

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 6.31 P.M. ON THURSDAY, 16 SEPTEMBER 2021

**COMMITTEE ROOM ONE - TOWN HALL, MULBERRY PLACE, 5 CLOVE
CRESCENT, LONDON, E14 2BG**

Members Present:

Councillor Gabriela Salva Macallan (Chair)
Councillor Shah Ameen (Vice-Chair)
Councillor Faroque Ahmed
Councillor Denise Jones
Councillor Andrew Wood

Co-opted Members Present:

David Burbidge – Healthwatch Tower Hamlets
Representative

Other Councillors Present:

Councillor Mufeedah Bustin

Apologies:

Sue Kenten
Councillor Puru Miah

Officers Present:

Liam Crosby – Associate Director of Public Health
(Acting)
Lisa Harris – Public Health Programme Officer for
Healthy Environments
Dominic Hinde – (National Management Trainee,
Public Health)
Alia HUSSAIN – East London NHS Foundation Trust
Ellie Kershaw – (Tackling Poverty Programme
Manager, Benefits)
Carrie Kilpatrick – Deputy Director for Mental Health and
Joint Commissioning
Katie O'Driscoll – Principal Social Worker
Justin Phillips – NHS North East London CCG
David Knight – (Democratic Services Officer,
Committees, Governance)
Sharon Noonan-Gunning – City University
Denise Radley – (Corporate Director, Health, Adults &
Community)

Warwick Tomsett

– Joint Director, Integrated Commissioning

Jamal Uddin

– Strategy Policy & Performance Officer

Jo Wilson

– Tower Hamlets Food Partnership

1. DECLARATIONS OF INTERESTS

No declarations of interest were received at the meeting.

2. MINUTES OF THE PREVIOUS MEETING

The Chair advised the Sub-Committee that due to unforeseen circumstances and consequent exceptionally busy demands Members are joining online which means that according to the current formal terms of reference the meeting is not formally quorate and as a result the status of this meeting will be recorded as advisory. Nevertheless, it was noted that since the Sub-Committee has no executive decisions to take it would not affect the determination of any of the business to be transacted at this hybrid meeting.

Therefore, it was decided that the unrestricted minutes of the meeting of the Board held on 8th June 2021 should be agreed subject to formal ratification at the next meeting.

3. REPORTS FOR CONSIDERATION

3.1 Impact of Covid-19 on Mental Health and Mental Health Services

The Sub-Committee received a report that summarised what food poverty is and who is affected by it in the London Borough of Tower Hamlets (LBTH). It specifically highlighted the food poverty needs of older people and low-income families and showcased which food provision is in place for these vulnerable groups.

The Sub-Committee then heard from Dr Sharon Noonan-Gunning on the Right to Food campaign. The main points arising from the questioning of the report maybe summarised as follows:

The Sub-Committee:

- ❖ **Noted** that LBTH works collaboratively with stakeholders including the Food Partnership to lead the Food Poverty agenda.
- ❖ **Asked** what provisions had been put in place to support people who used to use Meals on Wheels (MOW). In response it was noted that there was a range of approaches help with the transition of previous MOW users to alternative options as part of the transitions work that was done in Winter 2019-20 (pre-pandemic). This included (i) Reablement short term support/intervention to support users with independently managing meal preparation/use alternative options; (ii) Support network assistance via neighbours/family; (iii) Frozen meal/ready meal options via local supermarket / community meal providers **e.g.** Wiltshire Farm Foods; (iv)

Lunch clubs and other community-based meal providers **e.g.** church groups; and (v) Local restaurant/café/meal delivery options **e.g.** Deliveroo, Just Eat

- ❖ **Asked** if there was an information pack for practitioners to use to support older people to look for alternative options. In response it was noted that as part of the MOW closure project a 'basic' information pack was created to assist practitioners in exploring the range of alternative provision and support, this information pack was very much 'work in progress' and one of the outstanding outcomes from the project was to explore, with Public Health colleagues, the option to further develop this information pack and look at options to create an online information source for both practitioners and residents – some of this 'online' work has already been done in Summer 2021 (delayed due to Covid priorities) and is part of the Community Portal offer in LBTH.
- ❖ **Questioned** if LBTH supported people who used Meals on Wheels with one off payments for white goods? In response it was noted that as part of the Care Act assessment and strengths-based approaches and LBTH has the option to support residents with 'one off' purchases for micro-waves, fridges, freezers where it is felt that this will support the residents to be more independent with meal provision and/or give them greater flexibility with alternatives; this can be done in a range of ways and in some cases can be easier facilitated via the use of a pre-paid one-off card.
- ❖ **Noted** that the recommendations within the report have been collectively identified from the Joint Strategic Needs Assessment (JSNA) and subsequent engagement and prioritisation from the Food Partnership. The proposed recommendations will be delivered by Tower Hamlets Food which is a partnership of organisations and individuals taking action for "good" food for everyone in the London Borough of Tower Hamlets.
- ❖ **Noted** that by "good" it means that food in Tower Hamlets is available and celebrated - neighbourhoods are brimming with opportunities to buy, sell, grow, share, and celebrate tasty, culturally appropriate food.
- ❖ Was **informed** that Tower Hamlets Food is working so that all local people can access nutritious, culturally appropriate, and affordable food with dignity. Their Keep Growing campaign has helped people to grow their own food during the first Covid lockdown. Anyone can access the resources developed, including videos and blogs on all stages of organic growing, and working with communities on a transition to an environmentally sustainable local food system.
- ❖ **Indicated** that it felt it was beneficial to have communities that are inspired and empowered to develop good food knowledge, skills, resources, better welfare standards as well as reducing greenhouse gas emissions.
- ❖ **Noted** that the Covid-19 crisis made life even harder for many after thousands were made redundant, lost income on the furlough scheme and faced higher living costs in lockdown. In addition, with the planned benefit cuts and soaring fuel prices, people on low incomes will be facing a difficult winter. This means that many will struggle to afford the food they need and will be forced to rely on food banks. Whilst some will find it difficult to pay for household bills, transport, or internet connections.
- ❖ **Agreed** that the problem however is not exclusive to unemployed people. In-work poverty hit a record high just before the pandemic, with experts

citing low pay, expensive rent, and meagre benefit payments for the number of families trapped in poverty despite having jobs. Whilst those families relying on benefits will face an annual £1,040 income cut in September 2021 when the planned Universal Credit decrease goes ahead.

- ❖ **Questioned** how people that are vulnerable to food insecurity and malnutrition are identified
- ❖ Were **keen** to see Tower Hamlets become somewhere that those residents facing or at risk of food poverty have easy and affordable access to healthy food within walking distance of their home.
- ❖ **Wished** to see the maximisation of the potential of school catering contractual arrangements to improve child health and educational attainment.
- ❖ **Considered** that Food pantries with their weekly support network through a membership scheme that provides a longer-term option when compared to food banks by giving people a choice of fresh fruit, vegetables, and meat. As opposed to Food banks which are only able to provide short term, occasional support to those families suffering from food poverty.
- ❖ **Wanted** to see Food pantries providing culturally appropriate and sustaining food.
- ❖ **Noted** that while food pantries share the aim of helping people on low incomes, the approach is very different to food banks. It is not a supplier of emergency food parcels like a food bank; instead, it strives to offer longer-term support, based on the idea that for many in the age of austerity and falling living standards, poverty and food insecurity are chronic or reoccurring, rather than a temporary problem.
- ❖ **Agreed** that with food pantries there is a dignity in paying, rather than being given to and the food offer is better in terms of quality, variety, and freshness – and people have choice, within constraints.
- ❖ **Noted** that food boxes provided by food pantries are built around recipes, booklets, and information on healthy food.
- ❖ **Agreed** that it: (i) wanted more information on the local food pantry's and kitchens **e.g.** the viability of accessing school kitchens once having addressed the issue of those schools who had been redeveloped through the private finance initiative (PFI); and (ii) the aspirations and preferences of the former MOW users now entering the social care system.

Following a full and wide-ranging discussion, the Chair thanked all those in attendance for their contributions to a very useful discussions on this critical issue.

Accordingly, the Committee resolved to **note** that the key points for the Committee are to receive:

1. More information on the local food pantry model and proposed placements in the Borough, as well as to understand how they may factor in community kitchens (**Inc** the viability of accessing school kitchens once having addressed the issue of those schools who had been redeveloped through the private finance initiative (PFI); and

2. Details on how the aspirations and preferences of the former MOW users now entering the social care system are being fully addressed

3.2 Food poverty for older people and low-income families

The Sub-Committee received a presentation that provided a high-level summary of the impact of the pandemic on the mental health of LBTH residents alongside the experience of local mental health services as they have rapidly adapted and developed new ways of working to address the various emerging pandemic trends and look to transform services going forward to meet the ongoing demands and opportunities. Members then participated in open discussion on the challenges and opportunities the Covid-19 pandemic has had on local mental health service provision, including the new ways of working to support the wellbeing of local residents and the future strategic approach to address the forecasted ongoing increasing demand. The questioning on the presentation maybe summarised as follows:

The Sub-Committee

- ❖ **Noted** that the presentation had a specific focus on local community, crisis and talking therapies services, which demonstrate the impact across the full spectrum of mental health experiences from common mental health disorders to severe mental illness.
- ❖ Were concerned to **note** that the combination of social isolation, health fears and financial concerns are causing new mental health problems for many of whilst making existing ones worse. There are significant levels of mental health need in the Borough across the whole pathway from serious mental illness (SMI) to common mental health disorders (CMD), such as anxiety and depression and general mental wellbeing. With (i) self-reported levels of anxiety and depression are the highest in London; (ii) the rate of diagnosis for all mental health conditions is significantly higher for residents in the most deprived groups compared to the least deprived, particularly for post-natal depression and SMI; (iii) the rate of diagnosis for schizophrenia, is three times higher than for residents in the least deprived group; (iv) women in Tower Hamlets are twice as likely to be diagnosed with clinical depression than men, and this risk increases when factors such as low-income and social housing are considered. The rates of SMI are at least twice as high for BAME residents; (v) children and young people are estimated as having a higher prevalence of mental health problems than in London or England; (vi) Tower Hamlets has the lowest proportion in London of residents over 65. Mental health problems in older adults are common and often undiagnosed.
- ❖ **Noted** with concern that this significant increase is believed to have been caused by factors including people returning to work; schools re-opening; the negative impact of lockdown measures on the mental well-being of local populations; increased public awareness of crisis lines; and reduced opportunities for community mental teams to engage face to face with all service users during the lockdown.

- ❖ **Noted** that Covid-19 could leave the Borough with an epidemic of mental ill-health that will last much longer than the virus itself **e.g.** Community Mental Health Teams report that they have noticed an increase in complexity of people being referred and that people are often presenting with multiple social issues such as debt, risk of losing their jobs and home, relationship problems.
- ❖ Was concerned to **note** that as an alternative to A&E (i) the Crisis Line had, had to set up an extra line to respond to increase demand; (ii) a Crisis Café had been established by Hestia to support for those support people in crisis out of hours across the Borough. Hestia it was noted is working in collaboration with LBTH and partner agencies to ensure that everyone within their care is equipped with the tools necessary for a life beyond this crisis.
- ❖ It was **noted** that the Crisis Café was unable to provide a “drop in” offer, however, referrals are triaged via the Crisis Line and it provides an alternative space for people in crisis, with access to clinicians, therapists and support staff at evenings and weekends. Finally it was noted that the Crisis Line and Café will be maintained after the pandemic.
- ❖ **Agreed** that given the above-mentioned it is really important for residents to take care of their mental wellbeing and there are lots of simple steps they can take to stay positive and build resilience. For example: (i) stay connected with others and talk about how they feel rather than bottle things up; (ii) undertake physical activity as it can play an important role in regulating mood; and by eating well and getting enough sleep as feeling tired and run down will affect mental health.

- ❖ **Commented** that they wished appropriate support for those Afghan families who have fled to the UK to escape the Taliban and that health centres need to be prepared with sufficient mental health counselling support.

Following a full and detailed debate, the Chair thanked all those in attendance for their contributions to a very useful deliberations on this important matter.

Accordingly, the Sub-Committee resolved to **note** that the key points for the Committee are to receive more information on the:

- 1) recruitment and retention of mental health service staff.
- 2) development of the community mental health services and the referral pathways.
- 3) work being undertaken to tackle loneliness and social isolation during the COVID-19 outbreak and beyond that will help to prevent more costly health and care needs from developing, as well as aiding community resilience and recovery; and
- 4) work being done to improve the safety of refugees during the COVID-19 pandemic.

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

With no other business to discuss the Chair called this meeting to a close; thanked all those attending for their contributions and informed the Committee that the next meeting would be on 26th October 2021 in Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

The meeting ended at 7.29 p.m.

**Chair, Councillor Gabriela Salva Macallan
Health & Adults Scrutiny Sub-Committee**

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