

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE**

**HELD AT 6.34 P.M. ON TUESDAY, 12 DECEMBER 2023**

**COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL**

**Members Present in Person:**

Councillor Ahmodur Khan -(Chair)

Councillor Abdul Mannan

Councillor Ahmodul Kabir

**Members In Attendance Virtually:**

Councillor Amy Lee

Councillor Mohammad Chowdhury

Councillor Amina Ali

**Other Councillors Present in Person:**

Councillor Gulam Kibria Choudhury -(Cabinet Member for Health, Wellbeing and Social Care)

**Co-optees Present in Person:**

Nicola.Lawrence -(Healthwatch Co-optee)

**Co-optees In Attendance Virtually:**

Assan Ali -(Resident Co-optee)

**Officers Present in Person:**

Dr Somen Banerjee -(Director of Public Health)

Denise Radley -(Corporate Director, Health, Adults & Social Care & Deputy Chief Executive)

Warwick Tomsett -(Joint Director, Integrated Commissioning)

Katie O'Driscoll -(Director of Adult Social Care)

Filuck Miah	-(Senior Strategy and Policy Officer)
Justina Bridgeman	-(Democratic Services Officer (Committee))
Ben Gladstone	-(Interim Deputy Director Aging Well)
Sue Denning	-(Public Health Localities Manager)

## 1. DECLARATIONS OF INTERESTS

There were no declarations of disclosable pecuniary interest, however, Assan Ali disclosed that his wife works for Adult Social Care.

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

The minutes of the Sub-committee meeting held on 12 October 2023 were approved and signed by the Chair as a correct record of proceedings.

### Chair's Update

The Chair;

- **Noted** that a written response from ICB has now been received regarding a 30% reduction of NEL ICB budget and the implications for Tower Hamlets. Full details can be found in the action log.
- **Reminded** members that physical attendance to meetings is expected and that confirmation should be made to the Chair and clerk in writing when meeting invitations are received.

## 3. REPORTS FOR CONSIDERATION

### 3.1 Community Diagnostic Services

Angela Wong, Divisional Director, for Allied Health Diagnostics, BARTS Health NHS Trust and Nabeel Hussain, Programme Director Community Diagnostics Centre, BARTS Health NHS Trust, updated the sub-committee on the current diagnostic service levels in borough, including referrals, accessibility, affordability, quality of healthcare, outreach strategy and local partnerships.

The sub-committee were informed that the service was heavily impacted by the pandemic and waiting times were high. Collaboration with both Royal London and Newham Hospitals has facilitated clearing the backlog and Mile End will in turn assist Homerton University Hospital. £1.5 million has been invested into Cancer Diagnostics Centres (CDC) until 2025. MRI performance

was initially at 32% and CT at approximately 41%. This has now risen to around 95% for MRI and 99% for CT services.

Nabeel Husain then explained that between April and October this year, the CDC has delivered more than 700 MRI's and CT scans, over 6,000 X-rays and more than 5,000 ultra sounds. This equates to 25,000 new patients seen over a seven month period. A new Thames Ward renovation to house MRI, CT and Ultra sound equipment is ongoing, scheduled to open next year.

Patient feedback has been pivotal in ensuring a calm environment whilst scans are undertaken. The introduction of access to patients being offered same day multiple diagnostics and flexible appointments and weekend availability has added to the positive feedback received.

Further to questions from the sub-committee, Angela Wong and Nabeel Hussain;

- **Explained** that the service is available seven days a week from 8am to 8pm, to enable patients to visit after working hours. GP discussions are ongoing to ensure the services are promoted to residents, including the multi diagnostics service.
- **Clarified** that the programme initially saw around 32% of patients having MRI scans in six weeks, this has now risen to 99%. CT scans or MRI's can now be given in two weeks or even sooner.
- **Conceded** that patients were concerned with the lack of wi-fi availability. This is now being rectified by re-routes in the majority of areas throughout the site. More seating and better décor has now been provided to enhance the settings.
- **Noted** that an admin 'daily huddle' takes place to take video calls to assess if patients are willing to come in at short notice to fill cancelled appointments by others.
- **Confirmed** that recruitment plans for the CDC service are in progress to assist in appointments and support patients accessing the service.

**RESOLVED** that;

1. The presentation be noted.

### **3.2 improving Access to Health Services for Disabled Residents**

The Sub-committee heard from two residents from the same family with learning difficulties. They both gave lived experiences of poor service received from healthcare professionals. They stated that Autism is a spectrum disorder that impairs cognition, and reasonable adjustments are not made when trying to access services. Some healthcare professionals and reception staff do not slow down speech, clarify points nor allow time for residents to comprehend

information or answer questions. There are times when staff become impatient and raise their voice. This will exacerbate symptoms and cause unnecessary anxiety for the resident, as appointments can no longer be made online.

Real, Tower Hamlets' largest Disabled People's Organisation, assisted in changing GP's to resolve issues. However, further complications arose when trying to obtain wheelchair access for their mother, which took 9 months to resolve. Access to the GP was not provided and messages were not initially returned. When the GP did call, they were rude and unprofessional, leaving the patient feeling frightened. Hospital staff can also be unsympathetic in writing down appointment times and explaining processes clearly. Assistance was provided from a temporary support worker, although this took three months to resolve.

Members were also informed that waiting lists for counselling appointments are high, which leads to further anxiety. Healthcare professionals were reminded that disabilities are not always visible and consideration should be made for patients to choose GP's. Allowances should be made to hold double appointments in person, and reception staff should also be trained to show more empathy towards patients as they are front line staff.

The Chair thanked the residents for their feedback and introduced Jo-Ann Sheldon, Head of Primary Care Commissioning and Dr Roberto Tamsangan, Clinical Director, Primary Care to give an overview on health service improvement plans for disabled residents.

#### Primary Care Presentation

Ms Sheldon updated the sub-committee on the Care Quality Commission's (CQC) nine GP requirements to receive a satisfactory rating. Practices are inspected every five years and details of the Disability Discrimination Act 1995, which mandates all practices to make reasonable adjustments to provide access for disabled residents were outlined. New buildings all conform to the Act and there are plans to refurbish older sites. All practices can apply for a London Improvement grant, although funding is limited.

Members were informed of the systems in place to address patients' needs, particularly the portal which provides information for North East London (NEL) practices to best support patients, medical information systems and reasonable adjustment flags. The Universal Care Plans (UCP) are also available, to ensure residents with learning disabilities receive full support in order to navigate the process, and a clinical lead is also on hand to give further advice.

All borough practices have a digitally excluded patient policy, reviewed annually and letters with leaflets are sent to residents over the age of 14. These are co-produced with young people, informing them how to access care services. Details include a culturally appropriate tool kit and a QR code to easily access information.

Ms Sheldon then updated the sub-committee on the Oliver McGowan mandatory learning disability and autism training, which will be provided throughout the healthcare sector, ensuring practitioners can adequately support patients. Two practices in the borough have taken part in the Embedding Disability Awareness Pilot (EDAP) and will address many of the issues raised by residents with concerns about poor service received. The NEL now manage all complaints and are reviewing processes to be more easily accessible.

Sue Denning, Public Health Localities Manager, stated that Tower Hamlets Training Hub, will be presenting a Disabilities Competency Programme next month. The programme, co-produced with adults with disabilities and Real, is preparing a tool kit incorporating the best practice guidance and will include lived experience from residents. This work has been conducted for three years, and additional training and ongoing discussions with the Primary Care Network (PCN) will continue to ensure adequate adjustments are made.

Further to questions from the sub-committee, Jo-Ann Sheldon, Dr Roberto Tamsangan and Sue Denning;

- **Explained** that further details on healthcare initiatives for access to GP practices for patients, specifically for vulnerable or elderly residents, can be brought back to the sub-committee for review. For access on specific sites, residents are recommended to contact the practice management team at that particular practice.
- **Confirmed** the two GP practices trialling the EDAP programme are The Tredegar Practice and St Pauls Way Medical Centre. Disability Awareness training will be offered through the NEL Training Hub with the GP Care group, across all PCNs and include a wide range of staff.
- **Explained** that most practices are managed by GP partners who are responsible for recruiting reception staff. Further details on measures to support the development of receptionists will be discussed outside of this meeting.

#### Royal London and Mile End Hospitals

Fiona Peskett, Director of Strategy and Integration, BARTS NHS Health Trust, gave an overview of disability access to both the Royal London and Mile End hospitals. The sub-committee were informed that The Royal London adheres to Part M building regulations, and BARTS Health clinical planners ensures the building conforms to accessibility requirements.

A website for deaf and hard of hearing patients has been established, all departments have access to a hearing loop that staff are trained to use, and a web chat system is available for outpatient appointments. All staff are required to undertake staff equality and diversity training and are also offered dementia and deafness training.

Ms Peskett then noted that both hospitals have a learning disability nurse and ongoing reviews are conducted to ensure the needs of borough residents are met. 'Access Able' allows patient accessibility for all five hospital site maps and access links are available on the BARTS Trust website. Feedback from service users are continually monitored and for those who do not use digital media, appointment reminder letters are routinely sent out.

Further to questions from the sub-committee, Fiona Peskett;

- **Confirmed** that a written brief on web chat analytics will be made available to the sub-committee for the next meeting.
- **Confirmed** that a written brief in regards to equality and diversity and mandatory healthcare training for specific disabilities will be made available to the sub-committee for the next meeting.
- **Clarified** that BSL interpreters are available during working hours and an online service is accessible out of hours.
- **Confirmed** that details on whether the NHS accessible information standards 2016 is now available in all BARTS Trusts will be provided.
- **Confirmed** that further details on the Learning Disability Nurse's hours of service and confirmation on mapping patients accessibility relates to visible or invisible disabilities will be brought back to the sub-committee for the next meeting.

#### Disabled People and Primary Care

Jack Gilbert, the Chief Executive Officer for Real DPO, presented an overview of the organisations' community engagement and advocacy work with disabled residents. Real have collaborated with patients with varying disabilities and from different backgrounds, who gave lived experience of difficulties in accessing primary care and community health services in the borough. Many people experience long-term impairments during their working life and GP's should be adapting their care. Currently there is no transferable way that patients access requirements are logged. The ICB should be informed so that concerns can be referred to NHS England to resolve.

Real are currently working with Barking, Havering and Redbridge hospital trusts to combat access concerns for disabled people. A disability action plan, an assessment tool and a change management training program have all been developed, to assist primary care commissioning leads in prioritising and extending disability access, particularly in older locations and community pharmacies.

Sub-committee Members heard that consideration should be made for the action plan to be implemented within primary care, local authorities and not just Tower Hamlets. Further workstreams have been undertaken in

conjunction with NEL ICB and disabled residents to improve accessible communications. It was noted that although social care independent living costs at home will no longer be charged, assessments for services and access to appropriate levels of home support will be more difficult to obtain.

#### Apasen Disabled Peoples Network

Subhiksha Manoj, Communications & Network Officer, and Adegoke Ukunade, Project Manager, Apasen, who provide home and community care services, respite for disabled residents and training for carers, presented an overview of the organisation and feedback from service users and their primary carers.

Patient concerns included long waiting times for GP appointments, sometimes up to three weeks, language issues resulting in miscommunication and frustration and carers who call on the patients behalf stated they were not considered suitable patient representatives, as they are not the primary carer.

Ms Manoj informed the sub-committee that there is a lack of understanding from patients on the meaning of reasonable adjustments. Consideration for a campaign should be made to raise awareness, as well as supporting initiatives led by the Real Islam Foundation, Deaf Plus and other organisations.

Further research is required by healthcare providers to ensure reasonable adjustments are made, and supporting local training programs led by adults with disabilities is vital in understanding the issues faced.

Further to questions from the sub-committee; Subhiksha Manoj and Adegoke Ukunade;

- **Confirmed** that all carers are required to hold a CARE certificate. A comprehensive induction and in-house training is provided before they start work. Refresher training is also given and an Employee Assistance Scheme allows them to speak to a professional when required.
- **Confirmed** that the majority of carers employed are UK Nationals and professionally qualified nurses.

**RESOLVED** that;

1. Details on healthcare initiatives for access to GP practices for patients, specifically for vulnerable or elderly residents to be brought back to the sub-committee for the next meeting.
2. A written brief on web chat analytics to be brought back to the sub-committee for the next meeting.

3. A written brief in regards to equality and diversity and mandatory healthcare training for specific fields to be brought back to the sub-committee for the next meeting.
4. Details on the Learning Disability Nurse's hours of service and confirmation on mapping patients accessibility relates to visible or invisible disabilities to be brought back to the sub-committee for the next meeting.
5. The presentations be noted.

### **3.3 Housing with Care Strategy**

Councillor Gulam Kibria Choudhury, Cabinet Member for Health, Wellbeing and Social Care, introduced Ben Gladstone, Interim Deputy Director for Aging Well, who gave an overview of the proposal and the Adult Social Care (ASC) strategy, designed to support residents to stay in their own homes, or provide specialist housing with care facilities if required.

Mr Gladstone informed the sub-committee that the borough population is predicted to increase in the next 10 years. Current figures show 15% in 2033 rising to around 54% by 2033, which is over the national average, adding more pressure to ASC services. The Social Care Institute of Excellence has recommended an increase in the current capacity of 214 flats with 240 housing with care facilities. Due to a lack of housing provision, high land prices and space in the borough, approximately half the residents requiring residential care or care home must be relocated outside the borough, often times against their wishes.

Details of current provision includes around 2000 people supported with home care, 9 supported living facilities for residents with learning disabilities, 14 mental health facilities, six older adult focused care homes and two nursing homes.

Findings from the strategy include a need for more nursing care home beds for patients with complex needs and more supported living provision for those with learning disabilities or mental health concerns. Members were told that an expression of interest will be made for the 'Accelerated Reform Fund' from the Department of Health and Social Care next month. This is to grow the 'Shared Lives' scheme to support adults with learning disabilities by matching them with an approved carer.

Details of the housing, tenure and types of support were given, and Members were informed that extra care housing is the preferred method rather than residential care, as residents are tenants with housing rights as opposed to occupancy agreements.

The proposed units will have a dementia and disability-friendly scheme and will provide culturally specific homes, such as the Somali Gardens scheme, which is cantered on ethnic minority. The proposal also includes more



structured partnerships with housing providers to ensure the housing needs for the next 10 years are addressed. Currently, six of the borough's care homes are privately owned, which makes it difficult to control the quality and cost.

Mr Gladstone noted that an annual delivery plan will run alongside the strategy, a delivery group has been formed to focus on feasible locations for specialist housing development, and discussions with NEL commissioning to share intelligence are ongoing. The strategy will request Cabinet implement the annual delivery plan in conjunction with the capital projects priorities.

Further to questions from the sub-committee, Ben Gladstone;

- **Clarified** that the aim is to support residents who have complex care needs within the proposed care facilities, so they do not have to move into a nursing home. This will increase the range of options for older people in the borough and decrease the rate of residents having to move out of Tower Hamlets.

**RESOLVED** that;

1. The presentation be noted.

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

The Chair reminded members of the site visit scheduled for 15th January 2024 to Independent East, at the PDC in Bethnal Green. Members were urged to confirm attendance upon invitation.

Members were also informed of an upcoming scrutiny review on improving disabled residents access to leisure and exercise. The Chair advised that officers would send out invites as part of the policy development workstream and encouraged participation.

The meeting ended at 8.50 p.m.

Chair, Councillor Ahmodur Khan

Health & Adults Scrutiny Sub-Committee