

Health & Adults Scrutiny Sub-Committee

Agenda

Monday, 13 February 2023 6.30 p.m.
Council Chamber - Town Hall, Whitechapel

Members:

Chair: Councillor Ahmodur Khan

Vice Chair: Councillor Ahmodul Kabir

Councillor Maisha Begum, Councillor Kamrul Hussain, Councillor Amy Lee, Councillor Mohammad Chowdhury and Councillor Abdul Malik

Co-opted Members:

Matthew Adrien (Service Director at Healthwatch Tower Hamlets)

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

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

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<http://www.towerhamlets.gov.uk/committee>



Public Information

Viewing or Participating in Committee Meetings

The meeting will be broadcast live on the Council's website. A link to the website is detailed below. The press and public are encouraged to watch this meeting on line.

Please note: Whilst the meeting is open to the public, the public seating in the meeting room for observers may be limited due to health and safety measures. You are advised to contact the Democratic Services Officer to reserve a place.

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A Guide to Overview and Scrutiny Committee

The Local Government Act 2000 established the overview and scrutiny function for every council, with the key roles of:

- Scrutinising decisions before or after they are made or implemented
- Proposing new policies and commenting on draft policies, and
- Ensuring customer satisfaction and value for money.

The aim is to make the decision-making process more transparent, accountable and inclusive, and improve services for people by being responsive to their needs. Overview & Scrutiny membership is required to reflect the proportional political makeup of the council and, as well as council services, there are statutory powers to examine the impact of work undertaken by partnerships and outside bodies, including the Crime and Disorder Reduction Partnership and local health bodies.

In Tower Hamlets, the function is exercised by the Overview & Scrutiny Committee (OSC). The OSC considers issues from across the council and partnership remit. The Committee has 3 Sub-Committees which focus on health, housing and grants.

The committee's quorum is three voting members.

Public Engagement

OSC usually meets once per month (a few days before Cabinet, to allow scrutiny of decisions scheduled to be made there). These meetings are open to the public to attend, and a timetable for meeting dates and deadlines can be found on the Council's website. More detail of how residents can engage with Overview and Scrutiny are available here

[Overview and scrutiny \(towerhamlets.gov.uk\)](https://towerhamlets.gov.uk)

London Borough of Tower Hamlets

Health & Adults Scrutiny Sub-Committee

Monday, 13 February 2023

6.30 p.m.

APOLOGIES FOR ABSENCE

1. DECLARATIONS OF INTERESTS (PAGES 7 - 8)

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 PREVIOUS MEETING(S) (PAGES 9 - 18)

To confirm as a correct record the minutes of the meeting of the Health Scrutiny Panel held on 12 December 2022.

3. REPORTS FOR CONSIDERATION

3.1 BAME Inequalities (Pages 19 - 20)

TO FOLLOW

3.2 Oral Health in Tower Hamlets (Pages 21 - 22)

TO FOLLOW

3.3 Update on NHS Strikes

TO FOLLOW



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

Next Meeting of the Health & Adults Scrutiny Sub-Committee

Wednesday, 12 April 2023 at 5.00 p.m. to be held in Council Chamber - Town Hall, Whitechapel



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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: Asmat Hussain, Corporate Director, Governance and Monitoring Officer,
Tel: 0207 364 4800.

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.

SUB COMMITTEE, 06/12/2022

LONDON BOROUGH OF TOWER HAMLETS
MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB COMMITTEE
HELD AT 6.30P.M. ON TUESDAY, 06 DECEMBER 2022
COMMITTEE ROOM ONE – TOWN HALL, MULBERRY PLACE, 5
CLOVE CRESCENT, LONDON E14 2BG

Members Present in Person:

Councillor Ahmodur Khan -(Chair)
Councillor Ahmodul Kabir
Councillor Adbul Malik
Councillor Mohammad Choudhury
Councillor Gulam Kibria Choudhury -(Cabinet Member for Health, Wellbeing
and Social Care)
Councillor Bellal Uddin

Co-optees Present in Person:

Matthew Adrien -(Healthwatch Tower Hamlets Representative)

Officers Present in Person:

Dr Somen Banerjee -(Director Public Health)
Warwick Tomsett -(Joint Director Integrated Commissioning)
Jo-Ann Sheldon -(Head of Primary Care, Tower Hamlets)
Filuck Miah -(Senior Strategy & Policy Officer)

Others Present Remotely:

Katie O’Driscoll - (Director of Adult Social Care)
Afazul Hoque -(Head of Corporate Strategy & Communities)
Liam Crosby -(Public Health Consultant HEC)

Guest Speakers:

Dr Roberto Tamsanguan -(Tower Hamlets Primary Care & Clinical Lead)
Dr Khyati Bakhai -(Tower Hamlets Primary Care & Clinical Lead)
Professor Martin -(Queen Mary University London)

Alison Arnaud	-(Principal – Tower Hamlets & Hackney New City College)
Victoria Corcoran	-(Deputy Group Curriculum Director - Health, Social Care & Early Years, NCC)
Francesca Okoshi	-(Chief People & Culture Officer, NHS East London Integrated Care Board)
Fiona Peskett	-(Barts NHS Trust, Director Strategy & Integration)
Richard Fradgley	-(East London NHS Foundation Trust)
Dan Lucy	-(Psychologist -Institute for Employment Studies)

Apologies:

Councillor Kamrul Hussain

Councillor Amy Lee

Sally Quinn -(Barts NHS Trust, Director of HR)

1 DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of disclosable 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 has visited several GP services to discuss

SUB COMMITTEE, 06/12/2022

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 Covid vaccinations.

Further to questions from the Sub Committee, Dr Khyati Bakhai and Dr Roberto Tamsanguan, Tower Hamlets Primary Care & 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 the NHS app, enabling personal records be readily available. 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 patients' needs, such as trained pharmacists, physiotherapists and nurse practitioners, who are available besides doctors to empower patients to seek care in more beneficial ways.

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- 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 Kibria 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 service 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

Education Institutions Support on Workforce Agenda

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,

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A newly established T Level qualification 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.

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.

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.

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- 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 NHS England introduced.
- 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.

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- 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

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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.

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- 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.


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 8.50pm
Chair, Councillor Ahmodur Khan
Health & Adults Scrutiny Sub-Committee

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<p>Non-Executive Report of the:</p> <p>Health and Adult Scrutiny Sub-Committee</p> <p>13th February 2023</p>	 <p>TOWER HAMLETS</p>
<p>Report of: Carrie Kilpatrick, Deputy Director Mental Health and Joint Commissioning</p>	<p>Classification: Unrestricted</p>
<p>Tackling BAME inequalities on access to Mental Health Services</p>	

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

Summary

This cover report accompanies the presentation slide deck:

Tackling BAME inequalities on access to Mental Health Services including:


- An overview of the mental health services in the borough
- PTS programme for the Bangladeshi community

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>13th February 2023</p>	 <p>TOWER HAMLETS</p>
<p>Report of:</p>	<p>Classification: Unrestricted</p>
<p>Oral Health in Tower Hamlets</p>	

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

Summary

This cover report accompanies the presentation slidedeck

Oral Health in Tower Hamlets including:

- Overview of the dental provision in Tower Hamlets; and
- Challenges and pressures for the sector and any action plans to address.

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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