LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 5.37 P.M. ON TUESDAY, 30 NOVEMBER 2021

COMMITTEE ROOM ONE - TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG

Members Present:

Councillor Gabriela Salva Macallan (Chair)
Councillor Kabir Ahmed
Councillor Faroque Ahmed
Councillor Denise Jones

Co-opted Members Present:

David Burbidge	– Healthwatch Tower Hamlets Representative
Sue Kenten	– Health & Adults Scrutiny Sub-Committee Co-optee

Other Councillors Present:

Councillor Rachel Blake

Apologies:

Councillor Puru Miah

Councillor Shah Ameen

Officers Present:

Dr Somen Banerjee	– (Director of Public Health)
Phil Carr	– (Strategy and Policy Manager, HAC)
Alenka Daniel	– Head Of Communications at Barts Health NHS Trust
Lisa Dinh	– External Relations Manager, Barts Health NHS Trust
Kathriona Davison,	– Director of Operations and Transformation Barts Health NHS Trust
Stephen EDMONDSON	– (BARTS HEALTH NHS TRUST)
Suki Kaur	– Deputy Director of Partnership Development
Jack Kerr	– Strategy & Policy Manager
Sima Khiroya	– (Head of Strategic Finance, Health, Adults and Community)

David Knight	–	(Democratic Services Officer, Committees, Governance)
Katie O'Driscoll	–	(Director of Adult Social Care)
Denise Radley	–	(Corporate Director, Health, Adults & Community)
Jackie Sullivan	–	Chief Executive Officer Royal London & Mile End Hospitals
Jamal Uddin	–	Strategy Policy & Performance Officer
Warwick Tomsett	–	Joint Director, Integrated Commissioning
	–	

1. DECLARATIONS OF INTERESTS

Nil items.

2. PUBLIC QUESTIONS

Nil items.

3. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the unrestricted minutes of the meeting of the Sub-Committee held on 26th October 2021 be approved as a correct record of the proceedings subject to formal ratification at the next meeting.

4. CHAIRS UPDATE

The Chair:

Informed the Sub-Committee that due to unforeseen circumstances and consequent exceptionally busy demands on members, the meeting was being held online which meant that according to the current formal terms of reference the meeting is not formally quorate and as a result the status The Chair **Informed** the Sub-Committee:

- that due to unexpected circumstances and consequent busy demands on members, the meeting was being held online which meant that according to the current formal terms of reference the meeting is not formally quorate and as a result the status of this meeting will be recorded as **advisory**. Nevertheless, it was noted that since the Sub-Committee has no decisions to take it would not affect the determination of any of the business to be
- that she had, had a meeting with Councillor Mufeedah Bustin (Cabinet Member for Social Inclusion) regarding food nutrition in the Borough (**e.g.,** To review use of community kitchens, benefits of putting food science back on the school's national curriculum and accurate data to enable effective targeting of vulnerable people and families).

- that this meeting will be recorded as advisory. Nevertheless, it was noted that since the Sub-Committee has no executive decisions to take it would not affect the determination of any of the business to be transacted at this meeting.

5. ACTION LOG

The Sub-Committee **noted** that:

- **Recommendation 4** on the Impact of covid 19 on Mental Health and mental wellbeing were outstanding, and the Chair will consult with service to agree actions and update the Sub-Committee.
- The Chair was to visit the **Cazaubon** in-patient dementia assessment unit for older resident's people living in Tower Hamlets, Newham, Hackney, and the City of London.
- The briefing on provisions that have been put in place to support those residents who used to use Meals on Wheels had now been submitted to the Chair and would be **circulated** to the Sub-Committee.
- The Chair **(i)** is a **Member** of the Local Covid Engagement Board that leads on engagement with the public regarding Covid-19 risks and prevention; and **(ii)** is **happy** to take questions from the Sub-Committee on the Board's work.

6. REPORTS FOR CONSIDERATION

6.1 Restoring health provision

The Sub-Committee received a report that provided an update on progress towards recovering elective care and outpatient services at the Royal London Hospital and Barts Health NHS Trust. It also covered the urgent response to dental provision in the London Borough of Tower Hamlets. A summary of the questions and feedback provided to Members is outlined below:

The Sub-Committee:

- **Recognises** that the impact of coronavirus has been unprecedented. And the Royal London Hospital and Barts Health NHS Trust now face another unique challenge with a resurgence of Covid-19 cases - just as the Trust are restoring planned care to previous levels, and as the usual seasonal pressures begin to bite. The Royal London Hospital and Barts Health NHS Trust staff have responded incredibly well to these challenges.
- **Commented** that the pandemic is not just a medical phenomenon the restrictive measures undoubtedly have affected the social and mental health of individuals and the community causing disruption, anxiety, and stress.
- **Welcomed** the offer by Royal London Hospital and Barts Health NHS Trust to investigate individual experiences of outpatients with particular

reference to those awaiting treatment for adult and paediatric eye conditions.

- **Noted** that a few months ago or pre pandemic the Royal London Hospital and Barts Health NHS Trust would expect every single patient to be offered an individual appointment. The challenge now with outpatients is that some of the clinics are now virtual and because the Trust moved to virtual very, very quickly during the pandemic and has yet to catch up with the different ways of working. It is a big piece of work to make sure that the Trust can offer patients appropriate face to face; telephone; virtual or whatever they require. However, the expectation, is that every patient ideally should have an individual appointment.
- **Observed** that most long-waiting patients on the surgical waiting list will have agreed to undergo operative treatment before the coronavirus pandemic started. Many people's circumstances may have changed because of the pandemic or other factors since then, and some patients may now have changed their minds about having surgery or wish to defer this until the pandemic is over. Similarly, some people's condition may have changed, which they may not have wanted to inform their GP or specialist about. Such patients are categorised under the P5 category, and its introduction will allow the Trust to view the waiting list including and excluding those patients listed as a P5.
- **Understood** that as patients in the P5 category have deferred rather than declined treatment, they must not be discharged back to their GP, unless this is in their clinical interest and has been agreed by them following a conversation with their clinician. Patients are given a review date to make sure their condition or preference has not changed. The maximum time before a review date is six months. Where a patient has been clinically prioritised for treatment in less than six months' time, the review date and clinical prioritisation will be aligned.
- Was **mindful** that the pandemic has had a big impact on the Trust and **noted** that they are working to resume services and keep patients safe at the same time as they continue to treat COVID-19 cases. They are reviewing all patients to see what they want and prioritise those in most urgent need. The Trust is doing its utmost to ensure that patients get the treatment they require as soon as possible.
- **Noted** that the Trust rarely brings patients in, in batches, although occasionally they bring a few patients in at that time as the Trust might change the order in operating theatres to ensure that theatre teams work more effectively together to improve the quality of patient experience, the safety and outcomes of surgical services, the effective use of theatre time and staff.
- **Observed** that good waiting list management involves treating according to clinical priority, and then treating in turn those patients who have waited the longest.
- **Noted** that a local weekly Patient Tracking List (PTL) can be used by the Trust to provide the data required to manage patients' pathways, by showing clearly which patients are approaching the maximum waiting

time so operational staff can offer dates according to clinical priority and within maximum waiting times.

- **Noted** that it is an aspiration to have a common PTL in specialties across the Trust, but it is not easy to implement.
- Was **informed** that the Royal London and Mile End through the Patient and Family Contact Centre provides help and advice to patients, relatives, and visitors to address their concerns quickly. However, during the lockdowns visitors, families and loved ones could not visit the hospitals and the Trust had, had a lot of conversations with their local community through the multi faith forums and CEO, Royal London and Mile End Hospitals, Barts Health NHS Trust and her team had actually met on a regular basis with some of the families and community leaders and one of the things that came out of that was a model that worked really, really well on critical care. However, in the general wards where visitors could not come in and this did present challenges. Therefore, the Trust following discussions with the local community and have altered visiting procedures.
- **Noted** that the Trust are working hard to really improve communication and open lines of dialogue so that patients are not having to go to their back to their GP to ask questions about what is happening in the relevant hospitals.
- **Noted** that the Trust have been working in collaboration with the Patient Welfare Association and Healthwatch and would be happy to give an update on the family Contact Centre at a future meeting or offline if the Sub-Committee considers that to be helpful.
- **Welcomed** the action being taken to tackle waiting lists in the local hospitals.
- **Acknowledged** that tackling waiting lists is one of the main challenges for the Trust and **stated** that amid the pandemic-related pressures on the health system the action being undertaken by the Trust was welcomed and looked forward to being involved in the development of the ongoing dialogue on this issue.

Following a full and wide-ranging discussion, the Chair thanked all those Committee Members in attendance together with (i) Jackie Sullivan, (ii) Stephen Edmondson, (iii) Lisa Dinh, (iv) Kathriona Davison and (v) Alenka Daniel for their contributions to the discussions on this important issue.

As a result of consideration of the questions raised and feedback provided the Sub-Committee stated that:

1. It wished to be involved in the development of the ongoing dialogue on this issue.

6.2 Adult Social Care Budget Proposals

The Sub-Committee received a presentation which highlighted (i) the overall budget for adult social care; (ii) the position at month 6 of the 2021/22 financial year; (iii) delivery of savings; and (iv) pressures/risks going forward

and the approach to managing these. A summary of the questions raised by the Sub-Committee and feedback given is summarised below:

The Sub-Committee

- **Agreed** that the quality, reliability, and effectiveness of our adult social care system depends on a workforce that feels valued, supported, and encouraged to be the best.
- **Commented** that this support will need to be focused on levelling up the knowledge, skills, and experience of care colleagues across the sector through the establishment of a new knowledge and skills framework, promoting varied careers pathways, and making the most of any investment in learning and development.
- **Noted** that patients can defer their operation whilst remaining on the waiting list for treatment, although until now there has been no systematic way of capturing why a patient had chosen to defer treatment (**e.g.** concerns about COVID-19).
- **Noted** that the Department of Health and Social Care will be publishing a White Paper to improve health and social care for all and that the Council and its partners will continue to work with the Department of Health and Social Care and NHS England as they produce further guidance and support to facilitate the changes envisaged by this bill. Accordingly, Members indicated that they wanted to receive details of any risks envisaged to the delivery of services to residents from the health and care Bill.
- **Requested** a clear outline of process of appeals and fair process for panels and appeals (**e.g.** the scope for a residents' voice within the debt recovery panels and if individuals might be able to attend their panel meetings).
- **Noted** the impacts of Covid on people's physical and mental well-being which can manifest through an impact on their needs for care and support.
- **Acknowledged** that carers have also been adversely impacted during the pandemic in several ways and therefore the support that they may have been offered may not been available during significant periods of time through the period of the pandemic and therefore for several reasons people's needs have become more complex because of that. In addition, the Borough must work out a whole range of financial implications that are going to start to have an impact and that work has only just started as the Government is due to make further announcements that will provide more details.
- **Noted** that from October 2023 the (i) Government will introduce a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime, (ii) upper capital limit (UCL), the point at which people become eligible to receive some financial support from their local authority, will rise to £100,000 from the current £23,250, and (iii) lower capital limit (LCL), the threshold below which people will not have to pay anything for their care from their assets will increase to £20,000 from £14,250.

- **Observed** that adult social care covers a wide range of activities to help people who are older or living with disability or physical or mental illness live independently and stay well and safe. It can include 'personal care,' such as support for washing, dressing, and getting out of bed in the morning, as well as wider support to help people stay active and engaged in their communities.
- **Noted** that social care includes support in people's own homes (home care or 'domiciliary care'); support in day centres; care provided by care homes and nursing homes ('residential care'); 'reablement' services to help people regain independence; providing aids and adaptations for people's homes; providing information and advice; and providing support for family carers.
- **Noted** concerns raised by clients **e.g.,** where they felt that specific situations had not been considered, assessed contributions towards support; or that they felt that they should be able to represent themselves within the appeals process.
- **Agreed** that it is very important to ensure that as part of the financial assessment process that LBTH determines how many, if any, people are able to afford to contribute towards the cost of their care and in doing so that LBTH also takes into consideration disability related expenditure so that they can be assured that additional expenditure that the individual may experience as a result arising from their disability.
- **Noted** that the LBTH financial assessment team sends information to clients, which outlines a breakdown of how their charge has been calculated, and that they do have the opportunity to work with the financial assessment team if they feel that there are any in accuracies within that, or if indeed they feel that they have any disability related expenditure that has not been considered.
- Was **advised** that clients can adjust their weekly assessed contribution and whilst there is not a panel for them to approach as such, they can make their concerns known about whether they feel that there are any in accuracies and LBTH has a duty to make sure that their clients are supported to access appropriate advice and information to fully understand the circumstances associated with their charges and what that means for them, and if they need to seek independent financial advice.
- **Stated** that it is important to ensure that the residents voice is heard within the process and whilst for most of the cases there is a good understanding of the process. Members wanted to know that about any process by which the Council will review these cases as going forward there will more of these individualized plans.
- **Noted** that within Adult Social Care there was an appetite reflect on the issues raised by the Sub-Committee and to ensure that there is a fair and equitable process co-produced in partnership with clients and that there is an understanding of the importance user's voice.
- **Agreed** that it would be helpful to involved in any future discussions with clients; council officers and those support groups such as the

Patient Welfare Association who have been working very closely with both the Royal London and Mile End.

Following a full and wide-ranging discussion, the Chair thanked all those Committee Members in attendance together with (i) Katie O'Driscoll, (ii) Denise Radley, (iii) Sima Khiroya for their contributions to the discussions on this important issue especially when it is such a busy time budget wise.

1. As a result of consideration of the questions raised and feedback provided the Sub-Committee formally **noted** the presentation, issues raised and the feedback that had been provided.

6.3 Better Care Fund Update

The Sub-Committee received a presentation on the Better Care Fund (BCF) to provide **(i)** a timely update of recent actions relating to the BCF which will include an overview of the considerations and outcome of the Borough's internal BCF review, updating on proposed and future changes to the BCF (including areas for future integration); and **(ii)** an update on changes made to our recently submitted 2021-22 Better Care Fund plan and associated Section 75. A summary of the questions and feedback provided is outlined below:

- **Noted** that in terms of how people navigate the disabled facilities grant system, I think one of the ways in which we are trying to do that is through the Tower Hamlets connect which serves as an access point to Adult Social Care services in the Borough that help residents to live an independent, healthy, and fulfilling life. It provides free, independent, quality-assured information, advice and advocacy across health, social care, and social welfare to resolve issues and to prevent or delay any needs or problems from getting worse. However, the Council have recognised in the review that was undertaken earlier in the year that there is work to be undertaken around the Disabled Facilities Grant and how that is used and how better use could be made of the Grant such as the prioritisation of high risk care packages and fast tracking of adaptations for people and having a real focus on getting that money spent **e.g.** putting in a handrail on the stairs; building a ramp up to afront door or bigger works like stair-lifts or showers.
- Noted that the council is committed to making disabled facilities grant available to all eligible owner-occupiers, tenants, and property owners, so that disabled residents can remain safe and independent in their own homes.
- **Noted** that when people have finished with equipment they can be collected and the recycling rate of equipment is good and the Council does well in terms of people being able to give back equipment that they no longer need, and that being used again where it is appropriate for other people.
- **Noted** that all Clinical commissioning groups (CCGs) will be merged across their integrated care system (ICS) boundaries by April 2022, as part of proposed changes to legislation designed to hand ICSs the direct commissioning power. It will also create a 'single pot' of funding,

bringing together CCG commissioning and primary care budgets along with other funding allocated to systems.

- **Noted** that a briefing paper could be prepared for the Sub-Committee on the proposals about what it means for Tower Hamlets.
- **Noted** that the Health and Well-Being Board will be asked to approve the Better Care Fund Plan for 2021-22 as part the NHS England Assurance process and due to the late issuing of guidance and scheduling of Health and Wellbeing Boards this year this will be a retrospective approval (due to the plan having been submitted from assurance on the 16th of November 2021). However, an item was brought to the 21st of September meeting of the Health and Wellbeing Board which discussed the internal review and future plans.
- **Understood** that the Better Care Fund is overseen by the Health and Wellbeing Board and the Tower Hamlets Together Executive Board and that both these Boards are made up of a wider range of stakeholders from across our health and care system including voluntary sector representatives. The 2021-22 BCF plan is an evolution of the 2020-21 arrangements. The priorities have been developed through the Tower Hamlet Together (THT) Executive Board, the borough based integrated health care partnership, which includes key members from the Health and Wellbeing Board.
- **Noted** that any overspend within Better Care Fund falls where the money has originated form (**e.g.,** if it is an overspend in terms of Council spend it is the Council who is accountable for that and the reporting of the overspend will be done as part of the Council's normal monthly budget reporting). In addition, there are quarterly finance reports to Tower Hamlets Together that look at pressures in the system and these would include where there are overspends as well. Whilst whether that is on the Council side or on the NHS side that forms part of the reporting back to the Health and Well-Being Board.
- **Agreed** that budgetary pressures are one of the areas of concern that should be the subject to regular scrutiny by Members.
- **Noted** that Telecare or assistive technology that **(i)** reminds and inform people, and their carers, about things that need to be done around the home; **(ii)** alerts a family member or carer that a person has got out of bed at night and needs assistance, or **(iii)** may alert a monitoring centre that something has happened, and that appropriate action should be taken.
- **Agreed** that Telecare could be one of those services considered in any future scrutiny of the budget (**e.g.,** realignment work and overspends).
- **Noted** the range of services the Telecare department deliver, including monitoring Domestic Violence alarm, out of hours homeless response. The committee heard that the Council would be undertaking a review of the out of hours response.

Following a full and wide-ranging discussion, the Chair thanked all those Committee Members in attendance and to (i) Warwick Tomsett (ii) Suki Kaur and (iii) Phil Carr for a brilliant presentation on this important issue.

As a result of consideration of the questions raised and feedback provided the

Sub-Committee **agreed** to:

1. **Note** the presentation and the feedback as detailed above on recently submitted 2021-22 Better Care Fund plan and associated Section 75.
2. **Receive** a timeline of the ICS developments; and
3. **Request** that the Council calendar to display Tower Hamlets Together meetings.

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

With no other formal business to discuss the Chair called this meeting to a close; thanked all those attending for their contributions and informed the Committee that the next meeting would be on 8th March 2022.

The meeting ended at 7.33 p.m.

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