

# 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

This meeting is open to the public to attend.

**Members:**

Chair: Councillor Ahmodur Khan

Vice-Chair: Councillor Ahmodul Kabir

Councillor Maisha Begum, Councillor Kamrul Hussain, Councillor Mohammad Chowdhury, Councillor Asma Islam and Councillor Abdul Malik

**Substitutes:**

Councillor Faroque Ahmed, Councillor Amina Ali, Councillor Abdul Mannan, Councillor Ana Miah, Councillor Bellal Uddin and Councillor Abdal Ullah

**Co-opted Members:**

David Burbidge

(Healthwatch Tower Hamlets Representative)

[The quorum for this body is 3 voting Members]

**Contact for further enquiries:**

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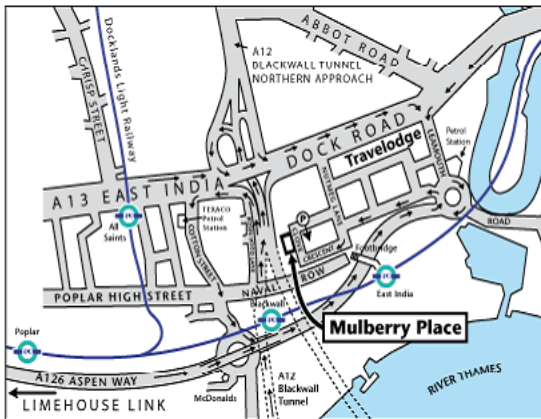
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**APOLOGIES FOR ABSENCE****1. DECLARATIONS OF INTERESTS****5 - 6**

Members are reminded to consider the categories of interest in the Code of Conduct for Members to determine whether they have an interest in any agenda item and any action they should take. For further details, please see the attached note from the Monitoring Officer.

Members are reminded to declare the nature of the interest and the agenda item it relates to. Please note that ultimately it's the Members' responsibility to declare any interests and to update their register of interest form as required by the Code.

If in doubt as to the nature of your interest, you are advised to seek advice prior to the meeting by contacting the Monitoring Officer or Democratic Services

**2. MINUTES OF THE PREVIOUS MEETING(S)****7 - 18**

To confirm as a correct record the minutes of the meeting of the Health Scrutiny Panel held on 6<sup>th</sup> July, 2022.

**3. REPORTS FOR CONSIDERATION****3.1 Integrated Care System delivery at Place level****19 - 30****3.2 Scrutiny Review: Workforce Shortages Across Health and Social Care Sector****31 - 58****3.3 HASSC Scrutiny Work Programme 2022/23****59 - 64****4. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT****Next Meeting of the Sub-Committee**

The next meeting of the Health Scrutiny Sub-Committee will be held on Tuesday, 6 December 2022 at 6.30 p.m. in Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

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# Agenda Item 1

## **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, Governance and Monitoring Officer, Tel: 020 7364 4348.

## **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.<br>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—<br>(a) under which goods or services are to be provided or works are to be executed; and<br>(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)—<br>(a) the landlord is the relevant authority; and<br>(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—<br>(a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and<br>(b) either—<br><br>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or<br><br>(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 HEALTH & ADULTS SCRUTINY SUB-COMMITTEE**

**HELD AT 6.30 P.M. ON WEDNESDAY, 6 JULY 2022**

**COUNCIL CHAMBER - TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,  
LONDON, E14 2BG**

**Members Present:**

|                                       |                               |
|---------------------------------------|-------------------------------|
| Councillor Ahmodur Khan (Chair)       |                               |
| Councillor Ahmodul Kabir (Vice-Chair) |                               |
| Councillor Kamrul Hussain             | Councillor Mohammad Chowdhury |
| Councillor Abdul Malik                |                               |

**Co-opted Members Present:**

|                |  |
|----------------|--|
| David Burbidge | – (Healthwatch Tower Hamlets Representative) |
|----------------|--|

**Other Councillors Present:**

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

**Officers Present:**

|                   |  |
|-------------------|--|
| Dr Somen Banerjee | – (Director of Public Health)                      |
| Lucie Butler      | – (Barts Health NHS Trust)                         |
| Richard Fradgley  | – (East London NHS Foundation Trust)               |
| Daniel Kerr       | – (Strategy and Policy Manager)                    |
| Katie O'Driscoll  | – (Director of Adult Social Care)                  |
| Fiona Peskett     | – (Barts Health NHS Trust)                         |
| Denise Radley     | – (Corporate Director, Health, Adults & Community) |
| Jo-Ann Sheldon    | – (NHS North East London Integrated Care System)   |

**1. DECLARATIONS OF INTERESTS**

Nil items.

**2. TERMS OF REFERENCE, QUORUM, MEMBERSHIP AND DATES OF MEETINGS 2022 2023**

The Sub-Committee received a report that set out the Terms of Reference, Quorum, Membership and Dates of meetings of the Health & Adults Scrutiny Sub-Committee for the Municipal Year 2022/23 for the information of the Health & Adults Scrutiny Sub-Committee'. It was noted that the Overview and Scrutiny Committee at its meeting on the 7th of June 2022 had agreed to set up three sub-committees, including the Health & Adults Scrutiny Sub-

Committee. The Overview and Scrutiny Committee also agreed the terms of reference, chairs, and membership for all three scrutiny sub-committees. The main points of the discussions summarised as follows:

As a result of discussions on the report the Sub-Committee:

1. **Noted** the Terms of Reference, Quorum, Membership and Dates of future meetings as set out in **Appendices A, B and C** of the report.

### **3. MINUTES OF THE PREVIOUS MEETING - 8TH MARCH, 2022**

#### **RESOLVED**

The Sub-Committee confirmed as a correct record of the proceedings the unrestricted minutes of the meeting held on 8<sup>th</sup> March 2022.

### **4. ELECTION OF VICE-CHAIR FOR THE MUNICIPAL YEAR 2022-2023**

The Sub-Committee appointed Councillor Ahmodul Kabir as the Vice-Chair for the 2022-23 Municipal Year.

### **5. APPOINTMENT OF 2 MEMBERS FOR INEL JHOSC**

The Sub-Committee appointed Councillor Ahmodul Kabir and Councillor Abdul Malik to the Northeast London Joint Health Overview and Scrutiny Committee (INEL JHOSC) to join the Chair as LBTH representatives on this Committee.

### **6. INTRODUCTIONS FROM KEY STAKEHOLDERS**

The Sub-Committee received and noted the following presentations from Councillor Gulam Kibria Choudhury (Cabinet Member for Health, Wellbeing and Social Care); Dr Somen Banerjee (Director of Public Health); Richard Fradgley (East London NHS Foundation Trust); Lucie Butler (Barts Health NHS Trust), Katie O'Driscoll (Director of Adult Social Care); Fiona Peskett (Barts Health NHS Trust) Denise Radley (Corporate Director, Health, Adults & Community), Jo-Ann Sheldon (NHS North East London Integrated Care System)

#### **6.1 Overview of Health and Adults**

The Sub-Committee received a briefing on the Cabinet Member for Health, Wellbeing and Social Care areas of accountability. The briefing is summarised as follows:

- A. Development of the Health and Wellbeing Board and relationships with the NHS and private providers.



1. Strategic leadership of social care services and safeguarding for adults.
  2. Development of an integrated health and social care economy in Tower Hamlets and neighbouring local authorities.
- B. Leadership on public health services, working with the Health and Wellbeing Board to reduce health inequalities.
- C. Championing healthy living Improve awareness and influencing resident choices through proactive behaviour change initiatives.
- D. Work with the NHS to expand GP practices to ensure people can access timely appointments including face to face.
- E. Covid-ready Public Health service with a focus on the disproportionate impact on (Black, Asian, and minority ethnic) BAME residents.
- F. Ensure that mental health and physical health have parity of attention

## 6.2 Overview of Public Health

The Sub-Committee received a presentation that provided an overview of Public Health a summary of the points raised is set out below:

The Committee:

- ❖ **Noted** that Tower Hamlets puts health and wellbeing at the heart of everything it does through helping people to lead healthier lives, both mentally and physically. The Council does this by **(i)** commissioning a range of services from providers from different sectors to create as integrated a set of services as possible; and **(ii)** the way it operates the planning system, policies on leisure, key partnerships with other agencies for example on children's and young people's services, and through developing a diverse provider market for public health improvement activities.
- ❖ **Noted** that the Council wants to ensure the health needs of disadvantaged areas and vulnerable groups are addressed, as well as considering equality issues.
- ❖ **Noted** that through Adult Social Care the Council aims to help people stay independent, safe, and well so they can live the lives they want to. This includes people who are frail, have disabilities or neurodiversity, mental health issues as well as the people who care for them.
- ❖ **Noted** that the Council provides information and advice about care and support to all residents, offers short term help and options for longer term support if people have more complex needs.
- ❖ **Noted** that through Adult and Social Care the Council aims to promote people's independence and wellbeing, through personalised care and support that focuses upon their strengths, the outcomes they want to achieve and enables choice and control (**e.g.**, the provision advice

services designed to help people solve issues early from employment to support for people with disabilities).

- ❖ **Noted** that the Council has a number of key aims to this vision, including **(i)** empowering people to meet their own needs, **(ii)** enabling people to meet their aspirations for the future, **(iii)** ensuring that support improves the health well-being and quality of life for those working to Co-produce services and care with people that use them, seeking to simplify the system, making it easier to understand and access, **(iv)** ensuring that the Council provides the right support at the right place at the right time, being flexible in the support that we offer so that it's grounded in outcomes that matter to people, **(v)** delivering value for money, making best use of resources and spending within the Councils means, and **(vi)** developing, supporting thriving communities.
- ❖ **Noted** that these aims align with the Tower Hamlets together Partnership and promote a system wide approach to improving the health and well-being of people in Tower Hamlets.
- ❖ **Noted** that to achieve this vision and aims, Tower Hamlets has developed 10 key work packages. These include how information, advice, and early help to adults is provided. Including the work with Tower Hamlets Connect, the Carers Centre and Linkage Plus.
- ❖ **Noted** that with regard to how the Council supports people this includes **(i)** working to develop staff; training and supervision; **(ii)** approaches grounded in person centred interventions; **(iii)** the focus on care at home, where the Council are working with care providers to reimagine care intervention via outcome based support planning; **(iv)** housing with care where the Council are focusing on reconsidering the range of options to support people such as extra care, sheltered accommodation and shared lives care; **(v)** financing, direct payments and aim to raise awareness of the positive opportunities and outcomes for people using direct payments by reviewing the Councils policy and practice to support an efficient, easy and a timely intervention for people that the Borough works with; **(vi)** a focus on technology and innovation and a commitment to develop a refresh vision on how technology can support people with their needs and independence; **(vii)** support outside the home and how the Council are extending opening hours for dementia day service to support carers that weekends, as well as improving the offer to create day service for adults with learning disabilities so that support is better connect within their community, enter employment and develop skills; and **(viii)** a focus on working with others and to strive to continue to develop an integrated approach with partners and to also develop a stronger approach to working with people with lived experience.
- ❖ **Agreed** that this strategy is needed as we recognise that some key factors and challenges in the service and the Borough, including that Tower Hamlets has a very diverse Community and the Council needs to ensure that services are accessible and understandable to all.
- ❖ **Noted** that Tower Hamlets **(i)** is the 50th most deprived borough in England with 44% of older people living in income deprived households

(ii) have savings to make and demand for adult social care is set to grow; recovering from the pandemic which has had an increased negative impact on people's mental health, finances, and overall well-being.

- ❖ **Agreed** that residents whilst find that it can be difficult to understand what support is available and how to get it, Tower Hamlets is a hugely abundant borough with lots of community opportunities for people to engage in and people with care and support needs should be encouraged to engage in such opportunities.
- ❖ **Wanted** to see advancement of partnership working to ensure that a holistic view of people's needs are taken forward and to encourage practice which is grounded in strength-based approaches that recognises people can achieve and inspiring alternative trajectories for people's futures.
- ❖ **Noted** that sitting alongside this strategy is an action plan with detailed information on the actions with details of who will do this and what difference it will make.
- ❖ **Noted** that the strategy was co-produced with people who would be impacted by it over the summer and autumn of 2021, including people who use social care services and their carers, social care staff and staff working within the NHS, health services and the voluntary sector.
- ❖ **Agreed** that the important point to consider is that key to this strategy is that it is grounded in compassionate person-centred practice that seeks to improve outcomes and experience for adults and care as in our community.
- ❖ **Commented** that whilst the amount of money that is invested into people's care and support does not necessarily always equate to the outcomes and improvements in people's experience. The Adult Social Care survey has indicated that people are experiencing a high quality of a good quality of life in relation to their care and support. Although that needs to be considered against the challenges in relation to the financial sustainability of adult social care, not both within the Borough but also nationally which is a massive challenge and there will be further challenges in relation to social care reform.
- ❖ **Welcomed** the commitment to return to free home care as well as investment in the provision for adults in Tower Hamlets for care and support.
- ❖ **Noted** that there has been a period of development around providing choice and control to adults and carers in the Borough that have care and support needs which has been developed over many years and with the introduction of the Care Act in 2014 this has further been advanced.
- ❖ **Acknowledged** that Tower Hamlets has one of the fastest growing populations in the UK, which is projected to rise to 341,000 by 2023 and 376,300 in 2029. This is equivalent to 14 new residents every day for the next ten years.
- ❖ **Noted** that by 2029, the number of age 65+ residents is expected to grow by 39 per cent, compared with a 17 per cent increase in working age residents and a 5 per cent rise in school aged children. Which is likely to lead to even greater pressure on frontline services for

vulnerable adults and children and is a major challenge for the Council and its partners who will continue to ensure that they consider every penny that they spend.

- ❖ **Recognised** that the SARS-CoV-2 virus brought all stakeholders together and should be replicated with when looking at other widespread occurrences of diseases in the community that are affecting many persons such as at the same time mental health heart disease, diabetes, cancer, obesity, these things are really impacting on local communities and the relevant agencies need to look at these diseases in the way that they have looked at dealing with Covid.
- ❖ **Agreed** that it was important to disseminate the information in a way that tells residents that other long-term diseases are just as life threatening and will really impact on people's lives, because if stakeholders can identify these conditions earlier, we can really impact on people's health and well-being.
- ❖ **Acknowledged** that it comes down to a balance between the action that can be taken by the Council, including regulatory action, and individuals taking responsibility for their own health.
- ❖ **Recognised** that these health issues need multiple and complex solutions that need action from all sides.
- ❖ **Agreed** that the longstanding issue is really about addressing health inequalities – the social and economic determinants of health – and this is deeply enmeshed in wider aspects of council policy including things like social mobility, poverty, education, and early start in life.
- ❖ **Agreed** that Tower Hamlets should be a borough where all individuals value the importance of their own health, and that there needs to be an emphasis on instilling fundamental values in the Borough's children and young people so that they grow up putting the maintenance of good health at the heart of the way they view life.

### 6.3 Tower Hamlets Together Board

Received a presentation on Tower Hamlets Together which is all about health and social care organisations working closer together to improve the health and wellbeing of people living in Tower Hamlets. The Board provides a more coordinated approach to providing services, reducing duplication, and improving the overall experience and outcomes for the patients who need these services. A summary of the points raised is set out below:

The Committee:

- ❖ **Noted** that the partnership includes the Council, the major NHS organisations in Tower Hamlets and the Council for voluntary service. Through them the Board reaches out to a number of voluntary sector organizations in the Borough and is a compassionate and collaborative body that celebrates innovation in Tower Hamlets and learning from the real-life experiences of service users, carers, and stakeholders to ensure a robust focus on high quality and good values services designed around people's needs.

- ❖ **Noted** that service users, carers are active and equal partners participating at the heart of all the Boards decisions and focusing on engagement, participation in coproduction (**e.g.**, hearing directly from people on the ground about the issues and their experiences).
- ❖ **Noted** that the North East London Health and Care Partnership is responsible for planning and buying health services across north east London to meet the local population's needs, to make sure all parts of the local health system work effectively together. The Partnership is a formal alliance of partners that sets the overall strategy that will guide the collective work, hold the wider health, and care system to account for how services are delivered in a more joined up way.
- ❖ **Noted** that many factors influence the health outcomes of a population. From local environment, i.e., the conditions in which people live, to socio-economic factors like education, income and employment, and lifestyle factors such as what they eat and drink or whether they smoke, all of these affect population health. Tower Hamlets has some of the highest levels of deprivation and so a number of initiatives have been created to improve the health equity of local residents.
- ❖ **Noted** that the aim of the Tower Hamlets Together children's services programme is: "To ensure that all children and their families have access to high quality, 'joined up' services and opportunities in order to optimise physical, social, emotional, and cognitive development, improve life-long health and wellbeing and reduce the effects of socio-economic deprivation."
- ❖ **Noted** that neither demand nor supply factors alone explain the extent of the pressures facing the NHS. The explanation is more complicated and has to do with the flow of patients through the health care system, and the ability of the system to ensure supply meets demand when it is under pressure and care is disrupted (**e.g.**, the pressure on social care and general practice has led to more demand for hospital services).
- ❖ **Noted** that the priorities that the Board are working on this year, include children's mental health, the living well program, access to health services by disabled people.

#### 6.4 Primary Care

Received a presentation on primary care services in Tower Hamlets that provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services. A summary of the points raised is set out below:

The Committee:

- ❖ **Noted** that primary health care providers deliver a wide range of services to patients including improving prevention, tackling health inequalities, and supporting better patient outcomes in the community through productive primary care, improving patient access.
- ❖ **Noted** that a significant element of the new investment for the NHS to be directed at primary and community services, and a large proportion of this will be channelled through the relevant networks.

- ❖ **Understood** that the contract is between the commissioner and individual practices and is contingent on being part of the network.
- ❖ **Noted** that as part of improving patient outcomes seven networks have been in development over the past year to move them more towards improving population health (**e.g.**, children's asthma and work around access for digitally excluded and young people's access as well).
- ❖ **Agreed** that the covid-19 pandemic has exacerbated access problems in general practice and patients have reported finding it difficult to book appointments and access treatment.
- ❖ **Noted** that Healthwatch have indicated that GPs must prioritise telling patients that they are open for face-to-face appointments wherever possible.
- ❖ **Understood** that Healthwatch have found that while remote appointments were more convenient for some patients, they did not meet everyone's needs, with some patients left "worried that their health problems will not be accurately diagnosed,."
- ❖ **Agreed** that wherever possible that GPs should offer patients a choice of the type of appointment they would prefer whether it be video, face-to-face, or a home visit.
- ❖ **Noted** that the report also found that some patients had been struggled to get appointments for regular health check-ups, treatments, and drug reviews, meaning that some were unable to manage their condition.
- ❖ **Understood** that throughout the pandemic GP practices have been open, seeing patients face-to-face whenever it was clinically necessary to do so.
- ❖ **Commented** that digital innovation is discriminating against those for whom accessing GP's is already difficult, but GP's will also be losing the fundamental role as witness to patients' lives, a role that constitutes one of the foundations of the NHS. The relationship engendered by a patient booking to see their doctor in person is essential for them and for their GP's.

## 6.5 Acute Care

The Sub-Committee received a presentation on the provision of Acute Care a summary of the points raised is set out below:

The Sub-Committee:

- ❖ **Noted** that Barts Health NHS Trust **(i)** provides acute medical services for patients who require short-term care for urgent or emergency conditions; **(ii)** a consultant-led service that provides rapid assessment and treatment for patients with urgent and emergency conditions.
- ❖ **Noted** that some patients will go home after their visit whilst others will stay in hospital where they will receive the care that they need on a specialist medical ward. An acute medicine consultant quickly assesses each patient – and may also see a specialist doctor, such as a cardiologist, within 24 hours. Following an assessment, the patient may receive immediate treatment or be admitted for further care on one of our specialist medical wards. Many patients are able to go home

with 12 hours and are provided with access to support services if they need them.

- ❖ **Noted** that Barts Health NHS Trust **(a)** offer dedicated short stay units, for patients with urgent and emergency conditions, who need to stay in the hospital. If further hospital care is required, then the patient will be admitted to one of the Trusts specialist medical wards; and **(b)** provide a network acute medical care from the Royal London services that which reach out beyond Tower Hamlets (**e.g.**, Newham and Whipps Cross University Hospitals).
- ❖ **Noted** that the Trusts objectives mirror those of Tower Hamlets together in that it wants to be an inclusive organization, improve the health and care services of the local population.
- ❖ **Noted** that the Trusts intends to build effective partnerships and hence engagement with the Sub-Committee and Tower Hamlets together.
- ❖ **Noted** that it is the Trusts ambition to get benefits in terms of continuity, safety, and quality of care for patients as well as being providing well-being and an improved environment for staff and as referenced previously the Trust has built up some really good partnership working through the pandemic.
- ❖ **Noted** that the Trust is very keen to build upon this good work with partners to promote careers at the Royal London and Mile End, be that clinical or nonclinical as well.
- ❖ **Noted** that the Trust is very keen to be part of the future plans in respect of how services will be sustained given the population growth.
- ❖ **Noted** that at Mile End the Trust plans to create a diagnostic centre of excellence that will provide easier access for residents to attend and have a diagnostic tests that will then hopefully expedite any pathways that they might require.
- ❖ **Agreed** that to have effective health care patients need to have trust in the health system and health care professionals
- ❖ **Indicated** that with unemployment remaining a persistent issue in the Borough, apprenticeships within the NHS are becoming an increasingly valuable career path. The apprentices will gain skills and knowledge to provide support to ensure the delivery of person centred, holistic care, addressing individual needs and requirements to an NHS standard.
- ❖ **Noted** that the Trust uses contractors to undertake a wide variety of different tasks. This ranges from support services such as cleaning and catering, security, portage, and waste disposal through to technical works such as electrical or building repairs and major construction.
- ❖ **Commented** that it wished to see the Trust encouraging local entrepreneurs and voluntary sector organisations to become contractors and sub-contractors as a solution to unemployment and economic hardship within community.
- ❖ **Agreed** that a budding local entrepreneurial scene within the Trust can also enhance the sense of community about the Borough.
- ❖ **Indicated** that another important aspect is for already existing contractors and sub-contractors to open their doors to young, interested minds through intern programmes or traineeships.

- ❖ **Agreed** that the Council has a key role in encouraging the Trust to shop locally for goods and services as this not only boosts the economy and supports local entrepreneurs, but also nourishes the community and lowers the carbon footprint of businesses and voluntary sector organizations. The Trust should celebrate neighbourhood businesses and important decisions such as investment and other key development issues should be left in the hands of those who know the area and who will also feel the repercussions of such decisions.

## 6.6 Mental Health

The Sub-Committee received a presentation that provided an overview of the of the Mental Health Service in Tower Hamlets and a summary of the points raised is set out below:

The Sub-Committee

- ❖ **Noted** that Tower Hamlets has a high level of prevalence of both common mental illness and severe mental illness
- ❖ **Noted** Tower Hamlets has a disproportionately young population and high levels of mental health problems indicating future increase in need.
- ❖ **Noted** that the COVID-19 pandemic has caused significant loss of life and disruption. The lockdown restrictions that were introduced whilst necessary to control the virus, have had widespread and negative economic consequences, uprooted everyday life, enforced social isolation, and exacerbated health inequalities.
- ❖ **Understood** that the wider determinants of mental health have also been negatively impacted by the pandemic – employment, social contact. Likely exacerbated in LBTH due to overcrowding levels and lack of outside space.
- ❖ **Noted** the Borough has well established voluntary sector services for people with mental health problems and critically in Tower Hamlets that in regard to mental health everybody has a role to play in supporting people with mental health conditions to make a difference.
- ❖ **Noted** that Tower Hamlets was one of the first areas in the country to pilot mental health in school's teams and now have two mental health in school's teams and these are services that bring mental health professionals into schools to understand mental health conditions when they are emerging and to put the right preventative support in place at the right time.
- ❖ **Noted** that there are plans to establish a third mental health and school team in 2023 and there has been a huge growth in capacity and ability to provide talking therapies for people with anxiety and depression and people can access the service through their GP.
- ❖ **Noted** that over the last couple of years work has been undertaken to transform community mental health services for adults with more serious mental health conditions such as schizophrenia or bipolar disorder, and this has been really to organize local mental health



services into much more integrated teams around the Boroughs neighbourhoods.

- ❖ **Noted** the community connectors employed by voluntary sector organizations that provide pathway into psychology such as the (i) Women's Inclusive Team (WIT) is an organisation which supports disadvantaged women in Tower Hamlets and neighbouring boroughs; and (ii) Crisis Café was set up during the first wave, due to COVID and provides an alternative space for people in crisis, with access to clinicians, therapists and support staff at evenings and weekends.
- ❖ **Noted** the Reinforce Appropriate, Implode Disruptive (RAID) Mental Health Liaison service is a team of health professionals who assess, treat, and manage people with mental health problems who come to the emergency department of Royal London Hospital or who are a patient on the wards (Mile End & Royal London & St Bartholomew's Hospitals) who have a physical health problem and who may need additional support due to a mental health difficulty. The RAID team also manages the Tower Hamlets Crisis Telephone line and run a nurse led Outpatient Clinic, to follow up on patients after the A&E discharge process.
- ❖ **Noted** the work on making mental health services feel accessible to people from local communities in towerhamlets and in particular people from Black, Asian and minority ethnic communities feel that they can trust these services, that they can access them early.
- ❖ **Noted** the community connector program that links young adult service users to voluntary and community sector provision based on need and provide support with engagement, as well as linking in with further education providers and their counselling/mental health services to engage with student populations where there is unmet need.
- ❖ **Agreed** when looking at the programs such as the community connector program it is important to consider and measure this social value from the perspective of those affected by the work undertaken.

## 7. WORK PROGRAMMING 2022/23 PLANNING

Members of the Sub-Committee were asked to submit their suggestions to the Work Programme before the Scrutiny Away Day on the 16<sup>th</sup> of July 2022.

## 8. ANY OTHER BUSINESS

The Chair:

- ❖ Placed on record his thanks to all the Members and Cllr Gulam Kibria Choudhury; Dr Somen Banerjee; Richard Fradgley; Lucie Butler; Katie O'Driscoll; Fiona Peskett; Denise Radley; and Jo-Ann Sheldon for their contributions to this evenings Sub-Committee meeting; and
- ❖ With no other business to discuss called the meeting to a close.

**The meeting ended at 8.29 p.m.**

**Chair, Councillor Ahmodur Khan  
Health & Adults Scrutiny Sub-Committee**

|  |   |
|--|---|
| <p>Non-Executive Report of the:</p> <p><b>Health and Adult Scrutiny Sub-Committee</b></p> <p>18th October 2022</p> |  |
| <p><b>Report of:</b> Denise Radley, Corporate Director Health, Adults and Communities</p>                          | <p><b>Classification:</b><br/>Unrestricted</p>                                      |
| <p><b>Integrated Care System delivery at Place level</b></p>   |   |

|                               |   |
|-------------------------------|---|
| <b>Originating Officer(s)</b> | Filuck Miah, Corporate Strategy and Communities |
| <b>Wards affected</b>         | All wards                                       |

## Summary

This cover report accompanies the presentation slide deck: Integrated Care System delivery at place level

The content of the slide deck include:

- Overview of ICS at place level and how Tower Hamlets Together Partnership will be involved;
- Key challenges and pressures; and
- Priorities for the year.

## Recommendations:

The Health and Adults Scrutiny Sub-Committee is recommended to:

1. Review the accompanying presentation in order to inform discussion for the Health and Adults Scrutiny Sub-Committee meeting – **To follow**.

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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

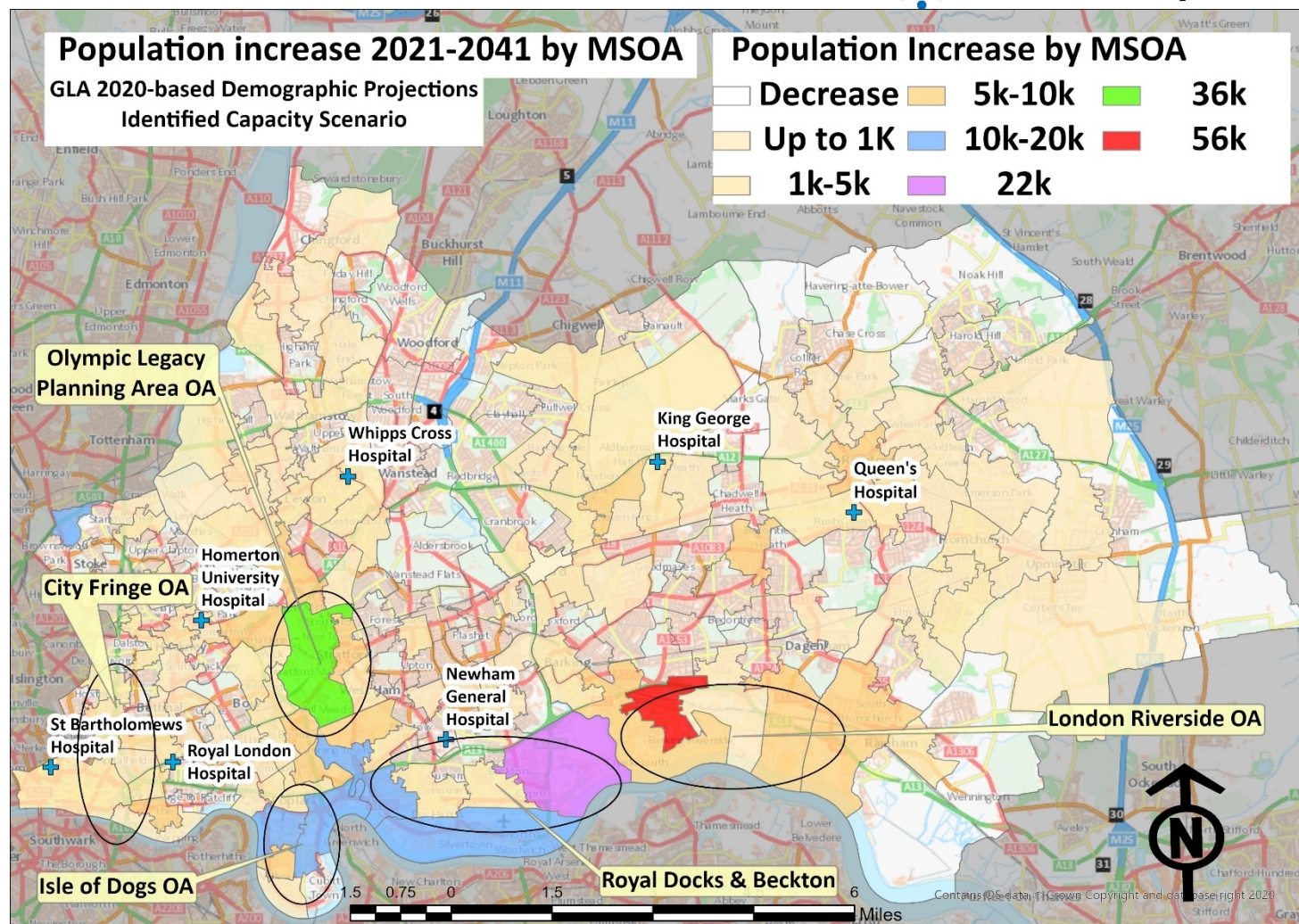
Our population is set to grow by **364k** people over the next **20 years**.

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 25  
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

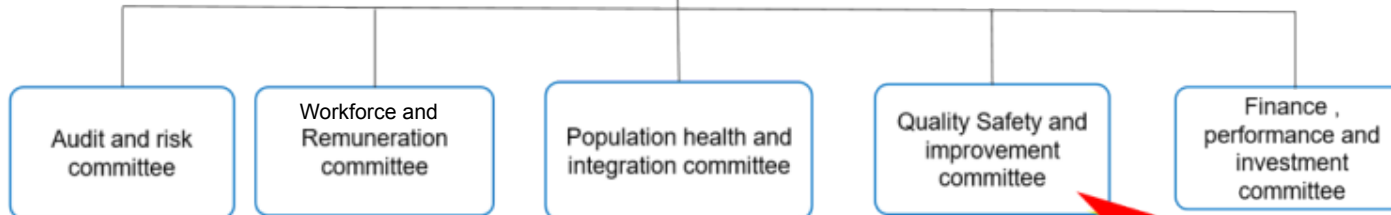
ICP committee

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

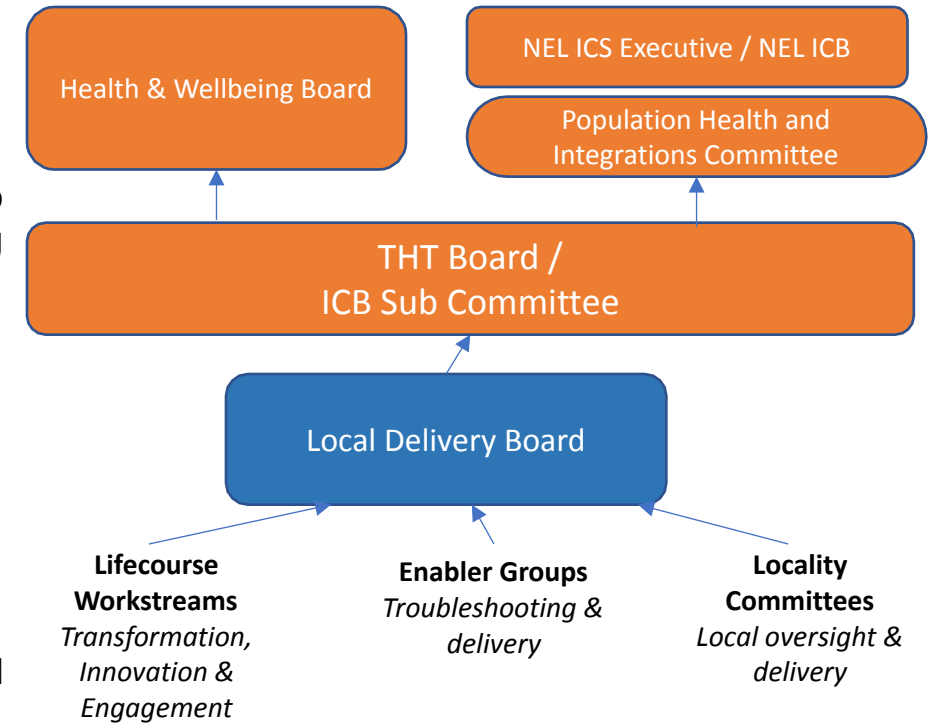
works alongside a wider system quality group to bring in expertise to systematically drive quality improvement across health services

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



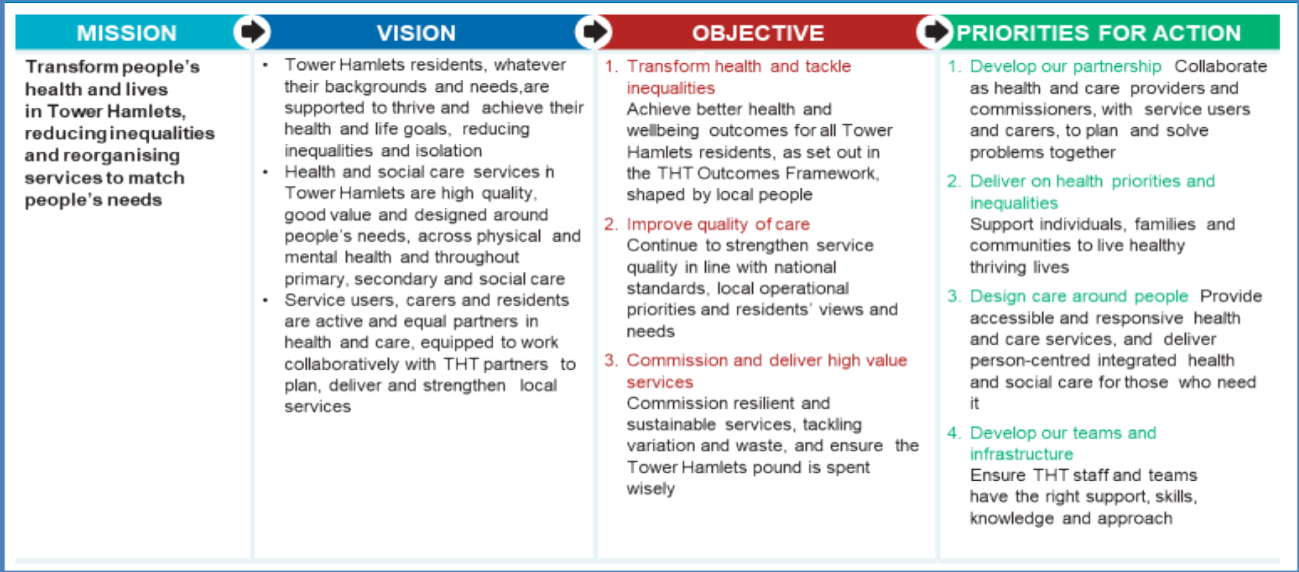
**THT values**

We are compassionate

We collaborate

We are inclusive

We are accountable



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

|  |   |
|--|---|
| <p>Non-Executive Report of the:</p> <p><b>Health and Adult Scrutiny Sub-Committee</b></p> <p>18th October 2022</p> |  <p><b>TOWER HAMLETS</b></p> |
| <p><b>Report of:</b> Denise Radley, Corporate Director Health, Adults and Communities</p>                          | <p><b>Classification:</b><br/>Unrestricted</p>  |
| <p><b>Scrutiny Review: Workforce Shortages Across Health and Social Care Sector</b></p>                            |   |

|                               |   |
|-------------------------------|---|
| <b>Originating Officer(s)</b> | Filuck Miah, Corporate Strategy and Communities |
| <b>Wards affected</b>         | All wards                                       |

## Summary

This cover report accompanies the presentation slide deck: workforce shortages across the adult social care sector

The content of the slide deck include:

- ASC recruitment challenges and pressures;
- Growth and progression options for ASC workforce;
- Resource implications and impact on performance; and
- Next steps and future plans.

## Recommendations:

The Health and Adults Scrutiny Sub-Committee is recommended to:

1. Review the accompanying presentation in order to inform discussion for the Health and Adults Scrutiny Sub-Committee meeting – **To follow**.

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# Adult social care workforce

Page 33

Local Authority and external providers

Health and Adults Scrutiny Sub Committee

18 October 2022



# 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?



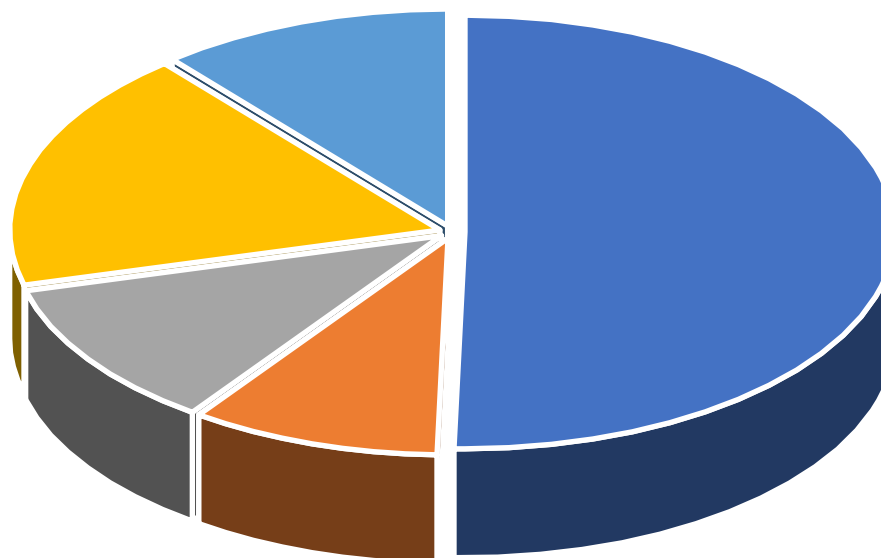
- 70% staff in regulated professions
- Turnover 10%
- 69% female
- 33% aged 55 or older
- 73% black and multi ethnic background
- 26% Bangladeshi, 3% Somali
- 10% have declared a disability – much higher than London wide social care workforce



# 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**.



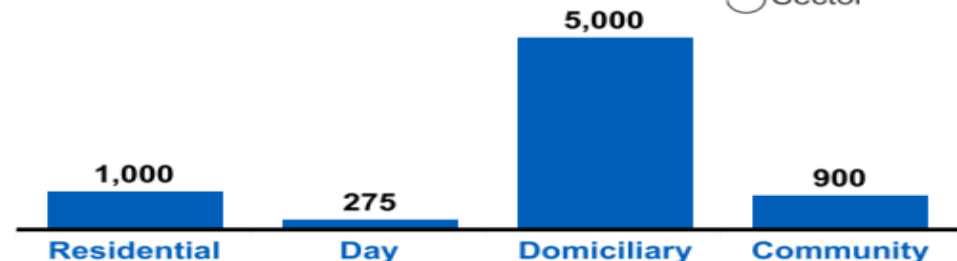
**6,900** filled posts were in the **local authority** and **independent sectors**.



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%**

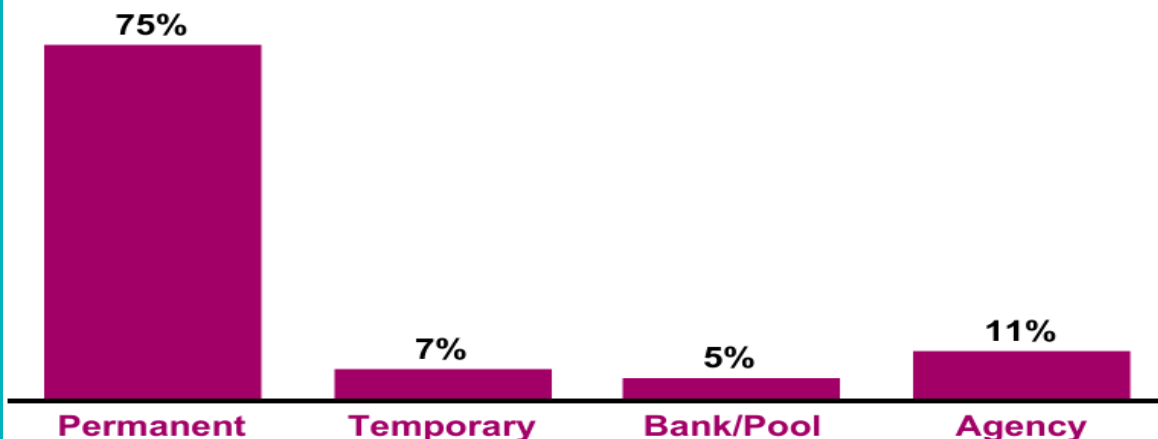
of workers were employed on  
**zero-hours contracts**  
(or 2,800 filled posts)



## 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**



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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**

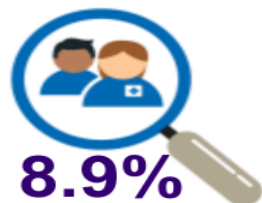


The **turnover rate** in 2021/22 was

**30.8%**

(or 1,700 leavers).

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**8.9%**

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



**68%**

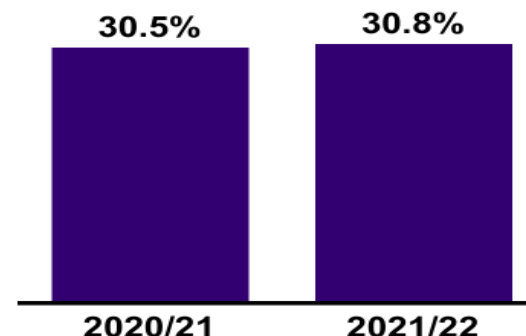
of staff  
recruited from within the sector.

## Sickness



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

## Turnover trend



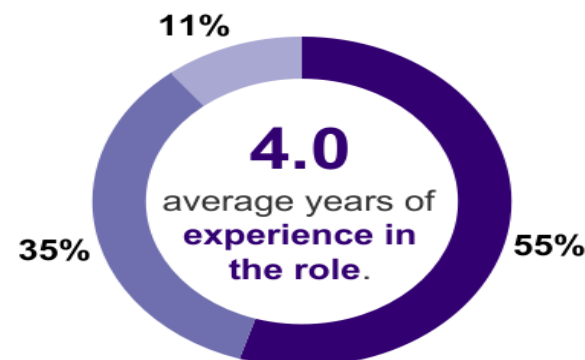
Select a view:

☒ Turnover  
☐ Vacancy

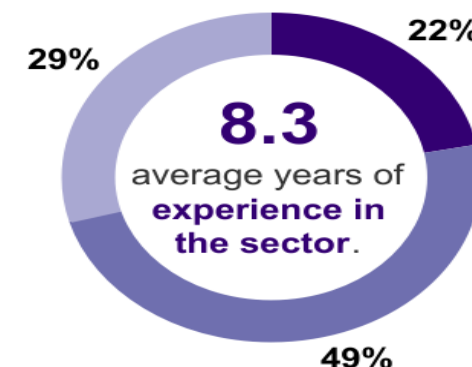
**Vacancy and turnover**  
trends have **increased** at  
a **national** and regional  
level since **March 2021**

COVID-19  
dashboards

## Experience in role



## Experience in sector



Key:

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





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TOWER HAMLETS

# Demographics

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**

## 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



|  |   |
|--|---|
| <p>Non-Executive Report of the:</p> <p><b>Health and Adults Scrutiny Sub-Committee</b></p> <p>18<sup>th</sup> October 2022</p> |  |
| <p><b>Report of:</b> Sharon Godman, Director of Strategy, Improvement and Transformation</p>                                   | <p><b>Classification:</b><br/>Unrestricted</p>                                      |
| <p><b>HASSC Scrutiny Work Programme 2022/23</b></p>  |   |

|                               |   |
|-------------------------------|---|
| <b>Originating Officer(s)</b> | Filuck Miah, Corporate Strategy and communities |
| <b>Wards affected</b>         | All Wards                                       |

## Executive Summary

This cover report accompanies the O&S Scrutiny Work Programme 2022/23 which includes the HASSC Work Programme 2022/23 (appendix 2)

## Recommendations:

The Health and Adults Scrutiny Sub-Committee is recommended to:

1. Note and agree the HASSC scrutiny work programme 2022/23 (appendix 2)

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**Appendix 2: Health & Adults Sub-Committee Work Programme 2022/23: Chair:**  
**Cllr Ahmodur Khan**

| Meeting                           | Scrutiny Activity | Title  | Description  | Speakers  |
|-----------------------------------|-------------------|--|--|---|
| <b>Tuesday<br/>18<br/>October</b> | Work Programme    | Health & Adults Sub-Committee Work programme | Agree Committee Work Programme   | <b>Cllr Ahmodur Khan</b>  |
|                                   | Spotlight         | ICS delivery at a Place level                | Review how the local approach to integrated health and social care system has improved services for residents and consider Social Care's parity and level of influence with NHS structures | <b>Cllr Gulam Kibria Choudhury</b><br>Cabinet Member for Health, Wellbeing & Social Care<br><br><b>Denise Radley</b><br>Corporate Director of Health, Adults and Community and Deputy Chief<br><br><b>Somen Banerjee</b><br>Director of Public Health<br><br><b>Warwick Tomsett</b><br>Joint Director of Integrated Commissioning |
|                                   | Scrutiny Review   | Review Workforce shortages across the sector | To review pre-covid H&SC workforce strategy and understand what the issues are impacting recruitment and retention of H&SC staff.  | tbc   |

|                           |                 |  |  |  |
|---------------------------|-----------------|--|--|--|
| <b>Tuesday 6 December</b> | Spotlight       | Improving access to GP Services                                | Understanding why GP access (physical appointments) continues to be a barrier for patients and developing solutions for improvements to access | <b>Cllr Gulam Kibria Choudhury</b><br>Cabinet Member for Health, Wellbeing & Social Care<br><br><b>Denise Radley</b><br>Corporate Director of Health, Adults and Communities and Deputy Chief  |
|                           | Scrutiny Review | Tackling Workforce shortages across the sector                 | To review pre-covid H&SC workforce strategy and understand what the issues are impacting recruitment and retention of H&SC staff.              | tbc  |
| <b>14 February</b>        | Spotlight       | Tackling BAME inequalities on access to Mental Health Services | Understanding why the BAME community face challenges in accessing mental health services and developing recommendations to address this        | <b>Cllr Gulam Kibria Choudhury</b><br>Cabinet Member for Health, Wellbeing & Social Care<br><br><b>Denise Radley</b><br>Corporate Director of Health, Adults and Community and Deputy Chief<br><br><b>Somen Banerjee</b><br>Director of Public Health<br><br><b>Warwick Tomsett</b><br>Joint |

|                 |           |                  |   |   |
|-----------------|-----------|------------------|---|---|
|                 |           |                  |   | Director of Integrated Commissioning  |
| <b>12 April</b> | Spotlight | Tackling Obesity | Assessing the effectiveness of current strategy and comms on tackling obesity in the borough and what more needs to be done | <b>Cllr Gulam Kibria Choudhury</b><br>Cabinet Member for Health, Wellbeing & Social Care<br><br><b>Denise Radley</b><br>Corporate Director of Health, Adults and Community and Deputy Chief<br><br><b>Somen Banerjee</b><br>Director of Public Health |

| Scrutiny Activity | Title  | Description   |
|-------------------|--|---|
| Scrutiny Review   | Tackling Workforce shortages across the sector | To review pre-covid H&SC workforce strategy and understand what the issues are impacting recruitment and retention of H&SC staff. |

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