

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 6.30 P.M. ON TUESDAY, 6 DECEMBER 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 Mohammad Chowdhury	Councillor Abdul Malik
Councillor Gulam Kibria Choudhury	
Councillor Faroque Ahmed	Councillor Bellal Uddin

Co-opted Members Present:

Matthew Adrien	– Service Director at Healthwatch Tower Hamlets
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Apologies:

Councillor Kamrul Hussain	Councillor Amy Lee
Councillor Amy Lee	

Officers Present:

Dr Somen Banerjee	– (Director of Public Health)
Warwick Tomsett	– Joint Director, Integrated Commissioning
Filuck Miah	– (Strategy and Policy Officer, Strategy, Improvement and Transformation Service)
David Knight	– (Democratic Services Officer, Committees, Governance)

1. DECLARATIONS OF INTERESTS

There were no declarations of disposable pecuniary interest.

2. MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the Sub-committee meeting held on 18th October 2022 were deferred by the Chair until the next meeting on 14th February 2023.

3. CHAIRS UPDATE

The Chair:

- **Informed** the Sub-committee members that Councillor Amy Lee will replace Councillor Asma Islam going forward.
- **Thanked** David Burbidge for his contribution as Healthwatch representative, then welcomed Matthew Adrien as his replacement.
- **Commented** on the INEL and JHOSC meeting held on 13 September which focused on: provider performance, collaboration and staff updates, resilience system pressures and further ways to enhance primary care. The Chair explained that he had visited several GP services to discuss issues with resident access to physical appointments. This will be looked at in more depth in item 4.1 of this meeting.

4. REPORTS FOR CONSIDERATION

4.1 Improving Access to GP Services

Jo-Ann Sheldon, Head of Primary Care, Tower Hamlets, introduced a presentation detailing the 32 practices under the national GP contract within the borough, and the challenges faced with the vast numbers of residents awaiting care. These include the lack of growth, high turnover and the effects of the recent pandemic. The high level of patient numbers across the borough in quarter 3 relate to the number of practices registering with Covid vaccinations.

Further to questions from the Sub Committee, Dr Khyati Bakhai and Dr Roberto Tamsanguan, Tower Hamlets Primary Care and Clinical Lead's respectively:

- Concluded that the Healthwatch recommendations are contradictory regarding the telephone booking system, and solutions lie in updating telephone lines and more promotion of the online consultation service. The appointment waiting times can be reduced with the streamlined triage system for urgent care, and more empowerment by service users to access their care on a general level. Currently 7 million people

nationally are on the elective care service list, causing extra pressure on services. Further methods are required to educate the community on alternative means of access.

- Noted that all GP practices in the borough are encouraging patients to use to NHS app, enabling accessibility to personal records. Many calls received are admin related, which can be resolved quickly if more promotion is given to the service.
- Indicated that Tower Hamlets was one of the first boroughs to use social prescribing, a holistic approach to improve access to services. GP surgeries also work in tandem with the voluntary sector to assist with social issues, including the cost-of-living-crisis.
- Clarified that non-clinical staff have undergone the most radical changes in their roles to ease the pressures of GP appointments. Further awareness is required to change the communities misconception of a GP surgery. Patient assistants are the first point of contact for service users and facilitate all care requirements. Other capable clinicians can assist with patient's needs, such as trained pharmacists, physiotherapists and nurse practitioners, who are available besides doctors to empower patients to seek care in more beneficial ways.
- Explained that many staff are leaving the profession due to burn out and wellbeing is a top priority. Ongoing training, coaching and development support has been provided, in conjunction with counselling, PCN's and employee assistance programmes are available to ensure staff are receiving the support required. These are difficult times and negative media scrutiny compounds social perception. All patients are consulted over the phone; however, GPs would request a face-to-face visit to the surgery depending on the severity of symptoms.

The Sub-Committee:

- **Noted** that Councillor Gulam Choudhury will discuss proposed methods of upscaling and promotion of the available health service options for the community to Cabinet. Further discussions on the Council working in partnership with the Primary Care team and the NHS will take place outside of this meeting.

RESOLVED that:

1. Councillor Gulam Kibria Choudhury will discuss proposed methods to upscale and promote available health options to Cabinet.
2. Further discussions on the council working in partnership with the Primary Care team and the NHS will take place outside of this meeting.

3. The presentation be noted.

4.2 Scrutiny Review: Tackling Workforce Shortages Across Health and Social Care Sector

The Sub-Committee were requested to review the presentation detailing the workforce disparity and staffing requirements from Alison Arnaud, Principle, New City College and Victoria Corcoran, Deputy Group Curriculum, Director, Social Sciences / Sciences and Early Years and Professor Martin, Queen Mary University London (QMUL).

Further to questions from the sub committee, Alison Arnaud, Victoria Corcoran and Professor Martin;

- Clarified the significant decline in the volume of applicants, compounded by the pandemic and negative press around health and social work. Details were given on numbers which have halved with younger placements, and older workers leaving the sector despite the high demand. The barriers appear to be pay, long hours and lack of childcare. A newly established T Level qualification which requires a minimum of 360 placement hours, is proving difficult with NHS placements.
- Explained that more collaboration between NCC and other providers is required. Although QMUL does provide higher degrees for registered nurses, they do not provide nursing degrees. Several other programmes are available across the sector, such as a Biomedical Science approved course, Neuroscience, Dentistry and Pharmacology degrees. A graduate entry programme is also available.
- Clarified that QMUL also has a two-year Physicians Associate course to assist the workforce shortage. Support is given by Primary Care & Mental Health Trusts; however, more medical school placements from Health Education England and the government is required. It is hoped that Tower Hamlets can assist in advocating in this respect.
- Indicated that workforce challenges include the increase in mental health issues, particularly during and after the pandemic. Extra support has been given, with assistance from ELFT and other organisations. Finance issues are also a factor, as student bursary's stop in the last 2 years of medical training. The University support championed by the Mayor will be extremely beneficial.
- Noted that QMUL are currently developing a degree apprenticeship programme, which will allow students to learn whilst working. This does not however alleviate the funding gap for Primary and

Secondary Care Trusts, as they too are experiencing difficulties. The parameters of the schemes also make it difficult to support one speciality over another.

- Clarified the details of the ongoing Integrated Care Board Workforce Strategy. This will consider ways of easing the current staffing shortfall and create meaningful work across the sector and borough. Collaborative working and the need to engage is vital to combat this issue.
- Expanded on the curriculum planning and historical analysis NCC use to map the progress of students into employment. This year has seen a drop from 200 to 90 students, partly due to; the lack of engagement between 16 to 18-year-olds, the pandemic and negative press.
- Clarified that NCC's key priorities are for NHS to engage, build strong relationships and provide contracts within NHS Boards, to support the workforce shortages. They work with education partners and use liaison officers, hold online and in person open days within all 8 campuses to raise the profile of the medical field to students. QMUL existing students also work as tutors and mentors in schools as advocates.
- Indicated that the majority of NCC students are female and come from a Bengali background, which comprises around 80-90%. Efforts are being made to close the gender gap, dispelling the notion that only females can do nursing and childcare. The council can assist in raising the profile of health care success stories of all ages and ethnicities, to inspire borough residents. QMUL students are 72% BAME and 59% female and are one of the most diverse universities for training and ethnicity.
- Further discussions on collaboration with NCC and Francesca Okoshi from ICB will take place outside of this meeting.

The Sub-Committee:

- **Noted** that more collaboration with anchor institutions, health and social care partners is required.

GP Recruitment

The Sub-Committee were requested to review the presentation on the Primary Care's approach to ICS Workforce Strategy by Jo-Ann Sheldon and partners, including William Cunningham-Davis, NHS North East London and NHS Improvement.

Following the presentation Dr Khyati Bakhai, Dr Roberto Tamsanguan and William Cunningham-Davis;

- Explained the reoccurring challenges outlined in the meeting are seriously affecting the GP workforce at a national level, with many reducing hours or leaving the profession early. Salary packages for locums or agency staff are more lucrative and more conducive to a work-life balance. All sectors need to recruit for the wider workforce. Capped places have created barriers to an apprenticeship programme introduced by NHS England.
- Indicated that providing a conducive work-life balance, morale and ensuring work progression and support are critical to increasing retention. Other methods to compete with services outside London are portfolio working for clinical staff to expand their profession and teach. The Additional Roles and Reimbursement Scheme (ARRS) has been implemented to further assist primary carers, work collaboratively and join services.
- Clarified that the high cost of living is a challenge for health professionals living in London, as is the level of deprivation in some areas. Several GP training schemes, social prescribing and working with the community are just some ways to retain staff.
- Explained that the strategy is to strengthen health professionals within the local area rather than recruiting abroad. This is a national issue, and the initial programme to recruit overseas has been reduced.

Hospital Recruitment and ICS Approach

The Sub-Committee were requested to review the presentation on the issues facing Acute and Emergency Care by Fiona Peskett, Director of Strategy and Integration, Barts and Francesca Okoshi, Chief People & Culture Officer, NHS East London Integrated Care Board.

Following the presentation, Fiona Peskett and Francesca Okoshi;

- Clarified that the 'People Plan' and 'Drive to 95' campaigns are methods to increase recruitment in all posts, as retention is a challenge and there is a need to reduce agency staff and cut costs. Collaborative working with THT, NEL and ICB is also a crucial element to increasing and sustaining the workforce and mitigate risks to patient care.
- Explained the methods of accessing roles and career opportunities within all hospitals, as well as improve staff morale. Other approaches include apprenticeship schemes with more lucrative pay incentives and wellbeing centres for staff.

- Indicated the ICB integrated workforce strategy team are currently engaging with all sectors of healthcare, addressing and responding to current retention, supply and finance issues. Plans include a five-year strategy responding to issues on a system, collaborative and place level. Further updates will be outlined to sub-committee members early next year.
- Clarified that residents wishing to apply to the 'Drive to 95' campaign can find further details via Barts website, the Anchor Institute and Health Education England. Barts are working with several organisations in the borough regarding non-clinical roles.
- Explained that although Barts have several teams working in the community, more engagement from schools, colleges and the voluntary sector is essential. ICS will set up focus groups with residents to establish what is required and any perceived barriers to healthcare recruitment. Recommendations will be included in the strategy to respond to the boroughs needs.
- Indicated that all Partner Trusts have agreed to the London Living Wage employer accreditation, which will include Barts and their contractors. This will consider the high cost-of-living, ensuring developing roles are sustainable. Longer term plans include; requesting assistance from all integrated care partnerships to combined budgets and support the independent care sector, confirming that employees are paid the London Living Wage across the capital. Assistance will be sought from the Mayor of London.
- Explained that all concerns raised in the CQC Inspection report have been addressed, and ongoing work is being undertaken to manage the Barkentine Birth Centre operationally. Further discussions can take place outside of this meeting if required.
- Clarified that diagnostics recruitment is a national issue and there is a North East London wide workforce plan in progress. Mile End Hospital are discussing expansion plans to meet demand. International recruitment is a consideration, as is advance practise and digital pathology to assist in retention.

The Sub-Committee:

- **Requested** efforts be made to ensure the workforce reflects the community, and that front line staff experiences are used to create meaningful change to recruitment and retention going forward.

Resourcing Mental Health and Community Care.

The Sub-Committee were requested to review the presentation on Mental Health, Community Health and Primary Care and Wellbeing services for borough residents by Richard Fradgley, East London Foundation Trust (ELFT).

Following the presentation, Richard Fradgley;

- Clarified that the boroughs mental health services staff have increased by 17% since 2022. New roles in clinical associate posts in psychology and community connectors have now been established, achieved by sustained investment in the NHS long term plan. Peer support workers enable residents who have personal experience to contribute to health care, and this significant growth is expected to continue to meet the high demand.
- Indicated that community health service vacancy rates have increased by around 20% for district nurses. The challenges already discussed throughout the meeting including; housing issues for staff, constraints on using overseas staff, the high cost of living and the impact from the pandemic the main causes.
- Noted a recent recruitment drive has led to 7 new staff members taking up various posts, and a revised recruitment process will be delivered. Further initiatives such as flexible working and wellbeing programmes are available for staff, and an apprenticeship programme is in development to assist in clinical training and strengthen the workforce strategy.
- Noted that improvements to community health services include direct engagement with voluntary sector organisations to create roles and strengthen relationships.
- Indicated that demand for mental health services is likely to grow with the predicted recession for adults and children. Discussions on using hospital discharge funding to provide support and assist staff are taking place.

Institute of Employment Studies

Dan Lucy, Psychologist, Institute of Employment Studies, gave the Sub-Committee a brief overview on the key areas of good practice and provided commentary from all presentations submitted.

Following the comments, Dan Lucy;

- Commented that employment policy needs to address health and staff wellbeing, pay and progression, flexible working arrangements and more support of staff to ease workforce pressures and reduce burn out. Attracting older staff who have left services, retaining existing staff and supporting retention are the key elements in sustaining growth and reducing demand.

The Sub-Committee:

- **Noted** confidence in stakeholders plans but concern with external pressures which may counteract these approaches. Further collaboration with anchor partners is required to increase workforce recruitment, retain staff and ease the demand on services.

RESOLVED that:

1. All four presentations be noted.

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

None.

The Chair called the meeting to a close and thanked the Sub-Committee members and stakeholders, for their attendance and participation.

The meeting ended at 8.50 p.m.

Chair, Councillor Ahmodur Khan

Health & Adults Scrutiny Sub-Committee