

# HEALTH & ADULTS SCRUTINY SUB- COMMITTEE

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**Tuesday, 8 June 2021 at 6.30 p.m. Committee 1 Mulberry Place**

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**2. MINUTES OF THE PREVIOUS MEETING(S)**

**70 - 79**

To confirm as a correct record the minutes of the last meeting of the Health Scrutiny Sub-Committee.

# Agenda Item 2

HEALTH & ADULTS SCRUTINY SUB-COMMITTEE, 29/04/2021

SECTION ONE (UNRESTRICTED)

## LONDON BOROUGH OF TOWER HAMLETS

### MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 5.33 P.M. ON THURSDAY, 29 APRIL 2021

ONLINE 'VIRTUAL' MEETING - [HTTPS://TOWERHAMLETS.PUBLIC-I.TV/CORE/PORTAL/HOME](https://towerhamlets.public-i.tv/core/portal/home)

#### Members Present:

Councillor Gabriela Salva Macallan  
(Chair)  
Councillor Mohammed Pappu (Vice-Chair)  
Councillor Shah Ameen  
Councillor Denise Jones

Councillor Shad Chowdhury  
Councillor Andrew Wood

#### Co-opted Members Present:

David Burbidge

– Healthwatch Tower Hamlets Representative

Sue Kenten

– Health & Adults Scrutiny Sub-Committee Co-optee

#### Other Councillors Present:

Councillor Sirajul Islam

#### Others Present:

Jack Kerr  
Jamal Uddin  
Christopher Cotton  
Amy Gibbs  
Carrie Hirst

– Strategy & Policy Manager  
– Strategy Policy & Performance Officer  
– Deputy Director of Finance

Afazul Hoque  
Suki Kaur

– Safe Communities Programme Manager  
(Head of Corporate Strategy & Policy)  
– Deputy Director of Partnership Development

Daniel Kerr  
Natalie Lovell

– (Strategy and Policy Manager)  
– Public Health Programme Manager (Healthy Environments)

Mary Marcus

– Team Manager at Barts Health NHS Trust

Matthew Quin

– (Healthy Environment's Programme Lead, Public Health)

Katy Scammell  
Warwick Tomsett

– Associate Director of Public Health  
– Joint Director, Integrated Commissioning

Robert Verrecchia

– (Specialist Registrar)

David Knight

– (Democratic Services Officer,  
Committees, Governance)

## 1. DECLARATIONS OF INTERESTS

No declarations of interest were received at the meeting.

## 2. CHAIRS UPDATE

### (a) Item 3.2 Older People's Care Homes - Support During the Covid-19 Pandemic

- ❖ Reminded the Sub-Committee that there had been a discussion on the Support for Older People's Care Homes during the Covid-19 Pandemic with particular regard to review covered the period 13<sup>th</sup> March – 30<sup>th</sup> June 2020. This review had identified the following areas of good practice (i) The Councils proactive response that frequently going beyond national guidance and anticipating future guidance bulletins; (ii) Positive partnership working at both the strategic and operational levels; (iii) A strong commitment to multi-disciplinary and multi-agency learning; the lead GPs and Infection Control Nurse in particular were highlighted as key resources by the care home providers; and (iv) Embracing of digital and online technology as a new way of working.
- ❖ The review also made the following recommendations (a) Build on the good partnership working to develop a multi-agency and multi-disciplinary Covid-19 or pandemic pathway with detailed and clearly defined roles for different agencies to address any future wave of the virus or new pandemic as part of the Tower Hamlets Outbreak Control Plan; (b) Develop a formal communication strategy to promote the pathway to a range of agencies and to families and carers, identifying a clear role for the voluntary sector in engaging with and hearing the voices of service users and their families who are necessarily powerfully impacted by the situation.
- ❖ Finally, that the key priority over the coming month would be the implementation of vaccinations; the focus being on increasing uptake amongst staff and agreeing timelines and logistics for the administration of second doses.

### (b) Development of Scrutiny

- ❖ Members should be aware of the work of other committees and boards, as there are many crosscutting issues. Members need to continue to be mindful of any equal opportunities and sustainability issues and how equality and sustainability have been considered during the Covid pandemic such as any mitigating action taken to support delivery and or access to provision of services in light of the pandemics impact and the

increasing need for reinvestment in resources and services, e.g. health and social care to education and infrastructure.

### **3. MINUTES OF THE PREVIOUS MEETING(S)**

The Sub-Committee confirmed as a correct record the minutes of the last meeting of the Health Scrutiny Sub-Committee held on 23rd July 2020. The Chair was authorised to sign.

### **4. REPORTS FOR CONSIDERATION**

#### **5.1 Tower Hamlets Health & Wellbeing Strategy 2021-25, consultation**

The Sub-Committee received a draft Health and Wellbeing Strategy 2021-25 that had been refreshed and outlines the vision, priorities and action agreed by the Health and Wellbeing Board (HWBB) to improve the health, care and wellbeing of local communities and reduce health inequalities for all ages. The questioning on the main points of the discussion on the Strategy may be summarised as follows.

The Sub-Committee:

- ❖ Remarked that the consultation phase of the Health and Wellbeing Strategy 2021-25 had been launched on 16th April 2021 and noted that it is scheduled to last around eight weeks.
- ❖ Expressed interest in looking further into the 'safe social spaces' ambition as set out in the draft Strategy 2021-25 so as to help shape the final strategy expected to be finalised in the summer of 2021.
- ❖ Commented that it wished to see the consultation giving consideration what is being done to address residents' concerns (i) following the murder investigations that are underway following fatal stabbings in Poplar and Canning Town; and (ii) in regard to addressing the high incidence anti-social behaviour in Tower Hamlets.
- ❖ Remarked that the Board is working with partners across the borough, including the Council's Public Realm team and housing associations, to reduce traffic levels and make the best use of local land/spaces. The Board wants to ensure that all residents are owning and using local open spaces to lead active, social lives – whatever their age, sex, ethnicity, health condition or locality.
- ❖ Was informed that the Board will work with health, social care, and wider community services across Tower Hamlets to improve/create networks across organisations and improve visibility and proactive communications between services and those who need them most. Therefore, the aim is that anyone needing help will know where to get help and they are supported to find the right help. The Board will facilitate this by the creation of networks across organisations and improve visibility and proactive communications between partners services and those in greatest need of these services.
- ❖ Noted that there have been dramatic improvements in air quality, especially for nitrogen dioxide (NO<sub>2</sub>). However, the Borough still has

multiple pressures on health and wellbeing particularly for children and pensioners who have poverty rates 3-4 times above the national average and the highest rates of poverty in London; toxic air pollution; poor diet and limited activity.

- ❖ Commented that there are multiple pressures on health and the toll from these pressures is dramatic, and particularly impacts girls and women in the Borough **e.g.** girls born in Tower Hamlets have just 56.6 years of healthy life expectancy, which is 7.3 years less than the England average. Whereas boys have 60.5 years of healthy life expectancy, which is 2.9 years below the England average.
- ❖ Noted that organisations, resident groups, and community leaders have led impressive programmes to combat these issues. However, more needs to be done and the Covid pandemic has resulted in a recognition that the Council and its partners will not change health inequalities unless they work together with urgency.
- ❖ Was pleased to note that many things thought previously impossible have been achieved in 2020/21 and especially when communities and organisations came together. When people needed food and medicines, volunteer groups across Tower Hamlets acted **e.g.** when a swift rollout of new programmes like vaccination, food support systems, helplines, local contact tracing, local services came together to deliver at pace or when certainty was needed on new rules, residents came together in forums like the Covid Community Champions to disseminate up to date information.
- ❖ Commented that regarding any consultation on the Strategy should ensure that the patients and the public feel their engagement has made a difference.
- ❖ Indicated that it is important that patients and the public receive feedback on how engagement activities have influenced the development of the Boards policy, priorities, and actions.
- ❖ Engagement activities should be based on evidence of what works and therefore consideration should be given to the most appropriate methodology and medium for engaging the particular target group concerned. **e.g.** using social media can be very effective for some audiences, but not others.
- ❖ Commented that there might be a need to identify funding to underpin the strategy
- ❖ Stressed that the success of any such activity needs to be evaluated and used to plan and develop future undertakings. Any evaluation should also actively involve the local grassroots organisations **e.g.** the Coriander Club, the Canal Club Community Garden, or the Tower Hamlets Food Partnership.
- ❖ Where a person lives can also be a barrier to participation in any such engagement activity **e.g.** people living in residential homes, homeless people. Access needs to be recognised as a fundamental principle of the process if everyone is going to take part on an equal basis. It is about ensuring that everyone has the same opportunity to take part in an activity fully, in the way that suits them best.
- ❖ Agreed to the following action notes (i) share learning from community driving change; (ii) Community asset list to be integrated and shared;

and (iii) Inform each councillors of the strategy and encourage councillors to engage with community groups.

As a result of a full and wide-ranging discussion on the draft Health and Wellbeing Strategy.

The Chair Moved and it was **RESOLVED** to:

1. Thank all those attendees for their contributions to the discussions on the draft Health and Wellbeing Strategy.
2. Note that community groups should be widely engaged with and a timeline of engagement shared
3. Review past outcomes of the 2019 Housing Scrutiny Sub-Committee on "Improving health, environmental quality, economic and social outcomes through Housing Open Spaces"
4. Note that violence reduction might be considered as part of the open space strategy
5. Request whether 'Place' might be considered as part of the open space strategy and that a full list of council and community assets be included as part of the overall review
6. Agreed that these discussions will form the basis of the feedback to be submitted the Health and Well-Being Board; and
7. Noted the presentation on 'safe social spaces' ambition of the draft Strategy 2021-25 and the initial actions linked to this ambition.

## 5.2 Black, Asian & Minority Ethnic Inequality Commission

This report provides a summary of the work undertaken by the Black, Asian & Minority Ethnic Inequality Commission and provides details of some of the main findings and recommendations from the health theme of the Commission. The questioning on the main points of the discussion on the Strategy may be summarised as follows.

The Sub-Committee:

- ❖ Acknowledged that Tower Hamlets has always been a borough committed to creating a cohesive, fair, and inclusive community. One of the Borough's' biggest strengths is its proud history of fighting racism and fascism and its continued commitment to diversity. With over 137 languages spoken and 43% of residents born in over 200 different countries Tower Hamlets is one of the most diverse places in the country. However, recent events have once again shone a spotlight on racial inequality and has required that everyone including leaders of public, private, faith, voluntary and community sector organisations and institutions, to consider their position and what more must be done.
- ❖ Noted the disproportionate impact of Covid on the Black, Asian and Minority Ethnic population has exposed the severe consequences of the unacceptable structural disadvantages and discrimination faced by these communities especially in key areas such as housing, employment, education, and criminal justice.

- ❖ Noted the constraints of structural racism are most apparent when considering health outcomes of the Borough's Black, Asian, and Minority Ethnic residents which are worse than those of White residents in many areas, with many Blacks, Asian and Minority Ethnic residents suffering from a higher burden of multimorbidity.
- ❖ Observed a considerable emphasis needs to be placed on improving the partnership approach to tackle the wider determinants of health, with too many Black, Asian, and Minority Ethnic residents experiencing poorer employment and housing conditions.
- ❖ Indicated that access to health services needs to be improved by ensuring services meet the cultural needs of the Borough's diverse communities and developing strong and effective relationships with these community.
- ❖ Was reminded that digital exclusion is a prevalent access barrier, exacerbated by the pandemic, alongside ineffective communication, and inadequate translation services.
- ❖ Agreed that the need to work with the local Black, Asian, and Minority Ethnic communities should be at forefront of the Boroughs recovery agenda ensuring that Tower Hamlets using good ethnicity data to provide targeted programmes is able to deliver real improvement in health outcomes.
- ❖ Noted that whilst Black, Asian, and Minority Ethnic children are achieving good academic success however this has not translated into careers in the professional, corporate world.
- ❖ Commented that many children from Black, Asian, and Minority Ethnic families lacked the confidence and networks to compete with their White peers. Too many young people from Black, Asian, and Minority Ethnic families are unfamiliar with the testing and recruitment processes employers undertake, and have not been exposed to the professional, corporate world.
- ❖ Indicated that key local employers must consider how they can develop pipelines, structures, and support to engage Black, Asian and Minority young people and how they can accelerate the pace of change.
- ❖ Wanted to see representation in these organisations significantly improved and any structural barriers to be removed immediately. Otherwise efforts to increase the capacity of young people in education settings will not succeed so long as the structural barriers remain.
- ❖ Observed that the Commission had spent a lot of time speaking to the leading organisations in the Borough and the lack of Black, Asian, and Minority Ethnic representation, particularly those from Black African and Caribbean groups, was of great concern.
- ❖ Noted that the Commission has called for the development of a leadership programme to nurture the next generation of Black, Asian, and Minority Ethnic leaders. Alongside this, it was agreed that organisations must embrace a cultural shift at all levels. Which requires there to be a "safe space" to have open and honest discussions about race this being key in this process to improve kinds of the discussions around race inequalities. The Commission has therefore recommended that a subgroup of the Tower Hamlets Partnership Executive Group be established to lead on delivery of the

recommendations and work with the voluntary and community sector Black, Asian and Minority Ethnic Network to ensure the voice of the community is reflected in the delivery.

- ❖ Noted the commission's findings around housing and health inequality.
- ❖ Noted that a report should go to Cabinet in July with a timeline and actions plan.

The Chair Moved and it was **RESOLVED** to:

1. Thank all those attendees for their contributions to the discussions on the Commissions; and
2. Recommend that further work on housing and health inequality may need to be considered via the sub-group
3. Agreed that these discussions will form the basis of the feedback to be submitted the Black, Asian & Minority Ethnic Inequality Commission.

### **5.3 The integrated health and social care system: THT update and NEL developments**

The purpose of this report is to give an overview of the progress update on health and social care integration in Tower Hamlets, including (i) An overview of developments within the Northeast London Sustainability and Transformation Partnership (STP) arising from the NHS Long Term Plan; (ii) Successful service transformation to deliver integrated health and social care in Tower Hamlets; (iii) Changes to the borough based partnership Tower Hamlets Together and local governance arrangements; and (iv) Future proposals for enhancing integrated health and social care delivery in the Borough.. The questioning on the main points of the discussion on the report may be summarised as follows.

The Sub-Committee:

- ❖ Was advised that the system has undergone some significant change recently, especially at the CCG and system levels, due to implementation of requirements set out in the NHS Long Term Plan.
- ❖ Observed that the first part of the report focused on the direction, achievements, and ambitions of the THT Partnership, with the second part outlining the new structures that are now in place.
- ❖ Was informed that THT partnership pools together £760 million across partnership and Council's contribution is estimated as £120 million
- ❖ Requested to have breakdown of the budget and overspend to review and discuss further
- ❖ Noted that THT is a formal subcommittee of the Health and Wellbeing Committee
- ❖ Noted that with regard to its role in this area that it has a responsibility to ensuring that health services are held to account at the local level and are answerable to local communities. These include requiring representatives of NHS organisations and providers of NHS services to attend meetings to provide information from NHS organisations about

their commissioning or providing strategies, plans, budgets, and activities.

- ❖ Noted that an integrated care system in Tower Hamlets will improve patient outcomes and ensure quality care at the minimum necessary cost. It will also provide more responsive, coordinated, and proactive care and to enable high-quality care that responds to patient/service user needs rapidly in crisis situations.
- ❖ The integrated health and social care system will also empower patients, users, and their carers; enable patients and service users to live independently and remain socially active; establish education and self-care programmes for patients; and personalise care to patients' and service users' needs and preferences.

The Chair Moved and it was **RESOLVED** to:

1. Thank all those attendees for their contributions to the discussions on the integrated health and social care system in Tower Hamlets; and
2. That these discussions would form the basis of any feedback to be submitted regarding the integrated health and social care system in Tower Hamlets.
3. Request that THT meetings to be listed on the Council calendar with agenda to be made public
4. Request that the Committee be provided with a breakdown of the council's contribution to THT budget with a better understanding of overspend to review and discuss further

#### 5.4 Adults Learning Disability Health Scrutiny Challenge Session Report

[Adults Learning Disability Scrutiny Report final 27.04.2021.pdf \(towerhamlets.gov.uk\)](#)

The Sub-Committee noted that a Health Scrutiny Challenge Session had taken place on the 10th of March 2020 reviewing "How health and social care is supporting adults with a learning disability to live independent lives in Tower Hamlets". The questioning on the main points of the discussion on the Strategy may be summarised as follows.

The Sub-Committee:

- ❖ Noted that this scrutiny session had focused on three main areas of the Learning Disability Strategy: Health, Accommodation and Employment.
- ❖ Noted that the challenge session report had been compiled providing documentation of the sessions and including recommendations to be actioned upon, however sign-off of the report was delayed due to the outbreak of the Covid-19 pandemic in the UK.
- ❖ Raised concerns around the scope of reports when substantial departmental changes occur.
- ❖ Noted that the priority action plan should have recommendations attached, but due to capacity of the team it was tabled as circulated.
- ❖ Raised concerns around mortality rates and screen numbers.

- ❖ Noted that due to the profound impact the pandemic has had on the country, this report has been updated against the 10 March 2020 position and includes an impact assessment of the pandemic for the learning disability population. Following discussions on this at the 8 February 2021 meeting, a number of new recommendations have been added to the final report.

As a result of discussions on this report the Health and Adults Scrutiny Sub-Committee **RESOLVED** to:

1. Note the report which included the spotlight session held on 10 March 2020 and following scrutiny meeting held on 8 February 2021.
  2. Note the final report and recommendations
  3. Agree to delegate decision-making on any final minor amends or additions to this report to the Chair of the Health and Adults Scrutiny Sub-Committee.
  4. Request that an update come back to the committee in 6 months
6. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT**

Nil items

**The meeting ended at 7.35 p.m.**

**Chair, Councillor Gabriela Salva Macallan  
Health & Adults Scrutiny Sub-Committee**

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