



charging policy would be deferred to the March 2020 meeting where the Lead Member for Health & Adults would be in attendance.

It was noted the REAL survey data had been circulated to Members. Some members said they recollected a commitment from senior officers to conduct an independent review into the adult social care policy however it was clarified that there was no commitment for an independent review, only requests for further information.

Having reviewed the information provided Members said they were still unclear about the charging policy framework, procedure for the waver panel and user engagement with the panel.

**ACTION:**

1. Officers agreed to provide the Committee with additional information explaining the charging framework and waver panel.
2. Members requested the full impact report for the Charging Policy before the council's Christmas break.

**RESOLVED:**

1. The minutes of the meeting held on 2 September 2019 were approved as an accurate record and signed by the Chair.
2. To note the action log and clear completed actions.

**3. SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018-19**

The Committee received the report of Christabel Shawcross, Chair of Safeguarding Adults Board (SAB), on the Safeguarding Adults Board Annual Report 2018-19.

There was a discussion on when an enquiry became a concern. Officers explained that there was a framework in place to assess enquiries and carry out due diligence. A proportionate and person centred response would follow. For cases that did not require a full investigation, officers would sign post to a specialist service or community team for care management.

Members wanted to know if there was any follow up or tracking conducted with those who were signposted. Officers said that there was no data in this area but it was something the SAB were considering. They said that they did have data showing that the rate of repeated enquires had fallen from 19% to 17% which could indicate issues were being resolved.

Members asked whether the SAB monitored information flow between multiple agencies in the hospital discharge process. Officers said that historically there had been failings in the multi-agency discharge process but improvements had been recommended to each agency as a result.

A Member highlighted resident concerns around high death rates and medical checks in the borough and asked if the SAB could do anything. It was noted it was not within the remit of the SAB to monitor those areas. Health

commissioning officers present at the meeting informed the Committee that health checks were being prioritised over the next twelve months and the clinical commissioning groups were exploring the idea of 'health passports' to share patient data. A review on 'learning from deaths' was also conducted in response to concerns.

Members agreed that loneliness was a key issue and support for isolated and vulnerable people should be prioritised.

It was noted that there was no rating system for SABs.

It was noted that reporting on sexual abuse had risen from 3% to 6%.

Members asked what happened in the 10% of cases where risks could not be eliminated. Officers explained that in some situations risks could not be completely eliminated because the victim could be living with the perpetrator. In each case a support package and protection plan would be in place and officers would monitor the situation.

**RESOLVED:**

1. To note the Safeguarding Adults Board Annual Report 2018-19.

**4. REVIEW OF HOMELESSNESS ACTION PLAN**

The Committee received the report of Keith Burns (Service Manager – Integrated Commissioning) on the review of the Homelessness Action Plan.

Mr Burns explained that the action plan was initiated by the Health Scrutiny Sub-Committee eighteen months ago and that he had been invited to provide an update on the progress of the plan.

A Member asked for clarification on recommendation 9 (*that the Housing Options Service works with organisations involved in the review and with individuals who present at Housing Options, to find out what they consider to be a safe offer of temporary accommodation and provide insight into what they value and how they would feel better supported on*) which was listed as work in progress. Officers said that maintaining a stock of good quality accommodation was a challenge and service users often had differing views on what safe accommodation looked like. It was noted that accommodation would have to be reviewed on a case by case basis.

Also with regard to recommendation 9, a Member asked whether the Shuttleworth Hotel was being used as temporary accommodation by the borough because there were concerns the hostel was badly managed, in poor condition and a number of deaths had occurred on the premises. Officers directed the query to the Housing Options team.

Members also raised concerns about Vantage House in Wimbledon, which was owned by the council, as there were reports the single mothers living there were regularly confronted by drug dealers and youths. Mr Burns said he would advise the service to follow up on this issue.

There was a discussion around what progress the service had made in finding pet friendly accommodation. Officers said they had made some progress in this area in some hostels but on the whole it was difficult to accommodate pets due to the landlord's policies. Senior officers assured the Committee this would remain as a priority area for the service.

There was a discussion on the complexities around homelessness and hospital discharge. Officers said a pathway plan had been put in place to ensure those who were admitted to hospital had a path out. The Royal London was working in partnership with the East London Housing Partnership to ensure homeless patients were discharged to suitable accommodation. However, officers noted that it was an ongoing and complex issue.

Members said that their constituents often asked why they saw the same homeless people in the same place for long periods of time, when support and accommodation was available via the council. Officers explained that those individuals had complex needs and required a multi-agency approach. They also said that the council had limited enforcement powers and in many cases individuals were determined to stay on the street.

A Member who was present at the initial review meeting said that the intention for recommendation 5 (*that the CCG explore the possibility of commission a peripatetic team consisting of a paramedic and advance care practitioner in mental health to provide a visiting service to very difficult to manage and violent patients*) had been misunderstood. He explained that at the time the group advised that a mobile team was required to treat disruptive people in their hostel rather than cause disruption at GP surgeries and A&E.

Officers acknowledged that the recommendation had been partially met and this was due to funding restrictions. They said the E1 Health Contract had included a virtual ward round service in order to help mitigate the issue in response to the recommendation. It was suggested hostel residents use the PCs at Dellow House to access the virtual service. Mr Burns said he would follow up on this with the Dellow Centre.

Commissioning officers said that two senior psychologists had been hired to provide care in hostels for residents experiencing complex issues. They also said there were plans to expand the home treatment team to provide care at home.

With regard to recommendation 10 (*that the council performs further research on the impact homelessness has on the health needs of women who are rough sleeping, temporary accommodation or hostels*), officers said that the council's community insight team had undertaken the research which was due to be completed at the end of 2019. Progress and findings had been regularly reported to the multi-agency partnership group who were responsible for responding to the findings.

There was a discussion on the Housing First Pilot. Officers said the Housing First Pilot aimed to provide accommodation at the point of access and then provide multi-agency support around the individual such as substance misuse support or mental health support.

Overall the Committee praised the action plan and thanked officers for their continued commitment to work on the recommendations.

It was noted that it was Keith Burn's last committee meeting as he was leaving the council. The Chair thanked Mr Burns for his service and wished him all the best in his new role.

**ACTIONS:**

1. Keith Burns to follow up on ICT provision at Dellow House for the virtual ward round service.
2. For the Housing Options Service to confirm whether the Shuttleworth Hotel was still being used by the borough as a temporary accommodation offer.
3. For the Housing Options Service to address concerns about anti-social behaviour around Vantage House and provide a response to the Committee.

**RESOLVED:**

1. To note the Homeless Action Plan Update.

**5. CONSOLIDATING DEMENTIA AND CHALLENGING BEHAVIOUR INPATIENT WARDS**

The Committee received the report of Eugene Jones (Director Service Transformation - East London Foundation Trust) and Dr Waleed Fawzi (Consultant Psychiatrist – East London Foundation Trust, ELFT) on the consolidation of the Thames Ward at the Royal London into the Sally Sherman Ward based in East Ham.

ELFT officers explained that the wards were tertiary units that were designed to accommodate extremely challenging dementia patients who required high intensity care. The aim was for patients to get well enough to be able to be referred back to their original care setting.

Members asked how care differed between the secondary and tertiary wards. ELFT officers said that the ward offered separate suites and staff that were better trained to deal with challenging situations.

Considering dementia is a degenerative disease, Members asked how realistic it was that patients could be moved back to their wards. ELFT officers explained that challenging behaviour was the primary reason why specialist support was required and it usually subsided after one or two years because of the nature of the disease. This meant that the patients were ready to be moved back to their prior care arrangement.

It was noted that a capacity modelling analysis had taken place on future demand, including a profile on the aging population. Presenting officers were confident that future demand could be accommodated. They said there was provision for up to five flex beds and many of the patients at Sally Sherman were due to go back into community care thus increasing the capacity.

With regard to journey times, officers said they had mapped a journey time of less than 45 minutes between the sites using public transport and were willing to provide a free taxi service to family members. A Member expressed concerns saying that 45 minute journey was unrealistic, especially if the visitor was disabled as this would add to the journey time.

Members asked what would happen to the staff at the Thames Ward. Officers explained that many of the staff would be transferring to the Sally Sherman ward. The transfer of staff and savings made from the closure of the Thames Ward would mean further upskilling opportunities for staff and a multi-disciplinary staff set.

It was noted that engagement had been conducted with the family of the patients affected at the Thames Ward and there had been an offer for family members to tour the facility. The Committee was also offered the opportunity to tour the facility. Members thanked ELFT for the invite and said they were interested in an organised visit.

ELFT officers confirmed that their attendance at the Committee would constitute part of their engagement activity. The formal consultation would be conducted directly with the family members of the affected patients. They sought endorsement from the Committee on the consolidation of the wards.

Members asked if this was the final phase of consolidation because prior to the current proposal, Cedar Lodge was incorporated into the Thames Ward. ELFT confirmed that it was the final consolidation in the three east London CCG area and there was no intention to move patients across borough lines.

Members asked what the future plans for the Thames site were. Officers said they did not know. The site belonged to Barts Health and would be released back into their care.

The Chair thanked ELFT representatives for their presentation and said he would be in touch regarding a visit to Sally Sherman Ward.

**ACTIONS:**

1. Committee Member site visit to Sally Sherman Ward to be organised
2. A decision on whether to endorse the proposal to be made by the Chair at the end of November.

**RESOLVED:**

1. To note the ELFT proposal to consolidate dementia and challenging behaviour inpatient wards.

## 6. PROPOSED CHANGES TO WELFARE MEALS

The Chair began a discussion on the council's proposed changes to welfare meals. Members were concerned that a decision had been made to discontinue the service, without proper engagement with the Health and Adults Scrutiny Committee. Senior officers from the Health and Adults directorate were present to answer Member questions.

Members sought confirmation from officers that the service would definitely be closing in February 2020. Officers confirmed that the service would close.

Officers summarised that the subject of welfare meals had been included as part of a general contracted services report which had gone to Cabinet in February 2019. Officers said that given the number of those affected and the financial impact, the meals on wheels provision alone did not constitute a Mayoral decision. The service was included in a general contracted service report to Cabinet where the intention to review the service was noted.

Officers said there were several reasons behind the closure including direction from the Care Act 2014 to provide services that were less prescriptive and promoted greater independence. They also said that meal provision was a non-statutory provision and that benchmarking had been conducted which found that several other councils had discontinued the service. In addition to this there was low take up of the service, with 160 using the provision and the low take up was affecting the profitability of the contract.

Members asked whether any alternative options were considered such as a staggered closure or outsourcing to a voluntary sector organisation. Officers explained that the council was broadly reviewing service contracts and that it was not a realistic option for the voluntary sector to manage meal provision on behalf of the council. They said considering alternative options for meal provision were available, such as a £3 ready meal from the supermarket and local lunch club options, it was prudent to end the service.

Members wanted to know if an equality impact assessment (EIA) had been conducted against the meals on wheels service. Officers said an EIA was included in the contracted services review report that went to Cabinet. The Committee requested to view the EIA report.

Members asked, in the context of austerity and rise in the use of foodbanks, whether the decision would put the most vulnerable users at risk. There were concerns that vulnerable residents would lose out on a personal contact with the council if the service were to end and that many of their constituents had reported being distressed by the closure.

Officers said out of the 160 recipients of the service, few had the high level needs described by Members. They also said that as delivery people spent under three minutes with the recipient this would not hugely impact social interaction. Officers also said that the council had a wide range of plans in place to tackle loneliness in the borough.

Members requested to view a copy of the letter sent to inform service users of the decision to end the service. Officers said they could share the letter and that individual consultation meetings had also taken place with those affected.

Members requested a timeline of events and reports leading up to the decision to close the service. They also asked for clarity on whether the decision to close the service would be discussed at Cabinet again as the original report to Cabinet only gave approval to start a 'review' of the service, not to close it.

Some Members said due to the highly politicised nature of the service, the decision should have been open to discussion at Cabinet.

**RESOLVED:**

Having discussed the item, the Committee made the following requests:

1. To view all reports on contracted services (meals on wheels) including the Equalities Impact Assessment.
2. Clarification from senior officers on whether the contracted services 'update report' will go to Cabinet so there could be a public discussion on the closure of the meals on wheels service. (This action to be completed by 15 November 2019).
3. To view the correspondence service users received regarding the closure of the meals on wheels service.

**7. ANY OTHER BUSINESS**

There was no other business.

The meeting ended at 9.15 p.m.

Chair, Councillor Kahar Chowdhury  
Health & Adults Scrutiny Sub-Committee