

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.15 P.M. ON TUESDAY, 8 JULY 2014

**COMMITTEE ROOM MP701, 1ST FLOOR, TOWN HALL, MULBERRY PLACE, 5
CLOVE CRESCENT, LONDON, E14 2BG**

Members Present:

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| Councillor Abdul Asad (Vice-Chair) | (Cabinet Member for Health and Adult Services) |
| Councillor Alibor Choudhury | (Cabinet Member for Resources) |
| Councillor Denise Jones | (Non Executive Majority Group Councillor) |
| Robert McCulloch-Graham | (Corporate Director, Education Social Care and Wellbeing LBTH) |
| Dr Somen Banerjee | (Interim Director of Public Health, LBTH) |
| Dr Sam Everington | (Chair, Tower Hamlets Clinical Commissioning Group) |
| Jane Milligan | (Chief Officer, Tower Hamlets Clinical Commissioning Group) |

Co-opted Members Present:

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| Sharon Hanooman | (Vice-Chair, Tower Hamlets Community Voluntary Sector) |
| Steve Stride | (Chief Executive, Poplar HARCA) |
| John Wilkins | (Deputy Chief Executive, East London NHS Foundation Trust) |
| Robert Rose | (Hospital Director for Royal London and Mile End) |

Others Present:

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| Vanessa Lodge | (Director of Nursing, Central and North East London NHS England (London)) |
| Esther Trenchard-Mabere | (Associate Director of Public Health, Commissioning & Strategy) |
| Dianne Barham | (Director of Healthwatch Tower Hamlets) |
| Dr Martha Leigh | (Tower Hamlets Clinical Commissioning Group Governing Board's Lead for Maternity) |
| Sarah Baker | (Tower Hamlets Independent Local Safeguarding Children's Board Chair) |

Officers in Attendance:

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| Deborah Cohen | (Service Head, Commissioning and Health, Education, Social Care and |
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Graham White
Leo Nicholas

Wellbeing, LBTH)
(Interim Head of Legal Operations LBTH)
(Strategy, Policy and Performance
Officer, Education, Social Care and
Wellbeing LBTH)

Zoe Folley

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

Apologies:

Councillor Gulam Robbani ,Dr Amjad Rahi, Alastair Camp and Brian Parrott

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

COUNCILLOR ABDUL ASAD (CHAIR)

Councillor Asad welcomed everyone to this first meeting of the Board for this municipal year 2014/15. He advised that, due to the focus of this meeting on maternity services, the feedback on the Health and Housing workshop would now be considered at the September 2014 meeting of the Board.

It was also reported that the Health providers represented on the Board at the meeting (Deputy Chief Executive, East London and the Foundation Trust) (Vice-Chair, Tower Hamlets Community Voluntary Sector and Non-Executive Director, Barts Health and Chair of the Integrated Care Board) would be invited to leave the meeting for item 5.5 (Drug and Alcohol Action Team (DAAT) Commissioning intentions). This was because the item concerned the consideration of procurement options and, under the Board's procedural rules, Health providers represented must be excluded from meetings in the event of the Board making procurement decisions and/or recommendations.

As a result, it was agreed that item 5.6 (Reform of Special Educational Needs (SEN) The Children and Families Bill 2013 & the Draft SEN Code of Practice). would be considered before 5.5

It was also agreed that item 2.2 (Presentation on Maternity Service Quality at the Royal London Hospital) would be considered after item 1.4 (Healthwatch Update - Maternity Services Liaison Committee Patient Feedback)

However, for ease of reference the order of the minutes follow the agenda order.

1.2 Declarations of Disclosable Pecuniary Interests

No interests were declared.

1.3 Minutes of the Previous Meeting and Matters Arising

The minutes of the meeting held on 24th March 2014 were approved as a correct record of the proceedings.

Deborah Cohen (Service Head, Commissioning and Strategy, Education, Social Care and Wellbeing, LBTH) updated the meeting on the Memorandum of Understanding. It was noted that the health actions of the understanding have been superseded by the Better Care Fund Initiative, with the board receiving regular reports. It was proposed that the employment aspects would be taken forward by Development and Renewals Employment and Development Service. It was anticipated that a comprehensive update on the MOU would be reported back to the September board meeting.

Dr Somen Banerjee (Interim Director of Public Health, LBTH) gave an update on Oral Health for children. He reported on the establishment of a senior professional group, comprising representatives from the Council, Bart's Health and local CCG's to address the issues around dental access. Dr Banerjee would keep the Board updated on this work.

1.4 Terms of Reference, Quorum, Membership and Dates of Meetings.

Deborah Cohen introduced the report.

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 noted subject to the following amendment to the terms of reference regarding a Board Members role.

That the following wording

Chief Officer - NHS Tower Hamlets Clinical Commissioning Group (CCG)

Should replace:

Chief Operating Officer - NHS Tower Hamlets CCG

1.5 Forward Programme

The Board noted the Forward Plan.

1.6 Healthwatch Update - Maternity Services Liaison Committee Patient Feedback

Dianne Barham (Director of Healthwatch Tower Hamlets) introduced the item.

Ms Barham welcomed to the meeting representatives from Social Action for Health to talk about their work in setting up the Maternity Service Liaison Committee (MSLC) project with local CCGs, Barts Heath and local mothers to improve maternity services.

Carly Bond (Social Action for Health) reported on the development and the role of the MSLC. The MSLC now comprised 146 active mothers. They would listen to the feedback from mothers about maternity services and report back to the health care providers and commissioners involved in the initiative. This was a reciprocal process with mutual dialogue between both sides. She highlighted examples of how the Committee had helped its members develop transferable skills and build up confidence.

The Board also heard from Nurun Nessa and Sultana Uddin who were members of MSLC. They explained the MSLC's current priorities, based on the feedback from mothers. This included: to improve patient experience with post natal services and midwives and arranging for spot checks on maternity wards. Other key aims of the group related to breast feeding in a secure and safe environment and the need for clear information on help and support. These priorities and issues had been feedback to Barts Health for their response (see item 5.2).

Questions were then asked about progress with these issues as some were longstanding.

In response, Dr Martha Leigh (Tower Hamlets CCG Governing Board Member and lead for maternity) explained the work to improve services, as highlighted by the Head of Maternity Services presentation at a recent Care Quality Board meeting. There had been a review of the appraisal system for midwives to improve performance. Work was also underway to create a one stop service and to ensure all the options available for mothers were clearly set out. Further details on the improvements were reported under item 5.2. (Presentation on Maternity Service Quality at the Royal London Hospital).

The Board thanked the representatives from Social Action and the Maternal Services Liaison Committee for their presentation.

2. HEALTH AND WELLBEING STRATEGY

2.1 Maternal, Early Years and Child Health, update for the Health and Wellbeing Board

Esther Trenchard-Mabere (Associate Director of Public Health, LBTH) presented the overview of maternal, early years and child health across Tower Hamlets. The evidence was based on performance against indicators from the Public Health Outcomes Framework. She highlighted the areas where Tower Hamlets were performing worse than London and England

subject to red indicators. This included: the highest levels of child poverty in the country, low use of outdoor play space, low birth weights of term babies that could increase risk of childhood obesity, dental decay in 5 year olds, increasing rates of obesity in 10 -11 year olds. It appeared that Bangladeshi and Somalia boys had the highest levels of obesity in the 10 -11 age group. There were also lower than average levels of HPV vaccination.

She referred to the variety of partnership groups with responsibility for these issues and their priorities. This included community engagement work to address childhood obesity in 10-11 years with a detailed action plan. The Tower Hamlets Immunization Group would be re - established to improve rates of HPV vaccination. Focus would be placed on improving lifestyles when addressing dental decay in children as well as access to service.

A full list of the findings and proposed solutions were set out in the report.

In response to questions about low birth rates and childhood obesity, it was intended to gain better data to identify the nature of this relation and the causes of childhood obesity. The Schools Health Services were in the process of being re-commissioned with new performance indicators. The Board considered that there might be some merit in sharing the performance information across schools. This could also include free schools and independent schools if possible. A schools Health and Wellbeing body had been established that would meet three times a year. This body would report to the Board where necessary.

Action: Esther Trenchard-Mabere.

The Board noted the role of schools in administering the HPV vaccine as it was considered that they were better place to do so. There had been some discussion about the need for an agreement between the commissioners and schools for accountability purposes.

Resolved:

1. That the Partnership arrangements for taking forward work to improve maternal, early years and child health be noted.
2. That the priorities for action to improve maternal, early years and child health be noted.

2.2 Presentation on Maternity Service Quality at the Royal London Hospital

Dr Martha Leigh (Tower Hamlets CCG Governing Board Member and lead for maternity) gave a presentation on the work of the Tower Hamlets CCG and Barts Health NHS Trust in improving maternity services at the Royal London Hospital following the CQC inspection in late 2013.

The sites were found to be providing a safe and responsive case. Some issues were however identified and these were currently being addressed.

The solutions included: improved IT and administrative support, a new IT board to bring together performance information, the 'Great Expectations staffing programme' to improve patient experience, better staff to patient ratios, a new leaflet promoting choice in services for women and a new mentoring scheme for new midwives.

Other improvements included: a new complaints process, a new administration post to improve screening and the introduction of a one stop service to streamline services.

The services would be working closely with the mental health services to provide the best possible support for vulnerable patients. The services were involved in the Transforming Services, Changing Lives- Interim Case for Change programme.

In response to questions about the clinical indicators and the rates for caesarian treatments, it was reported that performance in these areas was broadly similar to the national average.

In relation to the transfer of patients to other hospitals, it was anticipated that such cases should lessen in the future, due to better use of existing facilities and the possibility of an increased number of staff in recognition of the complexity of cases.

It was commented that it was important to bear in mind the safeguarding issues when transferring patients between hospitals and the danger of children falling out of sight of services

The CCG would monitor the services and improvements and would report back to the Board in due course.

Resolved:

That the work of Tower Hamlets CCG and Barts Health NHS Trust on the improvement of Maternity Services at the Royal London Hospital be noted.

2.3 Commissioning of Primary Care services

Vanessa Lodge (Director of Nursing, Central and North East London NHS England (London)) presented the report that sets out the arrangements for commissioning primary care services in the NHS post 1 April 2013.

Ms Lodge explained the role of NHS England in commissioning primary care services in the context of CCG strategies including the payment services. She also explained the role of the CCG in supporting NHS England in providing such services and its approach to quality improvement.

Ms Lodge also gave an update on the new Dental Practice on the Ocean Estate. The lease had been agreed and the contract for the service was being finalised. The service should start on 1st September 2014.

NHS England were also exploring the option of seven day working and opening hours for GP Practices. The proposals would be developed over the summer.

The Chair reported on his attendance of a campaign meeting on Saturday 5th July about the closure of GP's practices locally. The Chair requested that representatives leading the campaign be invited to the next meeting of the Board.

Action: Deborah Cohen (Service Head, Commissioning and Health, Education, Social Care and Wellbeing LBTH).

A Board Member also stressed the need for dentists and hygienists to interact more in treating patients to improve oral health.

Resolved:

That the arrangements for commissioning of primary care services in the NHS post 1 April 2013 be noted.

2.4 Presentation on the Expression of Interest for the co-commissioning of Primary Care Services in Tower Hamlets

Jane Milligan (Chief Officer, Tower Hamlets CCG) gave a presentation on the Expression of Interest (EOI) Document submitted to NHSE on the Co-Commissioning of Primary Care Services by the Tower Hamlets CCG and other local CCGs on 20th June 2014.

The aims of the EOI were to: develop a model for co-commissioning activities for both shared and independent services; provide strategic leadership and improve the quality of primary care services and to work in partnership with other NHS organisations to improve and modernise primary care infrastructure. The current EOI had a focus on general practice but in future other services may be included as the initiative develops. The initiative would be central to the achievement of strategic plans.

In response, the Board stressed the need to consult and include patients in the decision making process. Ms Milligan confirmed that the CCG would look to engage with patients as part of the next stage.

The Board expressed concern about the formula for calculating the Minimum Practice Income Guarantee (MPIG) and the impact from the phasing out of the funding. It was considered that the formula did not give due weight to the impact of local issues on the cost of GP services – such as deprivation, language issues. Therefore, Tower Hamlets and Hackney were at a disadvantage. The Board cited examples of where local practices were at risk and noted that practices were working together to minimise the impact.

Members considered that the Board should write to the Secretary of State to raise these concerns about the MPIG and the impact on local GP practices. It was agreed that the Board Members and Officers would meet separately outside the meeting to discuss and agree the content of the letter.

Action: Robert McCulloch-Graham (Corporate Director, Education Social Care and Wellbeing, LBTH),

Dr Somen Banerjee undertook to contact the Hackney Health and Wellbeing Board about this issue. Sarah Baker (Tower Hamlets Independent Local Safeguarding Children's Board Chair) offered to lobby the London safeguarding Board on this issue.

Resolved:

That the Tower Hamlets CCG's submission of an Expression Of Interest to NHS England on the Co-commissioning of primary care services be noted.

2.5 Drug and Alcohol Action Team (DAAT) Commissioning Intentions

John Wilkins (Deputy Chief Executive, East London and the Foundation Trust) and Sharon Hanooman (Vice-Chair, Tower Hamlets Community Voluntary Sector) left the meeting for this item (and the remaining items of business) due their interest in this item as set out in the opening remarks.

Rachael Sadegh (Drug and Alcohol Action Team Co-ordinator DAAT, LBTH) presented the report regarding the re-procurement of drug and alcohol services in Tower Hamlets.

It was considered necessary to re-procurement the services to achieve better value for money, increase performance and deliver better services reflecting local needs.

Four options for re-procurement had been developed and reviewed by the DAAT and the Council's Senior Management Groups.

The Board noted the four options including the recommended option three to be submitted to the Cabinet in July for approval. Under this option, there would be:

- Two drug plus alcohol treatment contracts; one for treatment and one for recovery (2 contracts). There would be a single drug treatment provider for all Tiers 2-3 treatment. This option should coexist with a separate commissioned recovery agency, targeting their work solely on recovery activity.

Reassurances were sought regarding the merits of this option. Ms Sadegh confirmed that that there should be a consortium approach to the provision of services including outreach work. GPs would still be a part of the support.

The Board felt it important to integrate the drug and alcohol services with other services such as for sexual health. It was reported that the DAAT were looking at a number of options to better link the services. This could include expanding additional services to achieve this and more outreach work.

In response to further questions, it was reported that mothers with drug and alcohol problems were referred to specialist midwives at hospitals supported, supported by a clinic for such patients.

Resolved:

1. That the intention to re-procure drug / alcohol treatment services in Tower Hamlets be noted.
2. That the preferred option of the DAAT Board be noted in advance of consideration at Cabinet.
3. That the timescales provided be noted.

3. BOARD OVERSIGHT

3.1 Reform of Special Educational Needs (SEN): The Children and Families Bill 2013 & the Draft SEN Code of Practice

David Carroll (Principal Educational Psychologist, Special Educational Need (SEN) & Inclusion Lead, LBTH) outlined the actions required following the reform of the SEN legislation.

The new system required a close cooperation between all SEN services, with streamlined assessments involving parents, children and young people. It also required clear and assessable Local Offers of services and introduced a new 0-25 Care Plan with clear outcomes. There were also provisions for personal budgets and a new requirement for the Local Authority, health and care services to commission services jointly.

In response to questions, it was confirmed the plans for each child would have a number of measurable outcomes through education to adulthood. The Chair of the Children's Safeguarding Board suggested that that Board could also monitor these performance indicators. Appropriate safeguards would be put in place regarding direct payments.

The Chair requested that the Joint Commissioning Plans between the Council and the CCG to secure and review the SEN services across all agencies be brought back to a future meeting of the Board for input and oversight.

Action: David Carroll (Principal Educational Psychologist, Special Educational Need (SEN) & Inclusion Lead, LBTH

Resolved:

That the Board support:

1. The work of the project board and the plans to ensure that the Local Offer is underpinned by local authority and clinical commissioning group agreeing on local provision in line with the priorities of this Health & Wellbeing Board.
2. The implementation of the SEN Reforms by promoting the greater responsibilities on non-education services to participate.
3. The Joint Commissioning Plans between the Council and the CCG to secure and review the wide range of provision made across all agencies to meet the needs of children and young people with SEN.

4. ANY OTHER BUSINESS

- Transforming Services, Changing Lives- Interim Case for Change.

Jane Milligan gave an update on the above. The programme would engage with a wide range of stakeholders – public, staff, patients, local authorities asking for feedback on the interim case for change. This would be published during w/c 7th July 2014 with a dedicated website and supporting material.

A presentation on the initiative and consultation would be circulated to the Board.

- Tower Hamlets, Health Profile 2014 – Public Health England.

Dr Somen Banerjee drew attention to the Profile for Tower Hamlets dated 8th July 2014. This leaflet would also be circulated to the Board

Action: Leo Nicholas (Strategy, Policy and Performance Officer, Education, Social Care and Wellbeing) to circulate information.

The meeting ended at 7.20 p.m.

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