

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 6.34 P.M. ON TUESDAY, 4 JUNE 2024

COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL

Members Present in Person:

Councillor Bellal Uddin (Chair)

Councillor Iqbal Hossain

Councillor Amy Lee

Councillor Marc Francis

Councillor Leelu Ahmed

Other Councillors Present in Person:

Councillor Gulam Kibria Choudhury

Councillor Ahmodur Khan

Co-optees In Attendance Virtually:

Matthew Adrien (Service Director at Healthwatch Tower Hamlets)

Apologies:

Councillor Ahmodul Kabir

Councillor Kabir Hussain

Assan Ali (Resident Co-optee)

Officers Present in Person:

Dr Somen Banerjee (Acting Corporate Director, Health and Adults Social Care)

Filuck Miah (Strategy and Policy Officer, Strategy, Improvement and Transformation Service)

Warwick Tomsett (Joint Director, Integrated Commissioning)

Justina Bridgeman (Democratic Services Officer (Committee))

Guests Present in Person:

Gareth Noble	(Deputy Director of Workforce Programmes, NEL)
Charlotte Pomery	(ICB, Chief Participation and Place Officer)
Dr Richard Fradgley	(Director of Integrated Care and Deputy CEO, East London NHS Foundation Trust)

Guests In Attendance Virtually:

Dr Roberto Tamsangan	(GP and Tower Hamlets Place Clinical Director)
Dr Neil Ashman	(CEO, Royal London & Mile End Hospitals)
Zainab Arian	(CEO, GP Care Group)
Jo-Ann Sheldon	(Head of Primary Care Commissioning, NEL ICB)
Fiona Peskett	(Director of Strategy and Integration, BARTS NHS Health Trust)

1. DECLARATIONS OF INTERESTS

There were no declarations of disclosable pecuniary interest.

2. APPOINTMENT OF VICE CHAIR

The Chair requested nominations for the position of Vice-Chair of the Health and Adults Scrutiny Sub-Committee for the municipal year 2024/25. Councillor Harun Miah proposed Councillor Iqbal Hossain for the position. This was seconded by Councillor Bodrul Choudhury.

There were no further nominations received.

The Health and Adults Scrutiny Sub-Committee **RESOLVED** to:

1. Elect Councillor Iqbal Hossain the Vice-Chair of the Health and Adults Scrutiny Sub-Committee for the municipal year 2024/25.

3. HEALTH AND ADULTS TERMS OF REFERENCE, MEMBERSHIP, QUORUM & DATES OF MEETING FOR 2024/25

Justina Bridgeman, Democratic Services Officer, requested members to note the Health and Adults Scrutiny Sub-Committee's terms of reference, membership, quorum and meeting dates for the municipal year 2024/25. The

terms of reference were agreed at the Overview and Scrutiny Committee meeting held on 21 May 2024.

The Health and Adults Sub-Committee **RESOLVED** to:

1. Note it's terms of reference, quorum, membership and meeting dates as set out in appendices 1,2 and 3 of the report.

4. MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the Sub-committee meeting held on 18 April 2024 were approved and signed by the Chair as a correct record of proceedings.

Chairs Update

- The Chair noted that Councillor Bellal Uddin, Councillor Harun Miah and Councillor Amy Lee were nominated as representatives for the Inner North East London Joint Health and Overview and Scrutiny (INEL JHOSC) at the Overview and Scrutiny Committee held on 21 May 2024.

5. REPORTS FOR CONSIDERATION

5.1 Tracking Recommendation: Service Action Plan response to Workforce Shortages across Health and Care Sector

Gareth Noble, Deputy Director of Workforce Programmes, NEL, gave a brief overview of the service action plan's recommendations. This included details on the implementation of the Career Ambassadors programme in North East London (NEL), to enable young people to enter the workforce and the Queen Marys University London (QNUL) to provide Medical education.

The work force strategy was approved in January and a delivery plan to attract and retain staff across the NEL will be implemented. An initiative is also underway to promote Health and care T levels studies as well as IT and Business support. A collaborative approach will be taken with Education institutions to establish demand and medical degree apprenticeships.

Further to questions from the sub-committee, Gareth Noble;

- Noted that further work is required to allocate housing for key workers. The objective is to recruit from the local population with multi-agency collaboration. Discussions with NEL colleagues will take place in due course.
- Confirmed that the strategies principals have been well received by stakeholders. Health Watch consultation data regarding Tower Hamlets figures will be presented to Members for review.

- Clarified that new models for work experience are being developed to combat the increasing demand and collaboration with NHS partners is ongoing.

Following questions from Officers, Members requested an update on the housing allocations for key workers within the last four years, as it is essential that they receive prioritised housing within the scheme. Further details on Council tax income stream figures were also requested.

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

1. That a written brief on the number of housing allocations reserved for key workers within the last four years be presented to Members.
2. That further details on Council tax income streams be presented to Members.
3. That Health Watch consultation data regarding Tower Hamlets figures be presented to the sub-committee for review.
4. That the presentation be noted.

5.2 Cabinet Member and Corporate Director Reflections and Achievements or 2023-24 and Priorities for 2024-25

Councillor Gulam Kibria Choudhury, Cabinet Member for Health, Wellbeing and Social Care, and Dr Somen Banerjee, Acting Corporate Director of Health, Adults and Social Care, provided reflections and achievements from last year and priorities for municipal year 2024/25.

Councillor Gulam Kibria Choudhury introduced the item and emphasised a commitment to prioritising health care for the borough. Preparations for the upcoming inspection of the Adult Social Care (ASC) service from the Care Quality Commission (CQC) are ongoing, as well as the Joint Strategic Needs Assessment (JSNA).

Dr Banerjee, then reflected on the Council's key achievements, including positive feedback from 86% of residents receiving domiciliary Home Care. A new model will be commissioned shortly to continue to meet resident's needs. Further details on a needs assessment conducted within the ASC Directorate, to understand increased demand were noted. Early findings indicate an increase in the under 65's, who require less support and more complex health issues for residents over the age of 65. The main priority is to tackle funding concerns and transform the ASC service.

Members were informed that revised data on Tower Hamlets Health and Wellbeing showed the borough has increased health disparities, substance misuse issues, lower healthy life expectancy rates, and issues with overcrowding, homelessness, and the highest population turnover in London.

Workforce pressures, gaps in the health care sector, recruitment issues and the impact of the pandemic are also challenging the service.

A Capital project is being developed for culturally sensitive care homes, and 'Housing with Care' to reduce the need for residential care and nursing homes whenever possible. An enhanced 'Technology Enabled Care' offer is also being utilised to assist in independent living and reduce unit expenses in the ASC sector.

Prevention initiatives include more promotion on the Vital Five to empower residents to improve physical and mental health. These include stopping smoking, reducing obesity, blood pressure and diabetes checks and reducing alcohol intake. It was noted that the borough has the highest admission rate for alcohol related issues, despite a large number of non-drinkers.

Further to questions from the sub-committee, Dr Banerjee and Katie O'Driscoll, Director of Adult Social Care;

- Explained that many residents, particularly men, are unaware they may have high blood pressure and do not go for check-ups. Further promotion is required to raise awareness.
- Noted that a needs assessment around substance misuse was undertaken in collaboration with the Combating Drugs Partnership. Findings indicated that Tower Hamlets has the highest levels of misuse, with synthetic substance use on the rise, such as fentanyl and high strength cannabis in vapes.
- Confirmed that substance misuse services will be recommissioned for both young and older residents to combat the increase.
- Clarified that a self-assessment has been completed in preparation for the CQC inspection. The recent ADASS Peer Review outlined current strengths and areas of development. A joint Quality and Improvement Board with ASC and Commissioning has been established to give an overview of performance and continually improve the quality of services.

The Sub-Committee thanked Officers for their presentation.

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

1. That the presentation be noted.

5.3 Tower Hamlets Together Board Partners Reflections for 2023-24 and Priorities for 2024-25

The Chair introduced the sub-committee to members of the THT Partnership and the Integrated Care Board, who provided reflections and achievements from last year and outlined the priorities for 2024/25.

Integrated Care Board (ICB)

Charlotte Pomery, Chief Participation and Place Officer, presented a brief overview of the service and noted the development for a financial strategy across the integrated care system. Residents will be encouraged to use primary and community services, such as GP's and pharmacies, rather than hospitals.

The main objective is to improve urgent and emergency care and implement the commissioning method to respond to health issues and improve resident's health. Details of the Integrated Neighbourhood Teams who assist in early intervention were noted.

Ms Pomery then touched on the Vital Five promotion within Primary Care, and the consideration being given to the model of care required, particularly with young people with Special Educational Needs and Disabilities (SEND) who may require a holistic approach. Finally Ms Pomery discussed the challenges with a growing population, high demand in services and limited funding.

Primary Care

Dr Roberto Tamsangan, GP and Tower Hamlets Place Clinical Director, began with the achievements made last year, primarily the Pride and Practices scheme to support LGBT+ patients, cloud based telephony, which includes real time data monitoring of call waiting, the Respiratory Illness Hubs and extended Primary Care Access provision. Discussions are now underway to ensure a smoother transition for patients moving from different care settings.

Dr Tamsangan acknowledged residents' concerns regarding accessing Primary Care and noted the transformation initiatives with the Primary Care Networks (PCN) to combat this. Priorities include the finalisation of the Same Day Urgent Care service, ensuring information events for all GP's are available for patients, continually informing children and young people of their healthcare rights and strengthening the primary and secondary Care services.

Acute Care

Fiona Peskett, Director of Strategy and Integration, BARTS NHS Health Trust, highlighted the Women's Hub and the Children's Hospital at Home services located in Mile End. Priorities for this year include a continuing commitment to reducing waiting lists, the implementation of the Diagnostics Centre, strengthening the workforce and enhancing pathways for mental health service users.

Ms Peskett lastly touched on Maternity Services, following the visit from patients who gave lived experiences at the meeting in February and the response given in April. BARTS NHS Health Trust and Partners will continue

the ongoing efforts to improve patient outcomes and welcome feedback from the community to enhance the service.

Mental Health

Dr Richard Fradgley, Director of Integrated Care and Deputy CEO, East London NHS Foundation Trust, (ELFT), outlined three areas of achievement within the service; the '111 Crisis Phone line', which supports residents to access care when required, the 'Children's Home Treatment' team, which is open 24hrs daily and the Talking Therapist services, who assist residents with anxiety and depression. The teams were praised for their quality of service.

Dr Fradgley then discussed the challenges, namely the severe pressure on staff and inpatient services, particularly for adults in the borough, due in part to the increase in homeless residents who are clinically ready for discharge. It was noted that the number of people waiting to be assessed within the neurodiversity service has increased. At present, there is no significant national policy or funding to address the issue. NEL partners are working to reduce this.

Tower Hamlets Together Partnership

Warwick Tomsett, Joint Director of Integrated Commissioning, presented a brief overview of the partnership and how frontline staff work collaboratively across organisations to support residents. Mr Tomsett discussed the outcomes framework developed with residents and the seven partnership priorities.

Further to questions from the sub-committee; ICB Health Partners and Officers;

- Confirmed that the 111 Crisis Line has a variety of services depending on the users' needs. This can range from assisting them to the community mental health team, the home treatment team or the emergency department. Face to face assessments are also available.
- Explained that the extended Access provision's budget is based on the number of registered patients on the list. The number of hours is calculated by the patient population for Saturdays and weekday evenings.
- Clarified that the Association of Directors for Adult Social Services (ADASS) Peer Review outlined areas for development which included, working across the service to ensure residents can access healthcare funding. Enhance the effectiveness of referrals to healthcare assessments and have a better understanding of user and carers service satisfaction.
- Confirmed that work is ongoing to address the above named issues including a new quality assurance framework, an increased level of

case work auditing, requesting feedback from service users and reflective work with practitioners to fully understand and improve the user experience. Further details on this and other improvement and transformation programmes can be brought back to the sub-committee if required.

- Acknowledged that the high proportion of residents in adult social care with long term conditions not accessing primary care is an issue, as well as linking data across systems, so residents do not have to continually repeat information. Data governance and a streamlined infrastructure can resolve these concerns.
- Confirmed that details on staff retention percentages compared to the national average, will be brought back to the sub-committee for review.
- Observed that recruitment campaigns are ongoing to promote career opportunities for both clinical and non-clinical roles in both Royal London and Mile End Hospital. Staff incentives include a Wellbeing Hub to provide respite, encouraging clinical staff to take time out when possible, as well as ‘time to talk and listen’ events for staff to raise any concerns.
- Clarified that the main objectives are to focus on early intervention prevention with the integrated neighbourhood teams, ensuring robust models of care for future demand are effective, enhancing infrastructure and service delivery. As well as lobbying for more capital funding, promoting immunisation and vaccinations for residents and reducing the level of variation between local authorities to ensure best practice.

Members requested a summary of the CQC findings on borough care placements, as well as ASC key performance indicators be brought back to the sub-committee for review.

[Clerk’s Note – the CQC findings referenced are available here: [Search Results - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/search-results?category=Care%20Quality%20Commission)

The Chair thanked all ICB and Health Care partner representatives for their presentations and for ensuring residents continue to receive the best health care available. The sub-committee will be monitoring progress throughout the municipal year.

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

1. That ASC key performance indicators be brought back to the sub-committee for review.
2. That details on staff retention percentages compared to national averages be brought back to the sub-committee for review.

3. That the presentation be noted.

5.4 Empowering Disabled Residents: Accessible Sports and Fitness Initiatives

Reasons for urgency on the late report were agreed by the sub-committee.

The Chair introduced Councillor Ahmodur Khan, former Health and Adults Scrutiny Chair, who provided an overview of the report he commissioned in the previous municipal year.

Members visited a number of leisure centres to consider how to provide better access to disabled residents or residents with long-term health issues. The Disabled People's Network and the Older Peoples Resident's Group attended engagement sessions and feedback was included in the six recommendations;

Recommendation 1: Disability representation.

The council should actively prioritise initiatives that will enhance visibility and representation of people with disabilities and or those living with long-term ill health conditions within the leisure sports and fitness centre workforce.

Recommendation 2: Better data driven evidence on disability access and usage.

The council should develop a comprehensive approach to the collection and analysis of disability access and usage led data that supports good governance and drives continuous improvements .

Recommendation 3: Developing trusted disability communication channels and campaigns.

The council should engage community disability groups to co-design and develop robust campaigns that promotes physical activity and sports for people with disabilities and long-term health conditions.

Recommendation 4: Create a sports and exercise disability forum that embeds a person-centred philosophy and empowers residents with disabilities and or those living with long-term health conditions to review provision and make recommendations for improvement.

The council should work with disability groups and establish a sports and exercise disability forum that empowers residents with disabilities or those living with long-term ill health conditions to undertake activities such as accessibility audits on facilities, customer service, equipment, programmes to deliver on improvements.

Recommendation 5: Collaboration with primary care, NHS and healthcare partners and voluntary and community sector.

The council's leisure service should establish joint working protocols with primary care, NHS, health partners and voluntary and community sector to support widening access and become a partner referral provider for people with disabilities and or long-term health conditions.

Recommendation 6: Creating transitional arrangements from specialised fitness gyms to mainstream leisure centre facilities.

The council should establish joint work protocols with community gyms (specialist in disability and long-term ill health condition) to support residents with disabilities and or those living with long-term ill health conditions to make the transition into mainstream leisure centre facilities.

The recommendations were approved by the Health and Adults Scrutiny Sub-Committee. The report will be submitted to the Mayor and Cabinet for an executive response to the recommendations.

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

1. That the report will be submitted to the Mayor and Cabinet for executive response to the recommendations.
2. That the presentation be noted and recommendations **APPROVED**.

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

The Chair informed Members that a work programme development workshop will be held on 19 June, to examine any topics for discussion. The Health and Adult Social Care Leadership Team will be available to provide a briefing on the current health inequalities data and requested sub-committee Members to attend.

The meeting ended at 8.20 p.m.

Chair, Councillor Bellal Uddin

Health & Adults Scrutiny Sub-Committee