

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE

HELD AT 6.40 P.M. ON TUESDAY, 11 DECEMBER 2018

COMMITTEE ROOM ONE - TOWN HALL MULBERRY PLACE

Name	Role
Councillor Kahar Chowdhury	Chair
Councillor Eve McQuillan	Vice-Chair
Councillor Andrew Wood	Member
Councillor Gabriela Salva Macallan	Member
Councillor Kyrsten Perry	Member
Councillor Muhammad Harun	Member
David Burbidge	Healthwatch Co-opted Member
Councillor Denise Jones	Cabinet Member for Adults Health & Wellbeing

Officers:

David Jones	Interim Divisional Director Adult Social Care
David Oates	Performance & Intelligence Manager
Denise Radley	Corporate Director Health Adults Community
Jack Kerr	Strategy & Policy Manager
Joanne Starkie	Head of Strategy & Policy
Keith Burns	Programme Director - Health Commissioning
Kelly Tanner	ExcelCare Homecare
Rushena Miah	Committee Officer
Warwick Tomsett	Joint Director of Integrated Commissioning

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There was a declaration of a non-pecuniary interest from Councillor Andrew Wood. Councillor Wood said that he has moved his father to a care home operated by HC One Care which was mentioned in the supplemental report.

2. MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the meeting held on 20 September 2018 were approved as an accurate record and signed by the Chair.

RESOLVED:

1. To approve the minutes of the meeting held on 20 September 2018.

3. REPORTS FOR CONSIDERATION:

4. TOWER HAMLETS ADULT SOCIAL CARE CHARGING IMPACT ASSESSMENT

The Committee received a report on the Adult Social Care Charging Impact Assessment presented by Joanne Starkie, Head of Strategy and Policy –

Health, Adults and Community and David Jones, Interim Divisional Director Adult Social Care.

- Members requested to see the raw data from REAL's survey to verify the statistics in the report. Officers said they could provide this.
- A query was raised about the financial impact of care for spouses. Officers responded that the person receiving the care would be billed unless there was a power of attorney.
- Officers acknowledge that communications about the charging policy were not as clear early on but they had since improved. The Charging Team had gone out into the community to engage with people about the new policy and to provide advice.
- Members requested a briefing on the charging policy for spouses. Officers agreed to produce this.
- Members queried the 47 care packages that were stopped. Officers explained that some of these people decided they did not want to pay for the service and went back to prior care arrangements. Officers said systems were in place to ensure suitable care arrangements were in place to safeguard these adults.
- There were fewer cases of people not being assessed and being invoiced the full amount due to investigation and engagement by the Charging Team and REAL in advising people to fill out the forms.
- A Member highlighted the need for sensible commissioning considering a larger segment of the population was expected to require care services in the near future.
- It was confirmed that those who were exempt under Section 117 but had been erroneously charged, had received reimbursement.
- Members queried what mechanisms were in place to identify a change in circumstance. Officers replied that care needs were assessed on an annual basis.
- A Member queried whether debt recovery for care costs was followed up by the wider council's debt recovery team or whether there was a specialist care debt recovery team. Officers explained that debt recovery was discussed at a special panel chaired by David Jones Interim Divisional Director of Adult Social Care. The panel was responsible for reclaiming debt sensitively on a case by case basis.

ACTIONS:

- Members requested to see the raw data from REAL's survey to verify the statistics in the report. Officers said they could provide this.
- Members requested a briefing on the charging policy for spouses. Officers agreed to produce the brief.

RESOLVED:

1. To note the key findings from the impact assessment.

**5. TOWER HAMLETS ADULT SOCIAL CARE SERVICE USER SURVEY
2017/18**

The Committee received a report from David Oates, Senior Performance & Intelligence Manager – Health Adults & Community, on the Tower Hamlets Adult Social Care Service User Survey 2017/18.

- There was a correction made on page 35 of the pack. It was noted that the response rates were 57% female, not 43%, and 43% Male, not 57%.
- Members advised that it would have been useful to have benchmarking figures compared to neighbouring boroughs included in the report. Officers noted this for future reports.
- NHS Digital did not provide a definition of 'anxious' or 'depressed' in the survey.
- The survey was purely paper based and received a 25% response rate. This was considered to be a good response rate. Officers worked with NHS Digital to improve the questions readability. The free text box enabled officers to make referrals and take action on individual cases.

RESOLVED:

1. To note the key findings in the report.

**6. RESIDENTIAL AND NURSING CARE HOMES AND HOME CARE
PROVISION IN THE BOROUGH: QUALITY AND CAPACITY**

The Committee received the report of Denise Radley, Corporate Director of Health Adults & Community and Warwick Tomsett, Joint Director of Integrated Commissioning, on Residential and Nursing Care Homes and Home Care Provision in the Borough. There was also a presentation from Keith Burns tabled on the day outlining care home quality and capacity in the UK.

In response to Member questions officers provided the following:

- John Tucker House was not listed as a care home in the report because it was classified as sheltered housing and was not regulated by the CQC.
- It was noted that the relatively low level of accident and emergency hospital admissions from care homes reflected the quality of Tower Hamlets care homes and their ability to effectively care for ill patients.
- Tower Hamlets Council is 1 of 39 registered reablement services. The Council commissions six reablement services.
- Kelly Tanner from Excel Care was invited to comment on discussions from a provider perspective. She said the Home Care Contract 2017 had improved joined up working with the local authority. The Ethical Care Charter had improved pay by joining care homes to the London Living Wage. Travel expenses were reimbursed and there was improved recruitment and retention. Tower Hamlets was unique in it's multi-disciplinary work and joint working arrangements. She said the

Council had been helpful and supportive towards care workers in the borough.

- The new care contract has commissioned six providers to work across four quadrants. It was noted that this reduced travel time between appointments and allowed more time for care. Carers were paid for travel time if working under the same provider.
- There was a discussion about the proportion of care workers working the minimum 12 hour week per Ethical Care Charter guidelines. Ms Tanner explained that care workers tended to prefer flexible hours rather than the prescribed 12 hours agreed by the provider because flexible hours offered more of a choice of when they could work.
- Councillor Muhammad Harun came to the realisation that he had a disclosable pecuniary interest to declare in that his wife worked for Apasen a sub-contractor of Excel Care. No further questions were taken from Councillor Harun.
- It was noted that the Council had limited powers in preventing a care home to close due to the sale of the business or change of use, unless there was a Covenant Agreement in place.
- Ms Tanner explained the professional requirements and training for care workers. She said that all care workers were required to complete a Care Certificate which comprised of 15 standards, unit tests and a workbook. And that induction training at the care home included information on people's cultural needs and efforts were made to accommodate certain cultural foods or languages. Managers were responsible for one to one meetings with care workers; the meetings provided an opportunity to discuss policies and procedures.
- Although recruitment efforts were being made to hire bilingual staff, it was recognised that sourcing care workers with a broad range of community language skills was a challenge.

RESOLVED:

1. To note the report.

7. ANY OTHER BUSINESS

There was no other business.

The meeting ended at 8.58 p.m.

Chair, Councillor Kahar Chowdhury
Health Scrutiny Sub-Committee