

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 6.40 P.M. ON TUESDAY, 3 SEPTEMBER 2024

COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL

Members Present in Person:

Councillor Bellal Uddin

Councillor Amy Lee

Councillor Sabina Khan

Councillor Abdul Mannan

Councillor Bodrul Choudhury

Jessica Chiu

(Healthwatch Co-Optee)

Members In Attendance Virtually:

Councillor Marc Francis

Other Councillors Present in Person:

Councillor Gulam Kibria Choudhury

(Cabinet Member for Health, Wellbeing
and Social Care)

Officers Present in Person:

Dr Somen Banerjee

(Director of Public Health)

Filuck Miah

(Strategy and Policy Officer)

Emily Fieran-Reed

(Adult Social Care Improvement, Transformation
and Assurance Lead)

Georgia Chimbani

(Corporate Director, Health and Adult Social Care)

Liam Crosby

(Associate Director of Public Health (Acting))

Justina Bridgeman

(Democratic Services Officer (Committee))

1. DECLARATIONS OF INTERESTS

There were no declarations of disclosable pecuniary interest.

2. MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the Sub-committee meeting held on 04 June 2024 were approved and signed by the Chair as a correct record of proceedings.

Chairs Update

- **Noted** that Councillor Abdul Mannan has replaced Councillor Kabir Hussain as a Health and Adults Scrutiny Sub-Committee Member.
- **Introduced** Jessica Chiu to the sub-committee members, as Healthwatch representative. This was officially confirmed at the Overview and Scrutiny Committee on 21 May 2024.
- **Reminded** Members that the meeting was being held during the pre-election period and party political content must not be discussed.

3. HASSC ACTION LOG

In relation to the details on the Adult Social Care (ASC) Key Performance Indicators (KPI) for permanent admissions to nursing homes, Members were informed that these figures were related to the demand for social care and the complexity of residents requiring assistance. The measures employed are national indicators, as all local authorities are required to monitor any admissions into residential care. The aim is to reduce the number of residents in care homes unless they have complex issues which require a placement. The preferred location is at home. Although this is not a strategic measure, this is being monitored All other actions were received and noted.

Councillor Marc Francis requested further details to Members on the key performance measures that will be included in the Strategic Plan. Officers were also requested to provide additional information on the performance figures for Occupational Therapy (OT), including long-term OT relating to other service areas.

The Health and Adults Sub-Committee **RESOLVED** that;

1. Further details on the key performance measures that will be included in the Strategic Plan be circulated to the sub-committee.
2. Additional information on how the performance figures for Occupational Therapy relates to other service areas, including long-term OT be circulated to the sub-committee.
3. The Action Log be noted.

4. REPORTS FOR CONSIDERATION

4.1 Adult Social Care, Care Quality Commission (CQC) Inspection Preparation

Councillor Gulam Kibria Choudhury, Cabinet Member for Health, Wellbeing and Social Care, presented a brief overview of the Care Quality Commission (CQC) Local Authority Adult Social Care (ASC) inspections which will take place in all boroughs nationally from January 2024 to the end of December 2025. Members were informed that care given to residents is of a culturally sensitive nature to ensure residents feel at home, even while in daycare services or transitioning to residential care. The inspection preparation has taken a year and included reviewing our policies and practices and preparing staff.

Emily Fieran-Reed, Programme Manager, ASC Improvement, then outlined the CQC Assessment Framework and its four theme's. This includes assessing the resident and carers needs, how support is provided, how safety is embedded in the work we do and how capable and compassionate leadership is maintained with learning, improvement, innovation and governance. Members were informed that CQC inspections began in January 2024 and it is anticipated that all local authorities will be inspected by the end of December 2025.

Ms Fieran-Reed then detailed how the CQC will assess the ASC directorate. This will include reviewing various documents, the website, and evaluate approximately 50 actual cases. Stakeholders will also be contacted for feedback, as will other members of the community. The main objectives for staff are the self-assessments, which are regularly reviewed., the Information Returns and the aforementioned case tracking of 50 cases. Plans are already in place for the day the assessment commences.

Members were reminded that a Peer Review took place in January 2024 and received positive feedback. The strengths noted included the knowledgeable and experienced staff, the strength based approach, strong partnerships, the ongoing work with the community and the independence living hub and the carers centre. The areas of focus included better utilising data, ensuring residents are not dependent on services, particularly those with low needs and a better understanding of user satisfaction.

Further to questions from the sub-committee, Georgia Chimbani, Corporate Director, Health and Adults Social Care and Emily Fieran-Reed;

- **Noted** that regular feedback is sought from residents on service satisfaction. There is also an on-line platform residents can visit to give feedback. If repeated trends are revealed, these will be included in the improvement plans.

- **Confirmed** that CQC inspections are a new implemented measure for ASC. Prior to this Local Authority Inspection teams visited ASC departments.
- **Clarified** that the ASC collaborates with Mental Health Trust teams in order to ensure that discharge agreements are provided and establish whether the leading professional will be a district nurse, occupational therapist or social worker. The aim is to acquire more specialist staff available to discharge residents from hospital at an earlier stage.
- **Explained** that working with the housing team is integral to ensuring residents long-term needs are met. A housing with Care Strategy was recently agreed at Cabinet, which will increase the provision of extra care and decrease the need for residential care.
- **Noted** that methods of resident feedback are constantly evolving to ensure they are sustainable. The CQC require data driven data, as they look for outcomes. Public Health teams conducted an in-depth needs assessment, linked with the ASC client group and GP data to evaluate how residents with long-term health concerns use the service. Research revealed that some do not consult with their GP in the manner anticipated and that viewing the individual rather than the illness is more beneficial.
- **Clarified** that there is a National Service User Survey available, as well as a Carers survey and the Carers Centre also has feedback links. The organisation REAL, Tower Hamlets' largest Disabled People's Organisation has collaborated on co-production work with the Council and provided independent feedback.
- **Acknowledged** that the task of submitting cases for CQC review is ensuring that all 50 cases have been resolved within the last six months. This means that certain cases must be removed from the list in order to be valid for the CQC inspection once announced.
- **Explained** that CQC ratings separate care provider ratings from Local Authority ones when undertaking inspections, as different frameworks are used to make assessments. The CQC requires evidence that residents have received good quality of care in a variety of ways and that Councils have provided the statutory responsibilities.
- **Observed** that not all providers are commissioned by the Council, although both commissioned and non-commissioned providers have a strong relationship with the Council.

The Health and Adults Sub-Committee **RESOLVED** that;

1. The presentation be noted.

4.2 Sexual and Reproductive Health Services

Councillor Gulam Kibria Choudhury, Cabinet Member for Health, Wellbeing and Social Care, presented a brief introduction, in which he commended the sexual and reproductive health services and online service available within the borough. Councillor Choudhury then mentioned the various ways residents can access these services, such as GP surgeries, pharmacies, specialist centres and outreach services.

Liam Crosby, Associate Director of Public Health, then presented Members with an overview and noted the importance of having various services available within the borough. Members were informed that Sexual Health services are funded through a Public Health grant. Tower Hamlets has a young and sexually active population and Public Health data indicates that sexually transmitted infections have increased and there are concerns about the antibiotic resistance to infections such as gonorrhoea and syphilis, which have both increased in numbers. However, HIV cases have decreased significantly since 2015 due to preventative medication.

Mr Crosby noted that in regards to reproductive health, there has been a decline in abortions by 16% within the borough. The All East Service promotes its services in schools and to young people. Members were informed that a specialist service is available at the Ambrose King Centre and Maryland Hospital. The GP practices and pharmacies can also provide support and advice and service usage has returned to pre-pandemic levels and online services have reported high rates of user satisfaction. Mr Crosby then outlined the financial challenges as funding has not increased.

A substantial work with Clinical and other services has reduced the spending on reproductive health by around £2,000,000 a year. Mr Crosby then discussed the commissioning and funding of SRH services within the borough. To ensure a robust strategic approach, Tower Hamlets are collaborating with other services and local authorities. Members were given details on the 4 main priorities which include:

- Healthy and fulfilling sexual relationships
- Good reproductive health across the life course
- High quality and innovative STI testing and treatment
- HIV – towards zero and living well.

Andy Williams, Consultant in HIV & Sexual Health, All East London Foundation Trust, outlined the commissioned service packages for Members. This included the substantial work for 1) Integrated Sexual Health services, as well as:

2. Leadership for the system, including training for Primary Care and other professional and provision of Patient Group Directors (PGDs)
3. Enhanced Partner Notification, whole system STI management

4. Sexual Health promotion and Targeted Outreach Provision Boroughs
5. Children and Young People's Additional (non-clinical) Services (Newham based).
6. Chlamydia and Gonorrhoea self-sampling kits for the community and Primary Care.

Mr Williams noted that the third package allows staff to provide instance responses to STI diagnosis. Members were informed that a separate community health service contract exists for residents requiring menopause treatment, terminations of pregnancy FGM. The Ambrose King Centre, the Mile End Hospital site and Sexual Health London, a E pathway for straightforward treatments, were also noted, as were the clinical psychologists who work for risk reduction and ongoing psychosexual needs.

Lynne Tooze, Project Manager for Door of Hope, then provided a brief overview of the organisation that supports women who sell sex on and off the streets. Members were informed that the organisation assists via outreach, one to one support, and has a Clinic X drop in centre. Women are given sexual health packs, basic advice on prevention of STI's and encourage hepatitis testing. Ms Tooze noted an increase in the number of women returning to work in the streets.

Members were also apprised of the work that was undertaken to assist women experiencing domestic violence. One of the methods is to post information in a variety of languages in women's lavatories, so they can find alternative ways of escape. Ms Tooze requested that information should be more accessible and accessible for both men and women, including details on self-testing throughout the area.

Further to questions from the sub-committee Liam Crosby, Andy Williams and Lynne Tooze;

- **Explained** that free testing is available for STI's including Chlamydia, emergency contraception and condoms. Services are advertised via GP's and pharmacies.
- **Noted** that the main population groups that are seen seeking SRH services are gay men, people of black African origin and younger residents.
- **Confirmed** that education is ongoing and Public Health partner with The Love Tank CIC, a non-profit organisation who promote health services within the borough and Positive East London, who provide confidential HIV testing. BARTS also educate GPs and pharmacists. A written update from the Healthy Lives team will be brought back to the sub-committee for review.

- **Clarified** that In June, the Health and Wellbeing Board submitted a joint Sexual Health and Reproductive Strategy to the Health and Wellbeing Board to establish and implement a response to the increasing levels of STI. Work is ongoing to ensure vaccinations are undertaken and text messages are sent, ensure that high risk residents book follow up appointments. The outreach package is also used to spread awareness of available services.
- **Noted** that BARTS NHS Health have updated their website in a variety of languages, as well as campaigns on social media platforms.
- **Confirmed** that residents who may not wish to physically attend clinics are able to access sexual health services via the online service, or through the pharmacy or their GP. Current data suggests that more Bengali residents use these methods.
- **Explained** that online services are one of the ways to meet the high demand in services for more straightforward cases. The clinics are now dealing with residents with more complex issues.
- **Acknowledged** the challenges of the demand for SRH services and financial constraints, which means innovative methods are required to structure the workforce. This means that a constant review of staff levels is necessary to ensure patients receive the best care.

The Sub-Committee thanked Officers for their presentation.

The Health and Adults Sub-Committee **RESOLVED** that;

1. A written update from the Healthy Lives team on sexual health education within the borough will be brought back to the sub-committee for review.
2. The presentation be noted.

4.3 Smoking Cessation Services at Tower Hamlets

Councillor Gulam Kibria Choudhury, Cabinet Member for Health, Wellbeing and Social Care, introduced the next item, which outlined the Smoking Cessation services available within the borough. Members were informed that the number of deaths from smoking related causes is higher than the London average.

Liam Crosby, the Associate Director of Public Health, noted that there have been significant reductions in smoking rates from 20% down to 12%. However the rates of mortality are still around 246 per 100,000 residents. The rates of Chronic Obstructive Pulmonary Diseases (COPD) admissions have also fallen from 900 to 716, which is the highest in London. Mr Crosby then noted that the aim is to reduce smoking in the borough to around 5% by 2030. This will require further action in regard to tobacco control.

Mr Crosby then gave an overview of how a smoke free 2030 will be achieved. Via a whole system approach. This includes;

- Monitoring the use and prevention of tobacco.
- Protecting people from tobacco smoke.
- Offering to help quit tobacco use.
- Warning residents about the dangers of tobacco..
- Enforcing bans on tobacco advertising, promotion and sponsorship.
- Raising taxes on tobacco for effective tobacco control.

This will require collaborating with Trading Standards to control tobacco consumption and enforce limits on sales to underage individuals. Members were then informed of the available methods to stop smoking, including the local smoking cessation services with behavioural therapist support, prescribed medical aids, nicotine replacement patches, gum or e-cigarettes.

In 2023-24, the borough had the largest number of residents successfully stop smoking, approximately 1,510, compared to other local authorities. This revealed that the cost per quit is the lowest in London. The government has also provided additional funding to the borough of around £375,067 for local smoking cessation services, which will be used for mental health and homelessness services.

Shamsia Begum, Specialist Stop Smoking Manager, Quit Right, then discussed the Quit Right service, who works in partnership with Public Health. Members were informed that in 2023, Queen Mary University of London was commissioned to provide the Stop Smoking Service alongside the prime supplier model. Ms Begum then detailed the model, which includes social marketing and training, subcontracting a minimum of three community pharmacies per locality, the specialist tobacco cessation services and service leadership and management. Members were then given an overview of the referral process; the eight week treatment programme which involves nicotine replacement therapy with one of five advisors for tailored support.

Location details for the Quit Right clinics were also provided for face-to-face support, as well as support available in the Royal London Hospital and Tower Hamlets Town Hall on Wednesdays from 2-4.30pm. Members were also given details on the Stoptober Campaign and activities within the borough.

Syeda Begum, Community Tobacco Dependency Lead, All East London Foundation Trust, who gave an overview of services available for smokers who are severely mentally ill (SMI) and tend to have smoke at a higher rate for residents without SMI, 40% compared to 12% of the general population. Various services are available in Tower Hamlets, Newham, Hackney and Luton and are referred either by a GP or Mental health teams. The service was piloted this year and saw 63 SMI patients, 32 were assisted with vapes and 11 quit smoking completely.

Ms Begum noted that level one and level two tobacco dependency training, for the community, is available, as are virtual clinics on Thursdays, which is a new initiative that is proving quite popular. The 'Just Ask' campaign for community services will commence shortly, to encourage staff to screen more patients.

Further to questions from the sub-committee Liam Crosby, Shamsia Begum, Somen Banerjee and Syeda Begum;

- **Clarified** that work is ongoing with Trading Standards to monitor the sale of vapes that are popular with children. They have the authority to enforce what can or cannot be sold in terms of the size of the vape and the amount of nicotine contained.
- **Explained** that funding has been made available for 'Operation Stromboli' in which Trading Standards Officers have authority to seize any illegal cigarettes found in shops. Ongoing work with the Safe East wellbeing service is taking place, to promote a campaign to dissuade young people to start smoking and vaping.
- **Envisioned** that the Tobacco and Vapes Bill 2024 will eventually ban all disposable vapes.
- **Confirmed** that the success rate is measured by the number of referrals received. Outreach is a vital way of connecting with residents to deliver the service. More information on the smoking status for individuals who enter NHS hospitals is required.
- **Explained** that residents who are reluctant to use the services are offered a chance to visit a cessation session to view the service and successful clients undertake case studies for promotional campaigns. Public patient involvement exercises are also available at Queen Mary for research purposes. Patient panel members can reflect on the service and give feedback.
- **Confirmed** that a pilot peer support service is currently available in the boroughs of Newham and Hackney, which assists in a 12 week treatment program.
- **Noted** that there are 14 pharmacies across Tower Hamlets, various Family Hubs and 15 GP surgeries that can assist residents in smoking cessation services, where the majority of referrals come from.

The Health and Adults Sub-Committee **RESOLVED** that;

1. The presentation be noted.

4.4 Health and Adults Scrutiny Sub-Committee Work Programme

The Chair informed Members that the proposed work programme was established from the Scrutiny development session undertaken on 19 June 2024. The draft will go to the Overview and Scrutiny Committee on 10 September for approval. Members were informed that this is a flexible programme and any can be amended. Members were then asked to approve the work programme, which they did.

The Health and Adults Sub-Committee **RESOLVED** that;

1. The presentation be noted and **APPROVED**.

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

The Chair thanked Somen Banerjee and colleagues for the briefing session undertaken for the Health Inequalities and Adult Social Care Joint Strategic Needs Assessment (JSNA).

Members were reminded of the Scrutiny Performance Training to be held on 04 September, which will be chaired by Councillor Jahed Choudhury and Members attend.

The meeting ended at 9.13 p.m.

Chair, Councillor Bellal Uddin

Health & Adults Scrutiny Sub-Committee