

# HEALTH & ADULTS SCRUTINY SUB- COMMITTEE

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Tuesday, 18 October 2022 at 6.30 p.m.

Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent,  
London, E14 2BG

## SUPPLEMENTAL AGENDA – Presentations

This meeting is open to the public to attend.

**Contact for further enquiries:**

David Knight, Democratic Services Officer (Committee)  
1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, E14 2BG  
Tel: 020 7364 4878  
E-mail: [david.knight@towerhamlets.gov.uk](mailto:david.knight@towerhamlets.gov.uk)  
Web: <http://www.towerhamlets.gov.uk/committee>

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agenda:



For further information including the Membership of this body and public information, see the main agenda.

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## **Tower Hamlets: introduction to North East London Health and Care Partnership, our Integrated Care System in North East London**

**Background slides**

**October 2022**

## Purpose of today's presentation

- An opportunity to introduce the North East London Health and Care Partnership, covering:
  - Context of North East London
  - What are our purpose and system priorities?
  - How is our Integrated Care System set up?
  - How will we make decisions?
- An opportunity to talk in more detail about Tower Hamlets Together
  - Who are we?
  - What are our values, priorities and outcomes?
  - What is our work programme?
- An opportunity for questions and discussion

# The North East London Health and Care Landscape



## Our local challenges and opportunities:

- **Health inequalities** – our residents have endured some of the highest covid-19 mortality rates and the pandemic has exposed and exacerbated significant health inequalities, which we have opportunity to address together
- **Variations in health and care outcomes** – we have some of the most economically deprived boroughs in the country, alongside unacceptable variation in life chances and outcomes, which partners are committed to tackling
- **Clinical variation** – there are significant variations in clinical quality and the range of services available to residents, against which providers need to collaborate at scale to ensure greater equity across North East London
- **Workforce** – alongside supporting all staff to recover from the pandemic, we need to recruit and retain sufficient staff and support them to adopt more integrated and innovative ways of working
- **Demand and capacity** – we need to make sure people can access services as quickly as possible and be able to align resources with demand.
- **Use of emergency departments rather than primary care** – there may be a number of reasons for this but we need to look at how we can best manage demand on an already stretched emergency care system, how we can better utilise community services and primary care.
- **Quality** – we want to ensure that we are delivering care that is effective, safe and provides as positive an experience as possible.
- **Estates** – some of the buildings used to deliver care require significant improvements to bring them up to modern standards; we also need to continue to develop our long-term estates strategy to be able to provide care for our significantly growing population



# North East London - the fastest growing area in the UK

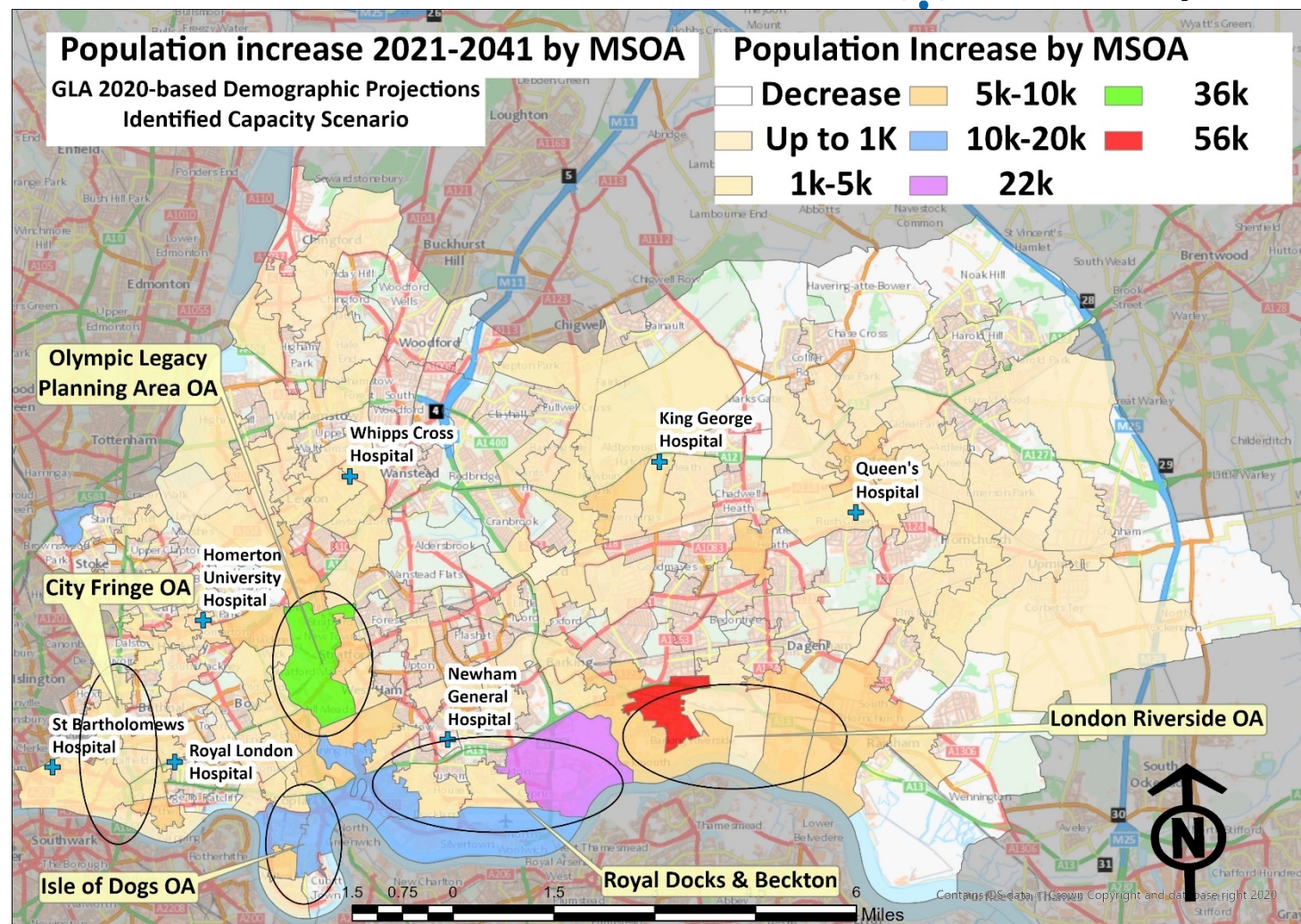
Our population is set to grow by **364k** people over the next **20 years**.

This growth is **1.5x higher** than the rate across **London** and over **4x higher** than the **rest of England**.

This is **larger than any of our current boroughs** (Newham is our largest 354k).

**77% of that growth is concentrated in 5 places** driven by the GLA Opportunity Areas (OA) indicated on the map.

- Our major town centres at Stratford, Ilford, Barking and Romford will all be completely transformed with dense and high rise residential developments replacing retail.
- The current capacity and configuration of health and care services across NEL is not of the quantum required to meet the huge growth in demand driven by this population growth.
- We need to be radical in our planning and transformation of services to meet this growth on top of our current financial and demographic challenges.





# Our co-produced partnership purpose and priorities

Our  
purpose

We will work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity

Page 7  
Our  
approach

Improve  
quality and  
outcomes

Secure  
greater  
equity

Create  
value

Deepen  
collaboration

Our  
system  
priorities

Supporting local  
employment  
and workforce

Improving  
outcomes for  
people with long  
term conditions

Enabling babies,  
children and  
young people to  
have the best start

Enhancing mental  
health and  
wellbeing

# Integrated care systems (ICSs)

Key planning and partnership bodies from July 2022

## NHS England

Performance manages and supports the NHS bodies working with and through the ICS

## Care Quality Commission

Independently reviews and rates the ICS

## Statutory ICS

### Integrated care board (ICB)

**Membership:** independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trusts, local authorities, general practice; an individual with expertise and knowledge of mental illness

**Role:** allocates NHS budget and commissions services; produces five-year system plan for health services

### Integrated care partnership (ICP)

**Membership:** representatives from local authorities, ICB, Healthwatch and other partners

**Role:** planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services

Cross-body membership, influence and alignment



## Partnership and delivery structures

### Geographical footprint

#### System

Usually covers a population of 1-2 million

#### Place

Usually covers a population of 250-500,000

#### Neighbourhood

Usually covers a population of 30-50,000

### Name

### Participating organisations

#### Provider collaboratives

NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level

#### Health and wellbeing boards

ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level

#### Place-based partnerships

Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care

#### Primary care networks

General practice, community pharmacy, dentistry, opticians



# Decision making in our Integrated Care System

Some examples:

convened by NEL's eight local authorities and the NHS, alongside other health and care stakeholders – defining and driving the integrated health and care strategy

ICP committee

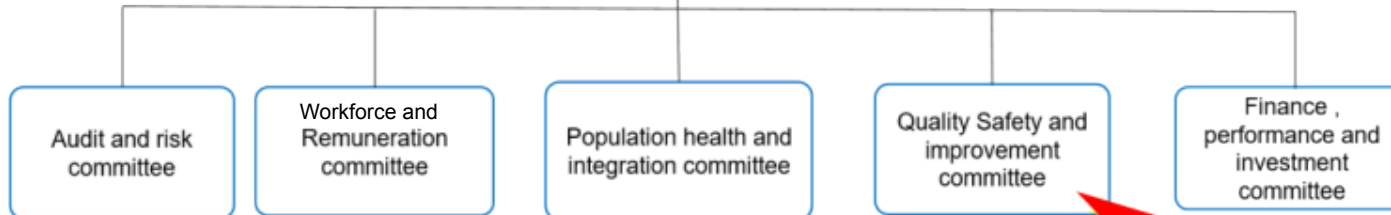
NHS England

ICB board  
NHS Unitary board

includes members from NHS trusts, councils, primary care, and the VCSE sector, alongside ICB and executives and non-executives – making strategic decisions relevant to all residents

ICS executive committee

includes members from the ICB and NHS trusts, plus expertise in adult social care, children's services, public health, and primary care – focussed on operational delivery across North East London



partners from across the system come together here – making strategic decisions about investment and driving performance improvement

includes all local NHS and council partners, plus Healthwatch and the VCSE sector – making local decisions close to residents

**Place-based partnerships**  
place committees:

- Barking and Dagenham
- City and Hackney
- Havering
- Newham
- Redbridge
- Tower Hamlets
- Waltham Forest

**Provider alliances**  
**Joint committee**  
**ICB/ELFT/NELFT:**

- Mental health, learning disability and autism

**TBC:**

- Primary care
- Acute
- Community
- VCSE

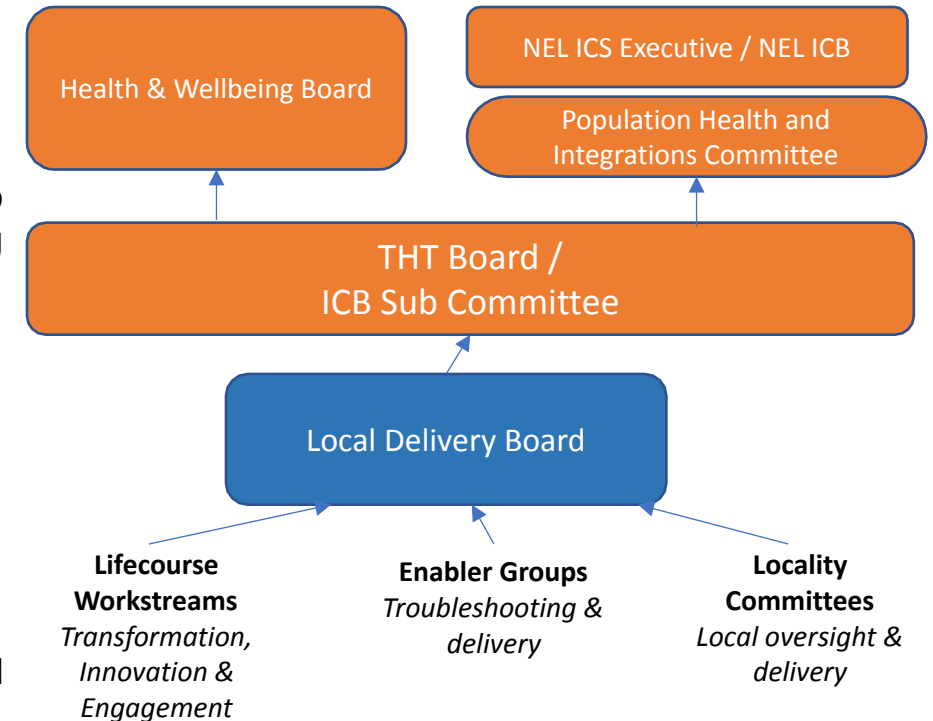
works alongside a wider system quality group to bring in expertise to systematically drive quality improvement across health services

NB: further diagram illustrating wider groups / boards which feed in e.g. people, estates, digital, planned care recovery, clinical advisory group. Healthwatch developing proposals for involvement in decision making.

# Tower Hamlets Together (THT)



- Tower Hamlets Together is our local partnership of organisations delivering health and social care in the borough. It includes the Council, the NHS, and the local community and voluntary sector.
- The partnership has an agreed set of values, aims and priorities for working together, and these are aligned to the Tower Hamlets Health and Wellbeing strategy. These are set out in the THT borough plan.
- The partnership works through a number of groups, bringing together senior leaders, managers and practitioners and community and resident representatives to work together to deliver the borough plan – with the aim of ensuring our services are joined up and delivering good outcomes for people who are using them.
- These groups include our 'lifecourse workstreams' which focus on different age groups in the population – 'born well, growing well'; 'living well'; 'promoting independence' – as well as groups that focus on the different areas of the borough – our 'locality committees' – and 'enabler groups' looking at how parts of our systems work together, such as workforce; IT and estates; engagement. These groups report through the local delivery board which tracks progress against our borough plan, using our outcomes framework (i-statements).
- The Tower Hamlets Together Board is where all the partnership groups report to and has been the 'engine room' for the design and delivery of integrated working across health and care partners. It is made up of senior officers from the local authority, NHS, and CVS as well as community and resident representatives, and has an independent chair. It 'owns' the THT borough plan.
- The THT Board is a sub group of the Health and Wellbeing Board and reports back on a regular basis. It has no formal delegation from the Council.
- Under the new ICS arrangements, the THT Board also acts as the local Integrated Care Board (ICB) for the NHS, and therefore also reports to the North East London ICS Board. Currently, the THT Board has no delegation from the NHS but this may change in the future.
- Elected members have opportunity to influence the work of THT at a local level through the Health and Wellbeing Board, as well as through the usual Council decision making process and statutory scrutiny role.



# The THT values, priorities and outcomes



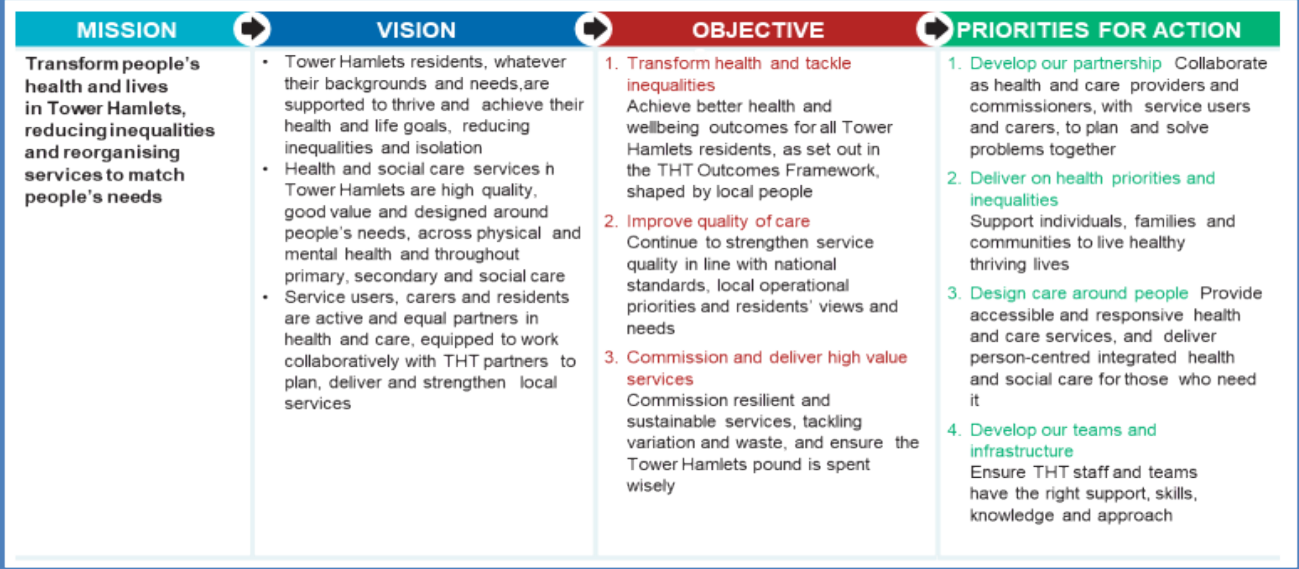
**THT values**

We are compassionate

We collaborate

We are inclusive

We are accountable



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In collaboration with staff and residents, we have developed specific population outcomes based on the following:

- Residents live the healthiest lives possible, especially the most deprived and vulnerable
- Children and young people have a great start to life and achieve their full potential
- Residents are able to access the health and social care services they need in a timely manner
- Residents are satisfied with the health and care services they receive and feel that their needs are being well met
- The system exceeds the required national performance standards within the available resources.

Domain	I-Statement			
Integrated health and care system	I feel like services work together to provide me with good care	I believe the trust, confidence and relationships are in place to work together with services to decide the right next steps for us as a whole community	I want to see money being spent in the best way to deliver local services	
Wider determinants of health	I am able to support myself and my family financially	I am satisfied with my home and where I live	I am able to breathe cleaner air in the place	I feel safe from harm in my community
Healthy Lives	I am supported to make healthy choices	I understand the ways to live a healthy life		
Quality of Care & Support	Regardless of who I am, I am able to access care services for my physical	I am able to access safe and high quality services (when I need them)	I am confident that those providing my care are competent, happy and kind	I have a positive experience of the services I access, overall
Quality of Life	I have a good level of happiness and wellbeing	I am supported to live the life I want	My children get the best possible start in life	I play an active part in my community

# Tower Hamlets Together, Our 2022-2023 Work Programme



**Local Delivery Board** – overall programme management of the transformation projects themed under the following five headings:

1. Care Close to Home - maintaining people's independence in the community
2. Hospital to Home - reducing the time people need to stay in hospital
3. Prevention - building the resilience and wellbeing of our communities
4. Mental Health and Learning Disabilities
5. Children and Young People

Key Priorities:

- THT system pressures: managing the need and demand at the 'front door' – primary care; Urgent Treatment Centre; social care and elective recovery
- Covid-19 vaccinations programme
- Localities integration development programme
- Integrated discharge pathway

## **Children and Young People – Born Well and Growing Well**

- Children's mental health and emotional wellbeing
- Special Education Needs and Disabilities
- Childhood Obesity
- Ways of working – including pathways for long term conditions, a shared practice framework, a shared model of locality and Multi Disciplinary Team working
- Poverty and economic hardship

## **Mainly Healthy Adults – Living Well**

- Improving equal and informed access to contraception
- Embedding a trauma informed approach to care
- Integrating pharmacies into the local system
- Primary Care Network coproduction with local communities to address health inequalities
- Improving access to health services for disabled residents
- Improving access to oral health services

## **Complex Adults – Promoting Independence**

- Establishing a new model of homecare which includes MDT approaches e.g. working closer with District Nursing.
- Long term conditions management – diabetes focus
- Enhancing local care coordination – moderate frailty focus
- Ensuring a smooth transitions process for young people with complex needs from CYP to adult services

# Adult social care workforce

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Local Authority and external providers

Health and Adults Scrutiny Sub Committee

18 October 2022

Agenda Item 3.2





# What currently constitutes the adult social care workforce



- Local authority employed staff (315 permanent posts)
  - Social workers
  - Occupational therapists
  - Non professionally registered assessment / review staff
  - Reablement officers
  - Day centre staff
- Social care staff working with commissioned and non-commissioned providers such as care homes, domiciliary care agencies, voluntary sector



# The London adult social care workforce



The information below is taken from the Skills for Care report on the London adult social care workforce for 2021-22, providing context and background for the priorities and actions in this strategy.

## Size of workforce

An estimated 219,000 people worked in adult social care in London in 2021-22

## Job roles

79% of jobs involved directly providing care. 7% were managerial & supervisory roles. 5% were regulated professions. 10% were 'other'.

## Jobs & service types

55% jobs in adult social care were in home care. 26% were in residential services, 2% in day care services, and 13% were community-based.

## Turnover

Turnover of directly employed staff was 27.6%, rising to 33.5% for care workers. 66% of starters came from within adult social care.

## Vacancy rate

The staff vacancy rate was 11% as of August 2021 - higher than pre-pandemic levels.

## Employer

79% of jobs were employed by the independent sector. 5% of were in local authorities. 7% were adult social care jobs in the NHS.

## Learning & development

77% of care-providing staff had engaged with the Care Certificate. 46% held a relevant adult social care qualification.

## Size of organisations

Around 43% of organisations had 1-4 employees. 87% had fewer than 50 employees. workforce as at 2020-21.

## Gender

81% workers were female, compared to 47% of the economically active population.

## Age

28% of adult social care workers were aged 55 and over compared to 17% of the economically active population.

## Ethnic background

67% of adult social care workers were from a Black, Asian and minority ethnic background compared to 40% of the London population.

## Disability

1.4% of adult social care workers had a disability compared to an estimated 14% of the London population.



# How does Tower Hamlets local authority workforce in Adult Social Care compare with the London position?



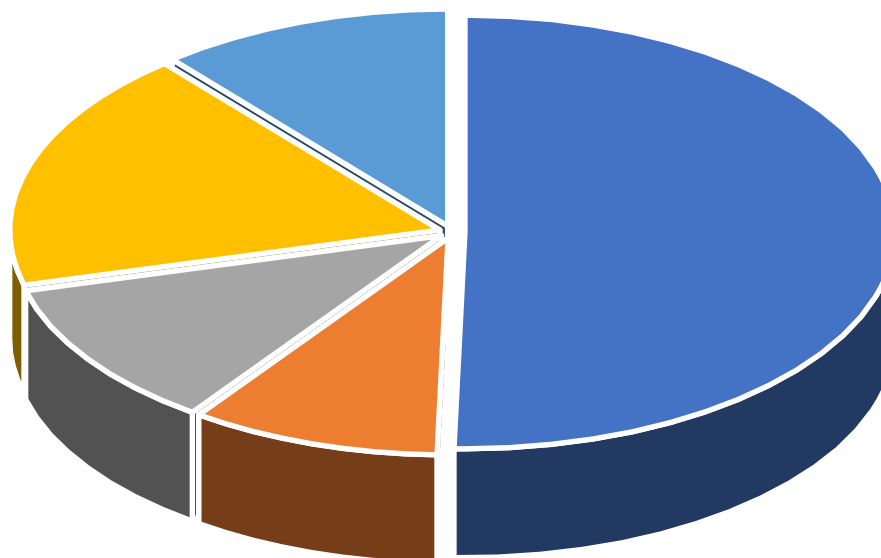
- 70% staff in regulated professions
- Turnover 10%
- 69% female
- 33% aged 55 or older
- 73% black and multi ethnic background
- 26% Bangladeshi, 3% Somali
- 10% have declared a disability – much higher than London wide social care workforce



# Proportion of workforce in regulated professions



# Local authority employed adult social care workforce by role



- Social workers
- Occupational therapists
- Non professionally registered assessment / review staff
- Reablement officers
- Day centre staff





# Why do we need a workforce strategy?



- Growing population and levels of demand
- Workforce is very diverse but does not fully reflect the local population
- Current age of workforce - 33% aged 55 or older
- Age of those coming into workforce – many people coming into social work are changing profession
- Hard to fill roles – Occupational therapy and Approved mental health practitioners
- Reactive workforce planning
- Clear expectation in Care Quality Commission inspection framework pilot inspections



# How will we link the workforce strategy to regional and local strategies?



- Develop a workforce strategy which aligns with regional and local strategies – London Association of Directors of Adult Social Services workforce strategy and Tower Hamlets Together Strategy
- ADASS workforce strategy sets four priority areas
  1. Improving recruitment and retention
  2. Supporting the care workforce
  3. Reducing structural inequality
  4. Developing how we work
- Tower Hamlets Together workforce strategy
- Workforce strategies and priorities identified through NEL Integrated Care System



# External influencers



- Social Work England
- College of Occupational Therapists
- Health & Care Professions Council
- Skills for Care – National Minimum Data Set
- National policy set by Department for Health & Social Care
- Care Quality Commission
- Local Government Association Employer standards for social work



# Other partnerships / initiatives



- North East London Integrated Care System
- North East London Teaching partnership (London Met, UEL, Royal Holloway universities are partners)
- North East London Allied Health Professions
- Kingston University – provider of social work apprenticeships
- University of East London – provider of occupational therapy apprenticeships
- Tower Hamlets Equalities Hub
- Black, Asian and Minority Ethnic Inequalities Commission



# What recruitment strategies are currently in place?

(ADASS workforce strategy priority 1)

- Workforce dashboard recently developed to allow monitoring against all protected characteristics
- 3 year career development plan for all newly qualified social workers recruited
- Offering on average 15 placements to student social workers each year through partner Universities to provide ready made recruitment pool
- Varying recruitment methods to include virtual recruitment events
- The number of requirements which need to be met at application stage has been reduced to encourage applications





# Recruiting to hard to fill posts

(ADASS workforce strategy priority 1)



- Occupational therapists
  - Difficulties recruiting permanent or agency workers
  - Advertised in a range of media
    - Jobs go public
    - **NHS Jobs**
    - Guardian
    - Community Care
  - Virtual recruitment events
  - 80% posts now filled
  - Grow your own – apprenticeship, preceptorship, student OT placements
  - Increased agency rates for a three month period



# Recruiting to hard to fill posts

(ADASS workforce strategy priority 1)



- Approved mental health practitioners
  - Training more AMHPs – 2 this year, 4 next year
  - Need to complete pre-AMHP qualification before being allowed to study on AMHP programme
  - 4 month placement during AMHP course limits numbers who can be released at any given point
  - All newly recruited mental health social workers required to train as AMHP
  - Issue London wide
  - Recently agreed to raise agency rates for AMHPs for one year period



# How will we address structural inequalities?

(ADASS workforce strategy priority 1 & 3)



- Talk to local community about barriers -
  - Review current recruitment processes
  - Review where and how posts are advertised
  - Provide simple guidance / tips for people in local community on submitting applications, writing CVs and consider workshops around interview skills
- Offer greater flexibility around work patterns – in line with needs of service
- Coaching / mentoring to support existing BAME staff to be successful in applying for higher level roles
- Offer apprenticeships in social work and occupational therapy – subject to funding



# How will we retain staff?

(ADASS workforce strategy priority 1, LGA Employer Standards for social work)

- Career development
- Communication strategies
- Support around wellbeing
- Clear expectations



# Career development for regulated professionals



(ADASS workforce strategy priority 1, 2 & 4)

- Career progression scheme for social workers and occupational therapists – linked to pay grades
- Extensive learning & development offer linked to appraisal and supervision
- Internal transfer scheme
- Support around professional registration for social workers and occupational therapists – fees paid, support sessions
- Updated supervision policies including reflective supervision
- Opportunities to share good practice – good news stories, reflection group, journal club, short videos



# Communication strategies

(ADASS workforce strategy priority 2 & 4)

- Staff forums led by the Principal Social Worker
- Open forums with Director of Adult Social Care Feedback from staff survey and annual social care health check formulated into action plan which is shared with staff, with updates provided
- Monthly staff newsletter
- Two-way feedback loop being introduced
- Staff survey highlights improvements in all areas





# Clear expectations to support practice (ADASS workforce strategy priority 2 & 4)

- Adult social care strategy and vision refreshed
- Service standards introduced to ensure that staff have a clear framework to work to
- Content on staff intranet updated to make it easier for staff to find information
- Processes and forms reviewed to ensure strength based and limit paper work where possible



# Wellbeing support

(ADASS workforce strategy priority 2)

- Wellbeing sessions – independently facilitated to allow BAME staff space to talk about issues
- Health & wellbeing support through KeepingNELWell and corporate support
- Annual conference focussed on wellbeing



# What is the current position of Adult Social Care in Tower Hamlets ?

You are looking at **Tower Hamlets**.

Back to map  
←

Summary and key  
findings

Employment  
overview

Recruitment and  
retention

Demographics

Pay

Qualifications  
and training

## Summary of the adult social care workforce



Download PowerPoint

This summary of the adult social care workforce in **Tower Hamlets** includes filled posts in local authority and independent sectors as well as filled posts for direct payment recipients. **Please note that the other pages refer to filled posts in the local authority and independent sector only.**

There were **7,700** filled posts in  
**Tower Hamlets**.



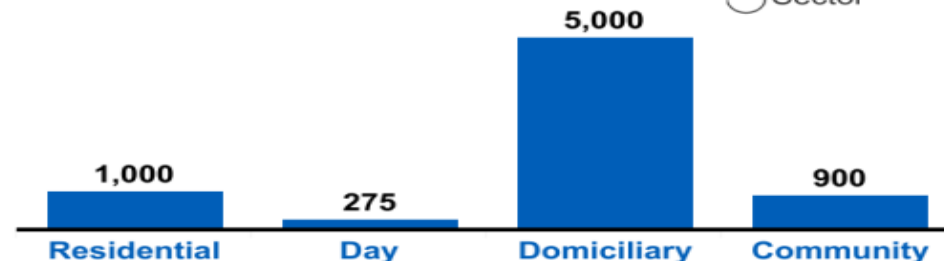
**6,900** filled posts were in the **local authority** and **independent sectors**.



CQC regulated establishments  
in **Tower Hamlets**

### Filled posts by service

Select a view:  
☒ Service  
☐ Sector



In **Tower Hamlets** there were the following number of filled posts...



**5,800** Direct care

**500** Managerial



**375** Regulated professionals

There were also... **350**  
working for direct payment recipients



Back to map  
←

Summary and key findings

Employment overview

Recruitment and retention

Demographics

Pay

Qualifications and training



TOWER HAMLETS

# Employment overview

Download PowerPoint

Use the drop-down menus to change the sector and/or job role.

Select a sector:

All sectors

Select a service group:

All services

Select a job role:

All job roles

Number of filled posts:  
**6,900**

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## Zero-hours contracts

**40%**

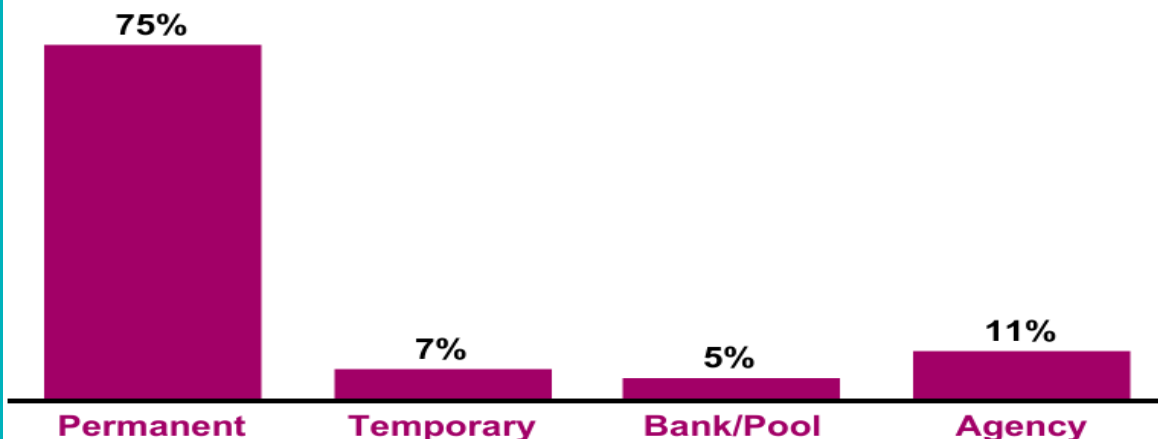
of workers were employed on  
**zero-hours contracts**  
(or 2,800 filled posts)



## In comparison...

CQC non-residential services across England had an average of **46%** of all workers employed on zero-hours contracts (**260,000 filled posts**).

## Employment status



## Whole time equivalent filled posts

The **WTE filled posts** ratio in  
**Tower Hamlets**  
is  
**0.65**



Back to map



Summary and key findings

Employment overview

Recruitment and retention

Demographics

Pay

Qualifications and training



TOWER HAMLETS

# Recruitment and retention

Download PowerPoint

Use the drop-down menus to change the sector and/or job role.

Select a sector:

All sectors

Select a service group:

All services

Select a job role:

All job roles

Number of filled posts:  
**6,900**

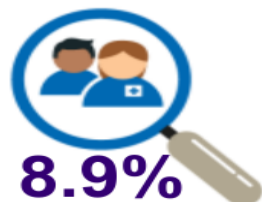


The **turnover rate** in 2021/22 was

**30.8%**

(or **1,700 leavers**).

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**8.9%**

vacancy rate  
(**550 filled posts**)  
in 2021/22.



**68%**

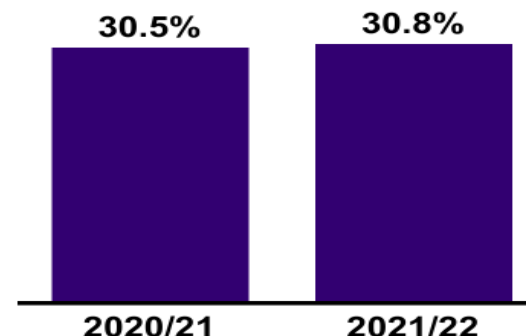
of staff  
recruited from within the sector.

## Sickness



The **average number of sickness days** taken in 2021/22

## Turnover trend



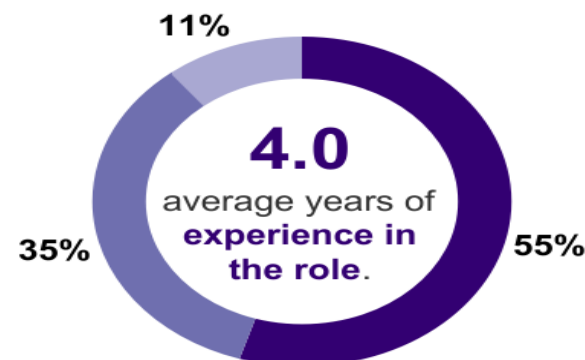
Select a view:

- ☒ Turnover
- ☐ Vacancy

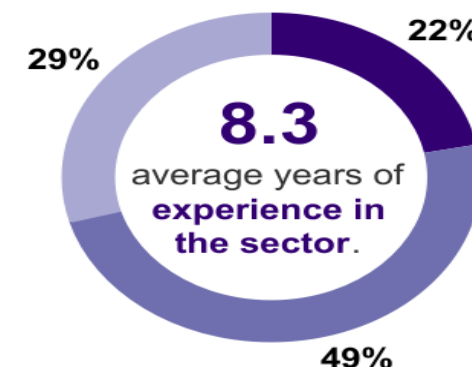
**Vacancy and turnover** trends have **increased** at a **national** and regional level since **March 2021**

COVID-19 dashboards

## Experience in role



## Experience in sector



Key:

- Less than 3 years
- 3 to 9 years
- 10 years or more



Back to map



Summary and key findings

Employment overview

Recruitment and retention

Demographics

Pay

Qualifications and training

# Demographics

Download PowerPoint



TOWER HAMLETS

Use the drop-down menus to change the sector and/or job role.

Select a sector:

All sectors

Select a service group:

All services

Select a job role:

All job roles

Number of filled posts:

**6,900**

## Gender



**75%**

of the workforce were **female**.

**25%**

of the workforce were **male**.



## Nationality

**73%**

British

**650** posts filled by individuals with an **EU** nationality

**10%**

EU

**1,200** posts filled by individuals with a **Non-EU** nationality

**17%**

Non-EU

## Age



**45 years**

average **age** of a worker

Under 25 years

**5%**

25 to 54 years

**74%**

55 and above years

**21%**

White  
**26%**

## Ethnicity

Black, Asian and Minority Ethnic  
**74%**





# Current workforce challenges- feedback from TH providers

## Care homes -11 homes in the Borough (6 for Older People, 5 for Mental Health/ Learning Disability)

- Have bank staff to cover
- Do not use agency as is too costly
- Operate a planned rota system
- Some vacancies across homes – most difficult to recruit nurses

## Extra Care (housing with care)- 6 schemes in the Borough

- Do not use agency staff
- All Staff are in place
- Some staff are paid LLW whilst other are not and recent issues with price rises mean that staff are asking for increase in their salaries to bring up to LLW
- Have pool of staff that can call upon

## Day care

- No immediate issues all fully in place
- They pool staff from other places and plan rotas



# Current workforce challenges- feedback from TH providers



## Homecare- 5 commissioned providers, up to 40 total registered providers

- Five commissioned providers – all staff paid at least London Living Wage
- Commitment to Ethical Care Charter- all staff offered a guaranteed contract of 12 hours per week
- Rising fuel prices and cost of living crisis- more carers leaving the profession
- Some people worried about personal safety working at night (unsocial hours)
- Increasing complexity of people needing care especially from hospitals – need skills development for care workers
- Most homecare workers work for more than one employer
- Capacity is a continual challenge
- Additional workforce are Personal Assistants (PA) supported through Direct Payment arrangements



# How are we supporting providers?

- Commitment to London Living Wage and Ethical Care Charter in TH contracts
- Fair Cost of Care / inflationary uplifts

**Proud to Care London – see [LondonADASS – London Association of Directors of Adult Social Services](#)**

- Jobs portal to advertise posts
- ASC roles to explain how rewarding a career social care can be
- Promotion of events and training
- Discounts on local services and shops

## **Employment service – carers in social care**

- Taster course for 3 days on what social care is and the roles available

## **Registered manager networks**

- Skills for care locally organised provider networks to discuss workforce challenges and solutions

## **Provider forums**

- Regular dialogue with providers working across the Borough to promote collaboration to tackle workforce issues

