LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 6.30 P.M. ON TUESDAY, 19 NOVEMBER 2013

ROOM C1, 1ST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG

Members Present:

Councillor Rachael Saunders (Chair)

Councillor Lesley Pavitt

Other Councillors Present:
Nil

Co-opted Members Present:

David Burbridge – (Healthwatch Tower Hamlets Representative)

Guests Present:
Abdirashid – (Mind in Tower Hamlets & Newham)
Sharon Hammond – (Mind in Tower Hamlets & Newham)
Colsum Akanjee – (Mind in Tower Hamlets & Newham)
Helen Forster – (Working Well Trust)
Hassan Nahman – (Working Well Trust)
John Stevens – Working Well Trust)
Martin Bould – (Tower Hamlets Clinical Commissioning Group)
Jackie Applebee – (GP Representative, Local Medical Committee)

Officers Present:

Tahir Alam – (Strategy Policy & Performance Officer, Chief Executive's)
Sarah Barr – (Senior Strategy Policy and Performance Officer, Corporate Strategy and Equality Service, Chief Executive's)
Paul Iggulden – (Associate Director of Public Health)

Alan Ingram – (Democratic Services)

COUNCILLOR RACHAEL SAUNDERS (CHAIR), IN THE CHAIR

It was noted that the meeting was inquorate and would proceed on an informal basis, subject to confirmation of any actions proposed at the next Panel meeting.

1. APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillor David Egdar, for whom Councillor Lesley Pavitt deputised, and Dr Amjad Rahi, Co-opted Member.

NOTE: Councillor Zenith Rahman later contacted Committee Services to say that she had been unable to attend due to illness.

2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTEREST

There were no declarations of Disclosable Pecuniary Interest.

3. UNRESTRICTED MINUTES

Consideration of the unrestricted minutes of the meeting of the Panel held on 3 September 2013 was deferred, in view of the inquorate meeting.

4. REPORTS FOR CONSIDERATION

4.1 Barts Health: Progress Update on Outpatients

Sarah Barr, Senior Strategy, Policy and Performance Officer introduced the report which provided an update on performance for out patients at Barts NHS Trust, as previously requested by Councillor Lesley Pavitt on behalf of the Scrutiny Panel, concerning waiting times and appointment letters.

Ms Barr added that there was now a process for Scrutiny Panel Members to be able to take forward health services concerns and complaints raised by residents and share these with Barts, who would then provide information about the outcome. A form was available to record the resident's concerns and confirming they were prepared for the information to be shared with Members.

The Chair expressed the view that this should be extended to all Members of the Council, not just the Panel, for casework purposes and discussions were needed with John Williams, Service Head, Democratic Services, on how this might be progressed.

Action by: Sarah Barr (Senior Strategy, Policy and Performance Officer)

5. LIFE COURSE - MIDDLE AGE

5.1 Public Health Life Course - Middle Age 40-64 Years

Paul Iggulden, Associate Director of Public Health, introduced the presentation, as included in the previously circulated agenda, speaking on

measures to improve the health of middle-aged people; priorities and challenges; good practice in LBTH.

Mr Iggulden indicated that the 40-64 year old group in the Borough was relatively small, given that the largest population group was 20-39 year old, but this would increase significantly to 101,000 by 2020/21, as the Bangladeshi population grew older. He stated that he would report to a future meeting on how age and ethnic bands would interact.

He added that people in the 40-64 year bracket in Tower Hamlets were more than twice as likely to report health problems as the national average and healthy life expectancy was considerably lower than the actual average life span for men and women. Challenges in this regard related to diabetes, high premature deaths from cardio-vascular disease and cancer, tuberculosis and high mental health admissions. There was a general high behavioural risk element arising from smoking, poor nutrition, low physical exercise and heavy drinking. Diabetes rates rose from a generally massive ramp up in obesity in middle age. It was necessary to promote healthy lifestyles to address these issues by early intervention and it was important to recognise the good work going on in the Primary Care sector to develop care packages. However, work must continue to ensure that local health and social care services could meet the needs of the population.

The Chair thanked Mr Iggulden for his presentation and indicated that there would be an opportunity to put questions after the other presentations were heard.

6. LIFE COURSE - MIDDLE AGE: MENTAL HEALTH

6.1 CCG - Middle Age Life Course - Low Level Mental Health (TO FOLLOW)

Martin Bould of the Tower Hamlets Clinical Commissioning Group (CCG) introduced the presentation as contained in the previously circulated supplemental agenda. He indicated that one in four people would experience a mental health problem at some point in their lifetime and one in six adults had a mental health problem at any one time.

Mental illness had a profound impact on health, relationships, educational and employment outcomes and accounted for nearly as much morbidity as all physical illnesses put together. It had the same effect on life-expectancy as smoking and more than obesity, with people suffering a serious mental illness dying on average 20 years earlier than the general population. Depression affected 10% of people who suffered strokes and remained high for 10 years afterwards. One in three women who were subject to domestic violence experienced depression. The incidence of depression in Tower Hamlets was higher than the average population and it tended to be harder for these people to recover and move away from Benefits and anti-depressants.

Mr Bould indicated that most mental health data were not broken down to reflect middle age specifically but the population in Tower Hamlets always

showed high risk factors and their were a large number of carers who could be associated with middle age.

The Chair made the point that Tower Hamlets Social Services performance monitoring tended to miss carers' assessment targets and asked how services could be adapted to support families. Mr Bould replied that care support was being re-commissioned for individual carers and the Council would commission carers for dementia support. Paul Iggulden added that a Carers' Health Check was being piloted and evaluated to consider how the service might be improved and it had been found that better links were needed with Primary Care so that carers could be identified and given support. The Chair stated that she had visited many households who had complained of overcrowding and it was evident that at least one parent there was mentally distressed – there was an obvious connotation with mental health.

In response to queries from David Burbridge, Co-opted Member, Mr Bould stated that the Council and CCG had published a joint strategy and worked as closely as possible but so many services were involved that there was no single information source that clearly identified who were overall service providers. This would be formulated in the Commissioning Plan. There were no plans to de-commission services but resources had to be directed to achieve the best possible outcome.

Sarah Barr commented that there tended to be low referrals of mental illness from the Bengali community and asked if there had been any analysis of this. Mr Bould stated that the uptake across ethnic groups was not uniform and it would be necessary to think about facilitating access to systems and to engage more with communities.

The Chair thanked Mr Bould for his presentation.

6.2 MIND in Tower Hamlets and Newham (MITHN): Wellbeing, Support and Recovery

Abdirashid, Colsum Akanjee and Sharon Hammond of Mind in Tower Hamlets and Newham (MITHN) spoke in connection with the presentation contained in the previously circulated agenda.

MITHN was a registered charity that provided a wide range of support services to people from the ages of 18-65 years with mental health needs who lived in both Boroughs. Services were provided which were supportive, recovery focused, proactive and encouraged independence, enabling people to be active participants in the wider community.

Abdirashid stated that a key objective was to give people choice and control over their lives and in April 2012 had become involved with Time to Change which had been adopted by the Council. He indicated that the Bangladeshi and Somali communities feared the stigma of mental illness and as a result tended to avoid referrals until people needed primary or possibly secondary care by the time MITHN became involved.

The Health and Wellbeing Board, Councils and MITHN had all signed the Time to Change pledge and others in the voluntary sector had done likewise. This needed to be brought together and co-ordinated. MITHN had strong referral systems in place and it was necessary to establish links with other services and go into the community.

Colsum Akanjee described the various therapies that MITHN made available and commented that she co-ordinated mental health support teams that helped people in their homes. She also described the pathway for mental health referrals that supported people from initial assessment, hopefully through to paid employment.

Sharon Hammond explained how individuals' progress was measured and commented on the range of activities that were made available to help people. A Wellbeing Service had been in place since April 2013 and this provided the first active point of contacts, enabled assessments and referrals to the mental health team, who offered more help than counselling alone. More referrals were now being received from GP services and young people were obtaining access to services. In the past six months, 10 people had been supported into paid employment and more into voluntary work.

Abdirashid stated that MITHN was working with Time to Change to challenge mental health stigma and discrimination and detailed how work was undertaken with a wide range of organisations, from schools to the Canary Wharf Corporation, with a view to discussing mental illness and developing mindful employers. Tower Hamlets Homes was providing mental health first aiders and counselling services for staff.

A current source of problems was benefits issues, with increased numbers of people becoming stressed about housing benefit levels and the fear of homelessness. There should be more investment in employment services. There were high levels of unemployment in Tower Hamlets and local women who often had very low educational abilities were expected to apply for 15 jobs a week to maintain Jobseeker's Allowance. People with long term unemployment and mental problems could not be expected to manage to get back into work within a few months.

The Chair thanked the MITHN representative for their presentation.

6.3 Working Well Trust - Workplace Mental Health (Verbal Presentation)

The Chair welcomed Helen Forster, John Stevens and Hassan Nahman of the Working Well Trust (WWT) who had attended the meeting to make a verbal presentation.

John Stevens stated that WWT had been operating since 2007 with the remit of helping into employment Tower Hamlets residents with mental health issues, with the assistance of four staff who were employment specialists. WWT workers were fully integrated into the mental health system in the

Borough and had contacts in all mental health teams, with whom they spent two days a week. The aim of WWT was not just about success in achieving employment, as the intention was also to effect a change in individuals' perception of themselves as normalised and increase self confidence to pursue everyday activities, i.e. "soft outcomes". Each specialist had 30 clients who all had full-time access to the respective worker. A highly personalised service was provided, which helped with:

- Preparing people to be able to access employment through competitive interview.
- Ensuring a barrier free approach and ensuring that suggested jobs met with clients' preferences.
- Providing pre-employment training quickly for suitable jobs.
- Giving unlimited time to clients. Those with a mild mental health condition might be helped into employment in eight months or so, while more serious conditions might require up to four years assistance.

Mr Stevens commented that WWT was funded by NHS Tower Hamlets and had helped 58 people into work this year. However, more resources would be needed before more referrals could be accepted.

Helen Forster spoke regarding work on improving access to employment for clients and described measures on how people could reach their own assessment of their progress in achieving soft outcomes.

Hassan Nahman added that another aim of WWT was to help people with job retention. Historically there had been much focus in helping people into employment but emphasis had shifted over the last 10 years to making sure that people already in employment could keep their jobs if they were affected by stress or mental illness that might trigger sickness or disciplinary procedures. WWT supported people who deemed that their jobs could be at risk due to their mental condition. In this connection, they approached employers as advocates and advisers, to challenge the view that a mental condition had to be cured before there could be personal improvement and on the basis that diagnosis of a mental illness was not an indication of unemployability. WWT could help prevent the escalation of problems while a person was employed and avoid people feeling that they had to resign.

Mr Nahman continued that a key principle of job retention was early intervention to avoid dismissals and this was critical for achieving a positive outcome. WWT was concerned with developing good practice and awareness in the workplace and explaining mental conditions to employers to de-stigmatise such matters. They also focused on the Equality Act and Health and Safety at Work Act to encourage the viewpoint that people should be helped to stay in work through workplace adjustments and the promotion of cultural and attitudinal changes to allow a flexible approach. This could take a minimum of three months to achieve and was often easier to effect in larger firms that had more resources.

Conclusions/Outcomes

The Chair then invited questions from those present and the following emerged:

(1) Sarah Barr made further reference to the matter of low referrals regarding mental health problems from the Bangladeshi community. The view was expressed by those present that the Bangladeshi and Somali communities considered mental health problems to carry a stigma and were reluctant to admit this outside of the family.

The meeting agreed that the Public Health Service be asked to undertake research on this.

Action by: Sarah Barr (Senior Strategy, Policy and Performance Officer)

(2) **Helen Forster of Working Well Trust agreed** to provide the Chair, HSP and relevant officers with the mechanisms that are used to monitor and assess "soft" outcomes (e.g. improvements in confidence, self esteem and seeing themselves as normalised). WWT "hard" outcomes relate to numbers of people who are helped into employment.

(3) **The Chair stated that recommendations would need to be developed** around the themes of:

- Resilience in the family and community – support and access to mental health services. Support was needed for young people who saw involvement with MIND and other services as a personal stigma. Preventative work with schools is needed. Also problems with 20-30 year old Bangladeshis having mental health issues plus drug or alcohol abuse, living at home, whose elderly parents may be subject to abuse. **Helen Forster of WWT to provide the Chair with estimated figures of such families.**
- Support is needed for carers of mentally ill individuals.
- Tackling stigma. The issue of communities stigmatising mental illness which hampers individuals seeking access to health services. Also research is needed into the religious aspect of Bangladeshi and Somali communities' attitudes to mental illness. Work will need to be undertaken with faith groups and Idea Stores to engage with the communities to reduce stigma.
- Early intervention to help people who may be suffering mental illness while in employment, to help them keep their jobs. This includes encouraging workplace adjustments by employers to avoid undue use of sickness absence/disciplinary procedures. Help employers make cultural and attitudinal changes to accommodate employees with mental health problems. Ensure that these changes permeate and are understood at all levels of the organisation. There is much evidence to show that being in employment is beneficial for both mental and physical wellbeing. Employment assistance should figure on everyone's agenda due to the sheer numbers of people who cannot get into work and are adversely affected by the new Benefits regime. **Helen Forster of WWT to provide Sarah Barr/Tahir Alam with details of the work of Bangladeshi Mental Health Forum and known community barriers.**

(4) There is such an overlap of services for vulnerable and marginalised groups that a partnership approach must be adopted to pull resources together to ensure accessibility and extend help to other individuals – it was felt that the numbers currently receiving assistance were just the tip of the iceberg. **The Chair would be contacting Deborah Cohen to discuss formulation of partnerships.**

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

7.1 North East London Joint Overview & Scrutiny Committee

Sarah Barr reported that the next JOSC meeting would be held next day and agenda items included a financial report from Barts NHS Trust and the reorganisation of cardiovascular services. She indicated that anyone wishing to have particular matters discussed should email details to the Chair or her and/or Tahir Alam.

It was agreed that it was necessary at the meeting to flag up obligations that had been agreed to during the consultation period, as these had to be monitored to ensure they were complied with. Details should also be requested of evidence to justify the reconfiguration of services (e.g. any possible moves to stop emergency services at Newham Hospital).

Action by: Sarah Barr (Senior Strategy, Policy and Performance Officer)

7.2 Health and Wellbeing Board Status

The Chair commented that the Board had still not been formally constituted and meetings were not, therefore, in the public domain. This also meant that funding available could not be obtained.

The Panel agreed to write formally to the Mayor pointing out that it is essential that the Health & Wellbeing Board should be formally constituted as a statutory body to allow it to function properly and to ensure that funding is not lost.

Action by: Councillor Rachael Saunders, Chair of Health Scrutiny Panel

The meeting ended at 8.50 p.m.

Chair, Councillor Rachael Saunders
Health Scrutiny Panel