

**LONDON BOROUGH OF TOWER HAMLETS  
MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE  
HELD AT 6.31 P.M. ON MONDAY, 8 FEBRUARY 2021  
ONLINE 'VIRTUAL' MEETING - [HTTPS://TOWERHAMLETS.PUBLIC-I.TV/CORE/PORTAL/HOME](https://towerhamlets.public-i.tv/core/portal/home)**

**Members Present:**

Councillor Gabriela Salva Macallan  
(Chair)  
Councillor Mohammed Pappu (Vice-Chair)  
Councillor Shad Chowdhury  
Councillor Shah Ameen  
Councillor Denise Jones  
Councillor Andrew Wood

**Co-opted Members Present:**

David Burbidge	– Healthwatch Tower Hamlets Representative
Sue Kenten	– Health & Adults Scrutiny Sub-Committee Co-optee

**Other Councillors Present:**

Councillor Rachel Blake

**Officers Present:**

Phil Carr	– (Strategy and Policy Manager, HAC)
Jack Kerr	– Strategy & Policy Manager
Carrie Kilpatrick	– (Commissioning Manager at London Borough of Tower Hamlets)
Rahima Miah	– (Deputy Director of Integrated Commissioning)
Denise Radley	– (Corporate Director, Health, Adults & Community)
Matthew Richardson	– Integrated Learning Disability Commissioner
Jamal Uddin	– Strategy Policy & Performance Officer

**1. DECLARATIONS OF INTERESTS**

No declarations of interest were received at the meeting.

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

The Sub-Committee confirmed as a correct record the minutes of the last meeting of the Health Scrutiny Sub-Committee held on 1<sup>st</sup> December 2020. And the Chair was authorised to sign.

### 3. REPORTS FOR CONSIDERATION

#### 3.1 Adults Learning Disability Health Scrutiny Challenge Session Report

The Sub-Committee welcomed Councillor Kahar Chowdhury the former Chair to the meeting to present the March 2020 section of the report on the Adults Learning Disability Health Scrutiny Challenge Session and the committee opened to discuss

The Committee:

- ❖ **Noted** that the challenge session which had taken place on the 10th of March 2020 had reviewed “How health and social care is supporting adults with a learning disability to live independent lives in Tower Hamlets”.
- ❖ **Noted** that the session had focused on three main areas of the Learning Disability Strategy: Health, Accommodation and Employment.
- ❖ Was **informed** that the report had been compiled providing documentation of the sessions and including recommendations to be actioned upon, however sign-off of the report had been delayed due to the outbreak of the pandemic. Accordingly, the report has been updated against the March position and included an impact assessment of the pandemic for the learning disability population.
- ❖ **Noted** that people with learning disabilities do not learn certain skills as quickly as other people and may therefore need extra support in certain aspects of their lives. The specific skills in question will depend upon the type of disability. People with mild learning disabilities may live alone, travel independently, and work. They may not require any support from their local authority or may just need support in managing their finances.
- ❖ **Commented** that with the right support people can live full and meaningful lives. However, if this support is not provided, they may face problems in gaining independence or a home of their own, in accessing leisure and recreation activities, and/or in developing friendships and relationships.
- ❖ Was **advised** that with regard to the progress on the four-year programme to reduce the number of residents in out of Borough placements this has been slower than anticipated because of the infection control restrictions and the challenges with moving people after long periods of time in a placement outside of Tower Hamlets. Three schemes had been identified in the borough and the development had been slow and there were challenges with moving residents.
- ❖ **Commented** that consideration should be given to how the pandemic was impacting on mental health and wellbeing among these residents as it was felt that they are more likely to have lower levels of happiness, life satisfaction and sense of purpose **e.g.** due to mortality concerns, fears about the virus, grief for the loss of normality, restricted access to health services and restricted access to activities that protect wellbeing.

- ❖ **Noted** that whilst it is acknowledged that the Covid-19 pandemic has affected many people's mental health and wellbeing those with mental health needs, a learning disability or autism who had contracted Covid-19 may require reasonable adjustments. As it is recognised that adults with a learning disability may be particularly at risk of a poor health outcome if they contract Covid-19.
- ❖ **Noted** that health services will continue to have due regard to their obligation to advance equality under the Equality Act 2010; which includes recognising and factoring-in the vulnerability of different groups of people with protected characteristics; and inequalities in access, experience, and outcomes in health services. In addition, partnership working with voluntary and community sector partners is also being encouraged to facilitate wrap-around support for vulnerable people, and to maximise engagement with underrepresented groups.
- ❖ **Commented** that there was a focussed piece of work that was looking at supporting service users currently accessing the day opportunity offer. That the offer was paused during the first part of Covid-19 pandemic and some services have had to close whilst some partners have commented that they have seen great benefits of having an online offer as people's confidence in engaging and communicating in this way has increased. Still for many it was noted that it is not viable as a large proportion of resident's struggle to engage on a digital platform as it can be quite an intimidating experience. **Noted** that for those using and delivering services this has been a challenging time.
- ❖ **Indicated** that it wanted to see more learning disability employment programme that encourage organisations to draw on the talents, expertise, and experiences of people with a learning disability. As this can make a positive contribution to address the needs of people with a learning disability and reduce the profound health inequalities by supporting successful transitions into independent life and employment.
- ❖ **Discussed** the offer of Green projects or projects on estates.
- ❖ **Recommended** a high-level strategic development group to look at options for funded programmes.
- ❖ **Commented** that adolescents with learning disabilities have high rates of mental health and behavioural challenges which often result in low self-esteem, which is a root cause of depression, substance abuse, and other mental health issues. Also, that it needs to be recognised that learning disabilities have nothing to do with an individual's intelligence or creativity. In fact, those with learning disabilities should be seen as having a unique way of looking at the world that can help them achieve success. There is a gap with registering 14-18-year olds as part of the formal diagnostic process.
- ❖ **Commented** that a learning disability can be hard on an adolescents' self-esteem and that there is already a plethora of challenges for this age group. Therefore, having to deal with a learning disorder can affect mood and behaviour, as well as motivation. In addition, a large proportion of those adolescents who have learning difficulties whilst not needing specialist services or support probably do not even associate with having a diagnosis of learning disabilities but need additional

support which may come from the learning disability service because mainstream services are unable to adapt their approach enough to support them.

- ❖ **Welcomed** the development of supported employment providers to improve the life chances of these adolescents by creating inspirational and sustainable opportunities that will help them achieve their potential and be as independent as possible. Such as jobs and training services to enable people with a learning disability to develop the skills they need for the workplace.

The Chair then **Moved**, and it was **resolved**:

1. To **note** the progress made since March 2020 against the initial challenge session recommendations.
2. That the Chair in consultation with Divisional Director, Strategy, Policy and Performance **finalise** the report for the April 2021 committee meeting.
3. That the finalised report be **published**.

### 3.2 Older People's Care Homes - Support During the Covid-19 Pandemic

The Sub-Committee received a report that outlined what support has been provided to older people's care homes in Tower Hamlets, throughout the duration of the Covid-19 pandemic and the actions that have been taken to date and priority areas for the future the main points arising from the discussions maybe summarised as follows:

The committee heard from stakeholders and family members of previous Care Homes residents in the borough.

The Committee **noted** that:

- ❖ The purpose of this report is to provide a summary of the support that has been provided to older people's care homes in Tower Hamlets, throughout the duration of the Covid-19 pandemic.
- ❖ When the global pandemic had been declared in mid-March 2020 it had resulted in a high level of infections and mortality across the globe. One of the key trends that emerged both in the UK and internationally was the number of deaths occurring in care homes, particularly at the onset of the pandemic.
- ❖ The Borough led the support efforts to the five older people's care homes commissioned in the borough during this challenging time:
- ❖ Throughout the duration of the pandemic, Tower Hamlets has experienced infection outbreaks (classed as two or more cases reported within a 14-day period), at various points in time, in all five of the older people's care homes. As of 31st December 2021, the care homes have reported 38 deaths related to Covid-19. Whilst 30 of those residents having died in their care home and 8 in hospital.
- ❖ The age-specific mortality rate was higher for care home residents aged 85 and over than for non-care home residents for deaths involving Covid and for all deaths. Specific notice was given to the loss of life at Aspen Court.

- ❖ The latest report from the Office for National Statistics (ONS) had indicated that there has been a total of 25 Covid-19 related deaths in care homes in Newham, 26 in Tower Hamlets and 18 in Waltham Forest. However, it was important to note that the ONS dataset differs to the Tower Hamlets figures as the ONS dataset commences from 10th April 2020, whereas the Tower Hamlets dataset begins from 28th March 2020.
- ❖ Whilst data that related to for all deaths in care homes from the ONS it was recognised that the data does not capture the numbers of care home residents that had died in hospital, both of which it was noted are reflected in the Tower Hamlets dataset
- ❖ From the 10<sup>th</sup> March the local reliance forum met to discuss the Care Homes. It was noted that there was the possibility that end stage dementia may not have been recorded as Covid-19 deaths. There was discussion about managing residents in home settings and some of those that had end of life care may have in previous years come to hospitals.
- ❖ It was noted that a review was required, in conjunction with GPs, into those end of life of residents that may have accessed hospital care had it not been for the start of the Covid-19 pandemic.
- ❖ It was important to capture the lessons learnt about the symptoms, progression, and management of this viral infection in the older population. Therefore, the Council had initiated and completed a learning review. This review had identified the following areas of good practice (1) the Council has led a proactive response, frequently going beyond national guidance and anticipating future guidance bulletins; (2) positive partnership working at both the strategic and operational levels; (3) a strong commitment to multi-disciplinary and multi-agency learning; the lead GPs and Infection Control Nurse in particular were highlighted as key resources by the care home providers; and (4) embracing of digital and online technology as a new way of working
- ❖ The review had made the following recommendations to be implemented by the Care Homes Bronze Group: (a) to build on good partnership working to develop a multi-agency and multi-disciplinary Covid-19 or pandemic pathway with detailed and clearly defined roles for different agencies to address any future wave of the virus or new pandemic as part of the Tower Hamlets Outbreak Control Plan; (b) to develop a formal communication strategy to promote the pathway to a range of agencies and to families and carers, identifying a clear role for the voluntary sector in engaging with and hearing the voices of service users and their families who are necessarily powerfully impacted by the situation.
- ❖ The key priority over the coming month would be the implementation of vaccinations; with the focus being on increasing uptake amongst staff and agreeing timelines and logistics for the administration of second doses. In addition, the support referred to above will need to be maintained, with outbreak prevention and management continuing to be the primary goal.

- ❖ There is a degree of vaccine hesitancy from staff at Care Homes and a Q&A was held at Care Homes. Further information was requested as to why staff vaccine levels were lower at one care home.
- ❖ Questions were raised as to mental health support for staff, especially at Aspen Court after the impact of number of deaths over such a short time period.
- ❖ The committee requested that the Safeguarding Action Plan for the Care Homes come back to the committee
- ❖ The Committee felt that a comprehensive report was needed so as to understand the learning required from the loss of life

The Chair then **Moved**, and it was resolved to:

1. **Note** the contents of the report

### 3.3 Health, Adults and Communities Savings

The Sub-Committee received an update on the developing the medium-term financial strategy (MTFS) to bring together all known factors affecting Health, Adults and Communities savings the main points arising from the questioning on the presentation maybe summarised as follows:

The Committee:

- ❖ **Commented** that the financial position for the Borough at this time is subject to significant uncertainty. Which makes financial planning even more challenging than normal and when taken alongside the huge uncertainty surrounding financial forecasts at the time of a global pandemic.
- ❖ **Asked** if the Borough was satisfied that all the contributions to the local pooled budget had been done correctly to deal with the growing health and social care pressures. In response it was noted that the final report by Grant Thornton into the pooled budget was awaited and would be circulated to the Sub-Committee once it is published.
- ❖ **Noted** that the local pooled budget had a particularly good spread of joint initiatives and projects and robust processes around continuing healthcare
- ❖ **Agreed** that these joint funding arrangements of the Integrated Care Fund should be the subject to further scrutiny by the Sub-Committee.
- ❖ **Noted** that Adults and Children's passenger transport has been the subject of a strategic review by Grant Thornton with a number of recommendations arising from it around better utilisation of the internal transport fleet, route optimisation and savings achieved through more cost-effective external transport routes delivered via a dynamic purchasing system (DPS). However, more work will need to be done to ascertain the savings already identified to ensure there is no double counting. Also, it was noted that the Grant Thornton review is not the only way in which transport savings are being modelled in the Borough

and there is a working group that cuts across Children's and Adults to consider a full range of options.

- ❖ **Agreed** that this and other similar reviews should be the subject of further detailed scrutiny.
- ❖ **Agreed** that consideration should be given to the Sub-Committee looking at (i) how savings can be delivered in the Reablement, Hostels and Substances misuse services without adversely affect residents; (ii) how to unlock funding and share ideas across services to create a better functioning social care system that meets people's needs more effectively.

The Chair then **Moved**, and it was **resolved** that the Chair in consultation with Divisional Director, Strategy, Policy and Performance consider how to progress further scrutiny affecting Health, Adults and Communities savings.

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

Nil items

**The meeting ended at 8.46 p.m.  
Chair, Councillor Gabriela Salva Macallan  
Health & Adults Scrutiny Sub-Committee**