

HEALTH & ADULTS SCRUTINY SUB- COMMITTEE

Tuesday, 18 October 2022 at 6.30 p.m.

Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent,
London, E14 2BG

This meeting is open to the public to attend.

Members:

Chair: Councillor Ahmodur Khan
Vice-Chair: Councillor Ahmodul Kabir

Councillor Maisha Begum, Councillor Kamrul Hussain, Councillor Mohammad
Chowdhury, Councillor Asma Islam and Councillor Abdul Malik

Substitutes:

Councillor Faroque Ahmed, Councillor Amina Ali, Councillor Abdul Mannan, Councillor
Ana Miah, Councillor Bellal Uddin and Councillor Abdal Ullah

Co-opted Members:

David Burbidge (Healthwatch Tower Hamlets Representative)

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

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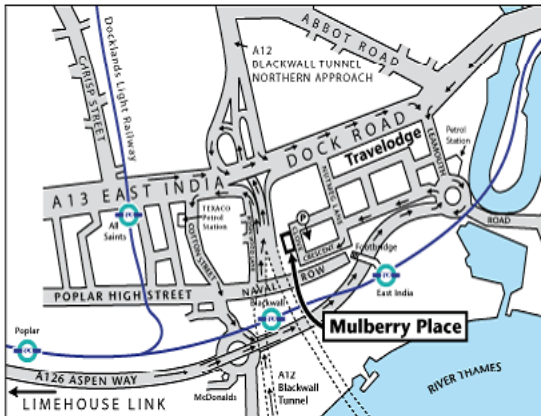
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APOLOGIES FOR ABSENCE

1. DECLARATIONS OF INTERESTS 5 - 6

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) 7 - 18

To confirm as a correct record the minutes of the meeting of the Health Scrutiny Panel held on 6th July, 2022.

3. REPORTS FOR CONSIDERATION

- | | | |
|-------------|--|----------------|
| 3 .1 | Integrated Care System delivery at Place level | 19 - 20 |
| 3 .2 | Scrutiny Review: Workforce Shortages Across Health and Social Care Sector | 21 - 22 |
| 3 .3 | HASSC Scrutiny Work Programme 2022/23 | 23 - 28 |

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

Next Meeting of the Sub-Committee

The next meeting of the Health Scrutiny Sub-Committee will be held on Tuesday, 6 December 2022 at 6.30 p.m. in Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

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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: Janet Fasan, Divisional Director Legal, Governance and Monitoring Officer, Tel: 020 7364 4348.

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.

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 6.30 P.M. ON WEDNESDAY, 6 JULY 2022

**COUNCIL CHAMBER - TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,
LONDON, E14 2BG**

Members Present:

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

Co-opted Members Present:

David Burbidge – (Healthwatch Tower Hamlets Representative)

Other Councillors Present:

Councillor Gulam Kibria Choudhury (Cabinet Member for Health, Wellbeing and Social Care)

Officers Present:

Dr Somen Banerjee – (Director of Public Health)
Lucie Butler – (Barts Health NHS Trust)
Richard Fradgley – (East London NHS Foundation Trust)
Daniel Kerr – (Strategy and Policy Manager)
Katie O'Driscoll – (Director of Adult Social Care)
Fiona Peskett – (Barts Health NHS Trust)
Denise Radley – (Corporate Director, Health, Adults & Community)
Jo-Ann Sheldon – (NHS North East London Integrated Care System)

1. DECLARATIONS OF INTERESTS

Nil items.

2. TERMS OF REFERENCE, QUORUM, MEMBERSHIP AND DATES OF MEETINGS 2022 2023

The Sub-Committee received a report that set out the Terms of Reference, Quorum, Membership and Dates of meetings of the Health & Adults Scrutiny Sub-Committee for the Municipal Year 2022/23 for the information of the Health & Adults Scrutiny Sub-Committee'. It was noted that the Overview and Scrutiny Committee at its meeting on the 7th of June 2022 had agreed to set up three sub-committees, including the Health & Adults Scrutiny Sub-

Committee. The Overview and Scrutiny Committee also agreed the terms of reference, chairs, and membership for all three scrutiny sub-committees. The main points of the discussions summarised as follows:

As a result of discussions on the report the Sub-Committee:

1. **Noted** the Terms of Reference, Quorum, Membership and Dates of future meetings as set out in **Appendices A, B and C** of the report.

3. MINUTES OF THE PREVIOUS MEETING - 8TH MARCH, 2022

RESOLVED

The Sub-Committee confirmed as a correct record of the proceedings the unrestricted minutes of the meeting held on 8th March 2022.

4. ELECTION OF VICE-CHAIR FOR THE MUNICIPAL YEAR 2022-2023

The Sub-Committee appointed Councillor Ahmodul Kabir as the Vice-Chair for the 2022-23 Municipal Year.

5. APPOINTMENT OF 2 MEMBERS FOR INEL JHOSC

The Sub-Committee appointed Councillor Ahmodul Kabir and Councillor Abdul Malik to the Northeast London Joint Health Overview and Scrutiny Committee (INEL JHOSC) to join the Chair as LBTH representatives on this Committee.

6. INTRODUCTIONS FROM KEY STAKEHOLDERS

The Sub-Committee received and noted the following presentations from Councillor Gulam Kibria Choudhury (Cabinet Member for Health, Wellbeing and Social Care); Dr Somen Banerjee (Director of Public Health); Richard Fradgley (East London NHS Foundation Trust); Lucie Butler (Barts Health NHS Trust), Katie O'Driscoll (Director of Adult Social Care); Fiona Peskett (Barts Health NHS Trust) Denise Radley (Corporate Director, Health, Adults & Community), Jo-Ann Sheldon (NHS North East London Integrated Care System)

6.1 Overview of Health and Adults

The Sub-Committee received a briefing on the Cabinet Member for Health, Wellbeing and Social Care areas of accountability. The briefing is summarised as follows:

- A. Development of the Health and Wellbeing Board and relationships with the NHS and private providers.

1. Strategic leadership of social care services and safeguarding for adults.
 2. Development of an integrated health and social care economy in Tower Hamlets and neighbouring local authorities.
- B. Leadership on public health services, working with the Health and Wellbeing Board to reduce health inequalities.
- C. Championing healthy living Improve awareness and influencing resident choices through proactive behaviour change initiatives.
- D. Work with the NHS to expand GP practices to ensure people can access timely appointments including face to face.
- E. Covid-ready Public Health service with a focus on the disproportionate impact on (Black, Asian, and minority ethnic) BAME residents.
- F. Ensure that mental health and physical health have parity of attention

6.2 Overview of Public Health

The Sub-Committee received a presentation that provided an overview of Public Health a summary of the points raised is set out below:

The Committee:

- ❖ **Noted** that Tower Hamlets puts health and wellbeing at the heart of everything it does through helping people to lead healthier lives, both mentally and physically. The Council does this by **(i)** commissioning a range of services from providers from different sectors to create as integrated a set of services as possible; and **(ii)** the way it operates the planning system, policies on leisure, key partnerships with other agencies for example on children's and young people's services, and through developing a diverse provider market for public health improvement activities.
- ❖ **Noted** that the Council wants to ensure the health needs of disadvantaged areas and vulnerable groups are addressed, as well as considering equality issues.
- ❖ **Noted** that through Adult Social Care the Council aims to help people stay independent, safe, and well so they can live the lives they want to. This includes people who are frail, have disabilities or neurodiversity, mental health issues as well as the people who care for them.
- ❖ **Noted** that the Council provides information and advice about care and support to all residents, offers short term help and options for longer term support if people have more complex needs.
- ❖ **Noted** that through Adult and Social Care the Council aims to promote people's independence and wellbeing, through personalised care and support that focuses upon their strengths, the outcomes they want to achieve and enables choice and control (**e.g.**, the provision advice

services designed to help people solve issues early from employment to support for people with disabilities).

- ❖ **Noted** that the Council has a number of key aims to this vision, including **(i)** empowering people to meet their own needs, **(ii)** enabling people to meet their aspirations for the future, **(iii)** ensuring that support improves the health well-being and quality of life for those working to Co-produce services and care with people that use them, seeking to simplify the system, making it easier to understand and access, **(iv)** ensuring that the Council provides the right support at the right place at the right time, being flexible in the support that we offer so that it's grounded in outcomes that matter to people, **(v)** delivering value for money, making best use of resources and spending within the Councils means, and **(vi)** developing, supporting thriving communities.
- ❖ **Noted** that these aims align with the Tower Hamlets together Partnership and promote a system wide approach to improving the health and well-being of people in Tower Hamlets.
- ❖ **Noted** that to achieve this vision and aims, Tower Hamlets has developed 10 key work packages. These include how information, advice, and early help to adults is provided. Including the work with Tower Hamlets Connect, the Carers Centre and Linkage Plus.
- ❖ **Noted** that with regard to how the Council supports people this includes **(i)** working to develop staff; training and supervision; **(ii)** approaches grounded in person centred interventions; **(iii)** the focus on care at home, where the Council are working with care providers to reimagine care intervention via outcome based support planning; **(iv)** housing with care where the Council are focusing on reconsidering the range of options to support people such as extra care, sheltered accommodation and shared lives care; **(v)** financing, direct payments and aim to raise awareness of the positive opportunities and outcomes for people using direct payments by reviewing the Councils policy and practice to support an efficient, easy and a timely intervention for people that the Borough works with; **(vi)** a focus on technology and innovation and a commitment to develop a refresh vision on how technology can support people with their needs and independence; **(vii)** support outside the home and how the Council are extending opening hours for dementia day service to support carers that weekends, as well as improving the offer to create day service for adults with learning disabilities so that support is better connect within their community, enter employment and develop skills; and **(viii)** a focus on working with others and to strive to continue to develop an integrated approach with partners and to also develop a stronger approach to working with people with lived experience.
- ❖ **Agreed** that this strategy is needed as we recognise that some key factors and challenges in the service and the Borough, including that Tower Hamlets has a very diverse Community and the Council needs to ensure that services are accessible and understandable to all.
- ❖ **Noted** that Tower Hamlets **(i)** is the 50th most deprived borough in England with 44% of older people living in income deprived households

- (ii) have savings to make and demand for adult social care is set to grow; recovering from the pandemic which has had an increased negative impact on people's mental health, finances, and overall well-being.
- ❖ **Agreed** that residents whilst find that it can be difficult to understand what support is available and how to get it, Tower Hamlets is a hugely abundant borough with lots of community opportunities for people to engage in and people with care and support needs should be encouraged to engage in such opportunities.
 - ❖ **Wanted** to see advancement of partnership working to ensure that a holistic view of people's needs are taken forward and to encourage practice which is grounded in strength-based approaches that recognises people can achieve and inspiring alternative trajectories for people's futures.
 - ❖ **Noted** that sitting alongside this strategy is an action plan with detailed information on the actions with details of who will do this and what difference it will make.
 - ❖ **Noted** that the strategy was co-produced with people who would be impacted by it over the summer and autumn of 2021, including people who use social care services and their carers, social care staff and staff working within the NHS, health services and the voluntary sector.
 - ❖ **Agreed** that the important point to consider is that key to this strategy is that it is grounded in compassionate person-centred practice that seeks to improve outcomes and experience for adults and care as in our community.
 - ❖ **Commented** that whilst the amount of money that is invested into people's care and support does not necessarily always equate to the outcomes and improvements in people's experience. The Adult Social Care survey has indicated that people are experiencing a high quality of a good quality of life in relation to their care and support. Although that needs to be considered against the challenges in relation to the financial sustainability of adult social care, not both within the Borough but also nationally which is a massive challenge and there will be further challenges in relation to social care reform.
 - ❖ **Welcomed** the commitment to return to free home care as well as investment in the provision for adults in Tower Hamlets for care and support.
 - ❖ **Noted** that there has been a period of development around providing choice and control to adults and carers in the Borough that have care and support needs which has been developed over many years and with the introduction of the Care Act in 2014 this has further been advanced.
 - ❖ **Acknowledged** that Tower Hamlets has one of the fastest growing populations in the UK, which is projected to rise to 341,000 by 2023 and 376,300 in 2029. This is equivalent to 14 new residents every day for the next ten years.
 - ❖ **Noted** that by 2029, the number of age 65+ residents is expected to grow by 39 per cent, compared with a 17 per cent increase in working age residents and a 5 per cent rise in school aged children. Which is likely to lead to even greater pressure on frontline services for

vulnerable adults and children and is a major challenge for the Council and its partners who will continue to ensure that they consider every penny that they spend.

- ❖ **Recognised** that the SARS-CoV-2 virus brought all stakeholders together and should be replicated with when looking at other widespread occurrences of diseases in the community that are affecting many persons such at the same time mental health heart disease, diabetes, cancer, obesity, these things are really impacting on local communities and the relevant agencies need to look at these diseases in the way that they have looked at dealing with Covid.
- ❖ **Agreed** that it was important to disseminate the information in a way that tells residents that other long-term diseases are just as life threatening and will really impact on people's lives, because if stakeholders can identify these conditions earlier, we can really impact on people's health and well-being.
- ❖ **Acknowledged** that it comes down to a balance between the action that can be taken by the Council, including regulatory action, and individuals taking responsibility for their own health.
- ❖ **Recognised** that these health issues need multiple and complex solutions that need action from all sides.
- ❖ **Agreed** that the longstanding issue is really about addressing health inequalities – the social and economic determinants of health – and this is deeply enmeshed in wider aspects of council policy including things like social mobility, poverty, education, and early start in life.
- ❖ **Agreed** that Tower Hamlets should be a borough where all individuals value the importance of their own health, and that there needs to be an emphasis on instilling fundamental values in the Borough's children and young people so that they grow up putting the maintenance of good health at the heart of the way they view life.

6.3 Tower Hamlets Together Board

Received a presentation on Tower Hamlets Together which is all about health and social care organisations working closer together to improve the health and wellbeing of people living in Tower Hamlets. The Board provides a more coordinated approach to providing services, reducing duplication, and improving the overall experience and outcomes for the patients who need these services. A summary of the points raised is set out below:

The Committee:

- ❖ **Noted** that the partnership includes the Council, the major NHS organisations in Tower Hamlets and the Council for voluntary service. Through them the Board reaches out to a number of voluntary sector organizations in the Borough and is a compassionate and collaborative body that celebrates innovation in Tower Hamlets and learning from the real-life experiences of service users, carers, and stakeholders to ensure a robust focus on high quality and good values services designed around people's needs.

- ❖ **Noted** that service users, carers are active and equal partners participating at the heart of all the Boards decisions and focusing on engagement, participation in coproduction (**e.g.**, hearing directly from people on the ground about the issues and their experiences).
- ❖ **Noted** that the North East London Health and Care Partnership is responsible for planning and buying health services across north east London to meet the local population's needs, to make sure all parts of the local health system work effectively together. The Partnership is a formal alliance of partners that sets the overall strategy that will guide the collective work, hold the wider health, and care system to account for how services are delivered in a more joined up way.
- ❖ **Noted** that many factors influence the health outcomes of a population. From local environment, i.e., the conditions in which people live, to socio-economic factors like education, income and employment, and lifestyle factors such as what they eat and drink or whether they smoke, all of these affect population health. Tower Hamlets has some of the highest levels of deprivation and so a number of initiatives have been created to improve the health equity of local residents.
- ❖ **Noted** that the aim of the Tower Hamlets Together children's services programme is: "To ensure that all children and their families have access to high quality, 'joined up' services and opportunities in order to optimise physical, social, emotional, and cognitive development, improve life-long health and wellbeing and reduce the effects of socio-economic deprivation."
- ❖ **Noted** that neither demand nor supply factors alone explain the extent of the pressures facing the NHS. The explanation is more complicated and has to do with the flow of patients through the health care system, and the ability of the system to ensure supply meets demand when it is under pressure and care is disrupted (**e.g.**, the pressure on social care and general practice has led to more demand for hospital services).
- ❖ **Noted** that the priorities that the Board are working on this year, include children's mental health, the living well program, access to health services by disabled people.

6.4 Primary Care

Received a presentation on primary care services in Tower Hamlets that provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services. A summary of the points raised is set out below:

The Committee:

- ❖ **Noted** that primary health care providers deliver a wide range of services to patients including improving prevention, tackling health inequalities, and supporting better patient outcomes in the community through productive primary care, improving patient access.
- ❖ **Noted** that a significant element of the new investment for the NHS to be directed at primary and community services, and a large proportion of this will be channelled through the relevant networks.

- ❖ **Understood** that the contract is between the commissioner and individual practices and is contingent on being part of the network.
- ❖ **Noted** that as part of improving patient outcomes seven networks have been in development over the past year to move them more towards improving population health (e.g., children's asthma and work around access for digitally excluded and young people's access as well).
- ❖ **Agreed** that the covid-19 pandemic has exacerbated access problems in general practice and patients have reported finding it difficult to book appointments and access treatment.
- ❖ **Noted** that Healthwatch have indicated that GPs must prioritise telling patients that they are open for face-to-face appointments wherever possible.
- ❖ **Understood** that Healthwatch have found that while remote appointments were more convenient for some patients, they did not meet everyone's needs, with some patients left "worried that their health problems will not be accurately diagnosed,."
- ❖ **Agreed** that wherever possible that GPs should offer patients a choice of the type of appointment they would prefer whether it be video, face-to-face, or a home visit.
- ❖ **Noted** that the report also found that some patients had been struggled to get appointments for regular health check-ups, treatments, and drug reviews, meaning that some were unable to manage their condition.
- ❖ **Understood** that throughout the pandemic GP practices have been open, seeing patients face-to-face whenever it was clinically necessary to do so.
- ❖ **Commented** that digital innovation is discriminating against those for whom accessing GP's is already difficult, but GP's will also be losing the fundamental role as witness to patients' lives, a role that constitutes one of the foundations of the NHS. The relationship engendered by a patient booking to see their doctor in person is essential for them and for their GP's.

6.5 Acute Care

The Sub-Committee received a presentation on the provision of Acute Care a summary of the points raised is set out below:

The Sub-Committee:

- ❖ **Noted** that Barts Health NHS Trust **(i)** provides acute medical services for patients who require short-term care for urgent or emergency conditions; **(ii)** a consultant-led service that provides rapid assessment and treatment for patients with urgent and emergency conditions.
- ❖ **Noted** that some patients will go home after their visit whilst others will stay in hospital where they will receive the care that they need on a specialist medical ward. An acute medicine consultant quickly assesses each patient – and may also see a specialist doctor, such as a cardiologist, within 24 hours. Following an assessment, the patient may receive immediate treatment or be admitted for further care on one of our specialist medical wards. Many patients are able to go home

with 12 hours and are provided with access to support services if they need them.

- ❖ **Noted** that Barts Health NHS Trust **(a)** offer dedicated short stay units, for patients with urgent and emergency conditions, who need to stay in the hospital. If further hospital care is required, then the patient will be admitted to one of the Trusts specialist medical wards; and **(b)** provide a network acute medical care from the Royal London services that which reach out beyond Tower Hamlets (**e.g.**, Newham and Whipps Cross University Hospitals).
- ❖ **Noted** that the Trusts objectives mirror those of Tower Hamlets together in that it wants to be an inclusive organization, improve the health and care services of the local population.
- ❖ **Noted** that the Trusts intends to build effective partnerships and hence engagement with the Sub-Committee and Tower Hamlets together.
- ❖ **Noted** that it is the Trusts ambition to get benefits in terms of continuity, safety, and quality of care for patients as well as being providing well-being and an improved environment for staff and as referenced previously the Trust has built up some really good partnership working through the pandemic.
- ❖ **Noted** that the Trust is very keen to build upon this good work with partners to promote careers at the Royal London and Mile End, be that clinical or nonclinical as well.
- ❖ **Noted** that the Trust is very keen to be part of the future plans in respect of how services will be sustained given the population growth.
- ❖ **Noted** that at Mile End the Trust plans to create a diagnostic centre of excellence that will provide easier access for residents to attend and have a diagnostic tests that will then hopefully expedite any pathways that they might require.
- ❖ **Agreed** that to have effective health care patients need to have trust in the health system and health care professionals
- ❖ **Indicated** that with unemployment remaining a persistent issue in the Borough, apprenticeships within the NHS are becoming an increasingly valuable career path. The apprentices will gain skills and knowledge to provide support to ensure the delivery of person centred, holistic care, addressing individual needs and requirements to an NHS standard.
- ❖ **Noted** that the Trust uses contractors to undertake a wide variety of different tasks. This ranges from support services such as cleaning and catering, security, portage, and waste disposal through to technical works such as electrical or building repairs and major construction.
- ❖ **Commented** that it wished to see the Trust encouraging local entrepreneurs and voluntary sector organisations to become contractors and sub-contractors as a solution to unemployment and economic hardship within community.
- ❖ **Agreed** that a budding local entrepreneurial scene within the Trust can also enhance the sense of community about the Borough.
- ❖ **Indicated** that another important aspect is for already existing contractors and sub-contractors to open their doors to young, interested minds through intern programmes or traineeships.

- ❖ **Agreed** that the Council has a key role in encouraging the Trust to shop locally for goods and services as this not only boosts the economy and supports local entrepreneurs, but also nourishes the community and lowers the carbon footprint of businesses and voluntary sector organizations. The Trust should celebrate neighbourhood businesses and important decisions such as investment and other key development issues should be left in the hands of those who know the area and who will also feel the repercussions of such decisions.

6.6 Mental Health

The Sub-Committee received a presentation that provided an overview of the of the Mental Health Service in Tower Hamlets and a summary of the points raised is set out below:

The Sub-Committee

- ❖ **Noted** that Tower Hamlets has a high level of prevalence of both common mental illness and severe mental illness
- ❖ **Noted** Tower Hamlets has a disproportionately young population and high levels of mental health problems indicating future increase in need.
- ❖ **Noted** that the COVID-19 pandemic has caused significant loss of life and disruption. The lockdown restrictions that were introduced whilst necessary to control the virus, have had widespread and negative economic consequences, uprooted everyday life, enforced social isolation, and exacerbated health inequalities.
- ❖ **Understood** that the wider determinants of mental health have also been negatively impacted by the pandemic – employment, social contact. Likely exacerbated in LBTH due to overcrowding levels and lack of outside space.
- ❖ **Noted** the Borough has well established voluntary sector services for people with mental health problems and critically in Tower Hamlets that in regard to mental health everybody has a role to play in supporting people with mental health conditions to make a difference.
- ❖ **Noted** that Tower Hamlets was one of the first areas in the country to pilot mental health in school's teams and now have two mental health in school's teams and these are services that bring mental health professionals into schools to understand mental health conditions when they are emerging and to put the right preventative support in place at the right time.
- ❖ **Noted** that there are plans to establish a third mental health and school team in 2023 and there has been a huge growth in capacity and ability to provide talking therapies for people with anxiety and depression and people can access the service through their GP.
- ❖ **Noted** that over the last couple of years work has been undertaken to transform community mental health services for adults with more serious mental health conditions such as schizophrenia or bipolar disorder, and this has been really to organize local mental health

services into much more integrated teams around the Boroughs neighbourhoods.

- ❖ **Noted** the community connectors employed by voluntary sector organizations that provide pathway into psychology such as the (i) Women's Inclusive Team (WIT) is an organisation which supports disadvantaged women in Tower Hamlets and neighbouring boroughs; and (ii) Crisis Café was set up during the first wave, due to COVID and provides an alternative space for people in crisis, with access to clinicians, therapists and support staff at evenings and weekends.
- ❖ **Noted** the Reinforce Appropriate, Implode Disruptive (RAID) Mental Health Liaison service is a team of health professionals who assess, treat, and manage people with mental health problems who come to the emergency department of Royal London Hospital or who are a patient on the wards (Mile End & Royal London & St Bartholomew's Hospitals) who have a physical health problem and who may need additional support due to a mental health difficulty. The RAID team also manages the Tower Hamlets Crisis Telephone line and run a nurse led Outpatient Clinic, to follow up on patients after the A&E discharge process.
- ❖ **Noted** the work on making mental health services feel accessible to people from local communities in towerhamlets and in particular people from Black, Asian and minority ethnic communities feel that they can trust these services, that they can access them early.
- ❖ **Noted** the community connector program that links young adult service users to voluntary and community sector provision based on need and provide support with engagement, as well as linking in with further education providers and their counselling/mental health services to engage with student populations where there is unmet need.
- ❖ **Agreed** when looking at the programs such as the community connector program it is important to consider and measure this social value from the perspective of those affected by the work undertaken.

7. WORK PROGRAMMING 2022/23 PLANNING

Members of the Sub-Committee were asked to submit their suggestions to the Work Programme before the Scrutiny Away Day on the 16th of July 2022.

8. ANY OTHER BUSINESS

The Chair:

- ❖ Placed on record his thanks to all the Members and Cllr Gulam Kibria Choudhury; Dr Somen Banerjee; Richard Fradgley; Lucie Butler; Katie O'Driscoll; Fiona Peskett; Denise Radley; and Jo-Ann Sheldon for their contributions to this evenings Sub-Committee meeting; and
- ❖ With no other business to discuss called the meeting to a close.

The meeting ended at 8.29 p.m.

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

<p>Non-Executive Report of the:</p> <p>Health and Adult Scrutiny Sub-Committee</p> <p>18th October 2022</p>	 <p>TOWER HAMLETS</p>
<p>Report of: Denise Radley, Corporate Director Health, Adults and Communities</p>	<p>Classification: Unrestricted</p>
<p>Integrated Care System delivery at Place level</p>	

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

Summary

This cover report accompanies the presentation slide deck: Integrated Care System delivery at place level

The content of the slide deck include:


- Overview of ICS at place level and how Tower Hamlets Together Partnership will be involved;
- Key challenges and pressures; and
- Priorities for the year.

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>18th October 2022</p>	 <p>TOWER HAMLETS</p>
<p>Report of: Denise Radley, Corporate Director Health, Adults and Communities</p>	<p>Classification: Unrestricted</p>
<p>Scrutiny Review: Workforce Shortages Across Health and Social Care Sector</p>	

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

Summary

This cover report accompanies the presentation slide deck: workforce shortages across the adult social care sector

The content of the slide deck include:

- ASC recruitment challenges and pressures;
- Growth and progression options for ASC workforce;
- Resource implications and impact on performance; and
- Next steps and future plans.

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 Adults Scrutiny Sub-Committee</p> <p>18th October 2022</p>	
<p>Report of: Sharon Godman, Director of Strategy, Improvement and Transformation</p>	<p>Classification: Unrestricted</p>
<p>HASSC Scrutiny Work Programme 2022/23</p>	

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

Executive Summary

This cover report accompanies the O&S Scrutiny Work Programme 2022/23 which includes the HASSC Work Programme 2022/23 (appendix 2)

Recommendations:

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

1. Note and agree the HASSC scrutiny work programme 2022/23 (appendix 2)

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Appendix 2: Health & Adults Sub-Committee Work Programme 2022/23: Chair:
Cllr Ahmodur Khan

Meeting	Scrutiny Activity	Title	Description	Speakers
Tuesday 18 October	Work Programme	Health & Adults Sub-Committee Work programme	Agree Committee Work Programme	Cllr Ahmodur Khan
	Spotlight	ICS delivery at a Place level	Review how the local approach to integrated health and social care system has improved services for residents and consider Social Care's parity and level of influence with NHS structures	Cllr Gulam Kibria Choudhury Cabinet Member for Health, Wellbeing & Social Care Denise Radley Corporate Director of Health, Adults and Community and Deputy Chief Somen Banerjee Director of Public Health Warwick Tomsett Joint Director of Integrated Commissioning
	Scrutiny Review	Review Workforce shortages across the sector	To review pre-covid H&SC workforce strategy and understand what the issues are impacting recruitment and retention of H&SC staff.	tbc

Tuesday 6 December	Spotlight	Improving access to GP Services	Understanding why GP access (physical appointments) continues to be a barrier for patients and developing solutions for improvements to access	<p>Cllr Gulam Kibria Choudhury Cabinet Member for Health, Wellbeing & Social Care</p> <p>Denise Radley Corporate Director of Health, Adults and Communities and Deputy Chief</p>
	Scrutiny Review	Tackling Workforce shortages across the sector	To review pre-covid H&SC workforce strategy and understand what the issues are impacting recruitment and retention of H&SC staff.	tbc
14 February	Spotlight	Tackling BAME inequalities on access to Mental Health Services	Understanding why the BAME community face challenges in accessing mental health services and developing recommendations to address this	<p>Cllr Gulam Kibria Choudhury Cabinet Member for Health, Wellbeing & Social Care</p> <p>Denise Radley Corporate Director of Health, Adults and Community and Deputy Chief</p> <p>Somen Banerjee Director of Public Health</p> <p>Warwick Tomsett Joint</p>

				Director of Integrated Commissioning
12 April	Spotlight	Tackling Obesity	Assessing the effectiveness of current strategy and comms on tackling obesity in the borough and what more needs to be done	Cllr Gulam Kibria Choudhury Cabinet Member for Health, Wellbeing & Social Care Denise Radley Corporate Director of Health, Adults and Community and Deputy Chief Somen Banerjee Director of Public Health

Scrutiny Activity	Title	Description
Scrutiny Review	Tackling Workforce shortages across the sector	To review pre-covid H&SC workforce strategy and understand what the issues are impacting recruitment and retention of H&SC staff.

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