

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.00 P.M. ON TUESDAY, 7 JULY 2015

**COMMITTEE ROOM MP701 7TH FLOOR, MULBERRY PLACE, 5 CLOVE
CRESCENT, LONDON E14 2BG**

Members Present:

Mayor John Biggs	(Chair)
Councillor Amy Whitelock Gibbs	(Cabinet Member for Health & Adult Services)
Councillor David Edgar	(Cabinet Member for Resources)
Dr Somen Banerjee	(Director of Public Health, LBTH)
Dr Sam Everington	(NHS Tower Hamlets Clinical Commissioning Group)
Jane Milligan	(NHS Tower Hamlets Clinical Commissioning Group)

Apologies:

Councillor Rachael Saunders	(Deputy Mayor and Cabinet Member for Education & Children's Services)
Robert McCulloch-Graham	(Corporate Director, Children's Services)
Steve Stride	(Chief Executive, Poplar HARCA)
Dr Amjad Rahi	(Healthwatch Tower Hamlets Representative)
Dr Navina Evans	(Deputy Chief Executive and Director of Operations)
Dr Ian Bassett	Barts Health NHS Trust

Others Present:

Dianne Barham	(Director of Healthwatch Tower Hamlets)
Tim Madelin	(Senior Public Health Strategist)
Esther Trenchard-Mabere	(Associate Director of Public Health, Commissioning & Strategy)
Sarah Castro	(Poplar HARCA)
Carrie Kilpatrick	(Interim Deputy Director of Mental Health)
Karl Marlowe	(East London and Foundation Trust)
Brian Parrott	Safeguarding Adults Board

Officers in Attendance:

Jamal Uddin	Strategy, Policy and Performance, LBTH)
Elizabeth Dowuona	Committee Services, LPG)

1. **STANDING ITEMS OF BUSINESS**
2. **CHAIR'S OPENING REMARKS**

MAYOR JOHN BIGGS (CHAIR)

Mayor Biggs welcomed everyone to this first meeting of the Board for this municipal year 2015/16. As the newly elected Mayor of the Council and Chair of the Board he proposed to attend its meetings and would be looking to learn more about the work of the Health providers. He noted that the focus of this meeting was on the Board's terms of reference and presentations on the work of the Health providers.

3. **APOLOGIES FOR ABSENCE**

Apologies for absence was received from Councillor Rachael Saunders, Cabinet Member for Education and children's Services, Councillor Denise Jones, Robert McCulloch-Graham (Corporate Director, Education, Social Care and Wellbeing), Dr Navina Evans (Deputy Chief Executive of East London and Foundation Trust) and Steve Stride (Chief Executive, Poplar HARCA).

- 3.1 **Public Questions**

The Board noted that no questions had been received from members of the public.

4. **DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**

No interests were declared.

- 4.1 **MINUTES OF THE PREVIOUS MEETING**

RESOLVED:

The minutes of the meeting held on 10 March 2015 be approved as a correct record.

5. **TERMS OF REFERENCE, QUORUM, MEMBERSHIP, AND DATES OF FUTURE MEETINGS**

The Committee Officer, Elizabeth Dowuona 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 amendments to the Terms of Reference

1. That the following wording be amended in the Terms of Reference

‘Should the Mayor be unable to attend a meeting, the Cabinet Member for Health and Adult Services will chair the meeting in his place’.

Should replace:

‘Should the Mayor be unable to attend a meeting, then the Cabinet Member for Health and Wellbeing will chair the meeting in his place.;

2. “Chief Officer – NHS Tower Hamlets CCG” replace
“Chief Operating Officer - NHS Tower Hamlets CCG”

3. “Chief Officer – Barts Health”
replace:
“Chief Operating Officer - Barts Health”

6. FORWARD PROGRAMME

Dr Somen Banerjee (Director of Public Health, LBTH) reported that the board meetings were themed by the four priorities of the Health and Wellbeing Strategy. The next board meeting scheduled for September 2015 would focus on Integrated Care and details of future board meetings would be available at the next meeting.

Action: Jamal Uddin (Strategy, Policy and Performance Officer, LBTH)

7. COMMUNITY INTELLIGENCE - HEALTHWATCH PERSPECTIVE

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

Dianne Barham outlined the core functions of the Tower Hamlets Healthwatch and these were noted as follows:

- To provide information and signposting to enable residents to make informed choices about access to health and social services;
- To obtain feedback from local residents about their experiences of services provided and the services they needed for evaluation providers involved with commissioning, provision and scrutiny of care services;
- To make reports and recommendations about how those services could or should be improved;
- Promote and support the involvement of people in the monitoring, commissioning and provision of local services;

- To convey views and experiences of service users to Healthwatch England, advise the Care Quality Commission to carry out special reviews or investigations.

Dianne Barham referred to a dashboard of all information gathered in the last two years which would be visible on the Healthwatch website. In her presentation, she highlighted the analysis of comments collected from the Royal London Hospital. It was noted that the key themes ranged from how friendly and welcoming staff were, particularly reception staff, the quality of information available the clarity of information, the length of waiting times and patients transport. The Board discussed the tabled information provided, noting that overall, the comments received had been positive although there were concerns around staff shortages and delays.

Members welcomed the new system and considered this as good practice which in terms of outcome, was an innovative way of providing patients' satisfaction and a source of health provision directory for local residents, health and social officers. They however stressed the need for the services to respond to the feedback and ensure that there was an integration of the services with the aim of taking a holistic approach to the provision of health service.

Ms Barham undertook to provide a further report on the work of Healthwatch and how it shared good practice with other care services in the Borough.

It was reported that there would be a Health Conversation Event on 8 September 2015 which all Members were invited to attend. Dianne Barham agreed to provide feedback of the event at the next board meeting in September 2015.

Action: Dianne Barham (Director of Healthwatch Tower Hamlets)

8. HEALTH AND WELLBEING STORY - HEALTHY HOMES PROJECT

Dr Somen Banerjee introduced the healthy homes project, designed to increase awareness in both professionals and tenants about what can be done to tackle poor housing conditions in private sector housing and bridge the knowledge gap of health and social care professionals on how to identify and refer poor housing conditions particularly around vulnerable tenants with long term conditions or with slower recovery from illness.

It was noted that the aim of the project was to increase the number of properties for vulnerable tenants who have had their conditions improved through environmental health intervention. A multi-faceted approach was undertaken by the project namely:

- Establishing referral mechanisms with the primary health care sector particularly various professionals who visited people in their homes in the course of their work.
- Increasing health professionals' knowledge, confidence and skills about private sector housing conditions and how poor conditions could be addressed.
- Developing a mobile reporting mechanism where those professional could telephone the relevant service directly for an assessment of the situation.
- Establishing a fund to enable small scale works to be carried out expeditiously, to improve the living conditions of those vulnerable tenants.
- Evaluating the wider cost benefits of the improvements achieved (considering in the cost of the deterioration of the tenant's condition and circumstances which would have invariably fallen on the Council).

Tim Madelin (Senior Public Health Strategist) presented a case study which illustrated the type of intervention and outcomes that could be achieved. The interventions were noted as follows:

- Referral was made by a support worker team leader at a sure start centre
- This included details of a young child (less than 1years old) who had been re admitted to paediatric intensive care unit due to bronchiolitis.
- The referral also noted the presence of damp and mould within the flat.
- The landlord applied for a green deal to fit a loft insulation and external wall insulation. He also was enabled to connected gas to the property, to enable a Gas Central Heating system to be fitted.

What made the difference:

- Training for front line staff to know about service and how to refer to it
- Easy referral path (including smart phone apps)

Members discussed the item at length, in particular, the obligations of the landlord. It was noted that where major works were required, professionals working collaboratively would seek to take enforcement action under the Landlord and Tenant Act 1985. Private property licensing and Landlord Accreditation schemes as adopted in the London Borough of Newham. On the question of whether the Council should not be considering these schemes, it was noted that the Council's Licensing Team had been consulted and their response to how the Council might consider adopting such a scheme was awaited.

It was agreed that the Director of Public Health discuss the matter with the Mayor outside the meeting on how the proposals on the Private property Licensing scheme might be expedited.

Somen agreed to bring a substantial item on Health and Housing to the next board meeting in September, scoping out the proposed role of housing.

Action: Dr Somen Banerjee (Director of Public Health)

9. CARE QUALITY COMMISSION REPORT

Dr Somen Banerjee, Director of Public Health introduced the report. He reported that the Chief Inspector of Hospitals had rated the services provided by Barts Health NHS Trust as inadequate following inspection of the trust's three main hospitals in London.

The Trust had already been placed in to Special Measures following the Care Quality Commission's report on Whipps Cross University Hospital which was published in March 2015.

Following that inspection, CQC decided to inspect both the Royal London Hospital and Newham University Hospital. Both were also been found to be inadequate.

The CQC had identified 65 areas where the Trust must make improvements. The areas of concern included the following:

- Safety and quality of services. “
- Leadership issues found at Whipps Cross were replicated at the other hospitals. There was a lack of engagement with the staff, low morale, high levels of stress and confusion among the workforce about who was in charge.
- Across the trust there was too little attention paid to safety, with failures in incident reporting and auditing,
- There were failures in dealing with and learning from complaints.
- The Trust's directors didn't seem to have confidence in their own data – a basic requirement in assessing their performance.
- There were unacceptably long waiting times and often, operations were cancelled.

Although many individual services required improvement, examples of good services were found at both Royal London Hospital and Newham University Hospital. There was a very committed workforce who although felt undervalued by the Trust leadership, they were valued by their patients and colleagues, and their local managers.

Barts Health NHS Trust as a whole had not made the progress in dealing with the findings of their previous inspection in 2013. The Inspector's conclusion was that if the trust was to turn round – then it must focus first on the culture and on the leadership issues so that it could effectively deal with all the individual concerns which we had been identified on the inspection.

The Royal London Hospital and Newham University Hospital were inspected in January 2015 over a period of three days by two inspection teams which included doctors, nurses and other specialists, hospital managers, CQC inspectors and experts by experience (people with personal experience of using or caring for someone who uses the type of services being inspected). They also made unannounced visits as part of the inspection.

The inspectors concluded that the trust lacked strategy and vision. The

Inspectors rated Newham University Hospital as Good for Urgent and Emergency Services. Patients felt well cared for and staff felt supported and there were excellent outcomes for people who had suffered a stroke. Royal London hospital was rated Good for Critical Care with patients positive about the treatment received.

Staffing levels in some areas were significantly below recommended levels and did not provide consistently safe care.

Bed occupancy was so high that patients were not always cared for on the appropriate wards, and the high occupancy was affecting the flow of patients through the hospitals.

Some patients faced delays of more than 18 weeks from referral to treatment and some patients had their surgery cancelled on several occasions due to a lack of beds.

During the previous inspection, in November 2013, inspectors had identified a culture of bullying and harassment. Although the trust commissioned an independent review, CQC found that the response had not been timely enough; the inspection team still had concerns

Members expressed disappointment about the extent and level of concerns in all three hospitals, particularly in safety and leadership, given that Barts Health NHS Trust was the largest NHS trust in England, serving a population of well over two million people, and home to some world-renowned specialties.

It was noted that the Trust Development Authority was working with the Trust to support improvements. Members considered that there was a need for officers to come up with proposals on how the Health and Wellbeing Board could influence the improvements at the Barts Health NHS Trust.

It was agreed that the Health and Wellbeing Board would receive ongoing updates on the Barts Health Improvement Plan

Action – Karen Breen, Barts Health

10. EARLY YEARS: HEALTH VISITING SERVICE - FINDINGS FROM STAKEHOLDER ENGAGEMENT

Esther Trenchard-Mabere, Associate Director of Public Health, LBTH presented the report regarding the transfer of commissioning responsibilities for early years (0-5) public health services, specifically, the health visiting service (HV) and the family nurse partnership (FPN) from NHS England to the local Authority on 1st October 2015.

The Board noted the importance of these services in view of the Marmot Review 2010 that concluded that intervention in early years had a real impact on life-long health and the subsequent government decision to expand this service nationally.

The transfer, along with the significant expansion of the Health Visiting workforce, presented opportunities to strengthen the Health Visiting service and to develop new specification to improve integration with other services.

The Board also noted the health visiting service was central to ensuring that children and families had access to health promotion, preventive and early intervention services to support healthy physical, emotional, social and cognitive development.

Esther Trenchard-Mabere provided an outline of the health visiting service. Health Visitors, who were qualified specialist public health practitioners (registered nurses) worked as part of a mixed skill team supporting and educating families from pregnancy through to a child's 5th birthday. The aim of the health visiting service included keeping children healthy and safe, protecting them from serious disease through screening and immunisation and ensuring they were ready to start school.

The Family Nurse Partnership (FNP) offered an intensive programme of support for first time mothers (and fathers) under nineteen from early pregnancy up to the child's 2nd birthday.

The Board noted that some of the positive outcomes of the health visiting service which included; Improving life expectancy and healthy life expectancy; Reducing infant mortality; Reducing low birth weight of term babies; Improving breastfeeding initiation and prevalence at 6-8 weeks; Improving child development at 2-2.5 years and malnourishment; Reducing the number of children in poverty; Improving school readiness; Disease prevention through screening and immunisation programmes

The Board noted the National 4,5,6 Model as follows:

4 Levels of Service which set out what all families could expect from their local health visitor service:

- 1) **Community:** health visitors provide information on community needs and resources available e.g. Children's Centres

and self-help groups and work to develop these and make sure families know about them.

2) **Universal (the 5 key visits):** health visitor teams ensured that every new mother and child had access to a health visitor, received development checks and received good information about healthy start issues such as parenting and immunisation.

3) **Universal Plus:** families could access timely, expert advice from a health visitor when they needed it on specific issues such as postnatal depression, weaning or sleepless children.

4) **Universal Partnership Plus:** health visitors provided ongoing support, playing a key role in bringing together relevant local services, to help families with continuing complex needs, for example where a child had a long-term condition.

a) The 5 universal health reviews

The 5 key visits were those that all families could expect under the universal level of service. They were also mandated (i.e. local authorities have committed to deliver) as part of the first 18 months of the transfer of commissioning; antenatal; New baby; 6 – 8 weeks; 9 – 12 months and 2 – 2 ½ years.

b) The 6 high impact areas

The purpose of the High Impact Area documents was to articulate the contribution of health visitors and describe areas where health visitors had a significant impact on health and wellbeing and improving outcomes for children, families and communities. These were noted as follows: Transition to parenthood; Maternal mental health; Breastfeeding; Healthy weight; Managing minor illness & accident prevention and Healthy 2 year olds & school readiness

Members regarded this as a crucial development in Tower Hamlets due to the high levels of deprivation and problems with child malnutrition picked up in schools and nurseries. The Board then watched a video about the Family Nurse Partnership with service users giving feedback on the success of the initiative and the ways that it had helped them. A representative from the Family Nurse Partnership explained some of the background to the initiative nationally and in Tower Hamlets. She outlined the eligibility criteria for support from the Partnership.

RESOLVED -

That the proposed Stakeholder Engagement process that had been carried out be noted.

11. MENTAL HEALTH: CRISIS CARE CONCORDAT

Carrie Kilpatrick, Interim Deputy Director of Mental Health and joint Commissioning presented a power point presentation on the Mental Health Concordat, a national agreement between services and agencies involved in the care and support of people in crisis. The concordat set out how organisations would work together better to make sure that people received the help they needed when they were having a mental health crisis.

It was noted that in February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. Since then five more bodies had signed the Concordat, making a total of 27 national signatories.

The Concordat focused on four main areas:

- Access to support before crisis point – making sure people with mental health problems could get help 24 hours a day and that when they asked for help, they were taken seriously.
- Urgent and emergency access to crisis care – making sure that a mental health crisis was treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis – making sure that people were treated with dignity and respect, in a therapeutic environment.
- Recovery and staying well – preventing future crises by making sure people were referred to appropriate services.

It was expected that the Mental Health Care Crisis Concordat document would ensure that local Health and Wellbeing Boards (HWB) would bring together health and social care commissioners, the local community and wider partners, and support the crisis care concordat through their Joint Health and Wellbeing Strategies (JHWS). Joint working should include people experiencing mental health crisis.

The document set out certain requirements, including governance for action plans, and key areas to address (care pathways, resources, transient populations, drug and alcohol services and children young people). However, the key requirement is for HWBs to meet local circumstances and needs highlighted in the JSNA.

Local health and social care commissioners were expected to develop their own commissioning plans in line with any relevant JSNA or JHWS, and must be able to justify any parts of their plans which were not consistent with these.

Local partnership working and oversight of the strategic direction of mental health crisis care were therefore the key issues for Tower Hamlets Health and Wellbeing Board.

It was noted that to date, the Health and Wellbeing Board had adopted a Joint Mental Health Strategy, which, as part of its commitment to high quality services, has prioritised crisis resolution and a review of crisis pathways. This has laid a strong foundation for future partnership work.

The Tower Hamlets Mental Health Crisis Care Concordat action plan (Appendix 2) was agreed in March 2015 by the CCG, the Council, East London Foundation Trust (ELFT), Barts Health, the London Ambulance Service and The Metropolitan Police, and supported by eight local third sector organisations.

It was noted that the key messages for the Health and Wellbeing Board was that the Borough mental health services were good although it could be improved further. The following actions would be developed into specific project plans:

- Improve service user and carer experience of mental health crises at the Royal London Hospital Emergency Department;
- Obtain feedback from service users and carers with experience of local crisis services, and review options for improvement (with reference to the principle that People in crisis, and the carers of people in crisis, should be treated with dignity and respect and their expertise listened to);
- Develop improved on-line access to information and services through *the In the Know* on-line information service (on the Idea Store);
- Audit crisis plans and CPA plans (including for older adults) and reduce variability in quality;
- Reduce proportion of mental health crises where police are first to attend;
- Continue to ensure good response times and high quality services from LAS for Mental Health Act call-outs, and work to reduce inappropriate emergency ambulance crisis call-outs;
- Develop a mental health urgent care and crisis care dashboard, including monitoring ethnicity and age; and
- Engage service users and carers in monitoring the delivery of services according to expectations.

In line with wider NHS England priorities, the CCG had also been able to invest additional resources into the Early Intervention Service, which would increase the speed of response and offer NICE compliant interventions to people with their first experience of psychotic illness.

The NHS London Strategic Clinical Networks had drawn up commissioning standards and recommendations which will be considered when developing specific service proposals.

A senior partners group was in the process of being set up from the named signatories or their nominees to draw up detailed plans to improve support

police and ambulance response, and to propose improvements at the Royal London Hospital Emergency Department.

This group would also oversee timelines and progress on the other actions, such as the dashboard and the audit of crisis plans.

The Mental Health and Joint Commissioning Team had already engaged with service users to plan focus groups and surveys on service user experience, and to develop the content of an on-line information resource.

RESOLVED –

The Health and Wellbeing Board noted positive work covered on this issue and welcomed proposed further actions to support the delivery of the Mental Health Crisis Care Concordat.

12. HEALTH AND WELLBEING STRATEGY: REFRESH AND FINAL MONITORING 2013-2014

RESOLVED –

That the report be noted.

13. UPDATE ON PREVIOUS AGENDA ITEMS

13.1 Update on Liver Disease

Somen presented the HWBB with a progress update since it was discussed at the Health and Wellbeing Board meeting in September 2014.

13.2 Update on Breast Cancer Screening

Dr Somen Banerjee, Director of Public Health, introduced the report that detailed and highlighted a particular area of concern around breast cancer screening where there has been a decline of 6.5% in breast cancer screening coverage over one year.

Dr Banerjee provided some background to the breast cancer screening programme and coverage. He also provided data released by Public Health England in November 2014 showing a sharp reduction in breast screening coverage in Tower Hamlets (67.8% to 61.5%) in the year following transfer of responsibility and budget for screening to NHS England (April 2013 to March 2014). The downward trend appeared to be continuing and showed a consistent decline in coverage rates since 2013/2014.

A number of actions were put in place -

NHSE committed to an improvement plan to increase breast cancer screening coverage in Tower Hamlets. The plan included reintroduction of a targeted telephone outreach service to support women to access screening. This was to be based on a service successfully commissioned by Tower Hamlets PCT between 2007 and 2013 resulting in an increase in coverage from 53% to 67.8%.

Initially this would be by extending NHSE's existing contract with Community Links (a community organisation based in Newham) to work with Tower Hamlets GP practices. NHSE will subsequently tender for a provider to deliver this service in Tower Hamlets on a longer term basis. It was noted that

- (i) The next active screening round in Tower Hamlets will begin in February 2016. The current service is therefore limited to contacting women invited during the last screening round between September 2014 and March 2015 who did not attend 2 appointments (1,500 women). Contact details held by the breast screening service may be missing or inaccurate for these women.
- (ii) Central and East London Breast Screening Service (CELBSS) propose that only one appointment date/time is offered to each of this group of women. CELBSS is under pressure to improve performance by offering earlier invitations in the 5 other CCGs for which it provides a service, all of which have active screening rounds this year.

It was noted that Community Links had commenced delivery of a phone calling service for breast screening in Camden (which currently has a screening round in progress) and continued to deliver the same service in Newham.

RESOLVED –

The Health and Wellbeing Board recommended that assurance was sought from NHS England (London) that it was taking the necessary measures to reverse the decline in uptake of breast cancer screening. It further recommended that the Health and Wellbeing Board Executive Officers Group continued to monitor progress on breast cancer screening uptake.

14. ACTION UNDER DELEGATED AUTHORITY

RESOLVED –

That the Board note the action taken by the Director of Public Health on behalf of the Chair and the Health and Wellbeing Board.

15. ANY OTHER BUSINESS

There were none.

16. DATE OF NEXT MEETING

It was noted that the next meeting of the Health and Wellbeing Board would be held on Tuesday, 8 December 2015 at 5.00pm

The meeting ended at 7.45 p.m.

Chair, Mayor John Biggs
Tower Hamlets Health and Wellbeing Board