

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	22 July 2008	Unrestricted		4
Report of: Michael Keating Acting Assistant Chief Executive Originating Officer(s): Shanara Matin Scrutiny Policy Officer		Title: Health Scrutiny Panel Work Programme 2008/09 – 2009/10 Ward(s) affected: All		

1. Summary

- 1.1 This report outlines the proposed two year work programme for the Health Scrutiny Panel (HSP) for municipal years 2008/09 and 2009/10.
- 1.2 The report sets out the process used to develop the Health Scrutiny Work Programme and suggests a number of ways in which the Panel may wish to approach the workload.
- 1.3 Appendix 1 sets out the long list of items for inclusion in the work programme.
- 1.4 Appendix 2 sets out the schedule for items across the Panel Meetings for 2008/09

2. Recommendations

The Health Scrutiny Panel is asked to:

- 2.1 Consider and comment on the proposed list of work programme items and schedule attached at Appendix 1 and Appendix 2
- 2.2 Agree options for managing the work programme in particular the way the work programme will be delivered this year at paras 5.3 – 5.10
- 2.3 Agree to review the rolling work programme every quarter

LOCAL GOVERNMENT ACT, 2000 (SECTION 97)

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

Background paper

Name and telephone number of and address where open to inspection

N/A

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3. Background

- 3.1 The statutory duty and powers given to local authorities for Health Scrutiny were established through the Health and Social Care Act 2001. Local authorities with Social Services responsibilities are required to have an Overview and Scrutiny function that can respond to consultation by NHS bodies on significant changes and developments in health services and take up the power of Overview and Scrutiny on broader health and wellbeing issues.
- 3.2 The primary aims of health scrutiny are to:
- identify whether health and health services reflect the views and aspirations of the local community
 - ensure all sections of the community have equal access to services
 - and have an equal chance of a successful outcome from services.
- 3.3 These specific powers and duties are themselves an articulation of the vision for health scrutiny in its work, underpinned by the aim of putting patients and the public at the centre of health services. The 2003 Department of Health guidance describes Health Scrutiny as,
- “A fundamental way by which democratically elected community leaders may voice the views of their constituents and require local NHS bodies to listen and respond.”
- 3.4 In Tower Hamlets the Health Scrutiny Panel has been established as a sub-committee of the Overview and Scrutiny Committee. Its Terms of Reference are:
- (a) To review and scrutinise matters relating to the health service within the Council's area and make reports and recommendations in accordance with any regulations made
 - (b) To respond to consultation exercises undertaken by an NHS body
 - (c) To question appropriate officers of local NHS bodies in relation to the policies adopted and the provision of the services.
- 3.5 As part of an induction process for the new administration in 2006, the Members set out the strategic focus for the Panel for the next four years and agreed that the overarching objective for Health Scrutiny in Tower Hamlets should be tackling health inequalities. Since then each year the Panel has developed a two year rolling programme of work putting forward detailed proposals for the year at hand as well as proposing plans for the following year. The rolling programme of work has helped to manage changes in the Panel's Membership which is agreed annually and to pick up individual areas of interest, skills and expertise of Members, as well as to provide a continuous thread for longer term issues.
- 3.6 This report provides an overview of work carried out in year 1 and 2 in response to that framework and sets out the work programme for 2008/09 – 2009/10.

4 The work of the Health Scrutiny Panel in 2006/07 & 2007/08

- 4.1 The broad cross-cutting themes of the rolling work programme were and remain:
- health promotion and prevention through work with health partners and other third sector organisations
 - developing better integration and partnership to improve joint service provision
 - improving access to services as a key way of tackling health inequalities.
- 4.2 The priority areas for improvement and challenge were identified as smoking, heart disease and mental health. On the basis of this the Panel has delivered two in-depth reviews on Access to GP and Dentistry Services and Smoking and Tobacco Cessation. Both reviews have been well received by NHS partners and stakeholders. A summary of the reviews is outlined below.
- 4.3 **Access to GP and Dentistry Services**
Key Areas of Recommendation:
- Need for better information for residents about accessing primary care services
 - Step change required in work being undertaken on patient education
 - Long term sustainable funding for initiatives such as extended opening and mobile dental unit hours are key to tackling problems with access to primary care
- Impact:
- In March 2008 the Access to GP and Dentistry Services Review action plan was evaluated through a Challenge Session and Members welcomed the progress against recommendations including higher numbers of people accessing for example the mobile dental unit.
 - The review has directly contributed to the Tower Hamlets PCT Primary Care Access Strategy (Sept 2007).
- 4.4 **Smoking & Tobacco Cessation**
Key Areas of Recommendation
- Testing assumptions of how services and communications materials about smoking cessation are provided
 - Tackling the gap in labelling and enforcement of imported tobacco products e.g. chewed tobacco or for use with 'paan'.
 - Resourcing and Training needs to improve both enforcement and cessation services.
- Impact:
- The review has just been recently completed and will be evaluated six months into the delivery of the action plan.
 - The findings and recommendations have influenced the draft Tower Hamlets Tobacco Control Strategy.
- 4.5 Members have also responded to a number of NHS consultations including two applications for NHS trusts to become Foundation Trusts. The Panel has also responded to a number of service improvement reviews including Maternity Services and Long Term Conditions and Palliative Care.
- 4.6 In 2007/08 the Panel took forward a number of issues that were raised as community concerns over health services by Members. This included problems experienced by residents in getting appointments by telephone or in person at the Shah Jalal Medical Centre where the Panel requested that the PCT review procedures. This was followed up with an action plan and the progress reporting to the Panel has been able to

demonstrate improvements in the facilities at reception and the telephone systems supporting the practice. The practice has also recruited extra staff which has made many more appointments available. In another example a Panel Member requested NHS Trusts prepare a briefing on work to tackle the under representation of black and minority ethnic staff in Nursing. This has also led to work to improve recruitment from BME communities which the Member is taking forward individually with the Trusts.

- 4.7 Both the Chair of the Overview and Scrutiny Committee and Chair of the Health Scrutiny Panel were nominated as the Borough representatives to the Joint Overview and Scrutiny Committee (JOSC) reviewing Lord Ara Darzi's report for NHS London, "Healthcare for London". This unprecedented review took place over six months and included elected Councillors from 35 separate local authorities in London and the South East, 15 separate evidence sessions hearing from 27 high profile expert witnesses and received written submissions from another 28 professional, official and voluntary organisations. The proposals outlined in the document highlight a number of facilities in Tower Hamlets as best practice examples. Whilst these are opportunities for the Borough there are equal concerns over new models of if they were to result in losing the benefits of continuity of care from one GP and the implications on travel requirements for some patients. The JOSC also raised concerns over "Payment by Results" and what this might mean for funding for Trusts serving areas with higher levels of health inequalities.
- 4.8 Other areas of work undertaken by the Panel include:
- Service visits to the Barts and the London Hospitals redevelopment site, St Clements Hospital site ahead of its closure and the new Barkantine Centre that operates primary care services on a polyclinic model.
 - Responding to PCT consultation on the outcomes of the Maternity Services Review and on the PCT Commissioning programme for 2008/09.
 - The third year of annual health checks – including joint meetings with health scrutiny in Hackney and Newham relating to East London NHS FoundationTrust

5. Health Scrutiny Panel Work Programme 2008/09 – 2009/10

- 5.1 Health inequalities remain a key challenge for the borough and for regional and national government across the UK. The evidence review for the Mayor of London's Draft Health Inequalities Strategy highlights the widening gap in health inequalities over the last decade and the wide-ranging social, economic and environmental factors that impact on health. The review for example cites the increasing differences in income distribution that have widened the difference between mortality rates for rich and poor. Although this has not been because of a worsening of the rate amongst poorer groups, mortality rates continue to fall much faster for more affluent groups. This highlights some of the challenges to addressing health inequalities but also the broader scope of issues with which Health Scrutiny could potentially engage.
- 5.2 The Local Government and Public Involvement in Health Bill replaces Patient and Public Involvement Forums with Local Involvement Networks (LINKs). The new model for patient engagement is much broader and has the remit to engage as many stakeholders, forums and organisations as possible and to channel those views to improve health services. Health Scrutiny will in effect become the "court of appeal" for difficult to resolve issues and there are significant capacity-building challenges to ensure the LINK delivers on the Government and local aspirations for it. The development of the LINK is likely to be a key area of work across 2008/09

- 5.3 The process for preparing a long list of items for the Health Scrutiny Work Programme has been to draw on a number of sources. The Health Scrutiny Panel has key business, policy and performance items that it must respond to for example PCT Commissioning Intentions, responding to the Next Stages Review of Healthcare for London and taking part in the Healthcare Commission's Annual Health Check process. Members of the Panel have been invited to comment on a draft list of items which includes the above and to suggest further issues. The three NHS Trusts were also requested to feedback on possible consultation exercises and where Health Scrutiny could add value to existing programmes of work. There are increasingly areas where NHS Trusts and Social Care Services are required to consult with Health Scrutiny according to their own performance and governance regimes for example the CSCI recommendation that the annual report on Adult Protection be referred to Health Scrutiny. Please see Appendix 1 for the full list of proposed work programme items for inclusion in 2008/09.
- 5.4 In developing the delivery methods for the work programme this year it has been a priority to rethink how the Panel can deliver effective Health Scrutiny given its widening agenda as well as how to retain the flexibility required to respond to issues as they arise for example NHS Consultations or local concerns with services. There are also a number of methods that work well for Overview and Scrutiny Committee as recognised within the Comprehensive Performance Assessment's highly positive comments on Scrutiny. These could be adapted for Health Scrutiny for example Challenge Sessions and Scrutiny Spotlight to help meet these challenges. The Panel is also keen to improve engagement with the Acute and Mental Health Trust and on to build on the existing levels of engagement with the Primary Care Trust on public health priorities. In order to facilitate this the following methods are proposed.

Thematic meetings – It is proposed that we pilot one of the Health Scrutiny Panel Meetings in 2008/09 to explore a significant borough-wide health priority by seeking contributions from all three Trusts and other stakeholders as appropriate. This year it may be appropriate to review the Healthcare for London – Next Stages Review in this way and to include Social Care, Housing and local community perspectives within the programme.

Challenge Sessions – This has been used as a tool within Health Scrutiny to evaluate review action plans and could increasingly be used for a structured approach to dealing with Member / community concerns over health services or public health challenges. This would help to root specific local issues in a strategic context and inform broader improvements in health.

Health Scrutiny Spotlight – Inviting the Lead Member for Health to present on the portfolio. This could help to avoid duplication and promote a joined up approach to health related work across the Council.

Member led fact finding sessions / visits– This year Members have identified many important health issues which will not be possible for the Panel to consider as a group particularly within the constraints of the four formal Panel meetings of the year. These are however issues that are important to the quality of life experiences for local people and it is proposed that individual Panel Members, supported by the Scrutiny Policy Team, will arrange meetings and interviews with stakeholders and report back to the Panel on their findings.

Public Health Briefings – This would tap into the Panel Members Community Leadership Role. Across the range of work the Panel engages with the need for

improved methods of communicating public health messages is often repeated. These cover issues such as how to improve take up of screening and testing services, championing public health messages for example for smoking cessation services or how to manage blood pressure. Members are uniquely placed to promote public health and to inform how messages might best be disseminated based on their knowledge of local communities.

- 5.5 The Panel began developing the Health Scrutiny Protocol to help define the working arrangements between the local authority, NHS Trusts, LINK, Tower Hamlets Partnership and other stakeholders towards the end of 2007/08. It is proposed that the protocol is a live and evolving document and able to reflect the changing landscape of the local health economy. The draft version has been circulated to all Trusts and final comments are expected by 22 July 2008. It is anticipated that the Protocol will help to ensure that delivery methods work effectively to deliver the objectives of the work programme.
- 5.6 Through the induction programme for the Panel, Members considered both End of Life Care and Heart Disease as potential review topics. It was recognised that Heart Disease is a significant cause of premature death and a priority area of action for the borough. The response from the Primary Care and Acute Trusts has been that whilst Health Scrutiny has a significant role to play a review might not be able to focus on a manageable area of activities given the large scale and scope of Health Services work on this area. Members agreed the in-depth review topic for 2008/09 to be End of Life Care Services. This area of health services straddles NHS and Social Care provision. It has been the subject of review for service improvement already and there is an opportunity for Health Scrutiny to influence and inform the reshaping and simplification of services to meet diverse community needs. Mental health has also been identified as an area for review and will be considered for 2009/10.
- 5.7 Over the next two years there are a number of policy developments and issues that will have an impact on health scrutiny and its work programme:
- "Next Stages Review" - responding to the implementation plans following Lord Darzi's report on improving healthcare in London which proposes a radical change to the way health services will be delivered
 - The Local Area Agreement with health outcomes around increased life expectancy and improved health and levels of physical activity for children and young people
 - The ongoing developments in Commissioning for example Practice Based Commissioning and World Class Commissioning by the PCT
 - The continuing work by the East London NHS Foundation Trust in working as a Foundation Trust and the Barts and the London NHS Trust potential application for Foundation Trust status, for example in supporting recruitment of Trust members
 - The further development of the Local Involvement Network following the appointment of a 'host' organisation.
 - Possible restructuring / mergers of Primary Care Trusts
- 5.8 The proposed work programme for the next two years is set out in further detail in Appendix 1. Once the overall work programme is agreed, the scope and exact timing of issues will be developed in consultation with relevant NHS partners and services. This will ensure that the work is focused and delivers its objectives. Appendix 2 provides further detail of how this would fit within the scheduled meetings of the Panel.

5.9 Previous Health Scrutiny Reviews have included diabetes, obesity and sexual health. The implementation of these scrutiny reviews and recommendations will continue to be monitored. In addition, other issues may be identified as the Panel develops its programme and links with both NHS and community organisations.

6. Other work of the Panel

6.1 The NHS is undergoing a period of unprecedented change and modernisation affecting the way health partners are developing and providing services to local people. It would be helpful for the Panel to develop a deeper understanding of these changes to inform its role and work. These include:

- Finance and funding of services including payment by results;
- Commissioning;
- Performance Management through the Annual Healthcheck
- Health Trusts migrating to Foundation Trust status

It would be important to include briefing sessions on these areas as they are put forward to the Health Scrutiny Panel.

6.2 Outside of the main work of the Panel there is potentially a huge agenda which needs to be considered over a number of years. It is envisaged that one substantial review will be conducted each year, alongside a programme of briefings, conferences and seminars to develop understanding of issues involved and service visits to inform and encourage discussion on health issues.

7. Role of Health Scrutiny Panel Members

7.1 To maximise the value of health scrutiny in improving services Members of the Panel can play various roles. These include:

- The Community Leadership Role linking with community groups, residents and LAP meetings to consult and engage residents – in particular deeper level of engagement with the Partnership work under the Healthy Community, Community Plan Theme;
- The active promotion of health scrutiny and gathering of information from residents and community groups to raise with the Panel and Health Partners;
- Undertaking an individual link role by liaising with health partners by visiting and meeting as appropriate and reporting back to the Panel.

7.2 Overall therefore learning and development will need to run alongside the rest of the work programme. The Scrutiny Policy Team will be supporting Members to tailor this to their individual needs.

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

8.1 There are no immediate legal implications arising from this report.

9. Comments of the Chief Financial Officer

9.1 There are no specific financial implications arising from this report.

10. Anti-Poverty Implications

- 10.1 Reducing poverty is central to the work of the Overview and Scrutiny Committee and Health Scrutiny Panel and this is reflected in work around access to services.

11. Equal Opportunity Implications

- 11.1 Equal opportunities are central to the work of the Health Scrutiny Panel and this is reflected in work to consider the NHS as an employer, and work around health promotion and prevention. Equal opportunities and diversity implications will be considered during each of the scrutiny reviews.

12. Risk Management

- 12.1 There are no direct risk management implications arising from this report.

Appendix 1

Health Scrutiny Panel Work Programme 2008/09 & 2009/10

Method	2008/09	2009/10
Review topic	<ul style="list-style-type: none"> • End of Life Care 	<ul style="list-style-type: none"> • Heart Disease / Mental Health
Visits	<ul style="list-style-type: none"> • Induction Visits • Follow up Service Visits 	<ul style="list-style-type: none"> • Reviewing 'Healthcare for London' by testing patient pathways.
Member Led Fact finding sessions	<ul style="list-style-type: none"> • Organ Donation • Early Detection of Dyslexia • Mental health pathways to care for community based services 	<ul style="list-style-type: none"> • Workforce to reflect the Community
Committee reports / Discussion Paper	<ul style="list-style-type: none"> • Commissioning Intentions • Joint Commissioning • Health Scrutiny Commentary on Trust performance as part of the Annual Healthcheck process. • Adult Protection Annual Report • Complaints information from all Three Trusts • Performance Reports • Alcohol related health problems • Childhood Obesity • Update on St Pauls Way • Aligning Health and Local Authority business cycles 	<ul style="list-style-type: none"> • Commissioning Intentions • Joint Commissioning • Health Scrutiny Commentary on Trust performance as part of the Annual Healthcheck process. • Adult Protection Annual Report • Complaints information from all three Trusts
Thematic Meetings	<ul style="list-style-type: none"> • Pilot programme - reports from all three Trusts and other stakeholders on Healthcare for London - Next Stages Review. 	
Consultation	<ul style="list-style-type: none"> • Service redesign and transformation – optimising patient-centred care pathways 	
Spotlight	<ul style="list-style-type: none"> • Health Scrutiny Spotlight 	<ul style="list-style-type: none"> • Health Scrutiny Spotlight
Challenge Session	<ul style="list-style-type: none"> • Planning gains / S106 contributions for Health • Update on St Pauls Way • Update on Smoking Cessation Review 	<ul style="list-style-type: none"> • Evaluation of End of Life Care Review. • NHS as Employer – Workforce to Reflect the Community
Public Health Briefings	<ul style="list-style-type: none"> • Screening and testing for Cancer / Diabetes / Blood Pressure • TBA with Trusts 	<ul style="list-style-type: none"> • TBA with Trusts

Appendix 2 – Health Scrutiny Panel Meetings

2008/09

Panel Date	Reports / Topic	Method
June 2008	<ul style="list-style-type: none"> • Induction Programme • Health Scrutiny Protocol 	Presentation Meeting & Visits Report
July 2008	<ul style="list-style-type: none"> • LINK • Complaints reporting across all three Trusts • St Paul's Way • Pilot of centralised Stroke services • Health Scrutiny Protocol 	Report Reports Report / Challenge Session Briefing Paper Comments / Report
September 2008	<ul style="list-style-type: none"> • Thematic Meeting on Lord Darzi's Next Stages Review. • Adult protection • LINK 	Thematic Meeting / Pilot Briefing Briefing
January 2009	<ul style="list-style-type: none"> • Tobacco Cessation Scrutiny Review Action Plan • Public Health Briefing slot • PCT – Budget and Business Plan • Health Issues around Alcohol Consumption • Health Scrutiny Spotlight • Update on Review work 	Challenge Session Briefing Report Report / Link to Scrutiny Review under Safe and Supportive Communities Spotlight Verbal update
March 2009	<ul style="list-style-type: none"> • LAA Targets and Performance Update • PCT – Budget and Business Plan • Update on Review work • Annual Health Check • Public Health Briefing slot • Aligning Health and Local Authority business cycle 	Presentation Consultation Briefing & Report Verbal update Reports Briefing Discussion paper
TBA	<ul style="list-style-type: none"> • Organ Donation • Early Detection of Dyslexia • Mental health pathways to care for community based services 	Member Led Fact finding sessions
TBA (March / April) Joint East London Boroughs Meeting	<ul style="list-style-type: none"> • Annual Health Check – City and East London Mental Health Trust 	Report

2009/10

Panel Date	Reports / topics	Description
TBA	<ul style="list-style-type: none">• Induction Programme• Annual Health Check• Review Report – Heart Disease / Mental Health	Presentation Briefing Report Presentation
TBA	<ul style="list-style-type: none">• Work Programme• Annual Health Check – Key Issues	Report Briefing
TBA	<ul style="list-style-type: none">• Commissioning Intentions• Workforce to Reflect the Community	Report Report
TBA Joint Meeting	<ul style="list-style-type: none">• Annual Health Check – City and East London NHS Foundation Trust	Report
TBA	<ul style="list-style-type: none">• Service redesign and transformation – optimising patient-centred care pathways	Presentation / Consultation
TBA	<ul style="list-style-type: none">• Cardiac Centre of Excellence	Service Visit