

**LONDON BOROUGH OF TOWER HAMLETS**

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

**HELD AT 6.33 P.M. ON TUESDAY, 18 OCTOBER 2022**

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

**Members Present:**

Councillor Ahmodur Khan (Chair)  
Councillor Ahmodul Kabir (Vice-Chair)  
Councillor Maisha Begum  
Councillor Mohammad Chowdhury  
Councillor Kamrul Hussain  
Councillor Asma Islam  
Councillor Abdul Malik

**Co-opted Members Present:**

David Burbidge – (Healthwatch Tower Hamlets Representative)

**Others Present:**

Dr Somen Banerjee – (Director of Public Health)  
Councillor Gulam Kibria Choudhury – (Cabinet Member for Health, Wellbeing and Social Care)  
David Knight – (Democratic Services Officer, Committees, Governance)  
Filuck Miah – (Strategy and Policy Officer, Strategy, Improvement and Transformation Service)  
Denise Radley – (Corporate Director, Health, Adults & Community)  
Beatrice Stern – NHS Northeast London ICB  
Warwick Tomsett – Joint Director, Integrated Commissioning

**1. DECLARATIONS OF INTERESTS**

No declarations were received at the meeting.

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

**RESOLVED**

That the unrestricted minutes of the meeting of the Sub-Committee held on Thursday, 16th September 2022 were agreed as a correct record of the proceedings.

### 3. REPORTS FOR CONSIDERATION

#### 3.1 Integrated Care System (ICS) delivery at Place level

The Sub-Committee received a presentation that provided an introduction to the Integrated Care System in North East London and how Tower Hamlets Together Partnership will be involved in **(i)** the key challenges and pressures; and **(ii)** priorities for the year. The main point may be summarised as follows:

The Sub-Committee:

- **Expressed** concern that the cost-of-living crisis will raise stress levels due to the looming anxiety of increased energy bills to the day-to-day struggle of trying to make ends meet.
- **Commented** that over time, this persistent stress would potentially trigger or worsen mental illnesses such as anxiety disorders, depression, and addiction.
- Were **concerned** that Barts Health are also facing rising fuel and energy bills and **noted** that the Trust leaders are working hard to find savings and efficiency measures to ensure that the Trusts group of hospitals can continue to provide clinical services to people in east London and beyond.
- **Commented** that the economic pressures will make long-standing health inequalities even worse in east London as they take their toll on people's health and wellbeing. Therefore, the Trust and its partners needs to address the wider causes of poor health and help to close the gap in healthy life expectancy between people in the deprived and affluent areas of east London.
- **Noted** that the cost and severity of capital budgets are now set to rise in cash terms by 2024/25. Part of the planned increase to capital investment being tied to programmes to build or upgrade hospitals, build surgical hubs and community diagnostic centres, and increase spending on digital technology and research and development.
- **Acknowledged** that Barts Health like any area of public sector is not immune from consideration of reductions in its budgets.
- **Noted** that Barts Health is making sure that its workforce is supported through the cost-of-living crisis and that the wages that they get are at a level that can support them support them which therefore is another consideration of the Integrated Care System (ICS) as it brings together the NHS organisations, councils, and wider partners in a defined geographical area to deliver more joined up approaches to improving health and care outcomes.
- **Agreed** that the Trust and its partners recognises that they must be able to respond to the needs of their local communities while maintaining crucial services and retaining staff across acute, ambulance, community, and mental health services.
- **Noted** that the responsibility for commissioning local dental services in east London rests not through the local integrated care board (ICB) but with the local area teams who hold the budget and have powers to

contract for the provision of dental services according to the needs of the Borough's residents.

- **Noted**, that there are plans and proposals being developed to transfer the commissioning local dental, ophthalmology, and pharmacy services to the ICB from April, 2023.
- **Noted** that whilst there are rising numbers of people in east London are struggling to access NHS dentistry as the pandemic had created backlogs and worsened access to these services the public Health team are working to make some of those links with individual dentists in the Borough to develop a better understanding about what the position is across all the providers.
- **Commented** that missing dental check-ups can mean that smaller problems in dental hygiene are not picked up and treated quickly, leading to more advanced tooth decay. Which can happen because people do not realise the importance of regular dental check-ups or that regular visits to an NHS dentist may be impossible.
- **Agreed** that supporting patients to be actively involved in their own care, treatment and support can improve outcomes and experience for patients, and potentially yield efficiency savings for the system through more personalised commissioning and supporting people to stay well and manage their own conditions better.
- Welcomed a commitment by the Trust and its partners to become much better at involving patients (and their carers) by: **(i)** giving them the power to manage their own health and make informed decisions about their care and treatment; **(ii)** supporting them to improve their health and give them the best opportunity to lead the life that they want; and **(iii)** supporting people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and care. This will ensure their care is coordinated and tailored to the needs of the individual, and that healthcare professionals can collaborate with patients and their families.
- **Noted** that urgent and emergency care staff have faced one of their busiest summers ever with record numbers of Accident and Emergency attendances. These pressures have meant that there have been too many occasions when staff have not been able to provide timely access for patients in the way they would have wanted.
- **Noted** that Winter pressures **(i)** is an NHS term that defines the spike in demand when an already stressed system experiences increased pressure impacting patient wait times, workforce capacity, well-being and health and care financial budgets.; **(ii)** encompasses many illnesses relating to respiratory diseases, flu, chest infections and other conditions that respond poorly to cold weather peaks in the winter.
- **Noted** that another problem that the NHS faces during winter is an increased risk of infection in healthcare settings where patients with weakened immune systems are at increased risk of becoming ill.
- **Noted** that whilst winter pressures in our health and care system is predictable, with a significant amount of planning taking place to mitigate risks and issues, there is always an element of uncertainty.

- **Noted that** over the past couple of years, there was more of a command-and-control approach to winter activity during the height of the pandemic; primary care networks currently have more flexibility to plan and design their own provision and, where possible, so as to be ready for the peak.
- **Noted** that the Trust have started thinking about what are the other plans that they might need to make should there be a recurrence of the pandemic.
- **Noted** that evidence indicates shows that it is better for people, and more cost effective, where clinically appropriate, to spend a short a time as possible in hospital, and to avoid going into hospital when healthcare can be delivered safely in the home environment. The discharge to assess model has been effective at reducing stays and supporting timely discharge.
- **Noted** that the Trust is also under considerable stress as any increase in infection rates will impact on patient care, staff absences and the resource demands of delivering ongoing vaccination and booster programmes. Which also compounds existing workforce pressures with Brexit, vaccination requirements and labour shortages in other sectors making it harder to attract and retain health and care workers.
- **Noted** that to avoid hospital re-admission by maximising independence support and health interventions including how existing contracts and local services can support this.
- **Agreed** on the importance of understanding and address the impacts of hospital discharge and prevention across the different local communities.
- **Agreed** that people must be at the centre in decisions that affect their lives and in designing services and solutions. People need choice and control so that support is built around their strengths networks of support that can be mobilised from the local community.
- **Acknowledge** that it is important to afford sufficient time to understand people's experience of coming out of or staying out of hospital – their fears, concerns, what has worked well, and what did not and will not be just about health and care services, but about wider community support.

In conclusion, the Chair:

- **Thanked** the officers for their presentation and all attendees for their contributions to the discussions on this issue; and
- **Indicated** that he would like the Sub-Committee to receive and update next year in the items for the progress made including patient feedback.

### 3.2 Scrutiny Review: Workforce Shortages Across Health and Social Care Sector

The Sub-Committee received a presentation on workforce shortages across the Adult Social Care (ASC) sector which covered: (i) ASC recruitment

challenges and pressures; (ii) growth and progression options for ASC workforce; and (iii) resource implications and impact on performance. The main points of the discussion on this presentation summarised as follows:

The Sub-Committee:

- **Indicated** that Zero hours contracts should have no place in the NHS or elsewhere as at the end of the day, a pressured, demoralised and casualised workforce will end up impacting on patient care. However, it was acknowledged that there are benefits to zero-hour contracts as they can be a flexible option for both employers and workers. As **(i)** the employer does not have to give an employee any minimum working hours; and **(ii)** the employee does not have to take any work offered (**e.g.**, some people choose not to have any guaranteed hours to fit care around the childcare around the school hours and want that flexibility). However, the Health and Social Care Sector should comply with the ethical Care Charter principle and offer people the right to have a fixed contracts where they were they wish.
- **Noted** that there is no evidence that employees are leaving the Health and Social Care Sector because they are not getting offered contracts. Also, the Trust and its partners are having more discussion with those providers to look at what are the reasons for employees deciding not to accept the contracts that they have offered.
- **Agreed** that a workforce strategy is needed because:
  - I. the growing population within Tower Hamlets and the increase in the levels of demand.
  - II. The workforce does not fully reflect the local population.
  - III. the current age of workforce is 45 or older
  - IV. many people coming into social work are changing profession.
- **Noted** that the following recruitment strategies are currently in place **(A)** workforce dashboard recently developed to allow monitoring against all protected characteristics; **(B)** a three year career development plan for all newly qualified social workers recruited; **(C)** offering on average 15 placements to student social workers each year through partner Universities to provide a ready-made recruitment pool; **(D)** varying recruitment methods to include virtual recruitment events; and **(E)** the number of requirements which need to be met at application stage reduced so as to encourage applications.
- **Noted** that structural inequalities would be addressed by **(1)** talking to local community about barriers; **(2)** reviewing the current recruitment processes; **(3)** reviewing where and how posts are advertised; **(4)** providing simple guidance for people in local community on submitting applications, writing CVs and consider workshops around interview skills; **(5)** offer greater flexibility around work patterns – in line with needs of service; **(6)** providing coaching to support existing BAME staff to be successful in applying for higher level roles; **(7)** offering apprenticeships in social work and occupational therapy.

- **Noted** that for the Boroughs Care Homes and Extra Care (housing with care) face the following challenges **(i)** bank staff members are prevalent in the care industry providing cover because as referenced above they are usually, those who prefer to be able to work on a very flexible basis; **(ii)** using agency is proving to be too costly; **(iii)** it is difficult to recruit nurses in the sector; and **(iv)** whilst some staff are paid the London Living Wage (LLW) others are not and the cost of living crisis staff are asking for increase in their salaries to them .bring up to LLW.
- **Noted** that in terms of Homecare provision **(a)** the providers are commitment to Ethical Care Charter with all staff offered a guaranteed contract of 12 hours per week; **(b)** rising fuel prices and cost of living crisis has meant that more carers leaving the profession; **(c)** with the increasing complexity of people needing care especially from hospitals means that there is a need to develop the skill sets for care workers.
- **Agreed** that as the adult social care sector is under extreme pressure with the ongoing impact of Covid and a lack of resource across the sector which has left staff with a sense that they cannot deliver the high-quality nursing that they would want for those in their care.
- **Agreed** that the ageing population and many more people are experiencing multiple long-term conditions which has highlighted the recruitment and retention challenges that social care employers are facing
- **Agreed** that social care workers in Tower Hamlets are passionate and skilled professionals working across complex roles, something which was ever more evident in the Borough than during the pandemic. Therefore, it was felt that it is important to raise the profile of social care in communities and the opportunities available to people with the right qualities to build a rewarding, lifelong career in adult social care.

In conclusion, the Chair:

1. **Thanked** the officers for their presentation and all those who had participated in the discussions on this issue; and
2. **Stated** that he would like to receive an update next year on the progress being made to address workforce shortages within the adult social care sector.

### 3.3 HASSC Scrutiny Work Programme 2022/23

The Sub-Committee received a copy of the Scrutiny Work Programme 2022/23 which includes the Health and Adults Scrutiny Sub-Committee (HASSC) Work Programme 2022/23 as set out in **appendix 2** of the report.

The Sub-Committee **RESOLVED** to:

**Agree** the Work Programme 2022/23 as set out in **appendix 2** of the report.

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

With no other business to discuss, the Chair called the meeting to a close and thanked everybody for their attendance and participation tonight.

**The meeting ended at 8.17 p.m.**

**Chair, Councillor Ahmodur Khan  
Health & Adults Scrutiny Sub-Committee**