

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE

HELD AT 6.35 P.M. ON THURSDAY, 15 SEPTEMBER 2016

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

Members Present:

Councillor Clare Harrisson (Chair)
Councillor Sabina Akhtar (Vice-Chair)
Councillor Abdul Mukit MBE
Councillor Muhammad Ansar Mustaqim
Councillor Danny Hassell

Co-opted Members Present:

David Burbidge (Healthwatch Tower Hamlets Representative)

Other Councillors Present:

Councillor Amy Whitelock Gibbs

Apologies:

Councillor Dave Chesterton
Councillor Abdul Asad
Councillor Peter Golds

Others Present:

Dianne Barham (Director of Healthwatch Tower Hamlets)
Dr Sam Everington (Chair, Tower Hamlets Clinical Commissioning Group)
Simon Hall (Acting Chief Officer, NHS Tower Hamlets Clinical Commissioning Group)
Jenny Cooke (Deputy Director for Primary and Urgent Care, Tower Hamlets Clinical Commissioning Group)
Moirá Coughlan (North East London Commissioning Support Unit)
Claire Hogg (Tower Hamlets Clinical Commissioning Group)
Bhavin Patel (North East London Local Pharmaceutical Committee)

Officers Present:

Joseph Lacey-Holland (Senior Strategy, Policy & Performance Officer)
Dr Somen Banerjee (Director of Public Health)
Luke Addams (Service Head Adult Social Care)

Nasima Patel

(Service Head Children's Social Care,
Children's Services)

Farhana Zia

(Committee Services Officer)

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

The Chair, Councillor Clare Harrisson welcomed everybody to the Health Scrutiny Sub-Committee meeting and explained that the running order of the meeting would change; after the housekeeping items, Item 5 would be taken first followed by Item 4.

She requested everyone introduce themselves and commenced the meeting.

Apologies for absence were received from Councillor Dave Chesterton, Councillor Abdul Asad and Councillor Peter Golds. Councillor Danny Hassell was substituting for Councillor Dave Chesterton.

Apologies were also received from Denise Radley, Corporate Director for Adult Social Care, Debbie Jones, Corporate Director for Children's Social Care and Daniel Kerr Strategy, Policy and Performance Officer.

Moira Coughlan representing the North East London NHS Commissioning Support Unit and invited as a guest for item 5, declared her husband worked for the National Pharmacy Association, an organisation which represents community pharmacy businesses.

Members of the sub-committee were appreciative of the declaration however concurred this would have no bearing on the item for discussion.

2. MINUTES OF THE PREVIOUS MEETING(S)

The Chair referred members of the Sub-Committee to the minutes of the previous meeting held on the 28th June 2016. She asked members to approve these as an accurate record of the meeting.

The Members agreed the minutes to be an accurate record of the meeting.

The Chair updated Members of the Sub-Committee on action points arising:

- She had been appointed Chair of the Inner North London Joint Health Overview and Scrutiny Committee (INEL JOSOC).
- She had visited the new birthing unit at the Royal London Hospital as a member of the Maternity Action Partnership, which is overseeing the implementation of the Maternity Scrutiny Review completed by this Sub-Committee. She had found the visit useful and asked members to notify the Strategy, Policy and Performance Officer – Daniel Kerr, if they were interested in visiting the facility sometime in the New Year.

- David Burbidge reminded the Sub-Committee there was an outstanding visit to the A&E department at Royal London Hospital as agreed by the former Health Scrutiny Panel.

3. REPORTS FOR CONSIDERATION

3.1 Health Scrutiny Work Programme

The Chair referred Members to pages 11-21 of the agenda pack and stated the work programme for the Sub-Committee had been formulated taking on board the discussion and comments made at the last meeting.

The Chair stated the focus of Sub-Committee would be on 'Access to Health and Social Care Services' and the Sub-Committee would explore issues such as the role of community pharmacies as well as examining how increased population demand can impact on health infrastructure and 0-5 healthcare access and provision.

Members made the following comments:

- Could the Chair, as Chair of the INEL JOSC consider patient representation on the INEL JOSC.
- The Sub-Committee ought to consider inviting the GP Care Group to attend the November meeting when looking at access to GP care.
- The Housing Scrutiny Sub-Committee Chair and relevant Portfolio Lead should be invited for the item on health infrastructure in November and the Portfolio Lead for Education & Children's Services Cllr Rachael Saunders be invited to the 0-5 item in January.
- Will the Committee be considering housing for key workers as well as population demand?

The Chair thanked everyone for their input.

The Sub-Committee **RESOLVED** to **AGREE**:

The forward work programme for the Health Scrutiny Sub-Committee

4. SETTING THE SCENE: FEEDBACK ON ACCESS TO HEALTH AND SOCIAL CARE

4.1 Access to Health Services and Social Care - Community Insight

Dianne Barham, Chief Executive of Healthwatch Tower Hamlets presented the findings of her report entitled "Key Issues to accessing health and social care services in Tower Hamlets".

This report formed part of the 'setting the scene' agenda which aims to inform the Health Scrutiny Sub-Committee to understand and analyse the community

intelligence collated by Healthwatch on patient experience of health and social care services within the borough.

Key findings from the report were:

Access to GP – telephone systems, online appointments, Access to prescriptions, referrals and access to services and information. Some residents being denied registration due to the lack of ID, some booking GP appointments just for signposting (a lack of interest from some front-of-house staff in addressing this.)

Social Services – delays in getting a care package, lack of communication, Older people, Carers, Women and Children.

Hospitals – appointment process, interpreters, follow up appointments, finding services and training of staff.

Members could relate to the issues experienced by patients and made the following comments:

- Long wait at Urgent Care Centres
- GP surgeries still asking for Utility Bills, when patients register at GP surgeries. This is not a requirement.
- Surgery staff not interested in signposting patients.
- Behaviour Change required of reception staff and cancelled appointments.

Dianne invited Sub-Committee members to attend Healthwatch site-visits of 10 GP surgeries being conducted over the next month.

4.2 Access to Health Services

Jenny Cooke, Deputy Director of Primary and Urgent Care, Tower Hamlets Clinical Commissioning Group presented her slides “Setting the scene: access to Health Services.”

She outlined the challenges facing the NHS and stated some of the key barriers to access:

Population growth – keeping up with the growing demand, the transient nature of the local population means a high level of un-registered patients using urgent care and A&E services.

Workforce Challenges – recruitment and retention of healthcare professionals, capacity issues within providers particularly Primary Care.

Complex Systems – parts of the NHS systems are too complex especially urgent care where there are multiple access points. It can be difficult to navigate.

Financial Situation – the current financial situation of the health system creates challenges in ensuring sufficient capacity.

She explained to Members the CCG had developed their Primary Care Strategy and whilst for some patients the continuity of care was important, for others access was more important. The challenge is to create a balance between the two and the CCG was scoping new ideas and initiatives.

For example the CCG was developing the “Tower Hamlets Health and Well-being Club” in order to streamline the registration process and promote well-being. The idea is to offer a simple online registration process and to induct patients about the services available and when to use what service.

Video appointments and the re-thinking of outpatient appointments are also being considered.

This was followed by questions from the Members, who stated:

- Organisations such as schools and universities required GP letters for the administration of medicine and/or confirmation of a medical condition; clearly a simple process could be developed to (a) attain a letter or (b) discourage organisations from making this a requirement as it burdens the NHS.
- Members enquired if the ‘Health and Wellbeing Club” was linked to the “Health and Wellbeing Board” as it could have universal appeal to other stakeholders who could benefit in encouraging a “One registration” process and introduction to their services /offer.

4.3 Access to Social Care

The final presentation was made by Luke Addams, Service Head for Adults Social Care and Nasima Patel, Service Head for Children’s Social Care.

They ‘Set out the scene” for Social Care and presented slides showing the number of contacts, assessments and referrals made by the service.

Whilst the number of contacts for Social Care had increased vastly, the majority of contact was a mis-match of other services required. For example often Social Services were contacted however the underlying issue related to Housing, Benefits or Environmental Services.

The Social Services team as a whole was looking to develop integrated teams with Health partners as well as develop single pathways to access services. 75% of the contact required teams to signpost users to other parts of the Council and/or health partners and therefore the Social Services team was looking to develop a wider front door – co-locating services to improve access.

The Chair Councillor Clare Harrison thanked all the presenters for 'Setting the Scene' and said the information provided was helpful to the Sub-Committee.

The Sub-Committee **RESOLVED** to **NOTE** the presentations.

5. **COMMUNITY PHARMACY - BRIEFING ON CURRENT ISSUES**

Councillor Amy Whitelock-Gibbs, portfolio lead for Health and Adults Services introduced this item and set out the important role Community Pharmacies play in communities.

She said Pharmacies played a vital role in providing low-level health and social care interventions and were an integral part of the High Street. The Tower Hamlets Public Health team funded programmes such as Smoking Cessation, Sexual Health and Substance misuse and Pharmacies were helping to support these programmes.

In particular she highlighted how the Sexual Health programme had achieved positive outcomes because of the reach local pharmacies had within the communities. Chlamydia screening and contraception advice were offered by pharmacies and patients preferred the anonymity provided as users, especially young people, could avoid going to a formal setting such as a sexual health clinic for advice and treatment.

Dr Somen Banerjee referred Members to Pages 45-58 of the agenda pack and set out the National and Local picture. He stated the prime objective of Pharmacies was to dispense medicines and support prevention.

There are 48 pharmacies in Tower Hamlets supporting 36 GP Practices and pharmacies were the mainstay in supporting quits on the Smoking Cessation programme.

Dr Banerjee stated NHS England had conducted a medicine user review in 2015 which concluded there had been a 20% increase in the use of Pharmacies. He said the review had put forward several recommendations including a 6% reduction in funding and the clustering of pharmacies.

Issues to be noted were

- The Centralising of dispensing
- Delivering medicine to a patients home
- Having a Click and Collect service
- Or Patients going to the Pharmacy to collect medicine.

The Government had not made a decision regarding the reform of Pharmacies but a decision was expected in early December. Dr Banerjee referred members to page 54 and said responses to the Government's proposals had been made by the Pharmaceutical Services Negotiating Committee (PSNC) as well as the Local Government Association which had stated pharmacies were a social and economic asset on the High Street.

Bhavin Patel, of the Local Pharmaceutical Committee was invited to comment further and he thanked the Members for the opportunity to address the Sub-Committee.

Mr Patel explained the Local Pharmaceutical Committee had an ambitious plan with local pharmacies evaluating resources and looking to modernise the services which they provided. The Pharmaceutical Committee had produced a booklet entitled the "High Street Clinic" with the aim to be the 21st century pharmacy service. Some of the principle themes were:

Getting the best out of life – managing patients with Long-term conditions with a view to provide personalised care plans and encourage behaviour change.

Getting the best out of the workforce – providing training for front-desk/reception staff on long term conditions and co-morbidity.

Getting the best out of the Healthcare system – looking to establish pharmacy federations on a hub and spoke model. Supporting local GP surgeries, supporting local care homes, supporting individual patients in their homes and supporting mental health teams

This was followed by questions from Members who made the following points:

- Members accepted that until the Government had made a decision regarding the future of Pharmacies (and their funding) it was difficult to plan and identify where the gaps would be; however they were encouraged the Local Pharmaceutical Committee and the CCG had been working together to identify how to support local pharmacies.
- The Chair stated the importance of making every contact count and understanding how pharmacy can fit into this. How does the local Pharmacy Committee see pharmacy fitting into a local health system so that it supports the integration agenda?
- The Sub-Committee Members concurred it was inevitable funding reduction and cuts would be made but local health stakeholders could influence where these cuts should be. It was suggested that a Quality Framework matrix which measured customer satisfaction, as well as the number of prescriptions dispense would be helpful. Currently the plan to close pharmacies with less than 4000 prescriptions dispensed may not be reflective of the value and customer care a pharmacy provides.

Cllr Clare Harrison thanked invited guests for their presentations and input and summarised the key question was how local health stakeholders could build systems which truly encouraged local pharmacies to be part of the NHS structure providing useful advice and supporting long-term objectives whilst continuing to be an integral part of the High Street.

The Chair of the CCG mentioned that the following were considered a priority in terms of developing the local pharmacy offer:

- Addressing the lack of 24 hour pharmacy access locally. How could this assist with night time hospital discharge.
- Better, more comprehensive use of pharmacy 'dashboards' in order to help drive up quality and provide a sound evidence base for future decision making.
- Increasing the number of pharmacies with access to GP notes/shared records.

The Sub-Committee **NOTED** the report.

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

There was no other business discussed.

The meeting ended at 8.40 p.m.

Chair, Councillor Clare Harrisson
Health Scrutiny Sub-Committee