

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.15 P.M. ON THURSDAY, 6 FEBRUARY 2014

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

Members Present:

Councillor Abdul Asad (Vice-Chair)	(Cabinet Member for Health and Wellbeing)
Councillor Alibor Choudhury	(Cabinet Member for Resources)
Councillor Denise Jones	
Robert McCulloch-Graham	(Corporate Director, Education Social Care and Wellbeing, LBTH)
Dr Somen Banerjee	(Interim Director of Public Health, LBTH)
Dr Amjad Rahi	(Healthwatch Tower Hamlets Representative)
John Wardell (Substitute for Jane Milligan)	(Deputy Chief Officer, Tower Hamlets Clinical Commissioning Group)
Dr Judith Littlejohn (Substitute for Dr Sam Everington)	(Clinical Member of Clinical Commissioning Group Governing Body and Mental Health Lead)

Co-opted Members Present:

Sue Lewis	(Chief Operating Officer, Barts Health NHS Trust)
John Wilkins	(Deputy Chief Executive, East London NHS Foundation Trust)

Others Present:

Dianne Barham	(Director of Healthwatch Tower Hamlets)
Richard Fradgley	(Deputy Director of Mental Health and Joint Commissioning, Tower Hamlets Clinical Commissioning Group/LBTH)

Officers in Attendance:

Deborah Cohen	(Service Head, Commissioning and Health, Education, Social Care and Wellbeing, LBTH)
Louise Russell	(Service Head Corporate Strategy and Equality, Directorate, Law Probity and Governance, LBTH)
David Galpin	(Service Head, Legal Services, Directorate Law Probity and Governance, LBTH)
Charlotte Saini	(Strategy, Policy and Performance Officer, Education, Social Care and Wellbeing, LBTH)

Leo Nicholas

(Strategy, Policy and Performance
Officer, Education, Social Care and
Wellbeing, LBTH)

Zoe Folley

(Committee Officer, Directorate Law,
Probity and Governance, LBTH)

Apologies:

Councillor Oliur Rahman, Dr Sam Everington, Sharon Hanooman, Steve Stride and Jane Milligan. Councillor Denise Jones gave apologies for having to leave early.

The order of business was changed at the meeting (following items 1 -2.2) as follows: items 3.1, 3.3, 3.2, 3.4, 4.2, 4.1, 4.3, 4.4, 4.5.

For ease of reference, the order of the minutes follow the agenda order.

COUNCILLOR ABDUL ASAD (CHAIR)

Councillor Abdul Asad welcomed those present to the meeting. He reminded Members that this was the first formal meeting of the HWB that would be held in public following the establishment of the Board at Full Council in January 2014. The Chair welcomed members of the public to the meeting and also the new Members of the Board: Councillor Denise Jones, Sue Lewis (Barts Health, replacing Len Richards) Steve Stride (Housing Forum Representative, replacing Mike Tyrell). It was also noted that Councillor Rachael Saunders could attend meetings in her capacity as Chair of the Health Scrutiny Panel.

The Chair also reported on developments since the last meeting. He reported that the partnership between the Council and health providers (local Clinical Commissioning Groups, Barts Health, the East London Mental Health Trusts, Tower Hamlets, Waltham Forest and Newham Councils) had become one of three Pioneers in London in respect of integrated care. Councillor Asad welcomed this and felt that it would put the Council in a strong position in respect of the Better Care Fund.

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

No declarations of Disclosable Pecuniary Interest were made.

1.1 Forward Programme

The Board noted the Forward Plan.

2. ITEMS FOR CONSIDERATION

2.1 Tower Hamlets Health and Wellbeing Board, Terms of Reference, Quorum, Membership and Dates of Meetings.

The Board noted the Terms of Reference report with the amendment, agreed at Cabinet and Full Council regarding the arrangements for chairing the meeting when the Mayor was absent.

Resolved:

That the Tower Hamlets Health and Wellbeing Board (HWBB) Terms of Reference, Quorum, Membership as attached to the committee report and future meeting dates be agreed with the addition of the amendment agreed by Cabinet on 4th December 2013 and approved by Council on 22nd January 2014:

- That should the Mayor be unable to attend a meeting then the Cabinet Member for Health and Wellbeing would chair the meeting in his place.

2.2 Healthwatch Update

Dianne Barham, (Director of Healthwatch Tower Hamlets) presented the summary of patient feedback on services run by Barts Health. The Board noted the positive comments around children's services, A&E and the quality of the accommodations amongst other issues. The Board also noted the concerns around administration, nurse shortages, maternity services, waiting times in A&E, the environment and incontinence services. It was noted that Healthwatch were working with community groups to improve accessibility and way finding for people with special needs. Healthwatch were also working with the CCGs and Barts Health, along with patients (through community groups) to identify and analyse the key issues.

In response, the Board stressed the need for the services to respond to the feedback. Ms Barham reported that Healthwatch were working on ways to improve the feedback process and ways of holding the services to account. It was suggested that the patient feedback could be reported to the LBTH Health Scrutiny Panel.

Sue Lewis (Chief Operating Officer, Barts Health NHS) reported on the steps being taken at Barts to address the issues such as the preparation of action plans taking into account the patient feedback and the CCG feedback. She explained that robust measures would be put in place at a corporate level to ensure the plans were driven through. She explained the specific measures that had already been taken. For example, the new front entrance for the hospital would be opening in March 2014 to improve way finding. Ms Lewis suggested that the Healthwatch feedback be included in the CCG report (subject to Healthwatch's agreement) to save her organisation having to prepare two reports.

A Member considered that staff attitudes towards patients was still an issue of concern and that the care pathway should be made more accessible. Steps should be taken to address this.

Deborah Cohen (Service Head, Commissioning and Health, LBTH) also referred to the incontinence services given the findings of the HWB 'quick start' project regarding paediatric continence and noted the underfunding in this area. It was questioned whether this issue of adult continence should be included in the CCG's 2 Year Operational Plan. Mr Wardell reported that the CCG recognised the importance of this issue. It was intended to link the incontinence services with the integrated care services for adults. The Chair requested that Healthwatch come back to the next meeting of the HWB to present their recommendations with the response from Barts Health

Resolved:

That the report be noted.

3. HEALTH AND WELLBEING STRATEGY

3.1 Tower Hamlets Mental Health Strategy

Richard Fradgley (Deputy Director of Mental Health and Joint Commissioning for the Tower Hamlets Clinical Commissioning Group and the Council) gave a detailed presentation of the strategy for the next five years. This covered the prevalence of mental health problems in the Borough and demand for the services; the recent successes in dementia care, crisis services for adults and accommodation.

The Board were advised of the steps in developing the strategy, based on community engagement, the visions, the issues and commitments for the various age groups. This included children and young people, where a key aim was increasing awareness of mental health issues in schools and access to services. The Board also considered the plans for adults and older people. It was recognised that loneliness and isolation was a key concern for older people. The Board noted the cross cutting aims such as addressing stigma and discrimination. There would be regular reports to the HWB on progress with the strategy including 'dashboards' for review by the Board.

A Member asked questions about dual diagnoses (where people presented with a mental health issue and as well as addictions) and the steps taken to address this. Mr Fradgley noted the extent of this problem as shown by the statistics. The Drugs and Alcohol Team were there to identify and deal with such issues within the mental health services.

The Board stressed the need for both the physical as well as the mental health care needs of patients to be brought together, as many patients often presented with mental health and physical problems. The Board were advised of the services offered to address this such as GP presence at mental health care centres. The service took a holistic approach to patients needs. John Wilkins (East London and the Foundation Trust) welcomed his Trust's

involvement in the strategy at an early stage. He also reported on the involvement of Barts Health clinicians in services to address the physical needs of patients.

A Member asked about the statistics. In particular, the number of people with vascular dementia from the BME communities which made up over 50% of the community in Tower Hamlets. Certain BME communities were more at risk of Type 2 diabetes therefore were more at risk of developing vascular dementia in the long term. He sought assurances regarding the plans to address this expected rise in BME adults with vascular dementia. Mr Fradgley referred to the noticeable increase in diagnosis rates in this condition in the Bengali population, under the new service, expected to continue. Mr Fradgley welcomed the increase in earlier detection. He highlighted the work of the outreach services in raising awareness and contributing to this success.

A Member asked about the key areas for improvement and how the concerns would be addressed. Mr Fradgley noted the need to focus on particular services such as Child and Adolescent Mental Health Services and older adults, judging by the feedback.

A Member considered that crisis management was a key issue.

Mr Fradgley outlined the nature of the crisis services. There was a single point of contact in the community and home treatment services. These were very effective. As a result of this, bed occupancy rates were comparatively low. The service was committed to developing a pathway to further improve this service.

In response to further questions, Mr Fradgley reported that his service would be producing a Joint Strategic Needs Assessment factsheet on mental health and crime. The service was working with the Probation Services to deliver training and would be preparing plans with the Council and hospitals to address this issue.

The Chair thanked Mr Fradgley for the presentation and for the fantastic piece of work on behalf of the Board.

Resolved:

That the Tower Hamlets Mental Health Strategy be approved.

3.2 Tower Hamlets Health and Wellbeing Strategy 2013-16

Louise Russell (Service Head, Corporate Strategy & Equality, LBTH) presented the HWB strategy and the delivery plans. The strategy had been developed through a partnership approach, consulted on and presented to the CCG Board, the Shadow HWB and endorsed by the Council's Cabinet. Formal approval of the strategy and the finalised delivery plans was now

sought from the HWB. Once approval had been given, the strategy would be formally published.

She highlighted the changes to the strategy since last reported to the Shadow HWB in September 2013, including the revised maternity and early years plan, the work to reflect the Mental Health Strategy and the developments in respect of the Better Care Fund.

Ms Russell also reported on a recent meeting with the Housing Forum to jointly take forward issues in relation to housing. The outcome of this meeting would be reported back to the HWB. Ms Russell also confirmed that the monitoring reports would be reported back to the HWB on a regular basis.

Action: Louise Russell, (Service Head, Corporate Strategy & Equality, LBTH) to report back on Housing Workshop.

Ms Russell's service would also be working with the Mental Health services to integrate the delivery of the HWB strategy and the Mental Health Strategy.

Resolved:

1. That the strategy, delivery plans, proposed outcome measures and targets be agreed.
2. That the delivery and performance monitoring arrangements be agreed as set out in section 3 of the committee report.

3.3 Joint Strategic Needs Assessment (JSNA) - Key Findings

Councillor Denise Jones left the meeting during this item at 6:15pm.

Dr Somen Banerjee (Interim Director Public Health LBTH) presented the Joint Strategic Needs Assessment (JSNA), Key Findings. Dr Banerjee gave a detailed presentation of the findings including the healthy life expectancy rates for Borough residents. The figures were some of the lowest in the county. He also explained the links between the environment, inequality and health, the key health issues facing the various age groups in the Borough and the link between the HWBs priorities and the JSNA.

Members highlighted the problems with childhood obesity. A Member stressed the need for schools and teachers to be involved in addressing the issue. Dr Banerjee stressed the value in tackling this problem at a regional and national level as per the success in New York, rather than just locally. He considered that the HWB might wish to lobby the Mayor of London and relevant regional and national bodies about this. His service was also undertaking a review of the role of school nurses in addressing this issue following the transfer of this service into local government public health.

Robert McCulloch – Graham (Corporate Director, Education Social Care and Wellbeing, LBTH) also highlighted the national campaigns and legislation to address this issue. However, he stressed the need to work directly with families to deal with this issue.

Resolved:

That the findings of the Joint Strategic Needs Assessment be noted.

3.4 Clinical Commissioning Group (CCG) Operational Plan - To Follow

John Wardell (Deputy Chief Officer, Tower Hamlets Clinical Commissioning Group THCCG) presented the report. The report outlined the approach of the CCG to the draft submission of their Operating Plan due on 14th February with the final draft due on 4th April 2014.

Mr Wardell highlighted the main sections of the operating plan submission including: the plans for self-certification, improving outcomes through a benchmarking cohort, the quality premium, the local metric and the medium term financial plan.

It was intended that the final draft would be submitted to the next meeting of the HWB in March 2014 for discussion prior to the final submission.

Resolved:

1. That the report be noted:
2. To commit to receiving an update at the next Board Meeting in March 2014 ahead of the final submission on 4th April 2014.

4. REGULATORY OVERSIGHT

4.1 Better Care Fund

Deborah Cohen (Service Head for Commissioning and Health, LBTH) presented the report regarding the Better Care Fund (BCF). It was noted that the funding pooled together existing funding streams, for health and social care services, shared between the NHS and local authorities to deliver better outcomes for older and disabled people. Ms Cohen considered that any criteria for access to these services should be applied flexibly bearing in mind that certain conditions that are associated with older people have an earlier onset in the Borough.

Local Authorities and CCGs were required to submit the first draft of the planning template to the LGA and NHS England by 14th February 2014. It was

intended that the draft (in the agenda papers) would be the submission for this first deadline.

It was required that the final version be submitted by 4th April 2014. As a result, the proposal would be brought back to the HWB at its next meeting (24th March 2014) for consideration and final approval. The Board were therefore invited to submit their comments outside the meeting to Deborah Cohen as soon as possible for consideration at that meeting

There would also be a workshop on the matter after the HWB meeting in March.

The Board also noted the draft finance, outcome and matrix sections. It was possible that part of the funding in future years may be based on performance against the chosen matrix. Further details of these sections would be reported to the Board at its meeting in March.

Resolved:

That the draft Better Care Fund Planning Template be submitted to the LGA and NHS England

4.2 Adults Health and Wellbeing Board -Section 256 Funding 2013-14

Deborah Cohen (Service Head, Commissioning and Health, LBTH) presented the report, following consideration by the Shadow HWB in September 2013.

The report outlined the funding available to LBTH in 2013/14 and the proposals agreed between the Council and Tower Hamlets, CCG on how the funding should be spent to support local needs.

The report was before the Board for formal sign off which was a pre-condition to the NHS England signing the funding agreement.

Resolved:

1. That the requirements of the transfer from NHS England to LBTH be noted.
2. That the spending plans for the 2013/14 allocation be approved as agreed between Tower Hamlets Clinical Commissioning Group and London Borough of Tower Hamlets, as detailed in Appendix 1 of the committee report.

4.3 Disabled Children's Charter

Robert McCulloch-Graham (Corporate Director, Education Social Care and Wellbeing, LBTH), introduced the report regarding the Disabled Children's

Charter. The paper explained how the Council and its partners meets the Charter, through the Children and Families Partnership Board (CFPB) and recommended that the HWB sign up to the charter.

It was confirmed that the report had been considered by the CFPB.

Resolved:

1. That the position statement in relation to each of the commitments in the Charter be noted and it be agreed that the Tower Hamlets Partnership sign up to the Charter;
2. That the Joint Strategic Needs Assessment attached as an appendix to the committee report be noted.

4.4 Winterbourne Actions - Update report to HWBB

Deborah Cohen, (Service Head for Commissioning and Health, Education, Social Care and Wellbeing, LBTH) presented the report.

It was noted that Tower Hamlets made limited use of assessment and treatment centres outside of the Borough. Nevertheless, Tower Hamlets had reviewed all people placed in such placements in compliance with the Winterbourne actions. A list of the actions taken and the outcomes were included in the report.

Resolved:

To note the Tower Hamlets compliance with the Winterbourne actions and to receive annual updates on future review activity related to people in assessment and treatment centres and the longer term development of local housing and care support.

4.5 2013 Adult Autism Self-Assessment Framework (SAF)

Deborah Cohen (Service Head for Commissioning and Health, Education, Social Care and Wellbeing, LBTH) presented the report regarding the Self-Assessment Framework (SAF). The Board noted a copy of the SAF (attached to the report) with a summary of progress in specific areas.

The Board noted the steps to secure a provider to deliver an adult diagnosis and intervention service for the Borough. The Board welcomed the decision taken by the Cabinet yesterday (5th February 2014) to award the contract to a provider and considered that this was a major step forward.

Action: Louise Russell, Service Head, Corporate Strategy & Equality, LBTH)

Resolved:

1. That the content of the report and the final Autism Self-Evaluation document (provided as Appendix One) be noted.
2. That the questions contained within Appendix Two be included in the quarterly HWB performance reports.

Action: Louise Russell, Service Head, Corporate Strategy & Equality, LBTH)

5. ANY OTHER BUSINESS

There was no other business.

The meeting ended at 7.00 p.m.

Vice - Chair, Councillor Abdul Asad
Tower Hamlets Health and Wellbeing Board