

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 6.32 P.M. ON TUESDAY, 26 OCTOBER 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
Sue Kenten	– Health & Adults Scrutiny Sub-Committee Co-optee

Apologies:

Councillor Puru Miah

Others Present:

Dr Somen Banerjee	– (Director of Public Health)
Waleed Fawzi	– Lead for Mental Healthcare of Older People
Eugene Jones	– Director of Service Transformation - ELFT
Ellie Kershaw	– (Tackling Poverty Programme Manager, Benefits)
Carrie Kilpatrick	– Deputy Director for Mental Health and Joint Commissioning
Joseph Lacey-Holland	– (Senior Strategy Policy & Performance Officer)
Katie O'Driscoll	– (Director of Adult Social Care)
Denise Radley	– (Corporate Director, Health, Adults & Community)
Joanne Starkie	– (Head of Strategy and Policy - Health Adults and Communities)
David Knight	– (Democratic Services Officer, Committees, Governance)

1. DECLARATIONS OF INTERESTS

No declarations of interest were received at the meeting.

2. MINUTES OF THE PREVIOUS MEETINGS

3.1 8th June 2021

The Sub-Committee formally confirmed as a correct record the minutes of the last meeting of the Health Scrutiny Sub-Committee held on 8th June 2021. The Chair was authorised to sign.

3.2 16th September 2021

The Sub-Committee formally confirmed as a correct record the minutes of the last meeting of the Health Scrutiny Sub-Committee held on 16th September 2021. The Chair was authorised to sign.

4. MATTERS ARISING

1. Item 7.3 Health & Adults Scrutiny Sub-Committee - Tuesday, 8th June 2021. Operation Oak - Departmental and voluntary agency support for asylum seekers.

- ❖ The Committee was reminded that there had been discussions on the Home Office housing recovery programme, known as Operation Oak, which is intended to accelerate the movement of asylum seekers out of contingency accommodation into dispersed accommodation across the United Kingdom, in both new and existing dispersal areas.

2. Item 3.1 Health & Adults Scrutiny Sub-Committee Thursday 16th September 2021 Food Poverty in older people and low-income families.

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

It was **agreed** that these matters would be kept on the action log and the Sub-Committees would receive regular updates.

5. CHAIRS UPDATE

The Chair:

- ❖ **Commented** that as one of the Councils representatives on the Inner Northeast London Joint Health Overview and Scrutiny Committee (INEL JHOSC) at the last meeting on Monday 13th of September 2021 there had been a discussion on the Integrated care system (ICS) a substantial change in the way to improve population health and reduces inequalities between diverse groups. The ICS would also be the subject of discussion at the that the Tower Hamlets Health and

Wellbeing Board on 2nd of November 2021. Members of the Sub-Committee will be sent copies of the agenda pack for that Board meeting and have an opportunity to raise formally comments for consideration by the Board.

- ❖ **Commented** that (i) she is a Member of the Local Covid Engagement Board that leads on engagement with the public regarding Covid-19 risks and prevention; (ii) she has seen this week an increase in the reported cases of Covid-19; and (iii) she is very happy to take questions from the Sub-Committee on the Board's work.
- ❖ **Welcomed** to the meeting Katie O'Driscoll the newly appointed Director of Adult Social Care
- ❖ **Reminded** the Sub-Committee that it had been Adult and Social Care Practice week on the 21st of September 2021 and together with a number of other members had undertaken shadowing of Telecare across Adult Social Care.

6. REPORTS FOR CONSIDERATION

6.1 Inpatient dementia assessment services

The Sub-Committee received a presentation from Eugene Jones and Waleed Fawzi East London NHS Foundation Trust (ELFT) and supported by other colleagues who had asked to attend this meeting to outline their proposal to permanently locate the inpatient dementia assessment services at East Ham Care Centre. This was originally moved to free up space in Mile End Hospital to make it more Covid secure and to provide existing dementia residents with a step-up offer. The main points of the discussion on the questions raised by the presentation summarised as follows:

The Sub-Committee:

- ❖ **Noted** that before the public consultation is launched on the proposals ELFT wanted to check in with Members around their plans and the questions that ELFT were intending to frame around these plans, so as to allow the opportunity to change and reconfigure those as needed before the public consultation commences.
- ❖ **Noted** that once this consultation is completed ELFT intend to report back to the Sub-Committee.
- ❖ Was **advised** that the Unit is an in-patient dementia assessment unit for older people living in the boroughs of Tower Hamlets, Newham, Hackney and The City of London.
- ❖ **Understood** following questions that the Unit provides dementia assessment in the City of London, Hackney, Tower Hamlets and Newham. It is a short-term assessment unit with an average length of stay of six weeks. It provides assessment and treatment for people experiencing complex mental health problems associated with degenerative brain disorders such as dementia.
- ❖ Was **informed** that each patient receives a thorough assessment of their needs from a wide range of health professionals. Along with input from families the aim is to provide person centred care by building an

understanding of a person's life history in order to meet their individual needs.

- ❖ Was pleased to **note** that in terms of the staff moves to East Ham Care Centre all of the staff that were previously providing the services at Columbia Ward Mile End Hospital would be moved with the patients to the Cazaubon Dementia Assessment Unit.
- ❖ **Felt** that the passion of the staff around this care group provides is essential in ensuring a continuity of care given their knowledge of the individuals within this group.
- ❖ **Observed** that in terms of the impact on families, ELFT have had positive feedback from service users and the families and ELFT have also put in place a carers questionnaire to identify specific feedback around the nature of travel and any issues that people have experienced.
- ❖ Was **told** in response to enquiries that recommended local taxi companies receive vetting in terms of their ability to provide care and support for patients and their families and that ELFT will continue to monitor and to date they have had no negative feedback.
- ❖ **Noted** that if service users and carers require support in terms of the journey by their own vehicle ELFT can provide support with that and therefore ELFT has a multi-pronged approach which is not just about taxis but about supporting people so they do not incur any financial hardship as a result of visiting Cazaubon.
- ❖ **Understood** that ELFT are having an ongoing dialog with service users and carers on this matter and comments from the carers questionnaire we will be incorporated into the feedback in terms of understanding the impact of the move on carers specifically (**e.g.** in terms of the journeys themselves the focus is primarily carers and family members who are going to visit their family members in Cazaubon).
- ❖ **Welcomed** the significant program of capital investment within Cazaubon to enhance the area (**e.g.** improve the outside space and garden area to make it more wheelchair friendly and accessible for all and around creating specific clinical space outside of the Unit for people to be isolated away from other patients to prevent cross contamination or infection).
- ❖ **Noted** that patients when they are admitted have to be screened for Covid, so as to allow patients to go directly onto the Ward. However, whilst they are waiting for the test results, which can take a few hours and they need to be isolated from other patients. Hence the need for the provision of an isolation area for any new admissions.
- ❖ **Understood** that whilst the Unit encourages visitations due to Covid these have had to be curtailed by the restrictions on hospital visits. Although during the pandemic the Unit has adapted its arrangements for contact with friends and family through the digital and technological routes through laptops and arrangements like that so families could still stay in contact with their families' members.
- ❖ Following questions raised **observed** that in regard to the carbon emissions ELFT aims to support where carbon neutral.travel.

- ❖ **Noted** that ELFT have engaged with Healthwatch to provide support and they have been to visit the Unit and have spoken to service users, carers, and staff. It was noted that all have been complimentary of the service.
- ❖ **Noted** that the Care Quality Commission (CQC) the independent regulator of health and social care in England had visited the Unit and stated that **(i)** the staff demonstrated a commitment to the empowerment of the patients by ensuring they were given the appropriate information to understand the different types of support and treatment offered; **(ii)** the patient was at the heart of the process and had been fully involved in assessment and decision making; and **(iii)** the staff were accessible and knowledgeable.
- ❖ **Observed** that any consultation material about the Units move needed to be clear, succinct, and easy to understand so as to avoid misunderstandings. It was felt that this was particularly important when the consultation material is about the co-location of medical services.
- ❖ **Stated** that it wished to undertake a visit to the Unit at the earliest opportunity and **wanted** to receive the feedback from service users; carers and Healthwatch specifically around travel to help inform future discussions.

In conclusion the Sub-Committee having noted and commented the plans and proposed approach with the public consultation **RESOLVED** that:

1. It wished to undertake a visit to the Unit at the earliest opportunity and receive the feedback from service users; carers and Healthwatch specifically around travel to help inform future discussions.

6.2 Adult Social Care Strategy 2021

The Sub-Committee noted that a new Adult Social Care (ASC) strategy has been developed and will provide clarity of strategic ambitions for the service. It is important that the priorities identified in the strategy reflects the needs of adult social care users and carers and there is space to effectively engage with them. Therefore, the Chair had asked Joanne Starkie and the Health and Social Care Leadership Team to present the strategy and tell the Sub-Committee how it has been developed including next steps. The main points of the discussion on the question raised by the presentation summarised as follows:

The Sub-Committee:

- ❖ **Considered** that as health services play a significant part in the life of all local people when they require care is naturally of particular interest to service users, a wide range of individuals, groups, and organisations.
- ❖ **Noted** that this Strategy, represents a renewed commitment to engage more effectively within the local community in the future. The Partnership will work to ensure that stakeholders are more aware of the

Partnerships work, successes, and challenges in general on a more regular basis.

- ❖ **Noted** that the Partnership will listen and learn from what local people have to say about services and in the development and consideration of options - before change is made or decisions are taken.
- ❖ **Noted** that Partners particularly recognise the value and importance of effective stakeholder engagement.
- ❖ **Observed** that effective stakeholder engagement requires strong and enduring relationships between the Trust and local people, which continue even in times of challenge or pressure. It relies on having a good understanding of the various perspectives and the respective areas of interest and concern and more lay involvement in the process.
- ❖ **Commented** that with regard to the community development it should be better articulated within the Adult Social Care Strategy such as a network of community social work posts which would enable people and groups to be empowered to set up services with the support from the Partnership so that these activities can come to fruition (**e.g.** social services teams and NHS Providers have direct volunteers which is one of the most effective ways to gain meaningful, hands-on experience in the social work field and to help their community).
- ❖ In response to questioning was **informed** that in terms of **(i)** how it fits alongside the Adult Social Care Budget the Strategy has been developed with the relevant officers within the Councils Finance Directorate (**e.g.** technology enabled care to provide an opportunity to help relieve some of the financial pressures whilst improving the quality of care); and **(ii)** performance indicators had been one of the main issues raised during the consultation is that it is important to be really clear on what the targets and the measures are within the Strategy (**e.g.** . to develop key performance indicators).
- ❖ **Understood** that with regard to the Strategy support is provided to carers through a Carers Support Service (A commissioned service) . and consideration can be given to the design of care services and how they should be shaped going forward. In addition, through engagement and consultation it was noted that more could be done to raise people's understanding of the aims of the Strategy and to explain more about social care packages and how they work.
- ❖ **Noted** that there is ongoing pressure on the Adult Social Care Budget that that has continued throughout the Pandemic and development of the Strategy has to be considered in that context and to what is happening with reform of social care on the national agenda over the next two to three years together with the funding uncertainty.
- ❖ Following questioning on the workforce issue **noted** there is **(i)** an Ethical Care Charter that applies to home care; **(ii)** a commitment to the London Living wage; and **(iii)** a shared workforce strategy which aims to set out a strategic level the support and improvement with regard to recruitment, retention, and development of staff.
- ❖ **Noted** that concerning new technology it should be designed with the needs of the Service in mind to help to meet the agreed objectives
- ❖ Was pleased to **note** that **(i)** the significant reliance on agency staff in the past has been reduced dramatically through a very good

recruitment campaign following a restructure; **(ii)** whilst there are one or two hotspot areas that are being worked the work force is broadly stable; and **(iii)** on the commissioned workforce side, there is a stable workforce in the Borough which is obviously a real positive.

- ❖ **Noted** that whilst around 67% of the Council adult social care workforce are from Black, Asian and Minority Ethnic Communities LBTH is looking to do improve that diversity picture at the more senior levels within the organisation.
- ❖ **Thanked** officers for bringing this to Sub-Committee at short notice and indicated that they would wish to receive **(i)** details of the feedback once receive; **(ii)** and the key performance indicators once they have been aligned; and **(iii)** details of the carers action plan.
- ❖ **Indicated** that the Strategy should address improved access to nutritional food and what does that mean.
- ❖ **Wanted** to receive details of the **(i)** innovation being undertaken with the alignment of the adult social care budget; **(ii)** the levels of support plans for the innovative technology; and **(iii)** breakdown of the workforce and what is being done to do improve the diversity picture within adult and social care.

In conclusion the Sub-Committee having noted and commented the new Adult Social Care strategy **RESOLVED** that:

1. It would want to receive **(i)** details of the feedback on the Strategy; **(ii)** the key performance indicators once they have been aligned; and **(iii)** details of the carers action plan.
2. the Strategy should address improved access to nutritional food..
3. it should receive details of the **(i)** innovation being undertaken with the alignment of the adult social care budget; **(ii)** the levels of support plans for the innovative technology; and **(iii)** breakdown of the workforce and what is being done to do improve the diversity picture within adult and social care.

6.3 Contain Outbreak Management Fund (COMF)

The Sub-Committee noted that the Contain Outbreak Management Fund (COMF) provides local authorities with financial support to reduce the spread of coronavirus through test, trace and contain activity.

Accordingly, the Chair had invited Somen Banerjee, Director of Public Health in Tower Hamlets to set out the use of this fund in the context of the strategic aims of the Local Outbreak Management Plan and help the Sub-Committee explore the wider learning from the approaches that have been taken. The main points arising from consideration of the presentation may be summarised as follows:

The Sub-Committee:

- ❖ **Noted** that LBTH is working on the assumption that the Government will 'clawback' the Coronavirus (Covid-19) emergency funding given to

local government and that LBTH will need to allocate that funding received before the end of March 2022.

- ❖ **Noted** that LBTH is also mindful **(i)** that there are "early signs" that Covid infection levels are increasing; **(ii)** whether there is going to be additional restrictions; and **(iii)** whether funding can be carried over.
- ❖ **Noted** that LBTH have in this year has received £11m.
- ❖ **Noted** that with the funding there has been a real focus on inequalities and have identified which communities have been particularly at risk so as to develop the outreach that has been commissioned and informed investment in the Community Clinics (CC) and have seen a kind of reversal of inequality.
- ❖ **Requested** that the outcome of this activity and good practice developed be shared with the committee.
- ❖ **Noted** that the role of the Covid-19 community champions established to empower and support Tower Hamlets residents to stay up to date with the latest advice about Covid-19 is providing information about testing and rapid testing.
- ❖ **Noted** LBTH has a real focus on vaccination as whilst over two-thirds of the Boroughs population have been vaccinated there is a challenge around **(i)** uptake of vaccination in the 12- to 15-year-olds; and **(ii)** the Booster Programme which is a major new program that LBTH needs to focus on given the Government's announcement that they wanting to accelerate the booster and the 12- to 15-year-olds vaccination programmes because of the increase in the numbers of Covid cases.
- ❖ **Noted** that the improvements around infection control measures in schools; care homes and workplaces which are really critically important for the control of all infectious diseases.
- ❖ **Noted** that the vaccination programme for Covid will in the future be the same way as there is for influenza.
- ❖ **Noted** that LBTH will continue to support communities addressing inequalities and the impacts of coronavirus which can cause symptoms that last weeks or months after the infection has gone **e.g.** post-Covid syndrome or "long Covid".
- ❖ **Noted** that since April 2021 the Council "Call Centre" have had about 28,000 calls of which 90% are vaccine related (**e.g.** booking vaccines for residents).
- ❖ **Acknowledged** that whilst the success of the vaccination rollout has paved the way for a gradual lifting of restrictions no vaccine is 100% effective and, like all viruses, Covid can mutate.
- ❖ **Noted** that the Councils Call Centre has been able to develop very quickly pathway plans and these plans remain under review.
- ❖ **Noted** that the Call Centre Team is continuously working proactively and with the partners and other services to ensure that it is keeping pace to ensure that the residents are getting the most up to date information (**e.g.** for test and trace and referrals on to other services).
- ❖ **Agreed** that it wanted feedback on the development of this work to be reported to a future meeting.
- ❖ **Noted** that specific expenditure has been transferred to the Call Centre to support specific activities **e.g.** the public helpline, the 3030 number: food support and the local test and trace.

In conclusion the Sub-Committee having noted and commented the Contain Outbreak Management Fund (COMF) **RESOLVED** that:

1. It wished to receive a further report to update on the use of COMF and the development of best practice.

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

The Chair:

- ❖ Informed the Sub-Committee that subject to consultation with Divisional Director Legal, Governance and Monitoring Officer the next meeting would be held on the 30th of November 2021.
- ❖ Reminded Members that the Tower Hamlets Health and Wellbeing Board on 2nd of November 2021 will be considering a report on the Northeast London Integrated Care System (NEL ICS) and that report would be sent to all Sub-Committee Members and they would have the opportunity to raise formally comments for consideration by the Board.
- ❖ That the Sub-Committee Work Plan would be circulated for Member's information and comment.
- ❖ That officers would be asked to ensure that Members would be informed of all future scrutiny training sessions.

Finally, with no other business to discuss, the Chair called this meeting to a close and thanked the Sub-Committee members, for their attendance and participation.

The meeting ended at 8.23 p.m.

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