LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 6.31 P.M. ON TUESDAY, 8 MARCH 2022

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

Members Present in Person:

Councillor Gabriela Salva Macallan
Councillor Faroque Ahmed
Councillor Puru Miah

Members In Attendance Virtually:

Councillor Denise Jones

Other Councillors In Attendance Virtually:

Councillor Leema Qureshi	(Scrutiny Lead, Resources)

Co-optees Present in Person:

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

Officers Present in Person:

Jamal Uddin	Strategy Policy & Performance Officer
Matthew Mannion	(Head of Democratic Services, Governance)

Officers In Attendance Virtually:

Dr Somen Banerjee	(Director of Public Health)
Warwick Tomsett	Joint Director, Integrated Commissioning
Denise Radley	(Corporate Director, Health, Adults & Community)
Shopna Ahmed	Service Head PA, Commissioning & Health
Kate CORLETT	EAST LONDON NHS FOUNDATION TRUST
Jason CRABTREE	EAST LONDON NHS FOUNDATION TRUST
Carrie Kilpatrick	Deputy Director for Mental Health and Joint Commissioning
Kathriona Davison,	Director of Operations and Transformation Barts Health NHS Trust
Stephen EDMONDSON	(BARTS HEALTH NHS TRUST)
Alex Hadayah	(Head of Integrated Occupational Therapy Services)
Sima Khiroya	(Head of Strategic Finance, Health, Adults and Community)
Michael McHugh	(Associate Director of Public Health)
Filuck Miah	(Strategy and Policy Officer, Strategy, Improvement

	and Transformation Service)
Katie O'Driscoll	(Director of Adult Social Care)
Khadra Said	LBTH Youth Service
Jackie Sullivan	Chief Executive Officer Royal London & Mile End Hospitals
Kay Saini	Head of Long Term Conditions (TNW CCG)
Li Xiaoyun	Public Health Programme Manage

1. DECLARATIONS OF INTERESTS

Nil items.

2. PUBLIC QUESTIONS

Nil items.

3. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the unrestricted minutes of the meeting of the Sub-Committee held on 30th November 2021 be approved as a correct record of the proceedings subject to formal ratification at the next meeting.

4. CHAIRS UPDATE

The Chair:

- **Informed** the Sub-Committee that due to unforeseen circumstances and consequent exceptionally busy demands on members, the meeting was being held online which meant 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 meeting.

5. ACTION LOG

The Sub-Committee received and noted the Action Log as noted that:

- The mental health recommendations are outstanding and the Chair intends to liaise with service to agree actions and the Sub-Committee will be updated in due course.
- The visit to Cazabourn ward in East Ham had been delayed due to the Covid -19 restrictions on visitors to the inpatient units the East Ham Care Centre is currently closed for visits. The centre will re-open for visits from mid-March onwards and the Sub-Committee will be advised of dates from week commencing 21st March 2022.

- The briefing on provisions that have been put in place to support people who used to use Meals on Wheels had been prepared for circulation.
- Due to growing concerns over new covid variant Omnicron, it is advised that covid updates are circulated to regularly to Sub-Committee as information.

6. REPORTS FOR CONSIDERATION

6.1 UPDATE ON ADULTS LEARNING DISABILITY SCRUTINY RECOMMENDATIONS, ACTION PLAN AND LD PROVISION

The Sub-Committee noted that the Council **(i)** and its health partners are responsible for commissioning and delivering appropriate care, support, and assistance to people with learning disabilities that live in the Borough; **(ii)** is committed to enabling people with learning disabilities to maintain their independence with services ranging from giving advice and information through to long-term residential care. The main points of the discussions arising from the questioning on the presentation maybe summarised as follows:

The Sub-Committee:

- Was **reminded** that a Health scrutiny challenge session took place on the 10th March 2020 reviewing "How health and social care is supporting adults with a learning disability to live independent lives in Tower Hamlets", focusing on three main areas of the Learning Disability Strategy: Health, Accommodation and Employment.
- **Noted** that due to the impact of the pandemic, the Sub-Committee were interested in revisiting the same three areas in February 2021. An updated report that included an impact assessment of the pandemic for the learning disability population was discussed at the Health & Adults Scrutiny Sub-Committee meeting.
- **Noted** that a report was taken to Cabinet on the 15th December 2021, that included an update and action plan based on all recommendations from both the March 2020 and Feb 2021 Health & Adults Scrutiny Sub-Committee meetings.
- Was **advised** that work to take these forward has continued throughout the pandemic with progress made in these areas reflected within the action plan.
- **Noted** that the NHS will now be offering a mixture of face-to-face, telephone and online GP appointments, and were reassured to hear that if patients need to be seen face-to-face, they will be. The Sub-Committee **indicated** that the NHS should **(i)** continue to offer face-to-face appointments; **(ii)** design a new service model which needs to be planned carefully and with close engagement with those communities who will be most affected.
- **Noted** that It's always important to the Royal London that they hear from patients whether the feedback is good or not. As whilst the Royal London is proud of its customer service, it is accepted that sometimes

they fall short of the mark and if this has happened and a patient has experienced poor service, the Royal London wants to know so that they can deal with any concerns as quickly as possible. As the sooner they are told then the sooner they can assign someone to investigate the complaint and resolve it.

- **Noted** that the NHS use a P5 category that identifies any patient as having requested to remain on the waiting list but to defer treatment because of their concerns about COVID-19.
- **Noted** that during the spread of COVID-19 hospitals had to postpone non-emergency operations to avoid putting patients at risk and ensure that hospital resources, beds, and equipment are available to treat patients who are critically ill with COVID-19. However, the NHS as it has gradually reintroduced planned operations have produced advice for patients waiting for surgery to address concerns and provide guidance on how you can prepare for your operation.
- **Noted** that surgical teams discuss with patients the benefits and risks of surgery as part of your shared decision-making, before going ahead with your operation. This will include consideration of any risk to you from delaying treatment. If you are in a high-risk group for contracting COVID-19, or if you have serious underlying medical conditions, it may be suggested that your operation is deferred until later, when it would be safer for you.
- **Noted** that the Boroughs hospitals are taking every possible measure to minimise any risk of infection. This includes training hospital staff on how to limit the spread of the virus through frequent hand-washing and social distancing within local hospitals; regular deep cleaning; use of personal protective equipment; testing staff and patients for COVID-19; and treating patients who have symptoms or who have tested positive for COVID-19 in separate units or areas.
- Was **informed** that whether a patient is having a discussion about a rescheduled operation or having an initial pre-operative assessment with a member of the surgical team, this consultation may take place online or by phone, rather than face-to-face, to limit the number of people coming to hospitals while COVID-19 is still present in the community. In addition, any visits to hospital should only occur when absolutely necessary, such as when urgent scans or other examinations are required.
- **Noted** that North East London Integrated Care System (NEL ICS) over recent years partners and stakeholders have changed how they work and plan services to bring health and social care services closer together for the good of the communities that they seek to serve. This has been highlighted by the ongoing coordinated response to Covid-19 where NHS organisations, local councils and community groups are all working together to provide the care for communities in an efficient, effective, and joined up way. Not only does this provide the best experience for the local population, but it also makes sure the best use of vital resources.
- Was **advised** that patient information would only be shared where it facilitates care for an individual and it is legal to do so. This sharing requires the patient to be informed and provide them with an

opportunity to object. This includes **(i)** all providers and agencies involved in a person's care, including the role that carers and family may play and **(ii)** sharing relevant information on admission to and discharge from different care settings.

- **Agreed** on the importance of the Trusts family contact centre during the pandemic that allowed families who could not visit their loved ones to stay in touch with them. The centre has allowed families to receive regular updates during this time on how their loved one are doing, to pass on messages to patients if they cannot be reached directly and to help them arrange virtual visits using video calling. All contact being through a nominated next of kin or the nominated contact person for reasons of patient confidentiality and was developed in consultation with multi faith forums, community leaders and general practitioners. This dialogue proved to be particularly of importance with regard to **(i)** the Trusts general wards where families could not visit their relatives and visiting rules had therefore be changed; and **(ii)** clinicians who were in a constant discussion with patients and general practitioners to improve communication and open up those lines of dialogue so that patients are not having to go to their back to their general practitioner to ask questions.
- **Noted** that the Trust are working with the Patient Welfare Association and Healthwatch to discuss future the development of communication pathways and would be happy to give an update to the Sub-Committee at a future meeting it that was felt to be helpful.
- **Agreed** that it would welcome such an opportunity to discuss future the development of communication pathways and agreed that this should be added to the Sub-Committees Action Points.
- **Noted** that the backlog for care needs to be considered as there has been over the pandemic fewer referrals for hospital with more patients having their conditions managed by their general practitioner or in the community. This has meant that it is unclear as to how many more people will be in need urgent or routine care Therefore, even with the positive news of a vaccine, the impact of Covid-19 on waiting times for NHS patients will be felt for years to come. As in spite the best efforts of hard-working staff, there simply is not the capacity to get through the backlog quickly. With current staffing levels it will be a challenge just to keep up with demand, let alone reduce the backlog.
- **Agreed as** a direct result of shutdowns of medical services over the period of the pandemic now the NHS faces a huge backlog of non-COVID-19 care. In addition to hospital care, the impact is also being felt by those trying to access GP care. Accordingly, that this issue should be added to the Sub-Committees Action Points.

As a result of a full and wide-ranging discussion on the issue's raised the Chair (i) thanked all those attendees for their contributions to the discussions; and (ii) moved and the Sub-Committee **RESOLVED** to:

- **Noted** the progress made since March 2020 against the initial challenge session recommendations.

- **Noted** the presentations and updated action plan; and
- **Agreed** the addition to the Sub-Committees Action Points of **(1)** communication pathways; and **(2)** the impact of Covid on those trying to access hospital and GP care.

6.2 IMPACT OF LONG COVID

The Sub-Committee **noted** (i) that Post-Covid syndrome, also known as Long Covid, is multi-system in nature. Patients often present with clusters of symptoms, often overlapping, which may change over time (ii) there is still uncertainty in what is known about the long-term effects of Covid -19 and only as evidence emerges, will there begin to be a greater understanding about the prevalence and recovery patterns following Covid -19. A summary of the questions and feedback provided is outlined below:
The Sub-Committee:

- **Understood** that in recovery, there is an opportunity to create a healthier, more resilient society, by ensuring that patients are provided with the tools to be able manage their long-term conditions better.
- **Noted** that part of the strategy to assist recovery aims to enable Primary Care to stratify patients with long terms conditions in order to help prioritise patients who are at the highest risk of an exacerbation.
- Was **informed** that the proposals represent a marked shift away from the focus on competition that underpinned the coalition government's 2012 reforms, towards a new model of collaboration, partnership, and integration. At the same time, removing some of the competition and procurement rules could give the NHS and its partners greater flexibility to deliver joined-up care to the increasing number of people who rely on multiple services. **However**, it is also important to recognise the limitations of what legislation can achieve. It is not possible to legislate for collaboration and co-ordination of local services. This will require changes to the behaviours, attitudes and relationships of staff and leaders right across the health and care system.
- **Commented** that whilst adult social care has demonstrated its value throughout the pandemic it is important to recognise the pressures facing social care and welcomed a commitment to reform. However, felt the proposals do not address the urgent need to put social care on a sustainable, long-term financial footing to ensure social care can best support people to live the lives they want to lead.
- **Agreed** it was important with regard to social care that there was affordable, high quality, sustainable and joined up care that meets people's needs.
- **Agreed** that self-isolation has caused a negative impact on people's mental health the separation from loved ones, loss of freedom, boredom, and uncertainty can cause a deterioration in an individual's mental health. As they have been placed in a situation or an environment that may be new and can be potentially damaging to their health. In addition, Covid has had drastic negative effects on the more vulnerable individuals in the community. Physical isolation at home among family members can put such people at serious mental health

risk. It can cause anxiety, distress, and induce a traumatic situation for them. vulnerable people can be dependent on others for their daily needs, and self-isolation can critically damage a family system. Those people living in nursing homes can face extreme mental health issues.

- **Agreed** that this Impacts on people's physical and mental well-being, which can manifest to impact on their needs for care and support. And of course we know that carers have also been adversely impacted during the pandemic in a number of ways and therefore the support that they may have offered may not always be as actively available during significant periods of time during the pandemic and including rest by. Therefore, for a number of reasons people's needs are more complex as a result.
- **Understood** that with regard to social care funding a funding shake-up has been long-awaited by older and disabled people and their families, who know how difficult navigating the current system can be. As unlike NHS healthcare, social care is not free at the point of use and Council funding is only available to those with the lowest means. Whilst the details of what the Government intends are awaited it has indicated that it intends to tackle the 'persistent unfairness' in the social care system by ensuring that self-funders are able to ask their local authority to arrange care on their behalf, so they can get a better deal. Currently, people who fund their own care usually pay higher fees than people who are funded by their local council.
- **Noted** in regard to the changes in social care funding there will be an £86,000 cap on care costs across an individual's lifetime. This cap is not proportional to a person's assets – it is a fixed amount, not a sliding scale depending on what you own/have. Therefore from April 2023 it appears that no-one will have to pay more than £86,000 for care costs.
- **Commented** that the reforms will lead to increased pressure on areas with higher levels of deprivation: As the plans will not generate money to address the anticipated increase in demand for care in future.
- **Noted** that the Government expects demographic and unit cost pressures to be met through Council Tax, the social care precept, and long-term efficiencies. However, it is estimated that a significant portion of funding nationally will go into funding the new cap on care costs. Furthermore, the administrative costs of implementation of changes in practice required, including changes in policies and procedures **e.g.** current charging and financial assessment policies and practice will all need to be evaluated and the costs of implementing these changes will need to be appraised and met within the additional funding. However, the additional funding announced does not represent the significant financial pressures that will be faced, on top of the additional costs of increased care costs and complexities of care due to the pandemic for vulnerable people.
- **Noted** that as mentioned social care is not a free, universal service; local authorities have always been able to charge for services. This means that service users are sometimes exposed to potentially very high and unpredictable care costs. Therefore, it is very important for LBTH to make sure that as part of its financial assessment process that they determine how much, if any, people are able to afford to contribute

towards the cost of their care and in doing so to take into consideration disability related expenditure so that LBTH can be assured that **(i)** additional expenditure that the individual may experience as a result arising from their disability; **(ii)** people to fully understand the circumstances associated with their charges e.g. what that means for them, and indeed if they need to seek independent financial advice.

- **Whilst** welcoming the intention by LBTH to ensure that there is a fair and equitable process including that the users voice is clearly heard and understood (**e.g.** a process that is co-produced in partnership with our residents), it was **agreed** that this issue needs to be the subject of further discussions involving service users and providers at a future meeting.

Recommendations:

The Health & Adults Scrutiny Sub-Committee:

- **Noted** the contents of the report.
- **Agreed** that this issue needs to be the subject of further discussions involving both the service users and providers at a future meeting.

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

The Chair please on record her thanks to Members and Officers for their invaluable support and contributions to the work of the Sub-Committee and the scrutiny process over the past year. Then with no other business to discuss the Chair called this meeting to a close.

The meeting ended at 8.33 p.m.

Chair,
Health & Adults Scrutiny Sub-Committee