

Health & Adults Scrutiny Sub-Committee

Agenda

Tuesday, 20 February 2024 6.30 p.m.
Council Chamber - Town Hall, Whitechapel

Members:

Chair: Councillor Ahmodur Khan

Vice Chair: Councillor Bodrul Choudhury

Councillor Abdul Mannan, Councillor Ahmodul Kabir, Councillor Amy Lee, Councillor Mohammad Chowdhury and Councillor Amina Ali

Co-opted Members:

Assan Ali ((Resident Co-optee)) and Nicola.Lawrence ((Healthwatch Co-optee))

Deputies: Councillor Maisha Begum

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

Justina Bridgeman, Democratic Services Officer (Committee),
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Town Hall, 160 Whitechapel Road, London, E1 1BJ

<http://www.towerhamlets.gov.uk/committee>



Public Information

Viewing or Participating in Committee Meetings

The meeting will be broadcast live on the Council's website. A link to the website is detailed below. The press and public are encouraged to watch this meeting on line.

Please note: Whilst the meeting is open to the public, the public seating in the meeting room for observers may be limited due to health and safety measures. You are advised to contact the Democratic Services Officer to reserve a place.

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A Guide to Overview and Scrutiny Committee

The Local Government Act 2000 established the overview and scrutiny function for every council, with the key roles of:

- Scrutinising decisions before or after they are made or implemented
- Proposing new policies and commenting on draft policies, and
- Ensuring customer satisfaction and value for money.

The aim is to make the decision-making process more transparent, accountable and inclusive, and improve services for people by being responsive to their needs. Overview & Scrutiny membership is required to reflect the proportional political makeup of the council and, as well as council services, there are statutory powers to examine the impact of work undertaken by partnerships and outside bodies, including the Crime and Disorder Reduction Partnership and local health bodies.

In Tower Hamlets, the function is exercised by the Overview & Scrutiny Committee (OSC). The OSC considers issues from across the council and partnership remit. The Committee has 3 Sub-Committees which focus on health, housing and grants.

The committee's quorum is three voting members.

Public Engagement

OSC usually meets once per month (a few days before Cabinet, to allow scrutiny of decisions scheduled to be made there). These meetings are open to the public to attend, and a timetable for meeting dates and deadlines can be found on the Council's website. More detail of how residents can engage with Overview and Scrutiny are available here

[Overview and scrutiny \(towerhamlets.gov.uk\)](https://towerhamlets.gov.uk)

London Borough of Tower Hamlets

Health & Adults Scrutiny Sub-Committee

Tuesday, 20 February 2024

6.30 p.m.

APOLOGIES FOR ABSENCE

1. DECLARATIONS OF INTERESTS (PAGES 7 - 8)

Members are reminded to consider the categories of interest in the Code of Conduct for Members to determine whether they have an interest in any agenda item and any action they should take. For further details, please see the attached note from the Monitoring Officer.

Members are reminded to declare the nature of the interest and the agenda item it relates to. Please note that ultimately it's the Members' responsibility to declare any interests and to update their register of interest form as required by the Code.

If in doubt as to the nature of your interest, you are advised to seek advice prior to the meeting by contacting the Monitoring Officer or Democratic Services

2. MINUTES OF THE PREVIOUS MEETING(S) (PAGES 9 - 18)

To confirm as a correct record the minutes of the meeting of the Health and Adults Scrutiny Sub-Committee held on 12 December 2023.

3. REPORTS FOR CONSIDERATION

3.1 Maternity Services in Tower Hamlets (Pages 19 - 20)

TO FOLLOW

3.2 GP - Out of Hours Service (Pages 21 - 22)

TO FOLLOW

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

Next Meeting of the Health & Adults Scrutiny Sub-Committee



Thursday, 18 April 2024 at 6.30 p.m. to be held in Council Chamber - Town Hall,
Whitechapel



The best of London in one borough

Tower Hamlets Council
Tower Hamlets Town Hall
160 Whitechapel Road
London E1 1BJ

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Agenda Item 1

DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Code of Conduct for Members at Part C, Section 31 of the Council's Constitution

(i) Disclosable Pecuniary Interests (DPI)

You have a DPI in any item of business on the agenda where it relates to the categories listed in **Appendix A** to this guidance. Please note that a DPI includes: (i) Your own relevant interests; (ii) Those of your spouse or civil partner; (iii) A person with whom the Member is living as husband/wife/civil partners. Other individuals, e.g. Children, siblings and flatmates do not need to be considered. Failure to disclose or register a DPI (within 28 days) is a criminal offence.

Members with a DPI, (unless granted a dispensation) must not seek to improperly influence the decision, must declare the nature of the interest and leave the meeting room (including the public gallery) during the consideration and decision on the item – unless exercising their right to address the Committee.

DPI Dispensations and Sensitive Interests. In certain circumstances, Members may make a request to the Monitoring Officer for a dispensation or for an interest to be treated as sensitive.

(ii) Non - DPI Interests that the Council has decided should be registered – (Non - DPIs)

You will have 'Non DPI Interest' in any item on the agenda, where it relates to (i) the offer of gifts or hospitality, (with an estimated value of at least £25) (ii) Council Appointments or nominations to bodies (iii) Membership of any body exercising a function of a public nature, a charitable purpose or aimed at influencing public opinion.

Members must declare the nature of the interest, but may stay in the meeting room and participate in the consideration of the matter and vote on it **unless:**

- A reasonable person would think that your interest is so significant that it would be likely to impair your judgement of the public interest. **If so, you must withdraw and take no part in the consideration or discussion of the matter.**

(iii) Declarations of Interests not included in the Register of Members' Interest.

Occasions may arise where a matter under consideration would, or would be likely to, **affect the wellbeing of you, your family, or close associate(s) more than it would anyone else living in the local area** but which is not required to be included in the Register of Members' Interests. In such matters, Members must consider the information set out in paragraph (ii) above regarding Non DPI - interests and apply the test, set out in this paragraph.

Guidance on Predetermination and Bias

Member's attention is drawn to the guidance on predetermination and bias, particularly the need to consider the merits of the case with an open mind, as set out in the Planning and Licensing Codes of Conduct, (Part C, Section 34 and 35 of the Constitution). For further advice on the possibility of bias or predetermination, you are advised to seek advice prior to the meeting.

Section 106 of the Local Government Finance Act, 1992 - Declarations which restrict Members in Council Tax arrears, for at least a two months from voting

In such circumstances the member may not vote on any reports and motions with respect to the matter.

Further Advice contact: Asmat Hussain, Corporate Director, Governance and Monitoring Officer,
Tel: 0207 364 4800.

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Filuck Miah	-(Senior Strategy and Policy Officer)
Justina Bridgeman	-(Democratic Services Officer (Committee))
Ben Gladstone	-(Interim Deputy Director Aging Well)
Sue Denning	-(Public Health Localities Manager)

1. DECLARATIONS OF INTERESTS

There were no declarations of disclosable pecuniary interest, however, Assan Ali disclosed that his wife works for Adult Social Care.

2. MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the Sub-committee meeting held on 12 October 2023 were approved and signed by the Chair as a correct record of proceedings.

Chair's Update

The Chair;

- **Noted** that a written response from ICB has now been received regarding a 30% reduction of NEL ICB budget and the implications for Tower Hamlets. Full details can be found in the action log.
- **Reminded** members that physical attendance to meetings is expected and that confirmation should be made to the Chair and clerk in writing when meeting invitations are received.

3. REPORTS FOR CONSIDERATION

3.1 Community Diagnostic Services

Angela Wong, Divisional Director, for Allied Health Diagnostics, BARTS Health NHS Trust and Nabeel Hussain, Programme Director Community Diagnostics Centre, BARTS Health NHS Trust, updated the sub-committee on the current diagnostic service levels in borough, including referrals, accessibility, affordability, quality of healthcare, outreach strategy and local partnerships.

The sub-committee were informed that the service was heavily impacted by the pandemic and waiting times were high. Collaboration with both Royal London and Newham Hospitals has facilitated clearing the backlog and Mile End will in turn assist Homerton University Hospital. £1.5 million has been invested into Cancer Diagnostics Centres (CDC) until 2025. MRI performance

was initially at 32% and CT at approximately 41%. This has now risen to around 95% for MRI and 99% for CT services.

Nabeel Husain then explained that between April and October this year, the CDC has delivered more than 700 MRI's and CT scans, over 6,000 X-rays and more than 5,000 ultra sounds. This equates to 25,000 new patients seen over a seven month period. A new Thames Ward renovation to house MRI, CT and Ultra sound equipment is ongoing, scheduled to open next year.

Patient feedback has been pivotal in ensuring a calm environment whilst scans are undertaken. The introduction of access to patients being offered same day multiple diagnostics and flexible appointments and weekend availability has added to the positive feedback received.

Further to questions from the sub-committee, Angela Wong and Nabeel Hussain;

- **Explained** that the service is available seven days a week from 8am to 8pm, to enable patients to visit after working hours. GP discussions are ongoing to ensure the services are promoted to residents, including the multi diagnostics service.
- **Clarified** that the programme initially saw around 32% of patients having MRI scans in six weeks, this has now risen to 99%. CT scans or MRI's can now be given in two weeks or even sooner.
- **Conceded** that patients were concerned with the lack of wi-fi availability. This is now being rectified by re-routes in the majority of areas throughout the site. More seating and better décor has now been provided to enhance the settings.
- **Noted** that an admin 'daily huddle' takes place to take video calls to assess if patients are willing to come in at short notice to fill cancelled appointments by others.
- **Confirmed** that recruitment plans for the CDC service are in progress to assist in appointments and support patients accessing the service.

RESOLVED that;

1. The presentation be noted.

3.2 improving Access to Health Services for Disabled Residents

The Sub-committee heard from two residents from the same family with learning difficulties. They both gave lived experiences of poor service received from healthcare professionals. They stated that Autism is a spectrum disorder that impairs cognition, and reasonable adjustments are not made when trying to access services. Some healthcare professionals and reception staff do not slow down speech, clarify points nor allow time for residents to comprehend

information or answer questions. There are times when staff become impatient and raise their voice. This will exacerbate symptoms and cause unnecessary anxiety for the resident, as appointments can no longer be made online.

Real, Tower Hamlets' largest Disabled People's Organisation, assisted in changing GP's to resolve issues. However, further complications arose when trying to obtain wheelchair access for their mother, which took 9 months to resolve. Access to the GP was not provided and messages were not initially returned. When the GP did call, they were rude and unprofessional, leaving the patient feeling frightened. Hospital staff can also be unsympathetic in writing down appointment times and explaining processes clearly. Assistance was provided from a temporary support worker, although this took three months to resolve.

Members were also informed that waiting lists for counselling appointments are high, which leads to further anxiety. Healthcare professionals were reminded that disabilities are not always visible and consideration should be made for patients to choose GP's. Allowances should be made to hold double appointments in person, and reception staff should also be trained to show more empathy towards patients as they are front line staff.

The Chair thanked the residents for their feedback and introduced Jo-Ann Sheldon, Head of Primary Care Commissioning and Dr Roberto Tamsangan, Clinical Director, Primary Care to give an overview on health service improvement plans for disabled residents.

Primary Care Presentation

Ms Sheldon updated the sub-committee on the Care Quality Commission's (CQC) nine GP requirements to receive a satisfactory rating. Practices are inspected every five years and details of the Disability Discrimination Act 1995, which mandates all practices to make reasonable adjustments to provide access for disabled residents were outlined. New buildings all conform to the Act and there are plans to refurbish older sites. All practices can apply for a London Improvement grant, although funding is limited.

Members were informed of the systems in place to address patients' needs, particularly the portal which provides information for North East London (NEL) practices to best support patients, medical information systems and reasonable adjustment flags. The Universal Care Plans (UCP) are also available, to ensure residents with learning disabilities receive full support in order to navigate the process, and a clinical lead is also on hand to give further advice.

All borough practices have a digitally excluded patient policy, reviewed annually and letters with leaflets are sent to residents over the age of 14. These are co-produced with young people, informing them how to access care services. Details include a culturally appropriate tool kit and a QR code to easily access information.

Ms Sheldon then updated the sub-committee on the Oliver McGowan mandatory learning disability and autism training, which will be provided throughout the healthcare sector, ensuring practitioners can adequately support patients. Two practices in the borough have taken part in the Embedding Disability Awareness Pilot (EDAP) and will address many of the issues raised by residents with concerns about poor service received. The NEL now manage all complaints and are reviewing processes to be more easily accessible.

Sue Denning, Public Health Localities Manager, stated that Tower Hamlets Training Hub, will be presenting a Disabilities Competency Programme next month. The programme, co-produced with adults with disabilities and Real, is preparing a tool kit incorporating the best practice guidance and will include lived experience from residents. This work has been conducted for three years, and additional training and ongoing discussions with the Primary Care Network (PCN) will continue to ensure adequate adjustments are made.

Further to questions from the sub-committee, Jo-Ann Sheldon, Dr Roberto Tamsangan and Sue Denning;

- **Explained** that further details on healthcare initiatives for access to GP practices for patients, specifically for vulnerable or elderly residents, can be brought back to the sub-committee for review. For access on specific sites, residents are recommended to contact the practice management team at that particular practice.
- **Confirmed** the two GP practices trialling the EDAP programme are The Tredegar Practice and St Pauls Way Medical Centre. Disability Awareness training will be offered through the NEL Training Hub with the GP Care group, across all PCNs and include a wide range of staff.
- **Explained** that most practices are managed by GP partners who are responsible for recruiting reception staff. Further details on measures to support the development of receptionists will be discussed outside of this meeting.

Royal London and Mile End Hospitals

Fiona Peskett, Director of Strategy and Integration, BARTS NHS Health Trust, gave an overview of disability access to both the Royal London and Mile End hospitals. The sub-committee were informed that The Royal London adheres to Part M building regulations, and BARTS Health clinical planners ensures the building conforms to accessibility requirements.

A website for deaf and hard of hearing patients has been established, all departments have access to a hearing loop that staff are trained to use, and a web chat system is available for outpatient appointments. All staff are required to undertake staff equality and diversity training and are also offered dementia and deafness training.

Ms Peskett then noted that both hospitals have a learning disability nurse and ongoing reviews are conducted to ensure the needs of borough residents are met. 'Access Able' allows patient accessibility for all five hospital site maps and access links are available on the BARTS Trust website. Feedback from service users are continually monitored and for those who do not use digital media, appointment reminder letters are routinely sent out.

Further to questions from the sub-committee, Fiona Peskett;

- **Confirmed** that a written brief on web chat analytics will be made available to the sub-committee for the next meeting.
- **Confirmed** that a written brief in regards to equality and diversity and mandatory healthcare training for specific disabilities will be made available to the sub-committee for the next meeting.
- **Clarified** that BSL interpreters are available during working hours and an online service is accessible out of hours.
- **Confirmed** that details on whether the NHS accessible information standards 2016 is now available in all BARTS Trusts will be provided.
- **Confirmed** that further details on the Learning Disability Nurse's hours of service and confirmation on mapping patients accessibility relates to visible or invisible disabilities will be brought back to the sub-committee for the next meeting.

Disabled People and Primary Care

Jack Gilbert, the Chief Executive Officer for Real DPO, presented an overview of the organisations' community engagement and advocacy work with disabled residents. Real have collaborated with patients with varying disabilities and from different backgrounds, who gave lived experience of difficulties in accessing primary care and community health services in the borough. Many people experience long-term impairments during their working life and GP's should be adapting their care. Currently there is no transferable way that patients access requirements are logged. The ICB should be informed so that concerns can be referred to NHS England to resolve.

Real are currently working with Barking, Havering and Redbridge hospital trusts to combat access concerns for disabled people. A disability action plan, an assessment tool and a change management training program have all been developed, to assist primary care commissioning leads in prioritising and extending disability access, particularly in older locations and community pharmacies.

Sub-committee Members heard that consideration should be made for the action plan to be implemented within primary care, local authorities and not just Tower Hamlets. Further workstreams have been undertaken in

conjunction with NEL ICB and disabled residents to improve accessible communications. It was noted that although social care independent living costs at home will no longer be charged, assessments for services and access to appropriate levels of home support will be more difficult to obtain.

Apasen Disabled Peoples Network

Subhiksha Manoj, Communications & Network Officer, and Adegoke Ukunade, Project Manager, Apasen, who provide home and community care services, respite for disabled residents and training for carers, presented an overview of the organisation and feedback from service users and their primary carers.

Patient concerns included long waiting times for GP appointments, sometimes up to three weeks, language issues resulting in miscommunication and frustration and carers who call on the patients behalf stated they were not considered suitable patient representatives, as they are not the primary carer.

Ms Manoj informed the sub-committee that there is a lack of understanding from patients on the meaning of reasonable adjustments. Consideration for a campaign should be made to raise awareness, as well as supporting initiatives led by the Real Islam Foundation, Deaf Plus and other organisations.

Further research is required by healthcare providers to ensure reasonable adjustments are made, and supporting local training programs led by adults with disabilities is vital in understanding the issues faced.

Further to questions from the sub-committee; Subhiksha Manoj and Adegoke Ukunade;

- **Confirmed** that all carers are required to hold a CARE certificate. A comprehensive induction and in-house training is provided before they start work. Refresher training is also given and an Employee Assistance Scheme allows them to speak to a professional when required.
- **Confirmed** that the majority of carers employed are UK Nationals and professionally qualified nurses.

RESOLVED that;

1. Details on healthcare initiatives for access to GP practices for patients, specifically for vulnerable or elderly residents to be brought back to the sub-committee for the next meeting.
2. A written brief on web chat analytics to be brought back to the sub-committee for the next meeting.

3. A written brief in regards to equality and diversity and mandatory healthcare training for specific fields to be brought back to the sub-committee for the next meeting.
4. Details on the Learning Disability Nurse's hours of service and confirmation on mapping patients accessibility relates to visible or invisible disabilities to be brought back to the sub-committee for the next meeting.
5. The presentations be noted.

3.3 Housing with Care Strategy

Councillor Gulam Kibria Choudhury, Cabinet Member for Health, Wellbeing and Social Care, introduced Ben Gladstone, Interim Deputy Director for Aging Well, who gave an overview of the proposal and the Adult Social Care (ASC) strategy, designed to support residents to stay in their own homes, or provide specialist housing with care facilities if required.

Mr Gladstone informed the sub-committee that the borough population is predicted to increase in the next 10 years. Current figures show 15% in 2033 rising to around 54% by 2033, which is over the national average, adding more pressure to ASC services. The Social Care Institute of Excellence has recommended an increase in the current capacity of 214 flats with 240 housing with care facilities. Due to a lack of housing provision, high land prices and space in the borough, approximately half the residents requiring residential care or care home must be relocated outside the borough, often times against their wishes.

Details of current provision includes around 2000 people supported with home care, 9 supported living facilities for residents with learning disabilities, 14 mental health facilities, six older adult focused care homes and two nursing homes.

Findings from the strategy include a need for more nursing care home beds for patients with complex needs and more supported living provision for those with learning disabilities or mental health concerns. Members were told that an expression of interest will be made for the 'Accelerated Reform Fund' from the Department of Health and Social Care next month. This is to grow the 'Shared Lives' scheme to support adults with learning disabilities by matching them with an approved carer.

Details of the housing, tenure and types of support were given, and Members were informed that extra care housing is the preferred method rather than residential care, as residents are tenants with housing rights as opposed to occupancy agreements.

The proposed units will have a dementia and disability-friendly scheme and will provide culturally specific homes, such as the Somali Gardens scheme, which is cantered on ethnic minority. The proposal also includes more

structured partnerships with housing providers to ensure the housing needs for the next 10 years are addressed. Currently, six of the borough's care homes are privately owned, which makes it difficult to control the quality and cost.

Mr Gladstone noted that an annual delivery plan will run alongside the strategy, a delivery group has been formed to focus on feasible locations for specialist housing development, and discussions with NEL commissioning to share intelligence are ongoing. The strategy will request Cabinet implement the annual delivery plan in conjunction with the capital projects priorities.

Further to questions from the sub-committee, Ben Gladstone;

- **Clarified** that the aim is to support residents who have complex care needs within the proposed care facilities, so they do not have to move into a nursing home. This will increase the range of options for older people in the borough and decrease the rate of residents having to move out of Tower Hamlets.

RESOLVED that;

1. The presentation be noted.

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

The Chair reminded members of the site visit scheduled for 15th January 2024 to Independent East, at the PDC in Bethnal Green. Members were urged to confirm attendance upon invitation.


Members were also informed of an upcoming scrutiny review on improving disabled residents access to leisure and exercise. The Chair advised that officers would send out invites as part of the policy development workstream and encouraged participation.

The meeting ended at 8.50 p.m.

Chair, Councillor Ahmodur Khan

Health & Adults Scrutiny Sub-Committee

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<p>Non-Executive Report of the:</p> <p>Health and Adult Scrutiny Sub-Committee</p> <p>20.02.2024</p>	 <p>TOWER HAMLETS</p>
<p>Report of: EXTERNAL Provider</p>	<p>Classification: Unrestricted</p>
<p>Spotlight: Maternity Services</p>	

Originating Officer(s)	Filuck Miah, Corporate Strategy and Communities
Wards affected	All wards

Summary

This cover report accompanies the presentation slide deck:


The content of the slide deck include Maternity Services (residents and community provision perspective) for Tower Hamlets

Recommendations:

The Health and Adults Scrutiny Sub-Committee is recommended to:

1. Review the accompanying presentation in order to inform discussion for the Health and Adults Scrutiny Sub-Committee meeting.

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<p>Non-Executive Report of the:</p> <p>Health and Adult Scrutiny Sub-Committee</p> <p>20.02.2024</p>	 <p>TOWER HAMLETS</p>
<p>Report of: Roberto Tamsanguan / Jo-Ann Sheldon (NHS)</p>	<p>Classification: Unrestricted</p>
<p>Spotlight: GP Out of Hours Service</p>	

<p>Originating Officer(s)</p>	<p>Filuck Miah, Corporate Strategy and Communities</p>
<p>Wards affected</p>	<p>All wards</p>

Summary

This cover report accompanies the presentation slide deck:

The content of the slide deck focusses on GP out of hours services for Tower Hamlets

Recommendations:

The Health and Adults Scrutiny Sub-Committee is recommended to:

1. Review the accompanying presentation in order to inform discussion for the Health and Adults Scrutiny Sub-Committee meeting.

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