although networks are often described as primary care networks, they effectively link community and hospital based health services with social care. In 2010 it was agreed that the newly formed East London and the City Alliance (ECLA) would support development of a strategy for developing clinical networks across the three boroughs, Newham, the City and Hackney and Tower Hamlets.
- 5.3 Tower Hamlets is a step ahead of other London boroughs, in that its GP practices are already arranged into eight networks as part of the primary care investment programme in 2006-2012. Each network covers four – six practices and a population of 25,000 to 40,000 which offer a good polysystem working model. This includes the Barkentine polyclinic which was a health and well-being centre before re-opening as a polyclinic in 2009. The clinical network or locality will consist of 'hubs' like the Barkentine and 'spokes' (surrounding GP and health centre practices, pharmacies and children's centres). The Barkentine currently offers primary care and an extended hours service, including a community mental health centre, a birthing centre and dental care. As well as urgent care, diagnostics, a pharmacy and even employment and welfare benefits advice.
- 5.4 The other Hubs for Tower Hamlets are proposed at Mile End, St Andrews and the Royal London Hospital. They will offer a variety of services across planned care, unplanned

care through urgent care centres, maternity and children and long term conditions. Although networks are described as primary care networks, they effectively link community and hospital based services with social care. They have the potential to make a positive difference in ensuring early and easy access to services, improving the quality of care and patient experience and greater value for money. Networks provide GPs with the opportunity to share information, review current approaches, evaluate outcomes and then plan and implement service change. It will enable local health colleagues to deliver integrated solutions that span primary care, community and acute services, and social care provision.

## 5.5 Map of the Networks

In Tower Hamlets 34 General Practices have formed eight local networks to offer services closer to communities and bring a range of professionals together. Staff within these networks will share resources and deliver high quality services, for example for those with long term conditions like diabetes.

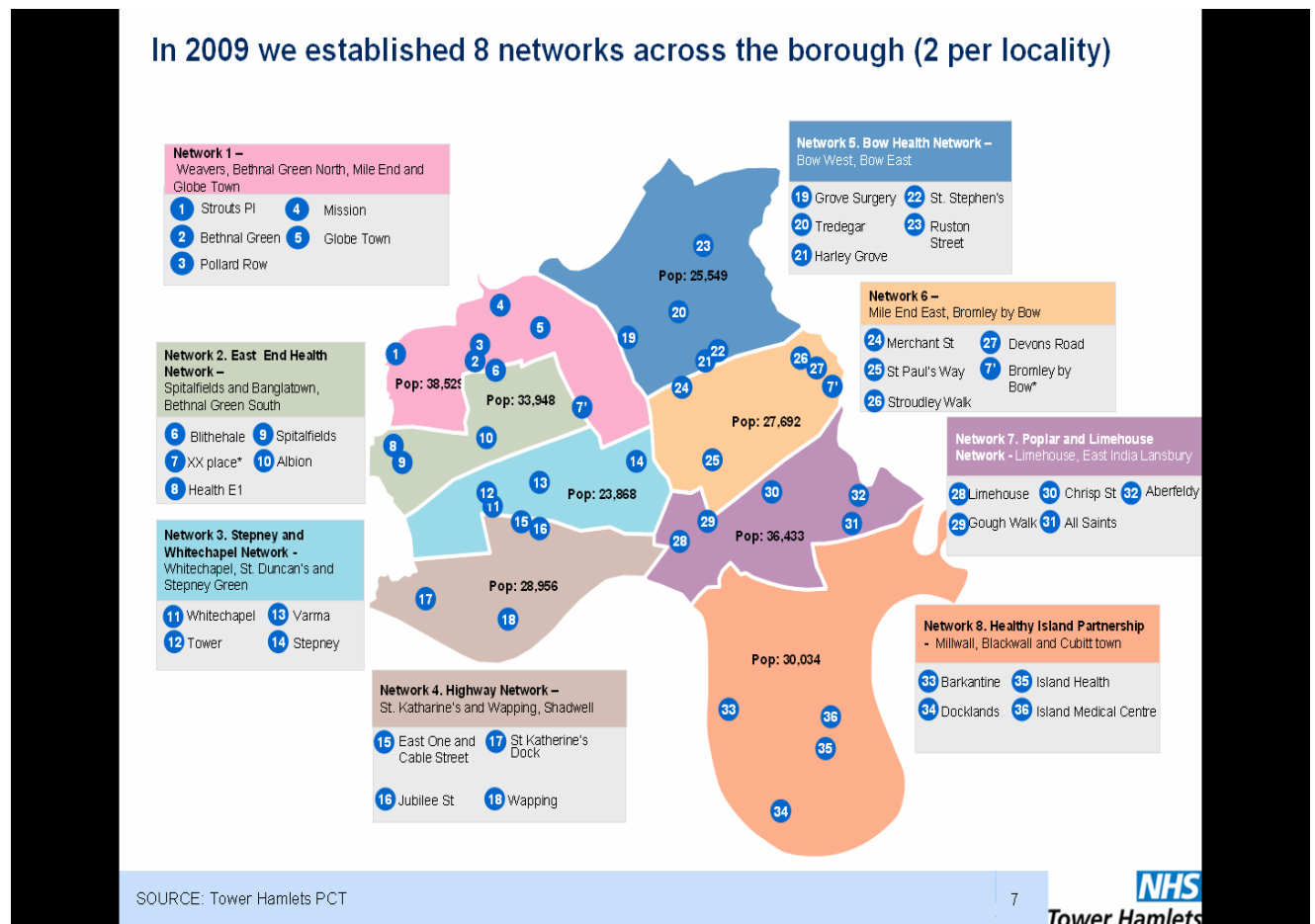


Figure 1: Networks across Tower Hamlets (NHS Tower Hamlets)

5.6 The health needs in Tower Hamlets can be identified by the Joint Strategic Needs Assessment (JSNA) produced by the PCT and the Council. The JSNA is also important in providing the rationale behind introducing clinical networks to assist in tackling the historic health inequalities that exist in the Borough. Low life expectancy in the borough has been a dominant feature for many years, male life expectancy is 2.1 years lower than the national average and Tower Hamlets has the second highest

mortality in London for the three major killers: cardiovascular disease, cancer and chronic respiratory disease (COPD). Life expectancy at ward levels can vary by around 8 years in males and 6 years in females. There are also variances in disease prevalence and mortality for ethnicity. For example, diabetes is higher in Bangladeshis compared to the white population (7% compared to 5%). The PCT predict that there are 12,000 residents living with diabetes with an estimated 1700 – 2200 still undiagnosed. Local residents are almost 15% more likely to be living with diabetes than the rest of the UK.

- 5.7 The complexities of ward level health inequalities are now beginning to be understood in more depth and are crucial in informing locality and LAP level clinical commissioning as well as service integration at a local level. This is even more important considering the rising costs of healthcare services with a growing demand from rapid population growth and a continued tradition of dependence on more expensive hospital care which is making the local health system unaffordable. It is recognised by central government that NHS inefficiencies maybe due to a failure to account adequately for patient complexity. Primary care networks have the potential to offer locally accessible and less expensive services for many conditions. The role of ward Councillors as community leaders, having a deeper understanding of the health inequalities and issues within their communities will become more important. The aim of this session was for Councillors and residents to see in more detail how these plans were developing in Tower Hamlets and how they could become more involved in the process of change.

## **6. Key discussion points and Recommendations**

- 6.1 At the meeting Members and residents were given a presentation from NHS Tower Hamlets on the development of primary care in Tower Hamlets and the future role of clinical networks and integrated care. Information was presented on the vision for the future, key areas of success already established, clinical networks and care packages, the future role of networks and what would be happening in the year ahead.
- 6.2 The Tower Hamlets strategy for Primary and Community Care Services 2006-2016 has been refreshed (in consultation with local stakeholders) for 2009-2012. The key goals are to:
- reduce inequalities in health,
  - improve the experience of those who use the services,
  - develop excellent, integrated and more localised services,
  - promote independence, choice and control by service users and finally
  - invest resources effectively.

Members were pleased to note some positive outcomes for NHS Tower Hamlets in the last few years, for example it is the most improved PCT in the country for patient satisfaction with GP access, which went from 62% to 82% and 65% of residents now rate the local health service as 'good or excellent'. Members were also encouraged by the PCTs effort to increase MMR vaccinations and the achievements made through year on year increases in child vaccinations to reduce the risk of a measles outbreak. The NHS has also been working to build stronger partnerships; a good example of this is the success of the Tobacco Control Alliance Strategy which has helped more than 2000 people give up tobacco since its inception.

- 6.3 John Wardell explained NHS Tower Hamlets main investment priorities in the coming year, which included introducing 'care packages' for priority health issues. These

care packages would set out the kind of care patients should expect for their condition as well as specifying a set of requirements, including number of appointments, provider skill levels and the time required with patients - all based on the best standards of clinical practice. To deliver this, NHS Tower Hamlets will be creating 'networks' of healthcare providers, who will work together to deliver care packages for people with long term conditions. Working together with other providers will mean the networks are able to access skilled staff and specialist equipment in a more cost effective manner as well as giving clinicians further opportunity to specialise in chosen areas providing more expertise for patients to address health challenges and move care closer to home. In small practices it is difficult to meet all the services they need to provide, which is why the concept of networks is so important.

## THE INTEGRATED CARE PROGRAMME



Figure 2: Integrated Care Programme (NHS Tower Hamlets)

6.4 During the presentation, Dr Sam Everington emphasised that the challenge in a borough like Tower Hamlets cannot be underestimated citing that around 50% of children seen in his surgery were malnourished with poor dental care. To solve the major health problems in the borough there needs to be a holistic approach to encourage healthier diets and exercise. For example making sure that school children are eating a healthy breakfast and regular healthy meals. A positive in Tower Hamlets is that the borough already has an innovative approach to healthcare with strong primary networks in place and a strong 3<sup>rd</sup> sector with valued community

health champions. There are also already in place 8 Groups of GPs in LAP areas who meet on a monthly basis to discuss priority health issues.

6.5 In the following presentation, Deborah Cohen discussed the shared aims that the Council's Adults, Health and Wellbeing directorate had with NHS Tower Hamlets. The four key priorities presented on were:

- Care Closer to Home,
- Prevention better than cure,
- Person centred care and better quality care and
- Maximising independence and quality of life for people with long-term conditions.

The mechanisms for transforming Adult Social Care will include co location and multi disciplinary teams. As well as IT touchdown facilities so staff can access information across different sites. It is hoped by 2011 that everybody will be given the opportunity to meet their needs in a way that is personalised and effective for them. To emphasise how the system could work, Councillors and residents were given a case study on reablement as an example. Reablement provides short term support at home, following a change in circumstances such as a fall, a stay in hospital or a stroke to help maximise people's independence.

6.6 In the year ahead, there are a number of key priorities for Tower Hamlets:

**1) Strengthen Clinical Commissioning and Patient and Public engagement**

- Developing a Tower Hamlets Commissioning Consortium with Stronger Commissioning at Locality Level
- Develop a Patient and Public Engagement Strategy and Citizens Panel for Health and wellbeing

**2) Build on existing care packages**

- Strengthen networks through further care package roll out/ improved overall quality of care

**3) Care Closer to Home Programme**

- Reduce hospital visits
- Move care out of hospital and into primary care

**4) Develop programmes for further integration**

- Engagement with Local Authority for vulnerable older people care package and Under 5's care package
- Agree integrated mental health pathways
- Wider voluntary sector engagement

6.7 Particularly relevant to this challenge session, the Health Scrutiny Panel would welcome an update on the patient and public engagement strategy and Citizen's Panel for Health and Wellbeing in key priority 1. It is one of Scrutiny's responsibilities to respond to NHS consultations and also evaluate the adequacy of the consultation process and consider the outcomes. Therefore the Panel would also request sight of the plans (including consultations) for the proposed clinics and the full range of services that will be available, enabling elected members to comment and influence proposals on behalf of residents during their development.

6.8 Following the presentations residents and Members split into three groups focusing on two key areas:

- 1) What the main priorities for residents in relation to the changes to healthcare and
- 2) What the separate responsibilities of the NHS, the Council, 3rd sector organisations

and Councillors might be to increase resident understanding and engagement in the process.

This provided a really useful platform for residents to put forward their priority concerns with Councillors and Health professionals in small round table discussions.

### **Priorities for Residents**

- 6.9 One of the main concerns for residents and Councillors about the proposed polysystems was reassurance that quality of care would not be diminished but also, just as important, that the changes would also lead to improvements in healthcare. It was a key priority throughout the group discussions that residents and patient groups would be able to influence health and care provision and have a continued 'voice' in the process.
- 6.10 Research recently carried out by Tower Hamlets Involvement Network (THINK) found that 40% of patients agreed with proposals for care closer to home through networks but equally 40% of those surveyed would still like to receive care in a hospital setting. This raised concerns to THINK whether the proposed polyclinics would create more of a financial burden with the possibility that the NHS would have to pay for the running of two systems to navigate patients to the correct services. In light of these concerns it was recommended that much more detailed public information about the remit and boundaries of care closer to home and clear guidance on the situations where it would be appropriate to receive care in a hospital setting is needed. Despite high levels of good reported access to services and other markers of quality, for example screening rates, immunisation targets. Surveys conducted by THINK and online data surveys of patient experience suggest that quality in general practice performance is variable. The Health Scrutiny Panel would expect all GP provision across Tower Hamlets to be of an equally high level and for NHS Tower Hamlets to support GPs in achieving this. Variation in the performance of providers will only serve to widen the gaps of inequality that are deeply ingrained within the Borough. Residents need reassurances that clinical networks will improve this.
- 6.11 Residents were also concerned about vulnerable groups in the community such as the elderly and those with mental health conditions. During questions after the presentation, one resident raised concerns about carers and asked whether a clearer strategy was now in place. The main issues for carers are around support and whether there will be training and advice for the physical, emotional and mental strains that come with being a carer. Concern was also raised as to whether carers will be recognised when registered at GP surgeries, as it was felt that historically this had not always been the case. Deborah Cohen reassured residents and Councillors that the Council and the NHS were aware that more attention needs to be given to carers and that the refresh of multi-agency Carers Strategy will be completed next year. She added that the Health Checks programme had been hugely successful with a high level of take up from carers in the Borough which in many cases had led to health issues being identified for those carers for the first time which could then be treated.
- 6.12 The current public sector cuts were also a concern for residents and they wanted reassurance that the changes to healthcare funding would not reduce the quality of services. The Panel would seek clarity from the NHS on how financial cuts might affect healthcare and on how much reconfiguration of services is going to cost. Shifting expenditure from acute hospitals into prevention is difficult to achieve and could also increase the demand for social care. These were areas that required a



joint approach between NHS and Social Care. Residents were also concerned about NHS staff and whether they would be affected by job cuts or low morale. If Tower Hamlets is to meet the needs of patients and the direction set by central government it needs a strong, developing and motivated workforce whose skills and capacity are best made use of.

### **Role of the NHS**

- 6.13 When discussing the role and responsibilities of the NHS in communicating changes in health and social care the focus was on transparency. Residents wanted reassurance that they would have a voice in the commissioning process. It was suggested by a Member of THINK that at present this was difficult to achieve due to the lack of transparency in the system which meant that patients did not have the financial awareness to be able to comment on commissioning decisions. It was felt that not enough trust was put in patients and contrary to the belief that if given the choice patients would choose the most expensive care, an understanding of the whole process would perhaps prove otherwise. Councillors and residents agreed that they wanted to see the NHS providing more up to date and user friendly web based information for patients and patient panels which would assist helping patient choice and also commissioning consultation.
- 6.14 Many of these processes are already taking place but a number of residents were not aware of the plans or of how they could be involved, which would suggest that there were still communication issues which needed to be resolved. The NHS hoped that involvement in the session might guide them to how patients can be more engaged in the process. Education is critical and NHS colleagues agreed at the meeting that more needs to be done on this particular aspect. Given some of the public consultation exercises conducted by Health 4 North East London (H4NEL) earlier this year, the Health Scrutiny Panel is confident that NHS Tower Hamlets is and will continue to engage with a wide range of appropriate stakeholders as well as the general public. There is however more to be done, especially communicating and developing understanding around the clinical networks and the Panel would support more engagement in GP surgeries and patient user groups.
- 6.15 Accountability was another area of concern for Councillors and residents, especially on who GPs would be accountable to in the proposals set out by the NHS White Paper. The session on polysystems was planned before the White Paper was published and therefore it was decided that it would not be a focus of the meeting. However, many aspects affected the discussions, particularly around GP consortia and accountability. At this stage it is not clear whether accountability will sit with the Health and Wellbeing Boards or the Central Commissioning Board. It will become more apparent towards the end of the year when the Public Health White Paper is published. The Health Scrutiny Panel would welcome a joint update on the Public Health White Paper at the next Panel meeting in January 2011.
- 6.16 It was agreed that the NHS would need to work to develop closer relationships with elected representatives as well as residents by forming user groups for feedback during the period of change. As well as communicating details on accountability to the HSP, THINK and patient user groups when these become available. The Health Scrutiny Panel would encourage the PCT to maintain a continued dialogue with key stakeholders, including the Council about progress on current plans for primary care networks.

**Recommendation 1**

**That NHS Tower Hamlets develop a clear communication strategy for residents and patients giving a clear and consistent message about the changes to services including facility locations, opening times and services available as well as providing information on how patients can be involved in influencing care provision and details on accountability.**

**Role of the Council**

- 6.17 The discussion on the role of the Council again centred around communication. Residents felt that the Council should be engaging with the public more and encouraging local people to get involved with decision making. During the session Councillors expressed concern that residents did not understand the new proposals for the NHS and agreed with Dr Everington that educating patients would be the key to the success of the new clinical networks. Councillors were concerned by some of the health inequalities figures presented by the NHS, particularly the figures surrounding diabetes. Although figures had been improving recently there was still much work to be done particularly at ward level. It was agreed that there was a need to develop Members understanding of local health profile and needs and therefore there was a need to for greater Member involvement in developing the Joint Strategic Needs Assessment.

**Recommendation 2**

**That the Adults Health & Wellbeing Directorate and NHS Tower Hamlets develop a strategy to further engage Members in the development of the Joint Strategic Needs Assessment. This should include training to help Members understand local health profile and needs.**

- 6.18 Residents also expressed concern that front line staff at the Council were not always aware of what was happening in the Borough in relation to health and social care, as they were often the first point of contact it was felt that this should be a priority. It was recommended that a web page be set up specifically for communicating changes to healthcare provision, directing patients to the appropriate place but also giving clear information on how residents could get involved, for example events and forum groups but also advocacy and 3<sup>rd</sup> sector organisations. On this issues, two of the groups suggested that the Council should be responsible for providing clear priorities to 3<sup>rd</sup> sector organisations on what their input needed to be.
- 6.19 In the interests of reducing spending, it was agreed that the Council should use and build on existing structures, such as its relationship with third sector organisations, utilising East End Life and the Council website to communicate with residents. As well as supporting Councillors in their roles as community leaders. It is understood that local authorities are currently responding to a rapidly changing policy landscape and an increasingly difficult financial one. The Council will have more responsibility and challenges ahead when it is required to develop the new health and wellbeing boards into powerful and effective bodies. Creating a successful dialogue between stakeholders and residents at this stage can only be beneficial for this process.

### **Recommendation 3**

**That the Adults Health Wellbeing Directorate focus on using existing structures to communicate change through the LAPs, East End Life and a specific page on the Council Website. This should also include taking the lead on creating a dialogue with partners and the third sector in developing a structure so that resident voices are heard in the decision making process.**

### **Role of Councillors**

- 6.20 Both residents and Health Professionals were keen to see Councillors taking a more proactive role in health issues in Tower Hamlets. From a resident's perspective, they wanted to see that Councillors were taking their concerns back to the Council and to the NHS. NHS colleagues stressed the importance of Councillors being proud of the polyclinics in the Borough and use their role to help promote the use of primary care over attendance at Accident and Emergency centres and hospitals.
- 6.21 A surprising recommendation to come out of the three separate table discussions was a more practical suggestion that Councillors on each ward consider holding their surgeries at GP surgeries as a cost saving exercise. It was also suggested that this would give patients more opportunity to speak to elected members about any healthcare concerns as well as encouraging partnership working between GPs and Councillors.
- 6.22 It was clear during the session that there was appetite among residents and the NHS colleagues for a stronger presence from elected members in the health sector. It was felt that Councillors were best places to represent local levels of concern and maintain a link between patients and the providers of health and social care services. It was suggested that Councillors need to be working with other community leaders in the voluntary sector to offer direction to local user groups to encourage patient involvement and empowerment. Ultimately, Councillors are the voice of the community and have a responsibility to their residents as well as communicating the work of the council and its partners back to the community. Government legislation continues to support this community leadership role and the Council endeavours to support elected representatives through its Member Support services to carry out this vision.

### **Recommendation 4**

**That Councillors in each ward consider holding their own surgeries at GP surgeries, particularly during consultation periods but also look at re-locating to Polyclinics when they are in place as a cost saving exercise.**

### **Recommendation 5**

**That Councillors proactively use their role as community leaders to communicate changes in healthcare provision, working with colleagues to attend local user group discussions and patient groups to take a lead in communicating polysystem proposals as well as advocating resident issues to the Council and the NHS.**

## **7. Conclusion**

- 7.1 The Health Scrutiny Panel is grateful to NHS and Council colleagues, residents and THINK members for attending the Panel to put forward and share information on the proposals. The Challenge Session was an opportunity for Members and residents to understand the changes taking place locally within the health sector, the rationale

behind decisions and to have their say in how residents and patients can be involved in the health decisions taking place within their communities.

- 7.2 The key areas for improvement which were identified included the need for clear and consistent engagement with residents and patients from the Council and the NHS, with Councillors and 3<sup>rd</sup> Sector Organisations helping to steer understanding and raise the concerns of residents with the correct bodies. Education will be crucial to the success of changing attitudes to primary healthcare and the link between elected representative, the NHS and the Council will need to be strengthened.
- 7.3 Further recommendations included councillors using GP surgeries as a base for their own surgeries and the Council utilising the internal communication tools already available to communicate change. The session also highlighted that more needed to be done to provide assurance that there will not be any negative impacts on the quality of care and that a clear strategy would need to be in place to mitigate against possible negative impacts in any interim period.
- 7.4 The changing landscape brought on by the recent NHS white paper and the proposals put forward for GP commissioning will mean that it is a priority that GPs are on board with NHS Tower Hamlets vision for developing clinical networks. GP engagement in particular will be key to the success of the primary care and prevention vision. The Health Scrutiny Panel is confident we have the expertise and drive to have a successful new system of healthcare in Tower Hamlets delivering the best outcomes for our residents and it is agreed that the development of polysystems provides an excellent opportunity for this.
- 7.5 With a period of fiscal tightening greater inter-service collaboration between the NHS and the Council will be required, particularly looking to the future with more of public health responsibilities being moved into local authority remit and the establishment of Health and Wellbeing Boards. In a time of change, consultation with patients and residents will be a continuous process. In the case of Tower Hamlets it will mean taking full advantage of the networks, 3<sup>rd</sup> sector organisations and outreach resources that are readily available.

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

- 8.1. Pursuant to the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, an overview and scrutiny committee may review and scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authority. An overview and scrutiny committee may make reports and recommendations to local NHS bodies and to its local authority on any matter reviewed or scrutinised by it pursuant to regulation 2. Article 6 of the Council's Constitution reflects these provisions by reference to the health scrutiny panel, which the Committee is to select.
- 8.2. The report makes recommendations affecting the Council, NHS Tower Hamlets and elected members. It will be up each body and person to consider whether or not to accept the recommendations. As regards the Council and NHS Tower Hamlets, the recommendations appear capable of being carried out within their respective statutory functions.

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

9.1 This report updates the Overview and Scrutiny Committee on the outcome of the Scrutiny Challenge Session on Polysystems and the changes to primary care held on 29th September 2010.

9.2 Recent government announcements about funding reductions to the Council in 2010-11 and for the next four years will affect any recommendations agreed and any additional costs that arise from the recommendations must be contained within directorate revenue budgets. Also, officers will be obliged to seek the appropriate financial approval before further financial commitments are made.

## **10. One Tower Hamlets Considerations**

10.1 A number of recommendations in this report have One Tower Hamlets implications as the intended outcome is to focus on reducing health inequalities that exist within the borough and narrowing the gap between Tower Hamlets and the healthiest parts of the country by supporting people to improve access to primary care. There are also recommendations to develop a more proactive role for community leaders in understanding and tackling health inequalities.

## **11. Risk Management**

11.1 There are no direct risk management actions arising from this report.