LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 6.35 P.M. ON THURSDAY, 23 JULY 2020

ONLINE 'VIRTUAL' MEETING - HTTPS://TOWERHAMLETS.PUBLIC-I.TV/CORE/PORTAL/HOME

Members Present:

Councillor Kahar Chowdhury (Chair) Councillor Shad Chowdhury Councillor Gabriela Salva Macallan 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

Others Present:

Dr Somen Banerjee Director of Public Health Jack Kerr Strategy & Policy Manager Monton Jienpetivate Clinical Lead and Consultant

Counselling Psychologist

 Senior Democratic Services Officer David Knight Chris Lovitt Associate Director of Public Health Edwin Ndlovu Borough Director for Tower Hamlets East London Foundation Trust

 Tower Hamlets NHS Clinical Justin Phillips

Commissioning Group

 Deputy Borough Director for Tower Marion Reilly

Hamlets East London Foundation Trust Richard Simmons

Tower Hamlets CAMHS Psychological

Therapies Lead

 Strategy Policy & Performance Officer Jamal Uddin

 Senior Committee Officer Farhana Zia

1. **DECLARATIONS OF INTERESTS**

No declarations were received at this meeting.

2. MINUTES OF THE PREVIOUS MEETING(S)

The Sub-Committee confirmed as a correct record the minutes of the meeting of the Health Scrutiny Sub-Committee held on 12th March 2020. The Chair authorised to sign.

3. REPORTS FOR CONSIDERATION

3.1 Keep Tower Hamlets Safe - Local COVID-19 Outbreak Plan

The Sub-Committee received a presentation on the local COVID-19 Outbreak Plan by Somen Banerjee, Director of Public Health. The main points of the discussion maybe summarised as follows:

The Committee noted that:

- The Tower Hamlets local outbreak plan sets out plans for prevention and management of outbreaks in the Borough. In line with the national framework it sets out prevention and outbreak arrangements in particularly high-risk settings (including care homes, school, and other venues).
- It is recognised that effective communication is essential to inform and reassure different groups across Tower Hamlets on how to prevent further outbreaks and reduce transmission of infection. Therefore, the communications strategy does need to broaden its engagement by enabling effective outreach with hard to reach groups.
- The plan also outlines proposals for test and trace; surveillance of COVID-19; support for vulnerable groups; and governance arrangements.
- The plan is a living document and will adapt in response to scenario testing, experience, and ongoing review of governance arrangements.
- The plan identifies the disparities that have emerged nationally and locally in COVID-19 infection and deaths. For this reason, it has a specific priority on ensuring that equalities are integrated into outbreak prevention and response. Specifically, the community engagement plan aimed to ensure that communication messages and support is targeted at equalities group that are at particular high risk e.g. Shielding vulnerable people in Tower Hamlets; and Supporting Black, Asian, and Minority Ethnic (BAME) groups amidst the dangers of COVID-19.
- This plan is owned by partners across Tower Hamlets and is accountable to the people of the Borough through the Tower Hamlets Health and Wellbeing Board.
- As shielding support from the Government will be reduced from September and it is important to secure funding and maintain and resource local pathways going forward.
- It sets out what is to be done to ensure that how Tower Hamlets is a place where coronavirus infection is kept as low as possible, those who

are most at risk from impacts of COVID-19 are protected and people can get on with their lives free from disruption;

- To keep infection low, it is important to focus on two things:
 - 1. To make sure that Tower Hamlets is continually doing everything possible to prevent outbreaks of coronavirus in the first place; and
 - When outbreaks happen, Tower Hamlets needs to be prepared to respond as quickly as possible and this means having clear plans in which it is clear what needs to be done, who needs to do it and when.
- The plan sets out the principles of keeping infection low and managing outbreaks but also provides more detailed plans which are designed to help manage incidents. It is based on the seven themes that have been set out by national guidance.
- Co-morbidity (such as diabetes and high blood pressure) is considered a likely factor in leading to COVID related deaths. Which stresses the importance of building health resilience amongst these groups of people and settings.
- Because of the continually evolving situation, this plan is a live document and will need to be continually shaped by new knowledge about coronavirus, ongoing experience, and scenario testing.

Accordingly, the Chair moved, and it was agreed that:

- A. The communications strategy needs to broaden its engagement by enabling effective outreach with hard to reach groups.
- B. Local networks are utilised to target these groups and settings and increase uptake.
- C. As shielding support from the Government will be reduced in the coming months. It is therefore important to secure funding and maintain and resource local pathways beyond September supported by Primary Care Networks; and
- D. Co-morbidity (such as diabetes and high blood pressure) is considered a likely factor in leading to COVID related deaths. Therefore it is important to build health resilience amongst these groups of people and settings.

3.2 Impact of Covid-19 on Mental Health

The Sub-Committee received a presentation by Edwin Ndlovu Borough Director for Tower Hamlets East London Foundation Trust on the emerging picture regarding the Impact of COVID-19 on the Mental Health of residents. The main points of the discussion maybe summarised as follows:

The Committee noted that:

 The pandemic has generally exacerbated life stressors at a time when coping mechanisms have also been curtailed or made more difficult to access.

- Social isolation, job and financial losses, housing insecurity and quality, working in frontline services has been traumatic for many of those workers and reduced access to health and care services.
- People have either delayed or avoided getting necessary care and support, and this has been indicated in the lower referral rates and patient's reluctance to engage.
- People from BAME background, those with a Learning Disability (LD) and older adults have been affected much more than others.
- There had been an increase in referrals amongst 18-39-year olds. This
 was in line with recent surveys conducted by University College
 London (UCL) and others which it was felt indicated that young people
 are more likely to be affected by COVID19 with anxiety and
 depression.
- The findings of the surveys have suggested job security, housing security, and living quality are factors related to the increase in anxiety and depression. Therefore, it is important to ensure effective signposting to services such as housing and benefits.
- Adults of working age and older adult community services have run virtual clinics, consultant feedback by phone or video where appropriate.
- All known service users were "rag rated" according to risk and contingency planning across teams were implemented to ensure their needs were prioritised.
- Face to face appointments were provided where clinically necessary and the Teams utilised Personal Protective Equipment (PPE) and maintained services throughout the pandemic.
- A Crisis Hub was established to divert people with mental health conditions away from Accident and Emergency (A&E) to reduce the risk of COVID transmission.
- There is an emerging concern of mental health issues amongst children, younger people, and their families. Therefore, effective plans need to be developed with relevant sectors i.e. education and housing to put in place remedial solutions and appropriate coping mechanisms before it reaches crisis point.
- Whilst young people are more likely to adapt to new virtual resources
 which enables any initial contact to take place at a faster pace.
 However, people's experiences vary when it comes to effective support
 and treatment in present COVID conditions. The recommendation is to
 find appropriate ways to support users and offer choice as much as
 possible.
- The Crisis Line set up an extra line to respond to increased demand and a Crisis Café was set up and run by the charity Hestia in response to concerns around the impact of the coronavirus lockdown on mental health. Hestia aimed to support people in crisis out of hours and as an alternative to A&E.
- The Home treatment Team has operated as normal throughout to prevent hospital admissions.
- Psychological Therapy services transformed their provision by replacing face to face group therapy with on-line groups.

- There was a concern that safe hospital bed management would be impacted by an increase in COVID 19 cases. The wards therefore worked closely with the community teams and Home Treatment Teams (HTT) to safely reduce bed occupancy and support COVID infection control procedures.
- It was agreed that it was important to recognise and articulate what is being learnt on a moment by moment basis. Therefore, reflective practice spaces have been made available to all teams to enhance their resilience and provide support during these difficult times.

Accordingly, the Chair moved, and it was agreed that:

- 1. There is an increase in referrals amongst 18-39-year olds. This is in line with recent surveys conducted by UCL and others which suggest young people are more likely to be affected by COVID19 with anxiety and depression. The findings suggest job security, housing security and living quality are factors related to the increase. The recommendation is to ensure effective signposting to services such as housing, benefits as quickly as possible.
- Young people are more likely to adapt to new virtual resources which
 can enable initial contact much faster. However, people's experiences
 vary when it comes to effective support and treatment in present
 COVID conditions. The recommendation is to find appropriate ways to
 support users and offer choice as much as possible; and
- 3. There is an emerging concern of mental health issues amongst children, younger people, and their families. The recommendation is that effective plans are developed with relevant sectors i.e. education and housing to put in place remedial solutions and appropriate coping mechanisms before it reaches crisis point.

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

4.1 Covid response and Columbia Ward

Edwin Ndlovu Borough Director for Tower Hamlets East London Foundation Trust made a presentation to the Sub-Committee regarding the proposed changes and planned future location for Columbia ward, a 21 bed, Organic (Dementia) Assessment unit, that provides an inpatient function on behalf of all 3 Clinical Commissioning Group CCG's (Newham, Tower Hamlets and City & Hackney), Columbia ward is currently located within the Bancroft Unit, at Mile End Hospital (MEH) site. The main points of the discussion maybe summarised as follows:

The Committee noted that:

 COVID-19, has created the need for emergency transformation of Healthcare services to protect patients and the public; and in this period of emergency response and rapid service change Healthcare

- services are operating within a constrained timeframe and have tailored their engagement accordingly, to those directly affected.
- Concerns had been expressed over the distance and visitation but assurances were given that transport assistance would be provided to service users and their families.
- The emergency transformation and urgent service change proposal of Columbia ward in response to COVID -19 detailed within this presentation was an interim arrangement for a period of 12 months. Whilst the longer-term arrangements for this service would be reviewed through full and robust engagement, patients and public, this will provide the appropriate checks and balances and fully consider the impacts.
- The reduction in beds, surgical capacity and the costs of coronavirus will mean longer waits for treatment and therefore patients could be left in a situation where their quality of life deteriorates.
- Bart's Health NHS Trust Find, in response to the continued threat of COVID -19 and at the request of East London Health Care Partnership (ELHCP) and in agreement within the Integrated care systems (ICSs) ICS and NHS London, are to restructure services by introducing colourcoded zones, specifically creating a 'green' zone (COVID -19 free area) on the MEH site.
- There would be benefit in an Equalities Analysis being undertaken about this emergency transformation of healthcare services and for that to be shared with Sub-Committee.
- The COVID -19 free 'green' zone, planned for the MEH site is designed to keep patients, staff and family/carers safe, reducing the risk of cross infection and will allow the hospital to comply with social and physical distancing guidance and contain the spread of any future infection.
- This proposal will help to achieve the benefit of improving patient experience and quality of care through the consolidation of all Cognitive Impairment Specialist Dementia beds at the East Ham Care Centre (EHCC) which provides a modern, purpose-built facility specifically designed for the care of Dementia and the Frail Elderly, there is opportunity to utilise the vacant ward space and accommodation at EHCC to greater effect to create a Centre of Excellence. Whilst family and carers of Tower Hamlets residents in Columbia Ward will be able to access assistance where travel is an issue to enable them to regularly visit the ward at EHCC.

Accordingly, the Chair moved, and it was agreed that there would be benefit in:

- Undertaking an Equalities Analysis about this emergency transformation of healthcare services and for that to be shared with Sub-Committee.
- Arranging a joint scrutiny meeting with the Hackney scrutiny commission to consider the impact of these emergency transformation of healthcare services given that these changes have a greater impact upon Hackney.

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• Consideration being given to the impact of the emergency transformation of healthcare services on increasing the waiting times for surgery.

The meeting ended at 9.15 p.m.

Chair, Councillor Kahar Chowdhury Health & Adults Scrutiny Sub-Committee