



TOWER HAMLETS HEALTH AND WELLBEING BOARD



Tuesday, 6 April 2021 at 5.00 p.m. **Online 'Virtual' Meeting -**
<https://towerhamlets.public-i.tv/core/portal/home>

This meeting is open to the public to view.

Members:	Representing
Chair: Councillor Rachel Blake	(Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing)
Vice-Chair: Dr Sam Everington	Chair, Tower Hamlets Clinical Commissioning Group
Councillor Danny Hassell	Cabinet Members for Children's Services
Councillor Sirajul Islam	Cabinet Member for Housing Management & Performance
Councillor Candida Ronald	Cabinet Member for Resources and the Voluntary Sector
Councillor Denise Jones	Mayor's Advisor for Older People
Denise Radley	Corporate Director Health, Adults and Community
Steve Collins	WEL CCG's – Tower Hamlets, Waltham Forest, and Newham CCG's
Dr Somen Banerjee	Director of Public Health, LBTH
Randal Smith	Healthwatch Tower Hamlets
Christabel Shawcross	Safeguarding Adults Board Chair LBTH
Councillor Gabriela Salva Macallan	Chair of Health & Adults Scrutiny Committee
Councillor Andrew Wood	(Independent Member of the Conservative Group)
Co-opted Members	
Chris Banks	Chief Executive, Tower Hamlets GP Care Group CIC
Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Peter Okali	CEO of Tower Hamlets Council for Voluntary Service (THCVS)
Paul Gilluley	Chief Medical Officer
Jackie Sullivan	Chief Executive Officer Royal London & Mile End Hospitals
Vivian Akinremi	Deputy Young Mayor and Cabinet Member for Health and Wellbeing
Marcus Barnett	Detective Chief Superintendent - BCU Commander
Richard Tapp	Borough Commander - London Fire Brigade

The quorum of the Board is a quarter of the membership including at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group.

Questions

Before the formal business of the Board is considered, up to 15 minutes are available for public questions on any items of business on the agenda. Please send questions to the Officer below by **5pm the day before the meeting.**

Contact for further enquiries:

David Knight
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG
E:mail: david.knight@towerhamlets.gov.uk
Web: <http://www.towerhamlets.gov.uk/committee>

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Role of the Tower Hamlets Health and Wellbeing Board.

- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.
- To prepare the Joint Health and Wellbeing Strategy.
- To be involved in the development of any Clinical Commissioning Group (CCG) Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.
- To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local HealthWatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.
- To carry out new functions as requested by the Secretary of State and as advised in guidance issued from time to time.

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1. STANDING ITEMS OF BUSINESS

1 .1 Welcome, Introductions and Apologies for Absence

To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.

1 .2 Declarations of Disclosable Pecuniary Interests **5 - 6**

To note any declarations of interest made by members of the Board. (See attached note of Monitoring Officer).

1 .3 Minutes of the Previous Meeting and Matters Arising **7 - 16**

To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on 2nd February 2021. Also, to consider matters arising.

ITEMS FOR CONSIDERATION

1 .4 Health and Wellbeing Story - Royal London Hospital Patients and Families Groups

1 .5 Covid 19 and vaccination update

1 .6 Primary care access and patient experience explained **17 - 18**

1 .7 SEND Improvement Plan **19 - 38**

2. ANY OTHER BUSINESS

To consider any other business the Chair considers to be urgent.

Date of Next Meeting:

Tuesday, 29 June 2021 at 5.00 p.m.

Agenda Item 1.2

DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Code of Conduct for Members at Part C, Section 31 of the Council's Constitution

(i) Disclosable Pecuniary Interests (DPI)

You have a DPI in any item of business on the agenda where it relates to the categories listed in **Appendix A** to this guidance. Please note that a DPI includes: (i) Your own relevant interests; (ii) Those of your spouse or civil partner; (iii) A person with whom the Member is living as husband/wife/civil partners. Other individuals, e.g. Children, siblings and flatmates do not need to be considered. Failure to disclose or register a DPI (within 28 days) is a criminal offence.

Members with a DPI, (unless granted a dispensation) must not seek to improperly influence the decision, must declare the nature of the interest and leave the meeting room (including the public gallery) during the consideration and decision on the item – unless exercising their right to address the Committee.

DPI Dispensations and Sensitive Interests. In certain circumstances, Members may make a request to the Monitoring Officer for a dispensation or for an interest to be treated as sensitive.

(ii) Non - DPI Interests that the Council has decided should be registered – (Non - DPIs)

You will have 'Non DPI Interest' in any item on the agenda, where it relates to (i) the offer of gifts or hospitality, (with an estimated value of at least £25) (ii) Council Appointments or nominations to bodies (iii) Membership of any body exercising a function of a public nature, a charitable purpose or aimed at influencing public opinion.

Members must declare the nature of the interest, but may stay in the meeting room and participate in the consideration of the matter and vote on it **unless:**

- A reasonable person would think that your interest is so significant that it would be likely to impair your judgement of the public interest. **If so, you must withdraw and take no part in the consideration or discussion of the matter.**

(iii) Declarations of Interests not included in the Register of Members' Interest.

Occasions may arise where a matter under consideration would, or would be likely to, **affect the wellbeing of you, your family, or close associate(s) more than it would anyone else living in the local area** but which is not required to be included in the Register of Members' Interests. In such matters, Members must consider the information set out in paragraph (ii) above regarding Non DPI - interests and apply the test, set out in this paragraph.

Guidance on Predetermination and Bias

Member's attention is drawn to the guidance on predetermination and bias, particularly the need to consider the merits of the case with an open mind, as set out in the Planning and Licensing Codes of Conduct, (Part C, Section 34 and 35 of the Constitution). For further advice on the possibility of bias or predetermination, you are advised to seek advice prior to the meeting.

Section 106 of the Local Government Finance Act, 1992 - Declarations which restrict Members in Council Tax arrears, for at least a two months from voting

In such circumstances the member may not vote on any reports and motions with respect to the matter.

Further Advice contact: Janet Fasan Divisional Director Legal and Monitoring Officer, Tel: 0207 364 4800.

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.01 P.M. ON TUESDAY, 2 FEBRUARY 2021

ONLINE 'VIRTUAL' MEETING - [HTTPS://TOWERHAMLETS.PUBLIC-I.TV/CORE/PORTAL/HOME](https://towerhamlets.public-i.tv/core/portal/home)

Members Present:

- | | |
|------------------------------------|---|
| Councillor Rachel Blake (Chair) | – (Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing) |
| Dr Sam Everington (Vice-Chair) | – Tower Hamlets Clinical Commissioning Group |
| Councillor Danny Hassell (Member) | – (Cabinet Member for Housing) |
| Councillor Sirajul Islam (Member) | – (Statutory Deputy Mayor for Community Safety, Faith and Equalities) |
| Councillor Candida Ronald (Member) | – (Cabinet Member for Resources and the Voluntary Sector) |
| Councillor Denise Jones (Member) | – Older People's Champion |
| Denise Radley (Member) | – (Corporate Director, Health, Adults & Community) |
| Steve Collins (Member) | – Executive Director of Finance |
| Dr Somen Banerjee (Member) | – (Director of Public Health) |
| Randal Smith (Member) | – (Healthwatch Tower Hamlets) |
| Christabel Shawcross (Stakeholder) | – (Safeguarding Adults Board Chair LBTH) |
| Councillor Gabriela Salva Macallan | – (Stakeholder) |

Co-opted Members Present:

- | | |
|-----------------|--|
| Chris Banks | – Chief Executive, Tower Hamlets GP Care Group CIC |
| Dr Ian Basnett | – Public Health Director, Barts Health NHS Trust |
| Peter Okali | – Tower Hamlets Council for Voluntary Service |
| Paul Gilluley | – East London Foundation Trust |
| Jackie Sullivan | – Managing Director of Royal London Site, Barts Health |
| Marcus Barnett | – Detective Chief Superintendent - BCU Commander - Metropolitan Police Service |

Other Councillors Present:

- | | |
|-----------------------|--|
| Councillor Asma Begum | – Deputy Mayor and Cabinet Member for Children, Youth Services and Education |
|-----------------------|--|

Others in Attendance:

Polly Ashmore	– Public Health Specialty Registrar
Dianne Barham	– Director of Healthwatch Tower Hamlets
Aiysha Begum	– Team Leader – Deaf Plus
Anna Charles	– Local Resident
Stephanie Hockett	– Registered Sign Language Interpreter
Afazul Hoque	– (Head of Corporate Strategy & Policy)
Heena Patel	– Local Resident
Warwick Tomsett	– Joint Director, Integrated Commissioning
Jamal Uddin	– Strategy Policy & Performance Officer
Linessa Wicks	– Digital inclusion Officer Age UK East London
David Knight	– Democratic Services Officer, Committees, Governance

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

The Chair Councillor Rachel Blake (Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing) welcomed everybody to the meeting.

The Board noted apologies:

- ❖ for absence from Tracey Stanley; Joe Hall and Andrew Attfield; and
- ❖ for lateness were received from Cllr Sirajul Islam; James Thomas; and Warwick Tomsett.

1.2 Declarations of Disclosable Pecuniary Interests

The following Member for transparency declared a potential interest in relation to the Item 5:

- ❖ Councillor Denise Jones as her Grandson was in receipt of special educational provision from Tower Hamlets.

1.3 Minutes of the Previous Meeting and Matters Arising

The Chair Moved and it was: -

RESOLVED

The unrestricted minutes of the last meeting were confirmed as a correct record and the Chair was authorised to sign them accordingly.

Subject to the inclusion of Randal Smith (Healthwatch Tower Hamlets) in the list of Board Members present.

1.4 Chair and Vice Chair Update

The Board noted following:

Dr Sam Everington (Vice-Chair):

- ❖ Indicated that those items he wished to refer to were included in tonight's agenda e.g. Covid-19 - latest news with reference to the vaccine programme.

Councillor Rachel Blake (Chair):

- ❖ Referred specifically to the Better Care Fund and the current proposal from the national BCF Team is that an end of year review should be submitted outlining how the pooled budgets had been spent to support health and social care services work in the Borough. Noted that the Borough is well placed to account for how those budgets have been spent and that the future programme will include the winter pressure funding.

2. HEALTH AND WELLBEING STORY - THE IMPACTS OF DIGITAL EXCLUSION

The Board received a presentation that outlined how the move across the partnership to digital service delivery is impacting on users, also several residents talked about their own experiences including access to devices, access to the internet and their skills in using devices.

The main points arising from the discussion on the findings and learning across the partnership may be summarised as follows:

The Board:

- ❖ Were advised how the Tower Hamlets Community and Voluntary Sector (CVS) has been delivering a digital project commissioned by Tower Hamlets Together (THT) covering community insights, training, access to devices and personalisation.
- ❖ Commented about (i) the innovations such as the smartphone applications for those who are living with a hearing-impairment; (ii) how they have helped Deaf patients using British Sign Language (BSL); and (iii) that in hospitals and in general practice the pandemic has highlighted how important it is to ensure that appropriate reasonable adjustments must be made to ensure that the required digital infrastructure must be in place to support patients with a sensory impairment.
- ❖ Wanted to see all service providers to taking steps or make "reasonable adjustments" to avoid putting any patient with disabilities at

a substantial disadvantage when compared to a person who is not disabled.

- ❖ Expressed concern that not all health care professionals in hospitals/general practice apparently were not fully aware of (i) the BSL interpreter booking process or how to use; and (ii) the BSL online remote access that allows persons with a sensory impairment who use BSL to use video equipment to communicate with voice telephone users.
- ❖ Wanted assurances that the right technological solutions were in place to support all health care professionals in hospitals/general practice in Tower Hamlets and that health care professionals were aware of the available infrastructure and how to use it.
- ❖ Expressed concern that the **myGP** app that allows people to book and cancel appointments is not apparently accessible for all patients with a sensory impairment. Which is a real barrier and requires the patient to set up an online account which required the patient to have an e-mail address.
- ❖ The Board indicated that it wished to see that appropriate adjustments are made to ensure that (i) the required digital infrastructure is in place; and (ii) staff are trained and made aware so that they can support patients with a sensory impairment.
- ❖ The Board wanted to see the promotion of BSL as a language in an education setting” with each child starting primary school in LBTH to learn BSL from KS1 to KS4 as additional language. The Board wanted to see key stakeholders from sign language and from education to explore how BSL could be sustainably taught in the Borough’s mainstream school with the aim for an inclusive community where Deaf BSL pupils can communicate in BSL with their friends, peers, and staff.
- ❖ The Board wanted to see ways to address the digital divide in the Borough the pandemic having highlighted that those who are unable to access the internet find themselves cut off from access to services and advice, as many services and day-to-day activities having moved online because of the Coronavirus. However, not everyone is able to use the Internet because it was not a part of their everyday lives until now. The Board was pleased to see that the East London Age UK has developed a **Digital Buddy** programme to help older residents gain these new skills and access essential online services with support and training from experienced volunteers and staff. As part of the programme the residents also get a Huawei Media Pad with a data package currently provided by O-2.
- ❖ The Board felt that digital inclusion and affordability are key issues for many older residents and the partner agencies should explore (i) how they can most effectively leverage support from internet providers for the digital inclusion agenda; and (ii) mechanisms for mitigating costs for older residents.

In conclusion, the Chair thanked everybody for their presentations and contributions to the discussions on this important issue.

The Chair then indicated that she would discuss with the Vice-Chair and officers how to address the barriers or issues that impact the ability of the Borough's more vulnerable residents to access the internet.

3. TOWER HAMLETS RESPONSE TO COVID 19

3.1 Local Authority Covid-19 Vaccination Programme

The Board noted (i) that the local GP Care Group had been given the green light to commence COVID-19 vaccination in Tower Hamlets from Monday 14th December, 2020 as the first wave of the primary care based COVID vaccination programme; (ii) the details of the types of vaccinations available in the Borough; (iii) who had had the COVID vaccine first and in what order; (iii) the details about the vaccination centre in Mile End and new centres; (iv) the experiences of people receiving the vaccine; and (v) the ongoing support from partners and next steps.

The main points of the discussion on how the vaccination programme is administering vaccines to residents, NHS and social care staff of Tower Hamlets may be summarised below:

The Board:

- ❖ Noted that the programme aims to complete the following priority groups 1-4 by 14th February 2021: (i) residents in a care home for older adults and their carers; (ii) all those 80 years of age and over and frontline health and social care workers; (iii) all those 75 years of age; and (iv) all those 70 years of age and over and clinically extremely vulnerable individuals.
- ❖ Noted that there are currently 3362 Individuals outstanding with over 4000 appointments available via primary care (excluding pharmacy and mass vaccination centre)
- ❖ Were concerned that although overall that there is a high level of willingness to take up the Covid-19 vaccines, marked differences do exist by ethnicity, with the Black population the most likely to be Covid-19 vaccine hesitant followed by the South Asian community.
- ❖ Commented that people are having concerns about the currently available vaccines or that they are intending to wait for the introduction of other vaccines that are more effective against latest strains of the virus.
- ❖ Commented that it is important to recognise that a key factor for residents in the older age groups is that they want to go to community-based vaccination sites.
- ❖ Noted that going forward it is intended to use the community-based venues such as the: (i) Mile End Leisure Centre; (ii) London Muslim Centre; (iii) GP Practices; (iv) care homes; and (v) visits to housebound residents.
- ❖ Noted that those individuals who are not taking up vaccine will be contacted to talk through if they have any issues about the vaccines and how those issues can be resolved.

- ❖ Stated that Board Members should ensure that their agencies are utilising their networks to promote effective communications to overcome vaccine hesitancy and to encourage increased uptake of the available vaccines.
- ❖ Noted that from the 1st of February 2021 a Vaccine Helpline funded by LBTH and supported with training and resources by GP Care Group has been established and is now open 7 days per week, between 8:00 am to 8:00 pm with multilingual staff to (i) answer queries; (ii) contact those who are vaccine hesitant; (iii) book appointments with local clinics and mass vaccination centre.
- ❖ Agreed that the impact of COVID-19 on communities would rely in part on the quality of communication regarding health risk and danger. Any co-ordinated approach by partners and stakeholders therefore needs to take full account of the way life conditions, cultural values, and risk experience affect actions during a pandemic. Unfamiliarity with sociocultural, economic, psychological, and health factors within any community can jeopardise effective communication at all levels.

In conclusion, the Chair thanked Chris Banks for his presentation and to all partners and stakeholders for their contributions in the discussions on this topic.

The Chair then Moved, and it was **RESOLVED** to note the progress made to date in administering vaccines and the ongoing support by partners and stakeholders to ensure effective delivery of the vaccination programme

4. **TOWER HAMLETS HEALTH & WELLBEING STRATEGY 2020-25: UPDATE AND AGREEMENT ON DRAFT PROPOSALS**

The Board received an update on progress to date in developing the Health and Wellbeing Strategy, key messages from two workshops in early January to test principles and priority areas the remit of the Strategy and emerging priorities, as well as next steps and obtain feedback from experts, leaders and public on the priorities set out in the Strategy and insight on how priorities can be delivered with desired impact/outcomes

As a result of discussions on the presentation the Board discussed the emerging priorities, and these are summarised as follows that:

The Board,

- ❖ Noted that in Spring-Summer 2020 a review had taken place of key health and wellbeing data, alongside public engagement to hear residents' views on key issues. Following this, interviews with Health and Wellbeing Board members had taken place throughout October 2020 to gather their views on the role and remit of the Board and its Strategy, and what the priorities of that Strategy should be.
- ❖ Was reminded that on 17th November 2020 they had agreed priority health areas: the health impacts of poverty, Mental Health and emotional wellbeing, and healthy diet and exercise. Then after this,

there were two workshops (January 8th, 2021 and January 11th, 2021) that had brought together Board members and stakeholders to discuss: the wider determinants that impact these health priority areas across the life course; the mechanisms to impact those wider determinants; and what role the Board should play in driving forward change across both wider factors and health and wellbeing support services across the Borough in the next five years.

- ❖ Commented that culturally competent staff are important for a variety of reasons. Firstly, as the Borough becomes increasingly more diverse, as it attracts residents from all over the UK and wider international communities. The Tower Hamlets population is mobile, relatively young and is expected to increase by around 20% over the next six years health care professionals are progressively seeing patients with a broad range of perspectives regarding health, often influenced by their social or cultural backgrounds **e.g.** patients whose first language is not English and have different thresholds for seeking care or different expectations about their care, and beliefs that influence whether or not they adhere to health care staff's recommendations.
- ❖ Health care staff need to be (i) aware of these issues and how to address them; and (ii) acknowledge that a 'one size fits all' approach to health care will not suffice. In addition, local communities face some unique health challenges, with significant levels of poverty and high premature death rates amongst adults from circulatory disease, diabetes; cancer; vitamin D deficiency; 25% of teenage girl's self-harm; and the incidence of respiratory disease. Therefore, with the population growing fast, this will lead to even greater challenges if the Borough fails to act now.
- ❖ Wanted to see more adults' accessing dental services and to have improved oral hygiene **e.g.** reduce the incidence of gum disease.
- ❖ Commented that a healthy weight and good nutrition in childhood sets an individual up for life. It is a key factor in life-long general physical and mental wellbeing as well as preventing common long-term conditions such as diabetes, heart disease, stroke, and some cancers. This issue is of particular importance in the Borough as childhood obesity levels of 4-5-year-olds and 10-11-year-olds are significantly higher than national levels. Also, children that are under-achieving educationally in the Boroughs schools can almost relate directly back to their nutrition and their mental, physical, and social health. Therefore school-based interventions delivered by school nurses can play a key role in implementing sustainable, effective school-based obesity interventions.
- ❖ Noted what has been done to address knife crime in the Borough following the success in Glasgow where it has adopted a public health approach to knife crime, in which the police work with those in the health, education and social work sectors to address the problem. In the London, the NHS England appointed a leading surgeon Martin Griffiths to tackle rising knife crime in the Capital. Mr Griffiths, a consultant trauma surgeon at the Royal London Hospital, becoming the health service's first clinical director for violence reduction. Mr Griffiths it was noted has helped to set up a service for young patients injured

through gang crime, providing support to victims while they are being treated onwards.

- ❖ Agree that if such an ambitious approach were applied to all aspects of the Strategy then in 5 years' time LBTH would have a healthy environment for all residents.
- ❖ Noted that a huge amount of work is going on across the Boards priority areas particularly on the health impacts of poverty on mental health healthy diet exercise. Therefore, the ambitions that have been discussed tonight bring together a lot of the key issues.
- ❖ Noted that the workshops held in January 2021 had focused on different aspects **e.g.** early years and supporting families to be healthy. There had also been considerable discussion about young adulthood and making sure that people have opportunities and access to help when they need it.
- ❖ Noted that there had been much discussion about the stronger networks that could be established across different professions and how support can be more effectively targeted.
- ❖ Noted that the focus of the consultation exercise was to take the values considered and develop at the workshops and for these to be discussed with the public, experts, and leaders.
- ❖ Commented that it is important to recognise the Partnerships collective power as leaders and their ability to galvanise people across different sectors and within different organisations.
- ❖ Agreed that to add value and bring about positive change it was important to ensure that the right priorities and issues have been identified.

In conclusion, the Chair thanked Officers and Members for their presentation and to all partners and stakeholders for their contributions in the discussions on this topic.

The Chair then Moved, and it was **RESOLVED** (i) to agree the consultation plan; and (ii) that Board Members would support the consultation process.

5. SEND IMPROVEMENT PLAN

The Board received a presentation from James Thomas - Corporate Director, Children and Culture that outlined the programme of improvement work for the council and partners in relation to Special Educational Needs and Disability (SEND), and SEND related, services. It identified priorities, actions to be taken, lines of responsibility and timescales for delivery. The plan included details of how the Tower Hamlets SEND Strategy 2020 – 2024 will be delivered. The main points of the discussion are outlined below:

The Board

- ❖ In response to questions noted that work has been underway over the last few months to refresh the improvement plan and this will continue as it is an iterative process. Noted that as part of this process feedback will be sought regularly to ensure that the views and contributions of a

wide range of stakeholders are considered to help to strengthen the approach being taken. Also noted that work is underway to strengthen and take a more systematic the view of children, young people and parents/carers, and the direct involvement of their representatives in driving forward improvement.

- ❖ Was advised that a range of activities have been taken place over the last few months to review and revise the SEND Improvement Plan including workshops with senior managers and with parents and carers and young people representatives. However, recently capacity has been constrained across all services, and in particular health services, as the current wave of the pandemic has worsened, and staff sickness or redeployment has become more of an issue.
- ❖ Noted that the aim throughout has been to ensure that the plan is an effective tool to drive improvement work. Work continues with strategic leads to refine and sharpen the focus of the plan. Particular attention continues to be on identifying the most pressing items for improvement, rationalising content to avoid duplication and confirming actions are 'SMART' (specific, measurable, achievable, relevant, and timely). Also, that a set of priority areas for indicators have been identified, and these are currently being reviewed by the SEND Improvement Board. These will help to clarify the focus of attention for the improvement plan. The proposed indicators are set out below with details of how the improvement plan addresses them.
- ❖ In response to the presentation noted that the Partnership has started to work to ensure that procedures are in place to agree a plan of action to secure SEND provision in line with the statutory responsibilities to meet the needs of young people as part of the local offer and captures the range of health services available relevant to children and young people with a disability. The intention is that local health practitioners will bring those children who may have SEND to the attention of LBTH so they can consider whether an assessment is necessary, and work with parents on this. Then the health practitioners will contribute to any co-ordinated Education, Health and Care (EHC) Assessment. As well as ensuring that (i) health care provision as specified in the EHC plan is made available; (ii) the Local Offer including relevant contracts with providers reflects the needs of the local population; and includes information about health care provision for children and young people with SEND.
- ❖ Wished to see what specific plans to address needs for all high functioning students with autism spectrum disorder (ASD) at secondary level and wanted to know what specific plans to support children in that age group.
- ❖ Stated that it was important to create appropriate settings in secondary schools for students with ASD and was concerned that demand for places for pupils with SEND is increasing and many are being sent out of the Borough and such "out of borough" placements are costly and require children to undertake stressful journeys. Therefore, the Board wanted to look at increasing SEND provision at local secondary schools and to support teaching staff to have the right skill sets.

- ❖ In response to questioning it was noted that the Education Partnership strongly believes in the importance of inclusion for all pupils. This belief is at the heart of SEND practice and ensures students reach their full potential. The Education Partnership is committed to developing a creative and challenging curriculum to ensure all students, irrespective of their needs, thrive and succeed. Therefore, students with SEND have the same opportunities to take part in enriching experiences as their peers.
- ❖ Agreed on the importance of keeping the programme of improvement work on the agenda to maintain an understanding where the challenges are and to have honest conversations between partners to address any challenges.
- ❖ Commented that they acknowledged that schools have worked tirelessly to support young people during the pandemic, facing daily challenges, difficult decisions and changing national guidance.
- ❖ Was concerned that there is a potential risk that children with SEND will be disproportionately impacted by the pandemic, unless agencies and services for children and young people with SEND are given additional support.
- ❖ Were informed that the programme of improvement will ensure that there are more opportunities and better information about care and education across the Borough. In addition, it was noted that the intention is to make it simpler for parents/carers to be involved in major decisions regarding their children's needs.

As a result of discussions on the report it was **RESOLVED** to consider a further report at the next meeting.

6. ANY OTHER BUSINESS

In conclusion the Chair thanked everybody who has contributed this evening discussions which has provided incredibly positive guidance on the next steps in the development of integrated services; partnership working and pooled budget arrangements.

The meeting ended at 7.06 p.m.

**Chair, Councillor Rachel Blake
Tower Hamlets Health and Wellbeing Board**

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>Tuesday 6 April 2021</p>	
<p>Report of: Cllr Rachel Blake, Chair of Health and Wellbeing Board</p>	<p>Classification: Unrestricted</p>
<p>Primary care access and patient experience explained</p>	

Originating Officer(s)	Dr Joe Hall
Wards affected	All wards

Executive Summary

The Covid-19 pandemic is re-shaping the provision of healthcare within Tower Hamlets. New national and local initiatives have also impacted on primary care delivery models and the patient experience. Our communities are facing unprecedented challenges and we need to develop systems that address expanding health inequalities.

All organisations and systems within the borough need to reflect on these new challenges and effectively re-align their activities and operations. Working in partnership and integrating services where possible has the potential to transform the healthcare provision within the borough against the most challenging social-economic backdrop that our community faces.

Recommendations:

The Health and Wellbeing Board is recommended to:

Note the presentation which will be available on the day of the meeting and will summarise: -

- How is primary care supporting integration and better outcomes?
- Can primary care buildings provide extended use i.e. support social prescribing services?
- Are Multi-Disciplinary Teams meeting the needs of local population?
- Are we learning and embedding best practice based on patient experience?
- How has pandemic affected primary care and patient experience?

1. REASONS FOR THE DECISIONS

- 1.1 There are no decisions, but the update will provide the board with insight into patient access and patient experience that will provide a basis for discussion and consider next steps for the partnership.

2. ALTERNATIVE OPTIONS

- 2.1 Not applicable.

3. DETAILS OF THE REPORT

- 3.1 Primary care either through GP Care Group, Primary Care Networks or as individual practices have worked with partner organisations including Barts Health NHS Trust, London Borough of Tower Hamlets and third sector organisations to integrate working and address acute and long-term medical needs during the pandemic. Through necessity, remote and online consultations and “total triage” models have expanded. Social prescribing initiatives have supported the most vulnerable. Some of the processes that have been put in place have created more effective working and will likely continue.
- 3.2 However, we need to ensure these improve health outcomes and do not exacerbate health inequalities or cause inequitable access to healthcare. As we emerge from this pandemic we must evaluate and learn from what we have achieved together. Primary care will be challenged by the extensive secondary care backlog and will need to understand the post pandemic landscape and needs of our population.
- 3.3 We are keen to work in partnership with organisations across the borough and with our communities to develop a new model of integrated primary care that reduces health inequalities and provides the best outcomes for our patients.

<p>Non-Executive Report of the:</p> <p>Tower Hamlets Health and Wellbeing Board</p> <p>Tuesday, 6 April 2021</p>	 <p>TOWER HAMLETS</p>
<p>Report of: James Thomas, Director, Children and Culture</p>	<p>Classification: Open (Unrestricted)</p>
<p>SEND Improvement Update</p>	

Originating Officer(s)	Tracy Stanley, Strategy & Policy Officer, Children and Culture
Wards affected	(All Wards)

Executive Summary

This briefing will provide an update on SEND improvement work, looking at the priority areas and the key issues, main activities and current challenges for each. The briefing is being provided as a set of slides for the Health and Wellbeing Board.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. REASONS FOR THE DECISIONS

1.1 There is no decision, this briefing is for information.

2. ALTERNATIVE OPTIONS

2.1 N/A

3. DETAILS OF THE REPORT

3.1 This briefing will provide an update on SEND improvement work, looking at the priority areas and the key issues, main activities and current challenges for each. The briefing is being provided as a set of slides for the Health and Wellbeing Board.

4. EQUALITIES IMPLICATIONS

4.1 The SEND improvement work is directly concerned with equalities and by driving improvement work will improve outcomes for children and young people with Special Educational Needs and Disabilities.

5. OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

5.2 There are no further specific statutory implications at this stage.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 The briefing focuses primarily on service delivery and improvement. Costs and funding of SEND are across the general fund and the high needs block of the dedicated schools grant (DSG) as well as in collaboration with partner agencies. Cost and funding implications would be considered as part of the high needs recovery plan which will in turn be considered alongside this improvement plan. There are no direct finance implications arising from the recommendation in this briefing.

7. COMMENTS OF LEGAL SERVICES

7.1 Part 3 of the Children and Families Act 2014 requires local authorities to provide services to children and young people with special educational needs and disabilities, and to keep the provision made for these children and young people under review. The proposals set out in this briefing comply with the above legislation.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- SEND Improvement Update April 2021 (powerpoint slides)

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- NONE.

Officer contact details for documents:

Tracy Stanley, Strategy and Policy Officer, Children and Culture SPP,
Tel: 0207 364 3876

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SEND Improvement Update

Warwick Tomsett, Joint Director of Integrated Commissioning (LBTH/THCCG) and Deputy Chair of SEND Improvement Board

6th April 2021



Overview of item

This presentation provides an information update on local area progress on the SEND improvement agenda. The presentation covers the following:

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- *Summary of our Self Evaluation*
- *Key issues from service users*
- *Inspection preparedness*
- *Next steps*
- *Appendices*



SEF Summary

Key strengths

- **Effective early identification in the early years** - Childcare settings are well supported and meet SEND needs well. Section 23(3) notification processes are working well.
- **Good, consistent attainment and achievement** of CYP with SEND, including CLA. CYP with SEND are well engaged in their education.
- **High quality and effective mix of education provision** for SEND in place, with high-quality education outreach services provided. Sensory impairments identified early, and most are well supported to remain in local mainstream or in resource bases.
- **Investment at SEN Support in well established and maintained.**
- **Schools are well supported in assessing and meeting needs** at SEN support and with EHCPs. There is effective planning for school places in place. There are effective responses to increased local SEN need of migrants from abroad.
- **Timelier intervention is embedding across parts of the system** - Introduction of multi-disciplinary, early intervention therapies model by Barts Health. CAMHS support through THEWS and the Neurodevelopmental Team are meeting need effectively.
- **Progress made in implementing the Integrated SEND Commissioning Plan.**
- **Low numbers of formal mediation requests and tribunals.**
- **Strong engagement with service users** through SENDIASS. The Local Offer is becoming a central, effective communication channel with service users. Service users are playing a growing role in system governance.
- **Good outcomes for young people aged 19-25 with a learning disability.**
- **Progress into employment is well supported** by effective programmes and initiatives.
- **Wider inclusion is championed** in strategic partnerships and informs service development.



SEF Summary

Areas in development

- **Work continues to ensure the needs of children entering Reception are fully disclosed by EY settings and families.**
- **Processes around EHC needs assessment need to improve**, including the timeliness and quality of plans.
- **Improvements needed to planning for transition to adulthood** - Year 9 annual reviews do not routinely make adequate plans for transition to adult services.
- **Improvements to the recording of SEND status across services need to embed** across the system to improve the holistic understanding and meeting of the needs of the child or young person.
- **Improved understanding of projected future demand for SEND** is required to ensure that the local area is better prepared for changing provision needs.
- **Gaps in Social, Emotional and Mental Health provision** mean that some needs are not being effectively met.
- **Parents report dissatisfaction with ASD diagnosis waiting times.**
- **Poor transition pathways and experience for young people who do not meet the thresholds for specialist adult learning disability services.**
- **Greater levels of support for Speech, Language and Communication Needs in the early years.**
- **Service users need to be more systematically engaged and heard at each stage of the commissioning cycle.**
- **Monitoring and tracking outcomes in annual reviews is inconsistent.** We also need to improve data capture on outcomes within management information systems, so strategic impact can be monitored.
- **Enhanced join up of healthcare support for transition to adults health services.**



Key issues raised by parents, carers and young people

- Improved understanding of EHCP process for social care, health and voluntary services - training for staff and awareness of role and responsibilities within process
- Commitment from all relevant parties to participate in Annual Reviews and input to EHC plans
- Clear understanding of how funding / resources can be used, including direct payments and personal budgets
- More accurate, easy to access, up to date information held within systems and shared when appropriate – education, social services and health
- Better integration and joined up working between education, social services and health
- Clear CAMHS Pathway reduced waiting times and improved access
- Clear transition planning from CAMHS to Adult Mental Health Services
- Greater opportunities for young people with SEND to access apprenticeships and supported internships
- Development of coproduction across all statutory and voluntary agencies including commissioning of services



Inspection readiness

- The SEND Progress Group is tightening its TOR and refocusing specifically on preparation for inspection. This focus will include assessing how closely the local area meets the SEND Framework guidelines
- Work is underway to complete the evidence library: the list of action plans referred to within the SEF are being gathered and will be reviewed to ensure that they are effective for driving improvements forward at a reasonable pace.
- Key lines of enquiry are being developed to help develop an understanding of areas where responses may be required for inspectors.
- Plans are being developed to share the SEF with staff and service users across the local area in a summary format to ensure its messages resonate and are well understood.
- Where there is confusion about how parts of the system work, One Minute Guides are being developed to provide a single clear message for staff and service users on what the processes are.



What we need from partners & next steps



Strengthening understanding of SEND priorities for all partners across the local area so that all parts of the system work together to address issues and drive improvement

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Securing the commitment of partners around areas of work which are 'in development' and would benefit from a more joined up approach

Supporting partners to deliver key messages to wider staff and colleagues about their role in delivering the best possible services and outcomes for children and young people with SEND



APPENDICES



Engagement and involvement of parents, carers, children and young people

SEND Improvement Plan – Key strategic activities

P1: Parents and young people are active partners in decision-making and service development driving improvement across the SEND system

AMBER

P3: Coproduction / Personal Centred Outcomes - children, parents and families become an integral part of the commissioning process, as per the commissioning cycle in the SEND CoP where partners are engaged in all aspects of the process: understand/plan/do/review

RED

Actions

- Ensuring joined up approach for Parent/Carer Forum, Young People Forum, SEND Ambassadors and other groups
- Developing more systematic approach for responding to feedback from parents/carers and young people, and ensuring direct input to SEND Improvement Plan and Improvement Board
- Development of Co-production Plan for 21/22
- Development of You Said, We Did log of improvement actions

Potential challenges

- Complexity of governance and partnership structures
- Support, training and awareness for parents, carers and young people around processes and systems to ensure meaningful and effective participation
- Pressure of timescales and resources to building in participation



Update on improving EHCP timeliness

SEND Improvement Plan – Key strategic activities

P2: The timeliness of EHC improves, with the majority of cases assessed within 20 weeks; contributions to plans from all services are timely

RED

Key issues

- Range of issues around reduction in timeliness - high no. of plans, high individual caseloads, inconsistencies in data for monitoring, staff absences (exacerbated by Covid), delays requesting / receiving advice for needs assessments

Actions

- Plan to clear original backlog –
 - 42% plans now been issued (further 20% have draft plans in place)
 - Target for at least 60% issued by end of March. End of May deadline to clear backlog.
- Assessments since October 2020 (with additional capacity) –
 - In February – 6/12 plans (50%) delivered within 20-wk timescale.
 - Projections for March (31 plans) Yes – 52% / Likely – 68% / Possible – 77%
- Restructure of the SEN Service:
 - Staff consultation completed in Feb and structure being finalised (benchmarking has helped to inform this).
 - Longer term staffing capacity being looked with commitment to review needs of the service against core tasks annually.
 - Understanding future needs – benchmarking has been undertaken
- Improved tracking system breaking down each stage of the Assessment to pinpoint any difficulties

Potential challenges

- Resources – continuing pressures
- Receiving advice within 6wks from partner agencies
- Training for partners in Education, Health and Social Care (advice for EHC Plans)



ASD diagnosis pathway/timeliness

SEND Improvement Plan – Key strategic activities

P3: ASD Pathway - all services within the pathway to have a collective understanding of the immediate and long term priorities/objectives in supporting children and families from pre-diagnosis through to transition into adult services. All services to have closer dependencies and join up in meeting the agreed objectives

RED

Key issues

- Current waiting times are long and increasing, the longest waiting time is in excess of 118 weeks, whilst approx. 125 patients have waited over 52 weeks for the completion of an assessment (figures have been greatly impacted by Covid)
- Pre Covid 19 improvement plan reduced waiting times however approach not sustainable
- Lack of clearly defined ASD pathway in Tower Hamlets, with no collective insight or understanding of the journey of the understanding of the journey for a family.

Actions

- By end Feb 2021 - Development of Business Case to increase capacity – to be presented at WEL F&P Committee before the end of financial year
- Continue benchmarking exercise across WEL, TH are not outliers in this area.
- Initiate ASD Pathway Review, with a primary aim to be that children, parents and families can access support while waiting for the completion of the assessment for ASD, and that support is not contingent on a diagnosis.

Potential challenges

- Identifying and implementing sustainable resources to drive down assessment waiting times
- Impact of Covid 19 restrictions – future uncertainty
- Review of ASD pathway may be impacted by resources / capacity issues within the system



Inclusive practice in schools

SEND Improvement Plan – Key strategic activities

P4: Inclusive practice is routinely consistent across all mainstream schools, including the six nursery schools, particularly with regards to Sensory Impairment, ASD and SEMH

AMBER

Key issues

- Focus is on achieving more consistency in inclusive practice across all mainstream schools
- Improved consistency is expected to support a reduction demand for EHC Plans

Actions

- Tower Hamlets Education Partnership (THEP) – SENDco and Inclusion Leadership Network established and CPD in Inclusive Classrooms being planned
- Inclusion benchmarking tool complete - being piloted in mainstream schools
- Support for Learning Service and Behaviour Support Team:
 - Delivering support, guidance and training on inclusive approaches to classroom teaching, multi-agency planning, and effective deployment of learning support staff in the classroom
 - Termly SENCo Conferences and SENCo forums - well attended, providing advice and training
- Tower Hamlets Education Wellbeing Service (THEWS - delivered by CAMHS):
 - Operating in 23 schools - universal service but work supports and develops a school culture and ethos that benefits pupils with SEN and SEMH needs
 - Schools receive support and advice in relation to any pupil of concern, including those with special educational needs

Potential challenges

- Ensuring SLS restructure and the newly created post of senior SEN adviser deliver on supporting strategic aims
- Progressing actions in context of schools responding to the pandemic - additional pressures
- Pressure on resources - financial and workforce for schools and council, particularly affecting the delivery of the High Needs recovery plan.



Transitions

SEND Improvement Plan – Key strategic activities

P5: Local agencies work in partnership to help effectively plan for education transitions, so that needs are accurately reflected in EHC plans and new settings are provided with the right information

AMBER

P5: There are clear pathways into training and work experience and towards independent adulthood, for young people with SEND from age 14

AMBER

P5: All young people able to learn the skills to travel independently and safely are supported to do so

GREEN

P5: Local agencies work in partnership to help effectively plan for transitions from Children's to Adult Services, so that needs are accurately reflected in EHC plans and teams are provided with the right information

RED

Key issues

- Ensuring Annual Reviews at Y9 make adequate plans for transition to adult services
- Transition to adult social care for those with ASD not meeting thresholds

Actions

- Identification of needs at Reception stage - Early Years SEND Audit conducted, Action Plan in place for 2021/22
- Children's to Adults services - introduction of Transitions Nurse by Barts Health, developing and implementing a transitions framework
- EHCP Needs assessment guidance produced for schools following review by SEND Working Group
- SENDIASS Annual Transition Event – Y5 parents (for those with EHCP)
- Increased supported internship opportunities and opportunities for young people
- Accommodation – Supporting Independence Project and development of Shared Lives Scheme
- Y9 Annual Review Co-production pilot

Potential challenges

- Need better joined up healthcare support for young people transitioning
- Ensuring Annual Health Checks are taking place and those with complex needs have up-to-date Healthcare Plan
- Increasing employer engagement for more substantial into-work offer



SEND inclusion beyond education, health & social care support

SEND Improvement Plan – Key strategic activities

P1: Inclusion is actively promoted and championed through all partners' services, including capital programmes

AMBER

There is a significant minority within the children's population in TH with some form of recorded SEND – 17%

Tower Hamlets	SEND Support	EHCP	No identified need
	12%	5%	83%

Source: SEND in Tower Hamlets –Spring School Census 2020

This underlines why the 'Every Chance for Every Child Charter' was:

- Designed with all children, including those with SEND in mind
- Embodies the guiding principles for wider SEND inclusion

Inclusive Play Programme - example of capital scheme making a contribution to improving inclusive provision in the borough:

- Providing inclusive play equipment to council play areas
- 10 sites updated so far
- Bartlett Park – residents helped plan inclusive playground
- Sites increased via extra funding from Thames Water & SEND Programme - all three adventure playgrounds and major refurbishments planned at Weavers fields and Millwall Park



Any Questions



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