

Health & Adults Scrutiny Sub-Committee

Supplemental Pack

Monday, 13 February 2023 6.30 p.m.
Council Chamber - Town Hall, Whitechapel

Members:

Chair: Councillor Ahmodur Khan

Vice Chair: Councillor Ahmodul Kabir

Councillor Maisha Begum, Councillor Kamrul Hussain, Councillor Amy Lee, Councillor Mohammad Chowdhury and Councillor Abdul Malik

Co-opted Members:

Matthew Adrien (Service Director at Healthwatch Tower Hamlets)

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

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

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<http://www.towerhamlets.gov.uk/committee>



Public Information

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The meeting will be broadcast live on the Council's website. A link to the website is detailed below. The press and public are encouraged to watch this meeting on line.

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A Guide to Overview and Scrutiny Committee

The Local Government Act 2000 established the overview and scrutiny function for every council, with the key roles of:

- Scrutinising decisions before or after they are made or implemented
- Proposing new policies and commenting on draft policies, and
- Ensuring customer satisfaction and value for money.

The aim is to make the decision-making process more transparent, accountable and inclusive, and improve services for people by being responsive to their needs. Overview & Scrutiny membership is required to reflect the proportional political makeup of the council and, as well as council services, there are statutory powers to examine the impact of work undertaken by partnerships and outside bodies, including the Crime and Disorder Reduction Partnership and local health bodies.

In Tower Hamlets, the function is exercised by the Overview & Scrutiny Committee (OSC). The OSC considers issues from across the council and partnership remit. The Committee has 3 Sub-Committees which focus on health, housing and grants.

The committee's quorum is three voting members.

Public Engagement

OSC usually meets once per month (a few days before Cabinet, to allow scrutiny of decisions scheduled to be made there). These meetings are open to the public to attend, and a timetable for meeting dates and deadlines can be found on the Council's website. More detail of how residents can engage with Overview and Scrutiny are available here

[Overview and scrutiny \(towerhamlets.gov.uk\)](https://towerhamlets.gov.uk/overview-and-scrutiny)

London Borough of Tower Hamlets

Health & Adults Scrutiny Sub-Committee

Monday, 13 February 2023

6.30 p.m.

1. DECLARATIONS OF INTERESTS (PAGES 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 PREVIOUS MEETING(S) (PAGES 7 - 16)

To confirm as a correct record the minutes of the meeting of the Health Scrutiny Panel held on 12 December 2022.

3.1 BAME Inequalities (Pages 17 - 24)

TO FOLLOW

3.2 Oral Health in Tower Hamlets (Pages 25 - 52)

TO FOLLOW

Next Meeting of the Health & Adults Scrutiny Sub-Committee

Thursday, 13 April 2023 at 5.00 p.m. to be held in Council Chamber - Town Hall, Whitechapel



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: Asmat Hussain, Corporate Director, Governance and Monitoring Officer,
Tel: 0207 364 4800.

APPENDIX A: Definition of a Disclosable Pecuniary Interest

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

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

SUB COMMITTEE, 06/12/2022

LONDON BOROUGH OF TOWER HAMLETS
MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB COMMITTEE
HELD AT 6.30P.M. ON TUESDAY, 06 DECEMBER 2022
COMMITTEE ROOM ONE – TOWN HALL, MULBERRY PLACE, 5
CLOVE CRESCENT, LONDON E14 2BG

Members Present in Person:

Councillor Ahmodur Khan -(Chair)
Councillor Ahmodul Kabir
Councillor Adbul Malik
Councillor Mohammad Choudhury
Councillor Gulam Kibria Choudhury -(Cabinet Member for Health, Wellbeing
and Social Care)
Councillor Bellal Uddin

Co-optees Present in Person:

Matthew Adrien -(Healthwatch Tower Hamlets Representative)

Officers Present in Person:

Dr Somen Banerjee -(Director Public Health)
Warwick Tomsett -(Joint Director Integrated Commissioning)
Jo-Ann Sheldon -(Head of Primary Care, Tower Hamlets)
Filuck Miah -(Senior Strategy & Policy Officer)

Others Present Remotely:

Katie O'Driscoll - (Director of Adult Social Care)
Afazul Hoque -(Head of Corporate Strategy & Communities)
Liam Crosby -(Public Health Consultant HEC)

Guest Speakers:

Dr Roberto Tamsanguan -(Tower Hamlets Primary Care & Clinical Lead)
Dr Khyati Bakhai -(Tower Hamlets Primary Care & Clinical Lead)
Professor Martin -(Queen Mary University London)

Alison Arnaud	-(Principal – Tower Hamlets & Hackney New City College)
Victoria Corcoran	-(Deputy Group Curriculum Director - Health, Social Care & Early Years, NCC)
Francesca Okoshi	-(Chief People & Culture Officer, NHS East London Integrated Care Board)
Fiona Peskett	-(Barts NHS Trust, Director Strategy & Integration)
Richard Fradgley	-(East London NHS Foundation Trust)
Dan Lucy	-(Psychologist -Institute for Employment Studies)

Apologies:

Councillor Kamrul Hussain

Councillor Amy Lee

Sally Quinn - (Barts NHS Trust, Director of HR)

1 DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of disclosable pecuniary interest.

2 MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the Sub-committee meeting held on 18th October 2022 were deferred by the Chair until the next meeting on 14th February 2023.

3. CHAIRS UPDATE

The Chair;

- **Informed** the Sub-committee members that Councillor Amy Lee will replace Councillor Asma Islam going forward.
- **Thanked** David Burbidge for his contribution as Healthwatch representative, then welcomed Matthew Adrien as his replacement.
- **Commented** on the INEL and JHOSC meeting held on 13 September, which focused on: provider performance, collaboration and staff updates, resilience system pressures and further ways to enhance primary care. The Chair explained that he has visited several GP services to discuss

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issues with resident access to physical appointments. This will be looked at in more depth in item 4.1 of this meeting.

4. REPORTS FOR CONSIDERATION

4.1 Improving Access to GP Services

Jo-Ann Sheldon, Head of Primary Care, Tower Hamlets, introduced a presentation detailing the 32 practices under the national GP contract within the borough, and the challenges faced with the vast numbers of residents awaiting care. These include; the lack of growth, high turnover and the effects of the recent pandemic. The high level of patient numbers across the borough in quarter 3 relate to the number of practices registering Covid vaccinations.

Further to questions from the Sub Committee, Dr Khyati Bakhai and Dr Roberto Tamsanguan, Tower Hamlets Primary Care & Clinical Lead's respectively;

- Concluded that the Healthwatch recommendations are contradictory regarding the telephone booking system, and solutions lie in updating telephone lines and more promotion of the online consultation service. The appointment waiting times can be reduced with the streamlined triage system for urgent care, and more empowerment by service users to access their care on a general level. Currently 7 million people nationally are on the elective care service list, causing extra pressure on services. Further methods are required to educate the community on alternative means of access.
- Noted that all GP practices in the borough are encouraging patients to use the NHS app, enabling personal records be readily available. Many calls received are admin related, which can be resolved quickly if more promotion is given to the service.
- Indicated that Tower Hamlets was one of the first boroughs to use social prescribing, a holistic approach to improve access to services. GP surgeries also work in tandem with the voluntary sector to assist with social issues, including the cost-of-living crisis.
- Clarified that non-clinical staff have undergone the most radical changes in their roles to ease the pressures of GP appointments. Further awareness is required to change the communities misconception of a GP surgery. Patient assistants are the first point of contact for service users and facilitate all care requirements. Other capable clinicians can assist with patients' needs, such as trained pharmacists, physiotherapists and nurse practitioners, who are available besides doctors to empower patients to seek care in more beneficial ways.

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- Explained that many staff are leaving the profession due to burn out and wellbeing is a top priority. Ongoing training, coaching and development support has been provided, in conjunction with counselling, PCN's and employee assistance programmes are available to ensure staff are receiving the support required. These are difficult times and negative media scrutiny compounds social perception. All patients are consulted over the phone; however, GPs would request a face-to-face visit to the surgery depending on the severity of symptoms.

The Sub-Committee:

- **Noted** that Councillor Gulam Kibria Choudhury will discuss proposed methods of upscaling and promotion of the available health service options for the community to Cabinet. Further discussions on the Council working in partnership with the Primary Care team and the NHS will take place outside of this meeting.

RESOLVED that

1. Councillor Gulam Kibria Choudhury will discuss proposed methods to upscale and promote available health service options to Cabinet.
2. Further discussions on the council working in partnership with the Primary Care team and the NHS will take place outside of this meeting
3. The presentation be noted.

4.2 Scrutiny Review: Tackling Workforce Shortages Across Health and Social Care Sector

Education Institutions Support on Workforce Agenda

The Sub-Committee were requested to review the presentation detailing the workforce disparity and staffing requirements from Alison Arnaud, Principle, New City College and Victoria Corcoran, Deputy Group Curriculum, Director, Social Sciences / Sciences and Early Years and Professor Martin, Queen Mary University London (QMUL).

Further to questions from the sub committee, Alison Arnaud, Victoria Corcoran and Professor Martin;

- Clarified the significant decline in the volume of applicants, compounded by the pandemic and negative press around health and social work. Details were given on numbers which have halved with younger placements, and older workers leaving the sector despite the high demand. The barriers appear to be pay, long hours and lack of childcare,

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A newly established T Level qualification requires a minimum of 360 placement hours, is proving difficult with NHS placements.

- Explained that more collaboration between NCC and other providers is required. Although QMUL does provide higher degrees for registered nurses, they do not provide nursing degrees. Several other programmes are available across the sector, such as a Biomedical Science approved course, Neuroscience, Dentistry and Pharmacology degrees. A graduate entry programme is also available.

QMUL also has a two-year Physicians associate course, to assist the workforce shortage. Support is given by Primary Care & Mental Health Trusts; however, more medical school placements from Health Education England and the government is required. It is hoped that Tower Hamlets can assist in advocating in this respect.

- Indicated that workforce challenges include the increase in mental health issues, particularly during and after the pandemic. Extra support has been given, with assistance from ELFT and other organisations. Finance issues are also a factor, as student bursary's stop in the last 2 years of medical training. The University support championed by the Mayor will be extremely beneficial.

QMUL are currently developing a degree apprenticeship programme, which will allow students to learn whilst working. This does not however alleviate the funding gap for Primary and Secondary Care Trusts, as they too are experiencing difficulties. The parameters of the schemes also make it difficult to support one speciality over another.

- Clarified the details of the ongoing Integrated Care Board Workforce Strategy. This will consider ways of easing the current staffing shortfall and create meaningful work across the sector and borough. Collaborative working and the need to engage is vital to combat this issue.
- Expanded on the curriculum planning and historical analysis NCC use to map the progress of students into employment. This year has seen a drop from 200 to 90 students, partly due to; the lack of engagement between 16 to 18-year-olds, the pandemic and negative press.
- Clarified that NCC's key priorities are for NHS to engage, build strong relationships and provide contracts within NHS Boards, to support the workforce shortages. They work with education partners and use liaison officers, hold online and in person open days within all 8 campuses to raise the profile of the medical field to students. QMUL existing students also work as tutors and mentors in schools as advocates.

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- Indicated that the majority of NCC students are female and come from a Bengali background, which comprises around 80-90%. Efforts are being made to close the gender gap, dispelling the notion that only females can do nursing and childcare. The council can assist in raising the profile of health care success stories of all ages and ethnicities, to inspire borough residents. QMUL students are 72% BAME and 59% female and are one of the most diverse universities for training and ethnicity.
- Further discussions on collaboration with NCC and Francesca Okoshi from ICB will take place outside of this meeting.

The Sub-Committee:

- **Noted** that more collaboration with anchor institutions, health and social care partners is required.

GP Recruitment

The Sub-Committee were requested to review the presentation on the Primary Care's approach to ICS Workforce Strategy by Jo-Ann Sheldon and partners, including William Cunningham-Davis, NHS North East London and NHS Improvement.

Following the presentation Dr Khyati Bakhai, Dr Roberto Tamsanguan and William Cunningham-Davis;

- Explained the reoccurring challenges outlined in the meeting are seriously affecting the GP workforce at a national level, with many reducing hours or leaving the profession early. Salary packages for locums or agency staff are more lucrative and more conducive to a work-life balance. All sectors need to recruit for the wider workforce. Capped places have created barriers to an apprenticeship programme NHS England introduced.
- Indicated that providing a conducive work-life balance, morale and ensuring work progression and support are critical to increasing retention. Other methods to compete with services outside London are portfolio working for clinical staff to expand their profession and teach. The Additional Roles and Reimbursement Scheme (ARRS) has been implemented to further assist primary carers, work collaboratively and join services.
- Clarified that the high cost of living is a challenge for health professionals living in London, as is the level of deprivation in some areas. Several GP training schemes, social prescribing and working with the community are just some ways to retain staff.

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- Explained that the strategy is to strengthen health professionals within the local area rather than recruiting abroad. This is a national issue, and the initial programme to recruit overseas has been reduced.

Hospital Recruitment and ICS Approach

The Sub-Committee were requested to review the presentation on the issues facing Acute and Emergency Care by Fiona Peskett, Director of Strategy and Integration, Barts and Francesca Okoshi, Chief People & Culture Officer, NHS East London Integrated Care Board.

Following the presentation, Fiona Peskett and Francesca Okoshi;

- Clarified that the 'People Plan' and 'Drive to 95' campaigns are methods to increase recruitment in all posts, as retention is a challenge and there is a need to reduce agency staff and cut costs. Collaborative working with THT, NEL and ICB is also a crucial element to increasing and sustaining the workforce and mitigate risks to patient care.
- Explained the methods of accessing roles and career opportunities within all hospitals, as well as improve staff morale. Other approaches include apprenticeship schemes with more lucrative pay incentives and wellbeing centres for staff.
- Indicated the ICB integrated workforce strategy team are currently engaging with all sectors of healthcare, addressing and responding to current retention, supply and finance issues. Plans include a five-year strategy responding to issues on a system, collaborative and place level. Further updates will be outlined to sub-committee members early next year.
- Clarified that residents wishing to apply to the 'Drive to 95' campaign can find further details via Barts website, the Anchor Institute and Health Education England. Barts are working with several organisations in the borough regarding non-clinical roles.
- Explained that although Barts have several teams working in the community, more engagement from schools, colleges and the voluntary sector is essential. ICS will set up focus groups with residents to establish what is required and any perceived barriers to healthcare recruitment. Recommendations will be included in the strategy to respond to the boroughs needs.
- Indicated that all partner Trusts have agreed to the London Living Wage employer accreditation, which will include Barts and their contractors. This will consider the high cost-of-living, ensuring developing roles are sustainable. Longer term plans include; requesting assistance from all integrated care partnerships to combined budgets and support the

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independent care sector, confirming that employees are paid the London Living Wage across the Capital. Assistance will be sought from the Mayor of London.

- Explained that all concerns raised in the CQC Inspection report have been addressed, and ongoing work is being undertaken to manage the Barkentine Birth Centre operationally. Further discussions can take place outside of this meeting if required.
- Clarified that diagnostics recruitment is a national issue and there is a North East London wide workforce plan in progress. Mile End Hospital are discussing expansion plans to meet demand. International recruitment is a consideration, as is advance practise and digital pathology to assist in retention.

The Sub-Committee:

- **Requested** efforts be made to ensure the workforce reflects the community, and that front line staff experiences are used to create meaningful change to recruitment and retention going forward.

Resourcing Mental Health and Community Care.

The Sub-Committee were requested to review the presentation on Mental Health, Community Health and Primary Care and Wellbeing services for borough residents by Richard Fradgley, East London Foundation Trust (ELFT).

Following the presentation, Richard Fradgley;

- Clarified that the boroughs mental health services staff have increased by 17% since 2022. New roles in clinical associate posts in psychology and community connectors have now been established, achieved by sustained investment in the NHS long term plan. Peer support workers enable residents who have personal experience to contribute to health care, and this significant growth is expected to continue to meet the high demand.
- Indicated that community health service vacancy rates have increased by around 20% for district nurses. The challenges already discussed throughout the meeting including; housing issues for staff, constraints on using overseas staff, the high cost of living and the impact from the pandemic the main causes.
- Noted a recent recruitment drive has led to 7 new staff members taking up various posts, and a revised recruitment process will be delivered. Further initiatives such as flexible working and wellbeing programmes are available for staff, and an apprenticeship programme is in development to assist in clinical training and strengthen the workforce strategy.

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- Noted that improvements to community health services include direct engagement with voluntary sector organisations to create roles and strengthen relationships.
- Indicated that demand for mental health services is likely to grow with the predicted recession for adults and children. Discussions on using hospital discharge funding to provide support and assist staff are taking place.

Institute of Employment Studies

Dan Lucy, Psychologist, Institute of Employment Studies, gave the Sub-Committee a brief overview on the key areas of good practice and provided commentary from all presentations submitted.

Following the comments, Dan Lucy;

- Commented that employment policy needs to address health and staff wellbeing, pay and progression, flexible working arrangements and more support of staff to ease workforce pressures and reduce burn out. Attracting older staff who have left services, retaining existing staff and supporting retention are the key elements in sustaining growth and reducing demand.

The Sub-Committee:

- **Noted** confidence in stakeholders plans but concern with external pressures which may counteract these approaches. Further collaboration with anchor partners is required to increase workforce recruitment, retain staff and ease the demand on services.


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

None.

The Chair called the meeting to a close and thanked the Sub-Committee members and stakeholders, for their attendance and participation.

The meeting ended at 8.50pm
Chair, Councillor Ahmodur Khan
Health & Adults Scrutiny Sub-Committee

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<p>Non-Executive Report of the:</p> <p>Health and Adult Scrutiny Sub-Committee</p> <p>13th February 2023</p>	
<p>Report of: Carrie Kilpatrick, Deputy Director Mental Health and Joint Commissioning</p>	<p>Classification: Unrestricted</p>
<p>Tackling BAME inequalities on access to Mental Health Services</p>	

Originating Officer(s)	Filuck Miah, Corporate Strategy and Communities
Wards affected	All wards

Summary

This cover report accompanies the presentation slide deck:

Tackling BAME inequalities on access to Mental Health Services including:

- An overview of the mental health services in the borough
- PTS programme for the Bangladeshi community

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.

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Ethnic minority communities' access to mental health care in Tower Hamlets

healthwatch
Tower Hamlets

Feedback on Ethnic minority communities' access to mental health care in Tower Hamlets

- Very little patient feedback has so far been received from Ethnic minority communities regarding mental health care.
- In total, there are 40 individual comments relating to mental health care and in this report, we present the comments that best describe the issues highlighted around access.
- These were collected between January 2021 and January 2023. Some were collected as part of NEL Covid Insights 2021 survey.
- There were some comments received from the Women's Inclusive Team relating to Somali women's access to mental health services. We were told that:
 - 20 ▪ The Somali community have a huge fear of their children being taken away if they admit or access services related to mental health. This often prevents early intervention in access to support.
 - The women mentioned that if they have any mental health issues, they will go to the mosque, to have religious guidance. When asked why, they spoke about trust and the ability to communicate better. They then informed us that some of the issues are probably not conventionally mental health and are often perceived as being 'possessed by bad things'.

Feedback on Access

- Another service user from Mixed – White and Asian background had commented on feeling embarrassed to describe their condition: “[...] when they call you, I’m embarrassed to say all my problems as often you hear other people in background as they are working from home”. **(Female, 50–64)**
- My psychiatrist not understanding me. I’m feeling trapped and suicidal. They don’t seem to be really listening to me and my mental health problem. **Mixed – Any Other Mixed Background, Female, 25–49**
- Make online consultation simple and accessible, and speaking to someone helps mentally when your unwell for advice. **Asian or Asian British – Bangladeshi, Female, 37–49**
- Mental health specialist accessibility should be available throughout opening time and out of hours. They should be seen as urgent or extras even when slots are fully booked. I feel like I need professional help and guidance. **Asian or Asian British – Bangladeshi, Female, 37–49**
- I have not been to my GP for 3 years. They are useless and ridiculous. I’ve been through heavy depression also suffer from alopecia losing hair and I had no help from my GP. They are nothing but a joke. And in times of need they will never help you. **Asian or Asian British – Bangladesh, Male, 25–36**
- Very upset because they don’t pick up the phone and when they do they say no appointment. I’m a depressed person so when I call but no appointments [are available] I get really stressed. **Female Asian or Asian British – Bangladesh, 37–49**
- Getting the care I need is somewhat harder. Demand on the NHS increased and so did the amount of persons suffering from mental health. **Mixed – White and Black Caribbean, Female, 25–45.**

**Ethnic minority communities’ access to mental health
care in Tower Hamlets**

healthwatch
Tower Hamlets

Feedback on Access

- *I find Mental health access somewhat harder. Because of pandemic all face-to-face appointments has been cancelled. So it is really very hard time. For mental health, [I] need to talk with professional. **Asian or Asian British – Bangladeshi, Male, 50–64***
- *My mental health problems started during the pandemic. So it was difficult initially to speak to my GP without having to explain everything to the receptionist. They were helpful because as soon as I told them I am blind and my daughter is partially sighted so I cannot access online services I got a call from my doctor. Physical examinations and tests were not offered because of the pandemic. **Asian or Asian British – Bangladeshi, Female, 25–49***

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Previous Research by Healthwatch Tower Hamlets

- 'Experience of health services by ethnic minority communities in North East London March 2020–October 2021'
 - BAME patients had a poorer experience with mental health services compared to people of White ethnicities: 75% of people from Asian ethnicities and 71% of Black ethnicities had a negative experience of mental health services compared to 67% of people from Other White ethnicities and 68% of White British.
 - Report can be accessed here: <http://bit.ly/3wKQ6lx>.

Key Findings

Overall, the feedback seems to suggest that people from minority ethnic backgrounds needing mental health care can often struggle to access services, in particular through telephone and online, and would prefer to see someone face to face.

The comments from Women's Inclusive Team would also suggest people from Somali communities do not access mental health services due to stigma around mental health illness. They are also likely to seek help from religious leaders due to trust and the ability to communicate better; however, this may lead to conditions not being recognized as mental health conditions.

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Based on the feedback, there seems to be a need to build better trust within ethnic minority communities, and to adapt culturally appropriate communication within health services in order to improve access.

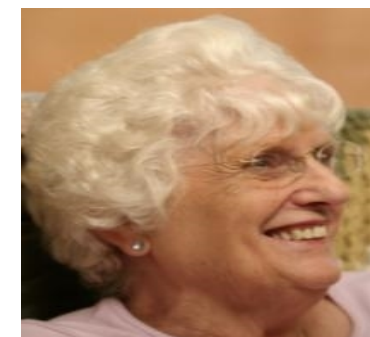
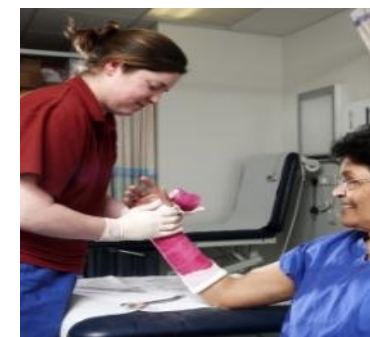
Dental Services - London

Kelly Nizzer - Regional Lead for Dental and
Optometry Services

Jeremy Wallman - Head of Primary Care
Commissioning; Dentistry, Optometry and Pharmacy

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London Region



Agenda Item 3.2

Primary, Secondary, Community & Specialist Dental Services

- Dental treatment is generally split into three categories of complexity
 - Level 1 – mandatory services delivered by any dentist in the high-street setting.
 - Level 2 – advanced mandatory and specialist services delivered by dentists with enhanced skills or recognised training in the high-street setting. Also referred to as intermediate services.
 - Level 3 – complex treatment delivered by specialists and consultant led in the secondary care setting.
- National commissioning guides recommend the acceptance criteria and delivery for complexity levels 2 and 3.
- Community Dental Services deliver a range of complexity levels for paediatric, special care, domiciliary and homeless (rough sleeping) patients.

Primary Care Dental Services

Mixture of General Dental Services (GDS) and Personal Dental Services (PDS) agreements:

Contracted services

- 1,182 providers across London (primary general and orthodontics services);
- 36 providers in Tower Hamlets
 - GDS providers are primary care dental practices that deliver mandatory services; these contracts do not have an end date;
 - PDS agreements are for a fixed period and allow for services to be re-procured on expiry. PDS are generally for advanced mandatory (e.g. Out of Hours or Specialist Services (e.g. Minor Oral Surgery).
- GDS providers are High Street Dental Practices who contract with the NHS to deliver an agreed level of activity known as Units of Dental Activity (UDAs) for a fixed contractual sum.
- Part of the dental practices contractual income is derived from patient charges
- NHS Dental Practices do not receive reimbursement in respect of premises or staff costs
- Formal registration with NHS Dental Practices ceased on 31st March 2006.

Dental Delivery during the Pandemic



Practices were closed for face-to-face treatment from the 25th March to the 8th June 2020. Practices were only able to provide telephone advice to patients.

NHSE directed to commission Urgent Dental Care Services; UDCHs were the only Dental Services available for face-to-face delivery, accessed via 111 and Dental Triage in London; 42 UDCH were stood up across London, comprising of Hospitals, Community Dental Services and Primary Care.

Note: London was the first Region to establish a UDCH (at GSTT), in advance of the National lockdown being declared

Page 28 Practices were re-opened from the 8th June however: In order to maintain a safe environment for patients and staff Dental practices were required to have gaps between patients if they were providing (AGPS) aerosol generated treatments, thus limiting the amount of appointments that could be provided. This inevitably meant that available appointments were in shorter supply than they were pre-pandemic

The impact of the first national lockdown is still having an impact on routine delivery and many of those delivering NHS care have a constant back log. Additionally, the acuity of patient need has increased significantly, due to outstanding treatments being deferred and consequently treatments are taking longer to complete. T

The capacity to deliver routine care e.g. new patients is a real challenge and significantly less than was available pre-pandemic

Contractual Activity Targets for practices were set at 20% in 20/21 and then increased as we emerged from the pandemic; Practices resumed 100% delivery from 1st July 2022
For practices, their priorities continue to be urgent care and outstanding courses of treatment

Patients at higher risk of oral disease and losing teeth

Dental services in London

Post Pandemic Planned Recovery Phase

The transition intent has been focussed on a safe return to the provision of a full complement of dental care services, with a prioritisation for access to urgent whilst optimising any remaining capacity to increase provision of routine dental care.

Urgent Dental Care Hubs and Dental Triage has been extended until March 2023 (including access to hospital urgent dental care services).

Dental Access sessions have been commissioned from 2023 – 2026/27 to stabilise as many patients as possible to prevent inappropriate A&E and GP.

Re-procurement of contracts that have been handed back to NHSE during the last 12 months.

Supporting pilot programmes to deliver access and prevention to priority and inclusion health groups in support of the reduction of health inequalities for London.

Practice Delivery – Tower Hamlets

- 2018/19 : 82% of practices delivered >96%
- 2018/19 : 85% of practices delivered >96%
- 2019/20 : 90 % of practices delivered >96%
- 2020/21 : 100 % of practices delivered >96%

Where are we now?

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UDCH and DT services are working 24/7 and have been extended for another 3 months for patients in need of urgent care



Procurements of new practices are taking place 22/23



Stabilisation funds for 22/23 increasing access for patients who need routine treatment (fillings, extractions)



Contracts now at 95/100%



Roadmap for Dental Services

Roadmap to recovery of Dental Services 3 - 5 Years

Phase 1	Phase 2	Phase 3	
Here and Now	Recovery Phase	Normalisation	Risks
<p>Primary Care: Currently Practices are working between 95% for since April 2022 with huge backlogs. UDCH and 111 ongoing to ensure emergencies are seen ASAP to prevent A & E attendances. Access issues in most area of London due to 3 month closure of practices. UDCH Have been extended to March 2023 to ensure cover for patients in pain are seen asap. Procurement of new practices where loss of services have occurred and where highest needs have been identified. Stabilisation of patients for patients that are unable to find a dentist and need treatment following urgent dental care.</p> <p>Intermediate: Currently IMOS accepting direct referrals as per pandemic . Endodontics accepting patients by direct referral and via triage through the Hospital based centres. Backlogs and ongoing reduced capacity due to current ICP. Orthodontics working at 80% with many treatments delayed from 2020</p> <p>Community Dental Services: Capacity is currently reduced and poor access to GA continues to increase waiting times for paediatric and special care patients. Focus on clearing backlog with strict adherence to acceptance criteria (this may impact primary care).</p> <p>Secondary Care: Block contracts continue nationally. Activity targets are being agreed. Majority of dental patients are P3 & P4 priority within trusts causing issues with access to theatres & GA. Open bays causing capacity to be reduced in line with AGP and social distancing protocols. Mitigation through speed reducing hand pieces. Focus on clearing backlog. Strict adherence to acceptance criteria will have some impact in primary care. Teaching hospitals accommodating undergraduates where possible.</p>	<p>Primary Care: Innovative ways of directing patients to the right place to get routine/urgent and necessary dental services. This may include flexible Commissioning for new patients, Oral Health services for those in most need, vulnerable groups and a review of all General Dental Services along with a needs assessment re ensure demand is met where possible. Dental Access via UDCH to ensure both UDCH and routine is being carried out for all patients. (Time limited contracts to 2026 with the option to extend if necessary). OOH Services as part of the UDCH will continue for the same period.</p> <p>Needs assessment for London. Patients being stabilised where they are unable to find a local NHS Dentist.</p> <p>Intermediate care: Continuation of IMOS & Endodontic service working focusing on reducing backlog. Orthodontics focusing on delayed care & backlog</p> <p>Community Dental Services: Continuation of existing and development of additional Oral Health Promotion schemes. Development of services for patients in care homes. Focus on paediatrics ensuring appropriate care is delivered by GDPs and increasing secure access to GA facilities. Focus on backlog if not already addressed.</p> <p>Secondary Care: Continued prioritisation of patients according to need and reduction of backlog through increased access to GA, sedation and waiting list initiatives.</p>	<p>Primary Care: Steady State for Dental Services, back logs reduced where patients can access dental services with little or no waiting lists (back logs). Review of OH Services, Innovative Commissioning including Prevention and flexible Commissioning schemes</p> <p>Intermediate care: IMOS , Endo & Ortho return to normal</p> <p>Review of all Dental Services and the possibility to close/reduce the OOH and UDCH Services.</p> <p>Community Dental Services: Return to normal provision of services with focus on waiting times. Continued development for improvement in services.</p> <p>Secondary Care: Return to normal provision of services with focus on waiting times. Continued development for improvement in services where possible.</p> <p>Ventilation works required at many sites to obtain sustainability.</p>	<p>Due to delays with the vaccine and lockdowns, this road map would be a live document and would need updating on a regular basis.</p> <p>The following would have an impact:</p> <p>Dental Funds/allocations</p> <p>Changes to the targets</p> <p>Increased need due to deterioration of oral health during pandemic</p> <p>Oral Health inequalities highlighted as a result of pandemic</p> <p>Capacity in teams (NHSI PHE)</p>

New measures to improve access to dental care

In November 2022, the Department of Health and Social Care announced new measures to improve access to dental care:

- Introduction of regulatory changes to require dental practices to update their NHS website profiles regularly to make it clear which practices are taking on new patients and the services available.
- Encourage the use of skills mix in the practice and enabling dental therapists to treat patients

Impacts of the COVID-19 pandemic on CYP



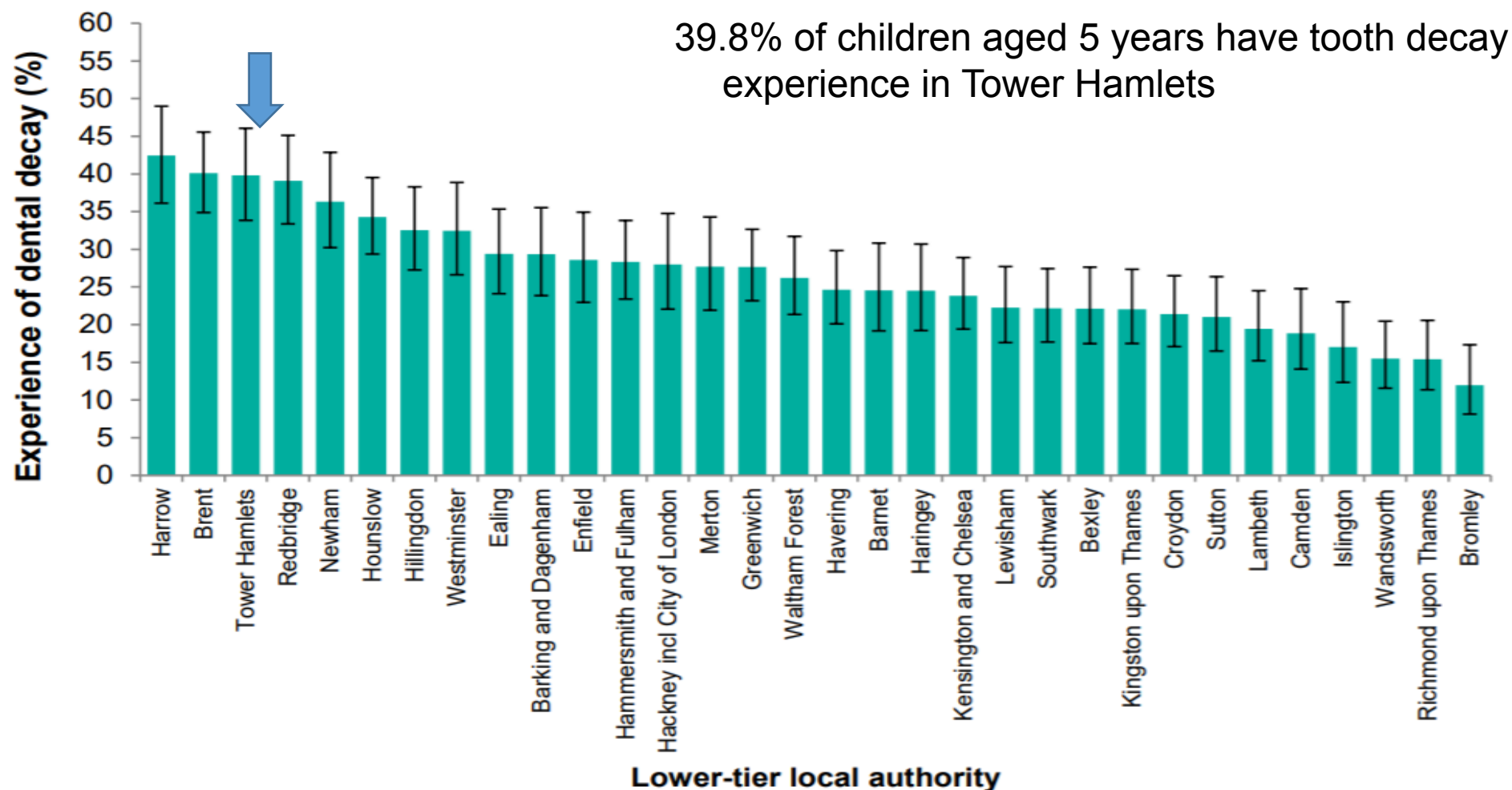
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- Children consumed more junk food and snacks and fewer fruit and vegetables during lockdown; this was more prevalent among children from poorer backgrounds highlighting health inequalities (National Food Strategy, July 2020)
- Lockdown has led to food insecurity (Food Standards Agency, 2020)
- Worsening of mental health
- Impacts on education
- It is very likely that oral health has been compromised and disproportionately impacted more disadvantaged children



Experience of tooth decay among 5 year old Children 2019

(National Dental Epidemiology Programme, 2020)



Pilots

- Looked After Children (LAC)
- Inclusion Health Dental Pilot (homeless)
- Care Homes and Domiciliary
- Child Friendly Dental Practices

Oral health of Children Looked After

- Children looked after have greater oral health needs and are less likely to use dental services than their peers.
- A recent scoping review carried out in the UK found evidence of **significant oral health inequalities** in
 - Caries experience
 - Traumatic dental injuries
 - Oral health and pain
 - Dental service use

(PHE, 2021)

Healthy Smiles Oral Health Pilot for Children Looked After in London



- Launch of the pilot on 15th November 2021 with the aim to provide oral health assessments and dental care during the pandemic
- Promoted the pilot through children looked after networks, LA, Directors of Public Health, London Councils, NHS England Safeguarding Lead in London
- Integration of oral health into general health
- Co-production of resources for carers and children looked after teams: input and advice was sought from key stakeholders to co-produce resources
- Training of dental teams
- Training of Children Looked After teams
- Monitoring and evaluation of scheme

HEALTHY SMILES FOR CHILDREN
LOOKED AFTER

WHAT CAN WE DO?



Project Tooth Fairy

- Project Tooth Fairy (PTF) created in response to escalating paediatric waiting times for extractions under GA caused by the pandemic
 - Pan-London multi-stakeholder collaborative sourced funding for the creation of three GA procedure rooms in the dental department of Barts and additional PAs required to deliver the additional capacity
- Paediatric dental waiting times greatly reduced across London trusts
- Increased collaboration with NEL CDS provider and Barts with permanent access for CDS being agreed which will reduce waiting times and number of appointments for patients and reduce pressure on Trust
- PTF's legacy is a suite of GA procedure rooms for the use of dentistry in NEL which will have a significant impact on the oral health of the local population

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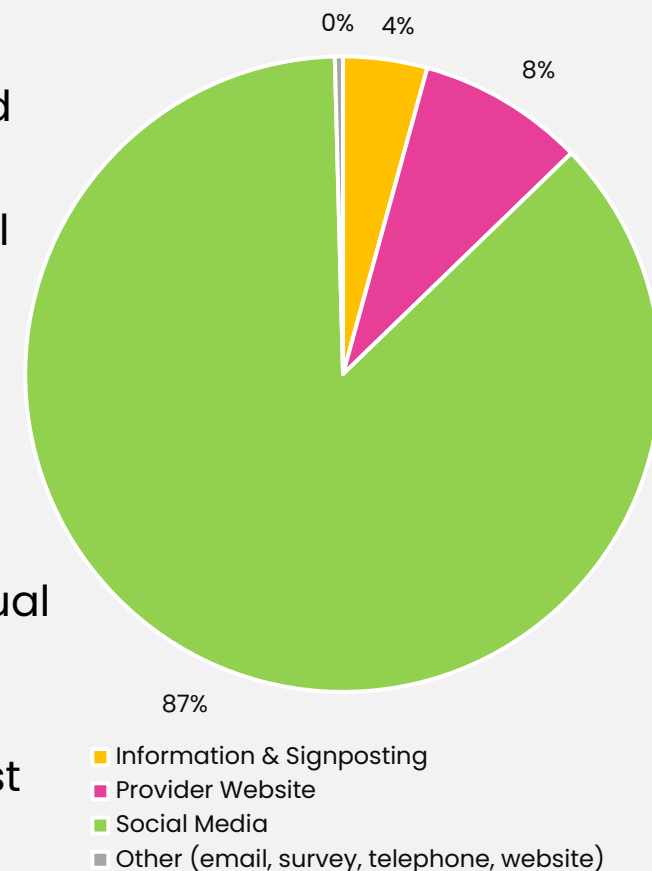
Dentistry in Tower Hamlets – January 2021 to January 2023

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Our data

- Stored in Community Insights System (CIS) – used by all Healthwatch organisations in North East London.
- Service user reviews are collected from social media, service provider websites, NHS Choices, Google Reviews etc., as well as from our outreach and engagement activities.
- Issues relating to different service aspects are identified, and positive, neutral and negative sentiments are applied to each issue.
- Issues are categorised into pre-determined themes. There are 32 different themes in total.
- Overall, there were 6333 issues identified from 1353 reviews. (Multiple issues and sentiments can be identified per review.)
- When analysing the overall feedback for dental care and comparing individual dental services, we have taken into consideration all themes and issues identified from the feedback
- However, in terms of themes, we have analysed the ones that had the highest number of comments relating to them. These were *Advice/Information, Booking, Cost, Hygiene, Quality, Staff Attitude, Support, Timing, User Involvement, and Waiting List*.

Source of Feedback



Key Findings

Overall, the feedback regarding dental care in Tower Hamlets is positive.

User Involvement, Hygiene, Quality, and **Staff Attitude** had the highest proportion of **positive** comments relating to them.

Cost, Waiting List, and **Booking** had the highest proportion of **negative** comments. It seems that people are:

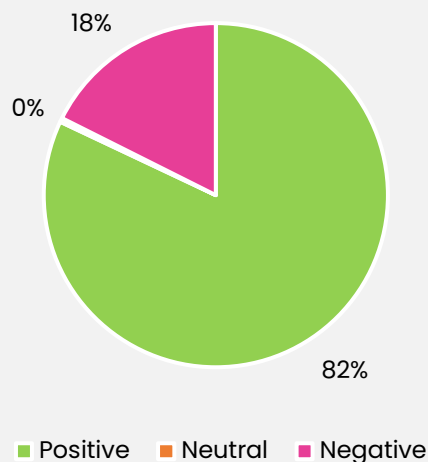
- Experiencing issues with accessing NHS dental care – many people commented on having contacted dentists around Tower Hamlets and having been told that practices are not currently accepting NHS patients.
- Struggling to access dental care due to not being able to afford private care.
- Having to wait a long time for appointments.

Sentiments around Dental care in Tower Hamlets

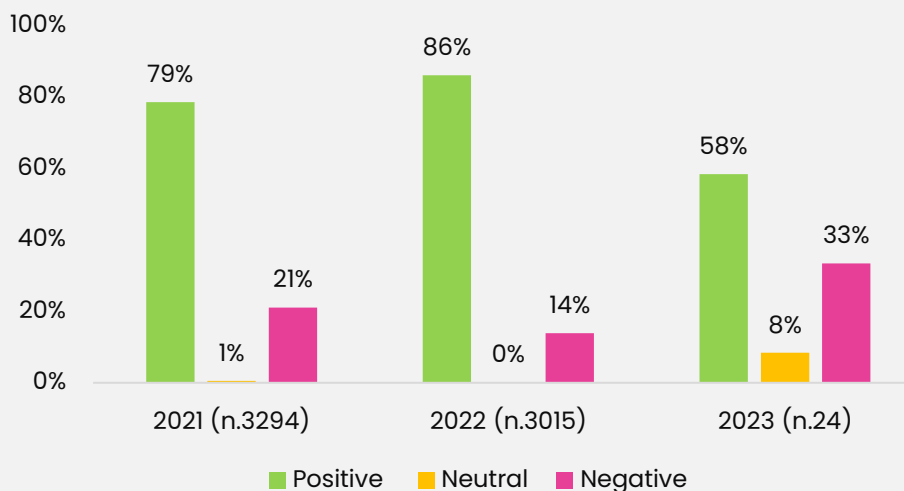
- Out of all the issues identified from the feedback received between January 2021 and January 2023, majority of the feedback (82%) was positive. The total number of issues identified each year has been included in the Proportion of Sentiments per Year- graph.
- Compared year on year, there was a decline in the proportion of negative feedback in 2022 and an increase in the proportion of positive feedback. For 2023, there is too little data available to make a comparison.

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Proportion of Sentiments Jan 21 to Jan 23

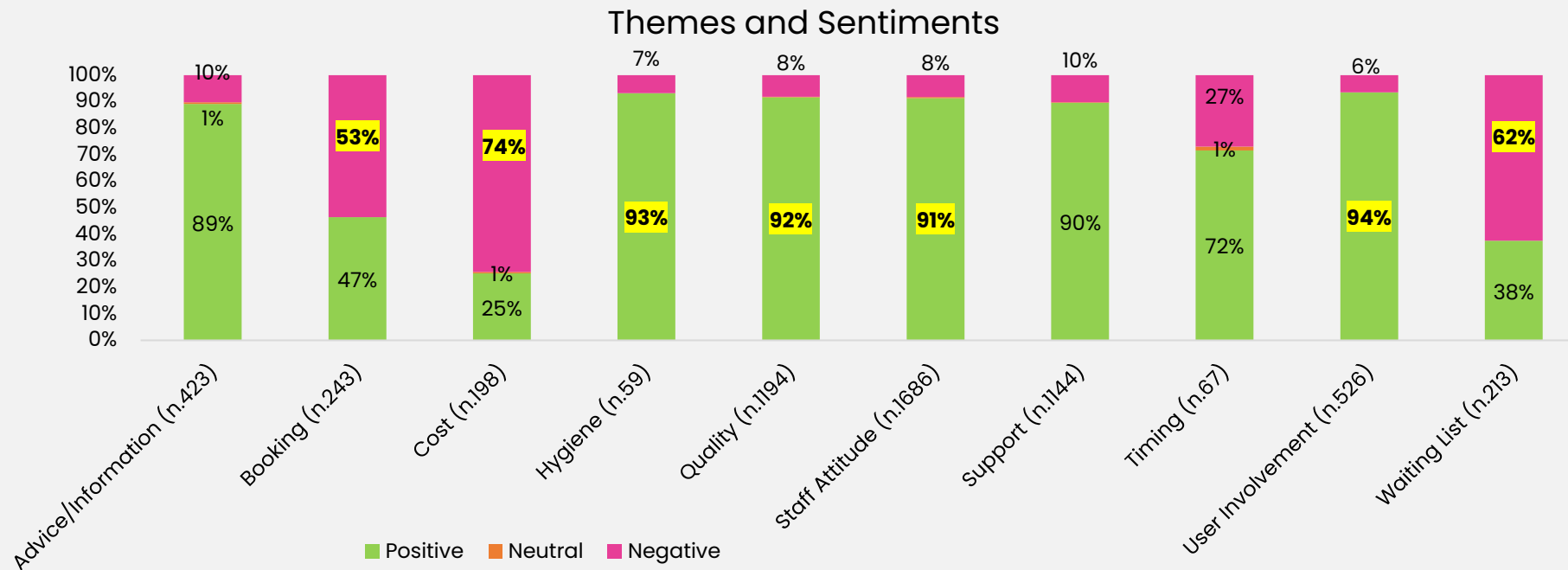


Proportion of Sentiments per Year



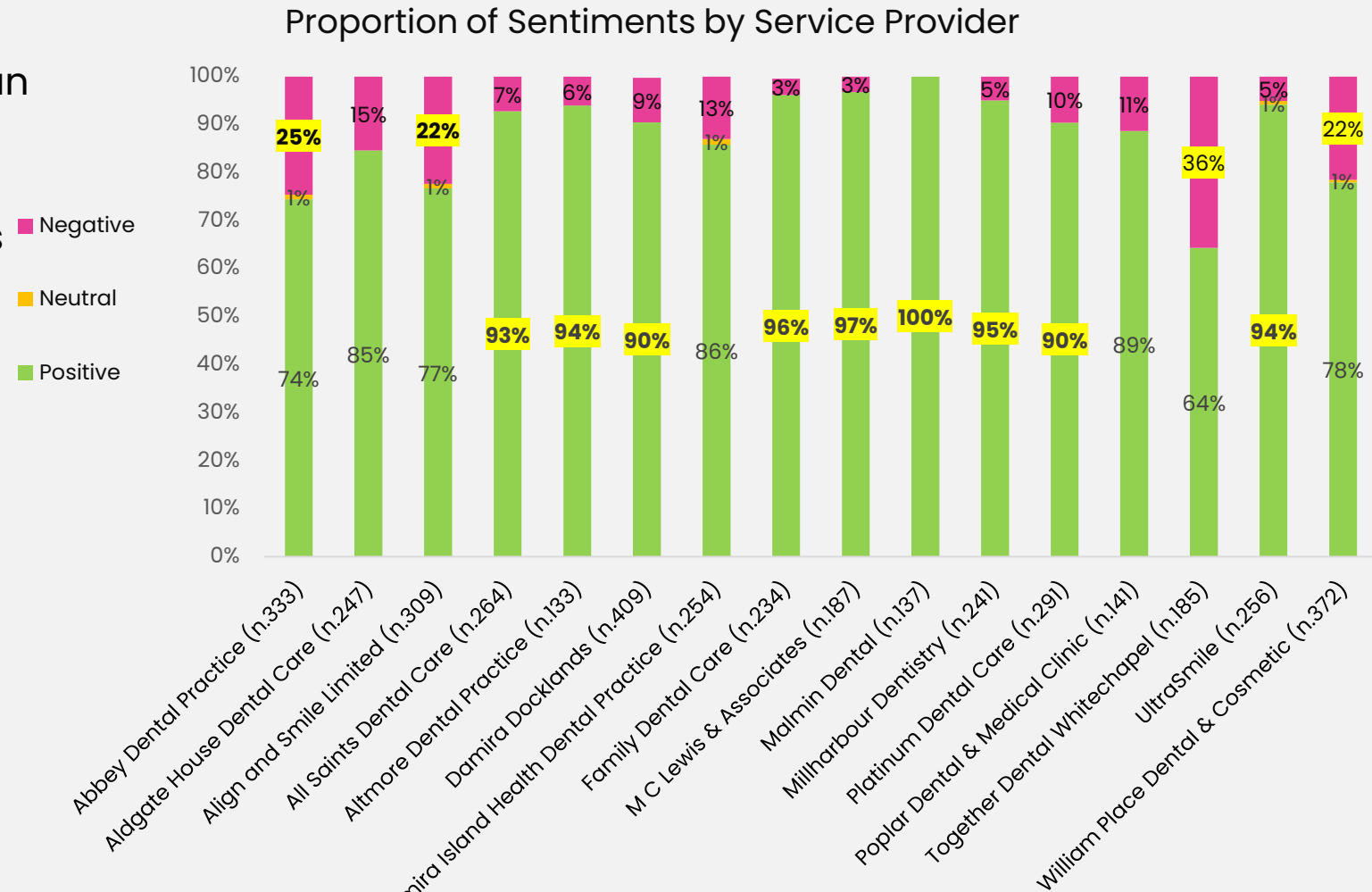
Breakdown of Key Themes

- *Staff Attitude* (n.1686) and *Quality* (n.1194) had the highest number of comments relating to them, and *Hygiene* (n.59) and *Timing* (n.67) the lowest number. The total number of comments relating to each theme has been included in the graph.
- *User Involvement* (94%), *Hygiene* (93%), *Quality* (92%) and *Staff Attitude* (91%) had the highest proportion of positive comments.
- *Cost* (74%), *Waiting List* (62%), and *Booking* (53%) had the highest proportion of negative comments.



Sentiment by Primary Care Networks (PCNs)

- When comparing the services that had received the most comments (more than 100), majority had 90% or higher proportion of positive comments.
- Out of these services, Damira Docklands (n.409) and William Place Dental & Cosmetic (n.372) had the highest number of reviews and Altmore Dental Practice (n.133) and Malmin Dental (n.137) had the lowest. The total number of comments for each of the services is included in the graph.
- Together Dental Whitechapel, Abbey Dental Practice, Align and Smile Limited, and William Place Dental & Cosmetics had the lowest proportion of positive comments.



Sentiment by Primary Care Networks (PCNs)

- The highest proportions of the negative comments related to the following themes:
 - Abbey Dental Practice: *Staff Attitude (18%), Support (17%), and Quality (15%).*
 - Align and Smile Limited: *Staff Attitude (17%), Cost (13%), and Support (13%).*
 - Together Dental White Chapel: *Waiting List (20%), Booking (15%), and Cancellations/Service Charge (11%).*
 - William Place Dental & Cosmetics: *Cost (19%), Staff Attitude (16%), and Support (15%).*

Positive Feedback

Below comments relate to the themes that had the highest proportions of positive feedback: *User Involvement, Hygiene, Quality, and Staff Attitude.*

User Involvement

"The staff in this Dental practice are amazing. Very friendly and helpful. I feel at ease every time I go which is needed as I've had a phobia of dentist for many years. Shamira who is my dentist is outstanding. She's been extremely patient and came in my "dental journey" with me. She really did cater for my particular needs. She has gone out of her way to help me with procedures but also my inner fear. She definitely goes on a journey with you. Plus super friendly!" (Service user at Family Dental Care)

"Excellent service overall — clear and transparent pricing and high quality service. Couldn't recommend Aidin more, I haven't been to the dentist in a while but he showed great professionalism and patient manner and went out of his way to make sure that I felt comfortable during the procedure." (Service user at Damira Island Health Dental Practice)

Hygiene

"Great experience at All Saints Dental Care, definitely deserves 5/5! Very clean waiting area and surgery, the receptionist was really kind and helpful. I had a treatment with Dr Ajay Joshi, great specialist, explained everything I need to know prior my treatment. Thanks to all kind people working there, I will recommend to my friends and family!" (Service user at All Saints Dental Care)

"I have been visiting Platinum Dental for over 2 years now. I have been treated with great care, especially as I'm very fearful of visiting the dentist, the staff have always put you at ease and ensure the best well-being for you. My hygienist is super when it comes to working on my dental issues, she is really friendly and I'm at ease with her. The overall experience with Platinum Dental has been great so far, they are very flexible with scheduling appointments, always provide regular reminders for appointments, they are very cautious around Covid and cleanliness is spot on in my opinion, very safe to visit." (Service user at Platinum Dental Care)

Positive Feedback

Quality

“Lovely, friendly and efficient practice. Time is always taken to explain the best way of looking after your teeth at home. The emphasis is always patient-focused, which is reassuring. I've been going there for over 20 years and wouldn't consider changing!!” (Service user at Millharbour Dentistry)

“This is a lovely and friendly practice-- my children have received excellent treatment. The staff really care and go the extra mile to make sure you receive good care. We love Dr Rohini and the reception staff!! Great service in dental hygiene too.” (Service user at Altmore Dental Practice)

Staff Attitude

“I have been with Abbey Dental for the past year and my dentist Mona is one of the most nicest dentist I have ever met. She made me feel calm and she instantly knew what was wrong and referred me to the team that I required. There needs to be more dentists like her and she deserves a 5 star 😊!” (Service user at Abbey Dental Practice)

“Just wanted to say a Big Thank you to Dr Oana and nurse, a very kind and genuinely caring dentist with attention to patient request whilst managing to obtain professional results to high standard of care. My gratitude is also extended to nurse Joanna, whose patience and professionalism help in buffering the occasional anxiety of a dental appointment. Both Dr Oana and nurse Joanna make a fantastic team at Damira Docklands where I always return with pleasure for the care, kindness, attention, patience and high standards (of cleanliness and care).” (Service user at Damira Docklands)

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Negative Feedback

Below comments relate to the themes that had the highest proportions of negative feedback: Cost, Waiting List, and Booking.

Cost

“Dentist claims to be NHS but once you register as an NHS patient, they won't actually let you book an appointment, they claim that even the waiting list is closed, and the only option is to pay a hefty private fee. Always pushing private services, aesthetics and teeth whitening. They refused an NHS appointment for a basic check up for my 4 year old. Dreadful service and clearly very financially driven. Today I received an email telling me that I would be de-registered unless I booked a (private) hygienist appointment, but they still won't allow me a check up. Awful.” (Service user at William Place Dental & Cosmetic)

“Chose between staying in pain or paying large sums. I was referred for an NHS tooth extraction. When I first called they said they did not have the referral. I called my dentist to ensure it was sent; it was. I called back 5 minutes later and they actually looked and had the referral. They said I couldn't book it in though, and that I would be called in the next week to book an appointment with the actual extraction at least a month from now; but if I wanted to do it privately I could get it done in two days. I am in extreme pain and the options they've presented to me are waiting a month or paying a large amount. I am really unimpressed with the timelines and how expensive it is to get proper care.” (Service user at Align and Smile Limited)

Waiting List

“Such a let down with appointments. Booked a critical appointment in 5 months only to be told half way through that it had to be cancelled due to no NHS Dentist available. Was told I have to call back after 3 months! Infuriating to say the least!” (Service user at Together Dental Whitechapel)

“Deeply unimpressed. Had a temporary emergency filling here at the end of July 22 and now the Dentist who did it has suddenly and permanently 'left the country', they seem to only have locums, and no availability to do the follow up permanent filling (other than on a Wednesday which I can't do) until November! Might have been a decent practice in the past, but if they think this is any way to run a customer focused business, think again. Will go elsewhere in future. (Service user at Poplar Dental & Medical Clinic)

Negative Feedback

Booking

"I work in England. I have no dentist here. I have very bad tooth ache for 3rd day already. I could not sleep, I could not eat, I could not exist normally. I tried to find some NHS dentist because I have not enough money for private dentist. I have contacted many dentist but no one from them taking new patients through the NHS."

"I can't find an NHS dentist anywhere in Tower Hamlets . My son is in severe pain, he just started an apprenticeship making £90/week, there's no way he could afford to pay privately. It's really unacceptable- we tried 25 dental practices; they all claim to be NHS and they all have appointments available this week- but only for private patients. We also tried going through 111 for dental triage and he was denied any help, despite being in severe pain."

"[...] I am really struggling to find an NHS dentist in the area. My wisdom teeth are really causing me gyp and I am not sure what to do about it. I rang 7 dentists this morning and they all said they are not taking new patients."

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