

# HEALTH & ADULTS SCRUTINY SUB- COMMITTEE

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Thursday, 11 May 2023 at 6.30 p.m.

Council Chamber - Town Hall, Whitechapel

## SUPPLEMENTAL AGENDA

This meeting is open to the public to attend.

**Contact for further enquiries:**

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an electronic  
agenda:



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

## **APOLOGIES FOR ABSENCE**

### **1. DECLARATIONS OF INTERESTS**

**3 - 4**

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)**

**5 - 10**

To confirm as a correct record the minutes of the meeting of the Health Scrutiny Panel held on 13 February 2023.

#### **3 .1 Tackling Obesity**

**11 - 40**

#### **3 .2 Adult Social Care Inspection Prep**

**41 - 56**

#### **3 .3 Scrutiny Review on Workforce Shortages across the Health and Care Sector in Tower Hamlets**

TO FOLLOW

#### **3 .4 WFS Cover Report fincom + Legcom 03.05.23**

**57 - 80**

### **4. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT**

# 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, 13/02/2023

**LONDON BOROUGH OF TOWER HAMLETS**  
**MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB COMMITTEE**  
**HELD AT 6.30P.M. ON WEDNESDAY FEBRUARY 13 2023**  
**COUNCIL CHAMBER, TOWN HALL, 160 WHITECHAPEL, LONDON**  
**E1 1BJ**

**Members Present in Person:**

Councillor Ahmodur Khan                      -(Chair)  
Councillor Amy Lee  
Councillor Kamrul Hussain  
Councillor Ahmodul Kabir

**Other Councillors Present in Person**

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

**Officers Present in Person:**

Dr Somen Banerjee                      -(Director Public Health)  
Angela Burns                              -(Public Health Programme Manager Young  
Adults)  
Filuck Miah                                -(Senior Strategy & Policy Officer)

**Guest Speakers:**

Kathriona Davison                      -(Barts NHS Trust, Director Strategy & Integration)  
Dr Richard Fradgley                      -(East London NHS Foundation Trust)  
Kelly Nizzar                                -(NHS England, Regional Lead Dental, Optometry  
and Pharmacy)  
Jeremy Wallman                              -(NHS London, Head of Primary Care  
Commissioning, Dentistry and Pharmacy)

**Apologies:**

Councillor Adbul Malik  
Councillor Mohammad Choudhury  
Councillor Abdul Malik  
Councillor Maisha Begum

SUB COMMITTEE, 13/02/2023

Matthew Adrien

-(Healthwatch Tower Hamlets Representative)

## 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 18<sup>th</sup> October 2022 and 6<sup>th</sup> December 2022 were approved as a correct record of proceedings.

## 3. CHAIRS UPDATE

The Chair;

- **Informed** the Sub-committee members that the latest Covid update was circulated to attendees.
- **Clarified** that the action log will be used throughout the meeting for sub committee members to raise issues.

## 4. REPORTS FOR CONSIDERATION

### 4.1 Tackling BAME Inequalities on Access to Mental Health Services

Councillor Gulam Kibria Choudhury, Cabinet Member for Health, Wellbeing and Social Care, Richard Fradgley, East London NHS Foundation Trust, and Angela Burns, Public Health Programme Manager Young Adults, opened a discussion to understand why the BAME community face challenges in accessing mental health services and suggested ways to address it.

Further to questions from the Sub-Committee, Richard Fradgley and Angela Burns;

- **Noted** the details of the NHS 'Ethnic Inequalities in Healthcare Review' and the disparities received by BAME residents in relation to mental health, which creates a lack of trust within the community.
- **Explained** that following 'Let's Talk' focus group discussions, four recommendations were made to generate change, ensure staff are trained to be more culturally aware and accountable to the service user. Adopting a holistic approach will achieve accessibility within health services.
- **Noted** that further work is being undertaken to transform the community mental health services. Newly created posts for around seven 'community connectors', working in multidisciplinary teams and employed by voluntary sector organisations to support residents. The Women's Inclusive Team

SUB COMMITTEE, 13/02/2023

provide recovery programmes and Dialogue Plus have produced promising results supporting residents.

- **Explained** the Tower Hamlets Together programme aims to improve equality outcomes with talking therapies, focused primarily on the Bangladeshi community.
- **Noted** that engagement is ongoing with religious community leaders and faith groups to address cultural issues and develop culturally competent communication. This includes partnership with the Bangladeshi Mental Health Forum to assist in managing mental health issues.
- **Clarified** that there are a range of services in the borough to assist with serious mental health issues, including Crisis Line, in-patient wards in Acute Adult Care, community mental health teams and transformation projects.
- **Noted** that a Residents Forum, similar to one available prior to the pandemic is in consideration, so services can be rated by the service user.

The Chair thanked Richard Fradgley and Angela Burns for their feedback on the presentation and noted that more investment is required to promote consistent mental and physical health services for residents.

#### **RESOLVED that**

1. The presentation be noted.

#### **4.2 Oral Health in Tower Hamlets**

Jeremy Wallman, NHS London, Head of Primary Care Commissioning, Dentistry and Pharmacy, and Kelly Nizzar, Regional Lead Dental, Optometry and Pharmacy at NHS England, gave overviews on the dental provision in Tower Hamlets, the challenges and pressures facing the sector during and after the pandemic and how best practice can be used to increase residents uptake within the borough.

Further to questions from the Sub-Committee, Jeremy Wallman;

- **Noted** that patients can call 111 to receive 24/7 urgent care via a triage delivery service and depending on symptoms, can be referred to a practice for treatment.
- **Clarified** the termination of NHS Dentist contracts across the sector took place due to Brexit and staff retention issues related to the pandemic. In

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these cases resources are either reinvested to neighbouring practices or re-procured to the same area if viable. Tower Hamlets have not experienced any contract terminations or reductions in contracts.

- **Explained** that patient numbers rose during the pandemic and subsequent quarantine measures, opening times and accessing care adversely impacted East London residents. Where practices have capacity to assist with extra patients these are used to decrease the numbers awaiting care.
- **Explained** that there are challenges in maintaining practise delivery at 100% due to aforementioned staffing issues. The majority of borough contractors are delivering and can be incentivised to overdeliver by 110% to enable the practice to continue serving residents.
- **Noted** that the pilot schemes key aim is to improve access to dental health on a general level, although children's access is a priority. The 'Fluoride Varnish Programme' was re-implemented after the pandemic as one example of commitment to children's oral health.
- **Clarified** that any resources from terminated contracts are recycled and details will be fed through to the sub committee. Integrated Care Board (ICB) work in partnership with Public Health England (PHE) and needs assessments are routinely undertaken to ensure priority areas and wards receive dental practices to improve oral health.
- **Explained** that as the procurement timeline is structured and the preferred approach is to increase existing practices where possible to alleviate the need.
- **Noted** that details on adult health will be brought to the sub committee at the next meeting.
- **Clarified** that partnerships with the ICB, the London patient boards and subsequent patient groups will work together to ensure residents feedback assists in moulding commissioning requirements of dental care.

The Chair thanked Jeremy Wallman and Kelly Nizzer for their feedback on the presentation and noted the importance of monitoring dental needs and wider health issues to ensure arrangements work in the best interests of the residents.

**RESOLVED that**

1. The presentation be noted.



SUB COMMITTEE, 13/02/2023

**4.3 Update on NHS Strikes**

Kathriona Davison, Barts Health NHS Trust, Chief Operating Officer, gave a verbal update on the current situation and plans regarding the NHS strikes, the likely impact on residents and their mitigation plans.

- Clarified that London Ambulance Service (LAS) and physiotherapy strikes took place over the last few months; although these did not impact the service or patients care due to effective responses already in place. Further strikes are planned by LAS for March 2023 and pre-emptive measures have been taken. Further updates will be brought to the sub committee.

The Chair thanked Kathriona for the update and appreciated the current pressures on the service. It was noted that the Sub-committee will be monitoring the situation.

**RESOLVED** that

1. The verbal update be noted.

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


The Chair requested Officers ensure presentations are submitted in a timelier manner to ensure Committee members can review prior to the meeting. 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 8.19pm

Chair, Councillor Ahmodur Khan

Health & Adults Scrutiny Sub-Committee

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<p>Non-Executive Report of the:</p> <p><b>Health and Adult Scrutiny Sub-Committee</b></p> <p><b>11<sup>th</sup> May 2023</b></p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Katy Scammell, Associate Director of Public Health</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Addressing Unhealthy Weight in Tower Hamlets</b></p>	

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

## Summary

This cover report accompanies the presentation slide deck:

The content of the slide deck includes:

- Current Picture
- Causes of Unhealthy Weight
- Interventions and commissioned activities to address unhealthy weight
- Stakeholder involvement
- Measuring success
- Challenges

## 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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# Addressing unhealthy weight in Tower Hamlets

Katy Scammell  
Associate Director of Public Health



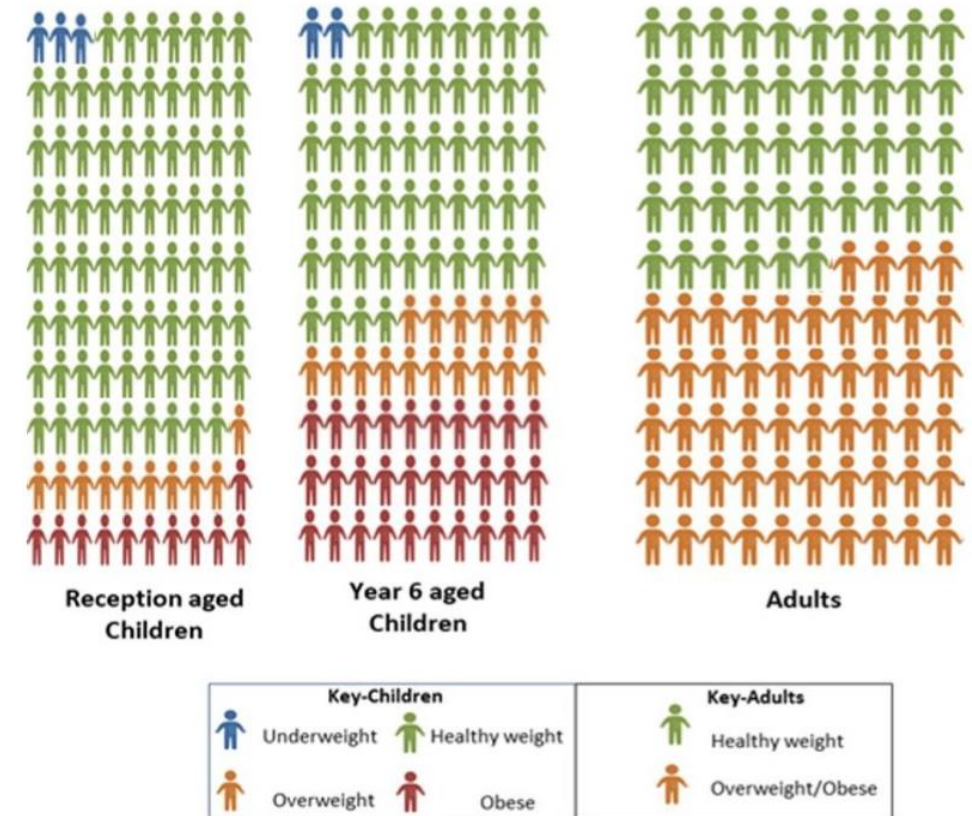
# What we'll cover

- Current picture
- Causes of unhealthy weight
- Interventions and commissioned activities to address unhealthy weight
- Stakeholder involvement
- Measuring success
- Challenges



# The current picture: child excess weight in TH

- **1 in 5** (20%) children in **Reception** have excess weight
- Over **2 in 5** (45%) children in **Year 6** have excess weight.
- Over half of adults (53%) have excess weight



Source: National Child Measurement Programme, 2021/22.

Adult data: OHID Fingertips

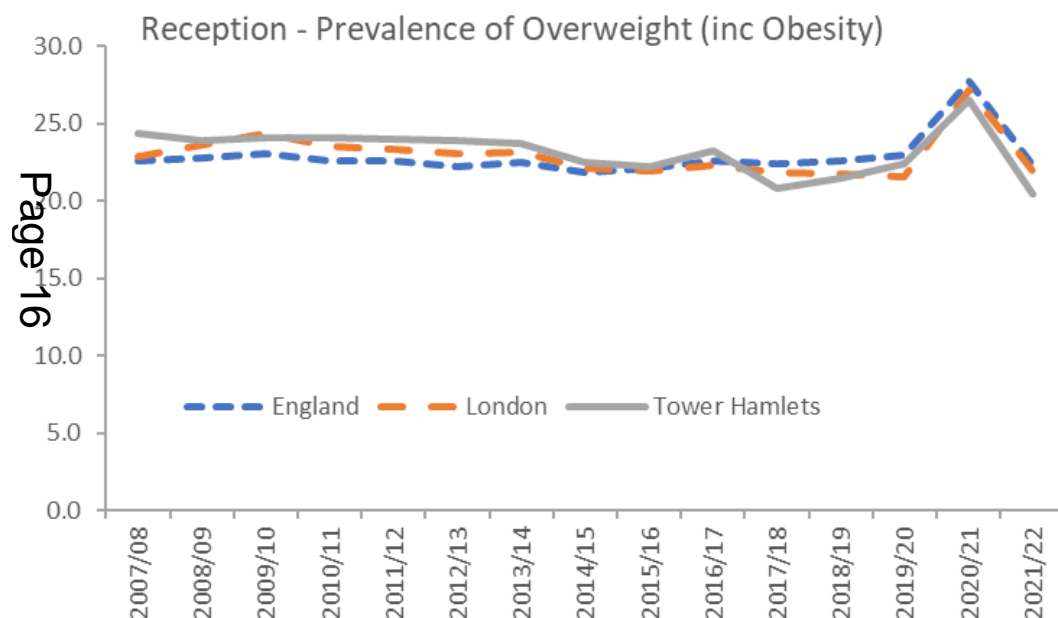




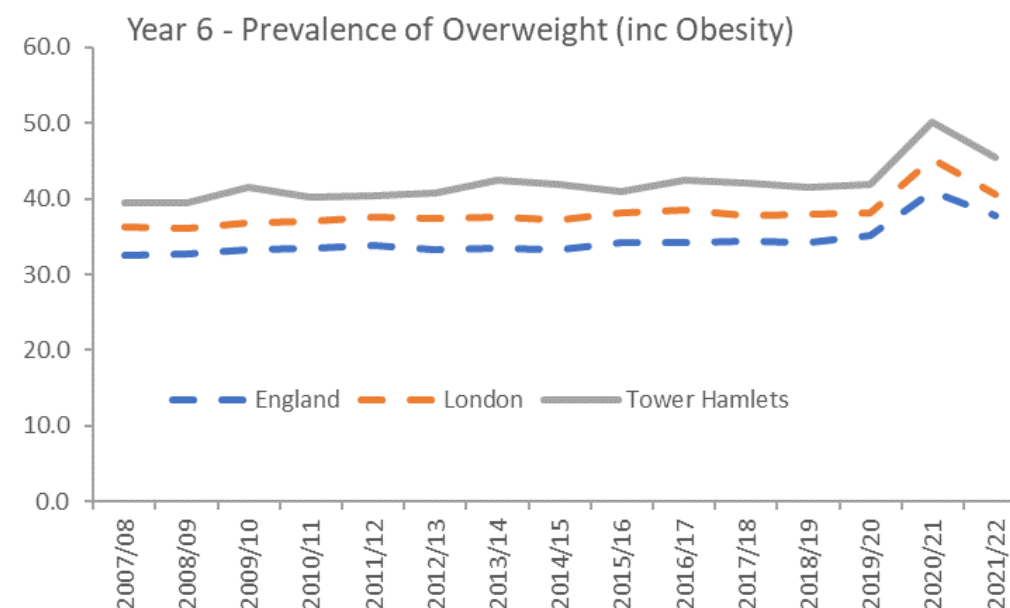
# Child excess weight pattern over time



Reception: % of children with excess weight, 2007/8 – 2021/22



Year 6: % of children with excess weight, 2007/8 – 2021/22



NCMP 2021/2022





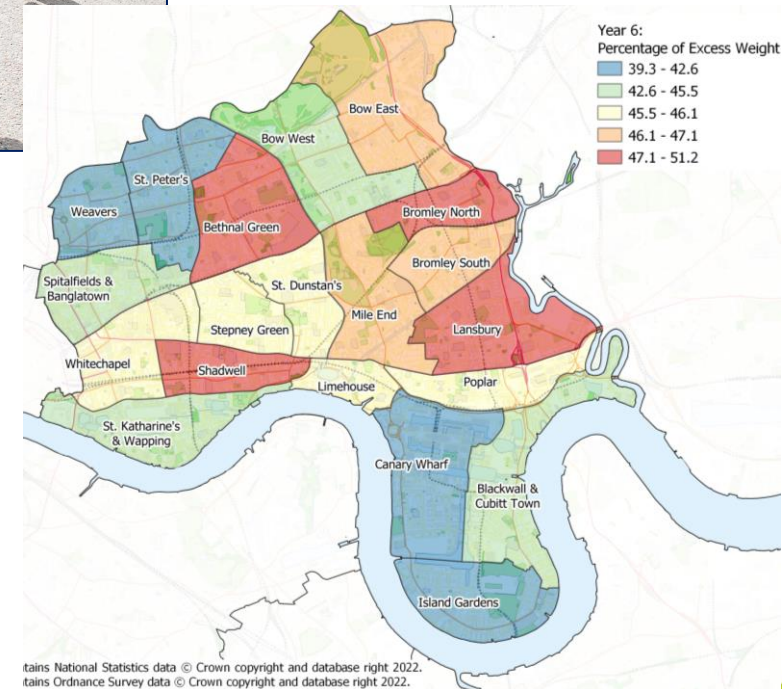
# Inequalities

Differences by:

- Economic status
- Ethnic group
- Disability status



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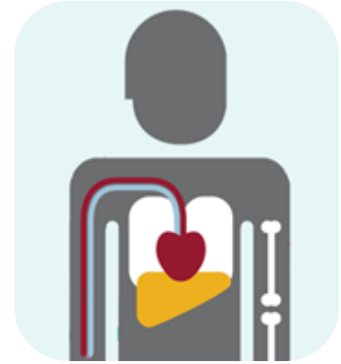


# The importance of being a healthy weight



## PHYSICAL

- High blood pressure and high cholesterol - risk factors for cardiovascular disease
- Type 2 **diabetes**
- **Breathing problems** - asthma and sleep apnea
- **Joint problems** and musculoskeletal discomfort
- **Fatty liver disease**, gallstones, and gastro-esophageal reflux (i.e., heartburn)
- Risk factor for **Covid-19** outcomes.
- Risk of developing leading causes of death and disability in the UK including **heart disease, cancer and stroke**



## PSYCHOLOGICAL

- Anxiety, depression, low self-esteem and lower self-reported quality of life
- Social problems - bullying and stigma



## EDUCATIONAL

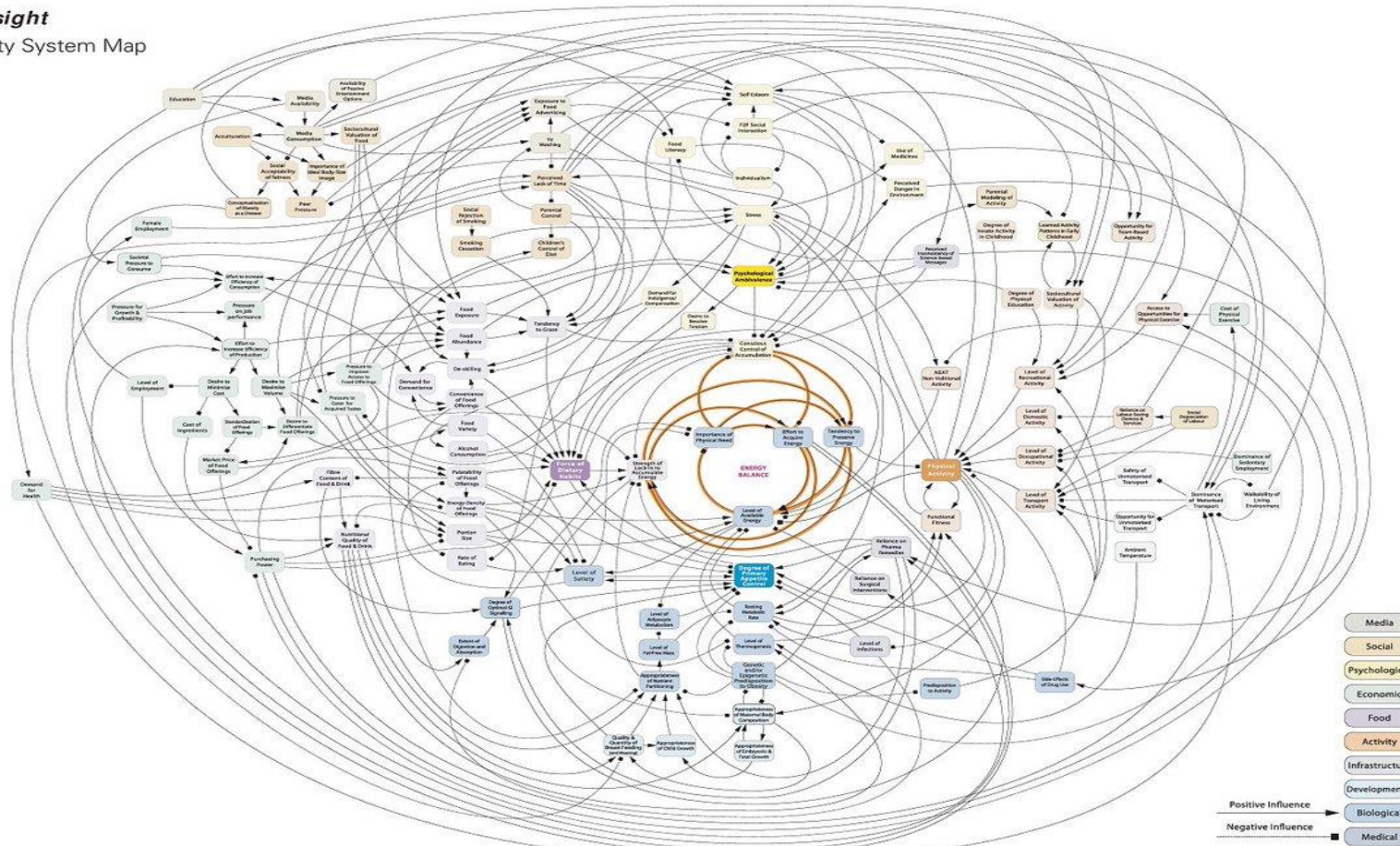
- School absence and poorer educational outcomes





# Causes of unhealthy weight (1)

**Foresight**  
Obesity System Map



# Causes of unhealthy weight (2)

Obesity is complex















The best of London in one borough





# What works?

- Creating healthy environments
- School curriculum and school setting
- Support for parents





# Process for developing priorities for the borough's Child Healthy Weight Action Plan



Completed child Healthy Weight Needs Assessment:  
understood the issue, it's impact on children and effective action

Engaged over 40 people working across the borough, including key systems leaders

Hosted 4 meetings with system leaders

Listened to children, young people and families



# Prioritising proposed actions

We developed a prioritisation framework to systematically review, assess and prioritise the potential actions based on the following criteria:

Sufficient  
evidence on its  
impact

Opportunity to  
address health  
inequalities

Achievable with  
available  
resources

Within our  
control or  
influence

Key actions to focus on



# What are we doing about it?

Action across 3 themes:

- Healthy places
- Healthy spaces
- Healthy services



# Healthy places

- Play programme
  - Evidence review
  - Play Charter Working Group
  - Play estates
  - Inclusive play
- Maximise opportunities through the new local plan
- Healthy advertising policy
- Food for Health





# Healthy spaces

- Primary school food improvement programme
  - Pilot in 10 schools
  - Whole school food approach
  - Support from Healthy Lives Team
  - Conditions of grant
- USFM in secondary schools
- Daily mile
- In-sourcing of leisure contract



# Healthy services

- Healthy weight training for professionals
- Healthy weight directory
- Healthy weight pathway
- National Child Measurement Programme pilot
- Healthy families support
- Parental engagement programme
- Fruit and vegetable voucher scheme
- Healthy Start voucher scheme
- Cycle training and support
- Physical activity and sports team



# Wider corporate priorities that will positively impact on healthy weight – some examples



1. **Tackling the cost of living crisis:** will help tackle food poverty, supporting people to afford healthy food.
2. **Homes for the future:** tackling overcrowding will make it easier for people to cook at home
3. **Accelerating education:** free school meals and breakfast clubs will provide healthy food for children. Investing in youth centres can support young people to develop life skills like cooking and participate in leisure activities.
4. **Boost culture, business, jobs and leisure:** opening up sporting opportunities, ensuring parks and other council facilities meet people's sporting needs will help people to be more active
5. **Invest in public services:** insourcing the leisure contract brings new opportunities to support physical activity, with the overall plan of implementing a borough-wide healthy child weight programme bringing all the actions together.
6. **Empower communities and fight crime:** families will feel safer to walk and cycle, and use public spaces.
7. **A clean and green future:** improving air quality standards will encourage residents to be more active outside, including using sustainable travel modes.
8. **A council that listens and works for everyone:** using our insight and research capabilities will inform decisions on how best to support residents to be a healthy weight.





# Examples of how we're working with residents

- Insight work: focus groups with young people and interviews with parents
- Healthy advertising: consulted through events, meetings and surveys
- School food improvement programme: taste sessions, focus groups and surveys
- NCMP programme: focus groups and surveys





# Examples of what residents have told us

- Fast food is often cheaper and more convenient than healthy food
- School food isn't always appealing
- Families can be unaware of the physical activity options available locally
- Air quality needs to improve on the walk to school
- Communication and support around the national child measurement programme could be stronger



# Measuring impact



- Each project has an individual evaluation plan to measure impact.
- Formal evaluations are planned for:
  - Food for Health
  - School food improvement programme
- We use a number of health indicators to measure healthy weight outcomes:
  - Reception and Year 6 excess weight levels
  - Healthy eating levels: fruit and vegetable intake
  - Dental decay in children
  - Physical activity levels
  - Breastfeeding prevalence



# Governance



- Children and Families Executive
  - Chaired by James Thomas, Corporate Director of Children and Culture
- Health and Wellbeing Board
  - Chaired by Cllr Councillor Gulam Kibria Choudhury, Cabinet Member for Health, Wellbeing and Social Care



# Challenges

- Many factors influence health weight – we need to have a whole-borough approach to tackling this.
- The environment is often not supportive of being a healthy weight.
  - High number of fast food outlets
  - Limited green space
  - Insufficient high quality play spaces
  - Barriers to walking and cycling
- Cost of living





# What would TH look like if we were a place that supported healthy weight?



- There's lots of places for children to play outdoors that are well used and meet everyone's needs
- Active travel feels easy and safe, and the air is clean
- Children and young people aren't exposed to unhealthy advertising
- It's easy and cheap to buy healthy and tasty food
- Everyone knows where they can get support to be active and eat healthily
- Our leisure services are accessible to everyone
- Families have the knowledge and space to cook healthy meals
- All schools promote healthy eating and physical activity
- Children and young people identified as being an unhealthy weight are helped to access support





# Change is possible!








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<p>Non-Executive Report of the:</p> <p><b>Health and Adult Scrutiny Sub-Committee</b></p> <p><b>11<sup>th</sup> May 2023</b></p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Katy O'Driscoll Director of Adult Social Care</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>ASC inspection Preparations</b></p>	

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

## Summary

This cover report accompanies the presentation slide deck:

The content of the slide deck includes:

- ASC Inspection preparation

## 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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# *Assurance and Inspection Project Update*

Page 43 Ensuring our teams and services are fully involved in and prepared for CQC Inspection, from April 2023

Katie O'Driscoll

April 2023



# About Assurance and Inspection – *what will we be inspected?*

## 1. How Local Authorities **work with people**

This includes assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information and advice

## 2. How Local Authorities **provide support**

This includes market shaping, commissioning, workforce equality, integration and partnership working

## 3. How Local Authorities **ensure safety within the system**

This includes safeguarding, safe systems and continuity of care

## 4. **Leadership**

Scope of assessment includes capable and compassionate leaders, learning, improvement, innovation and governance

# Scope of Work



## X4 Working Groups

**Sarah Murphy**  
**Ben Gladstone**  
**Rachel Irvine**  
**Mary Marcus**

- Baseline of current documents held
- Document gap identification and definition of requirements
- Development of documents required (delegating to appropriate working group and factoring into planning)
- Ongoing review and reporting on progress by keeping process and outcomes checklists updated – *reporting to weekly 'delivery group'*
- Ongoing liaison with 'Self-assessment Narrative Owners'

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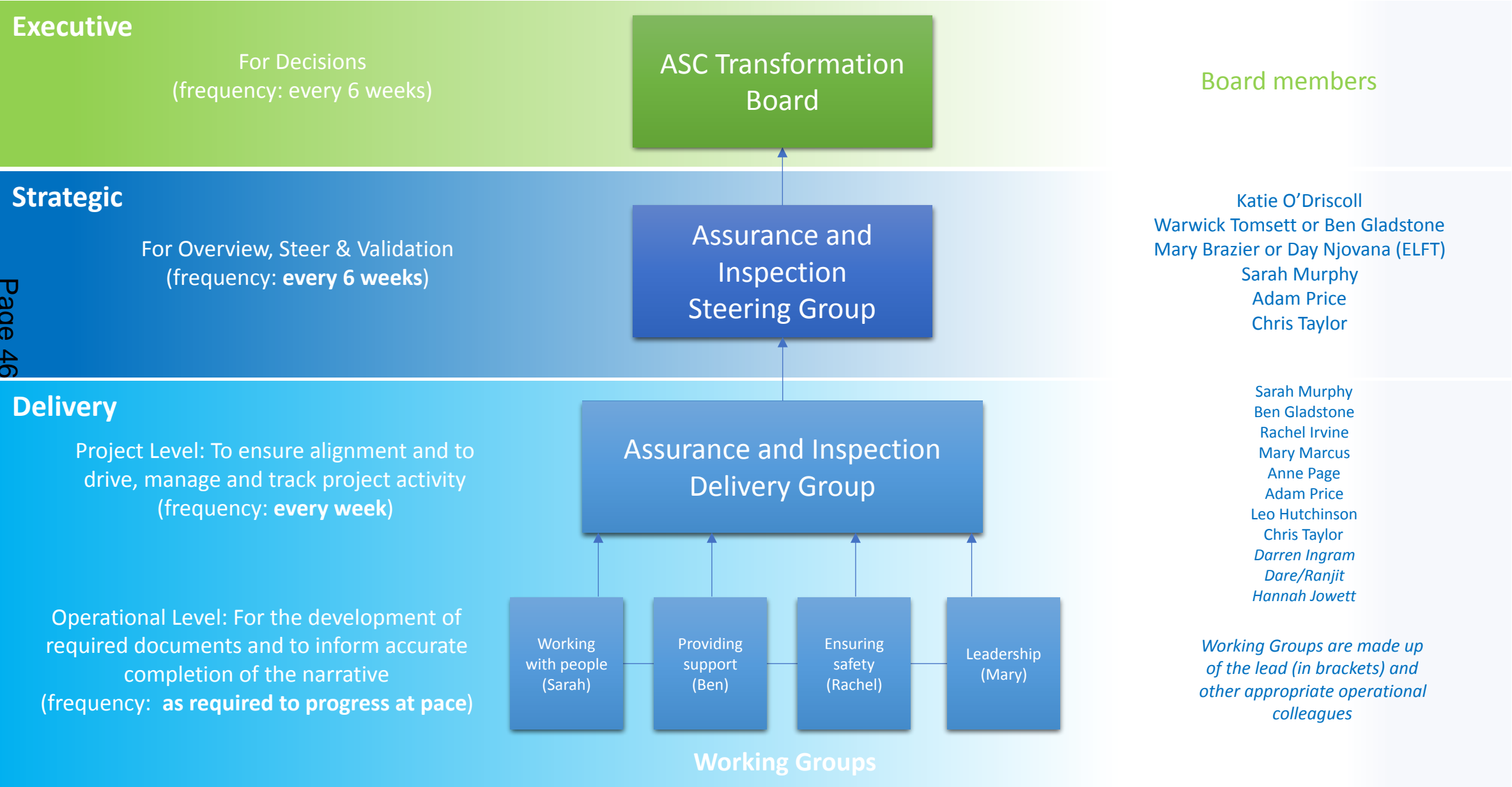


## Self-assessment Narrative Owners

**Adam Price**  
**Leo Hutchinson**

- iStatements
- Peoples experience
- Feedback from staff, leaders and partners
- Liaison with 'Document Checklist Owners' to ensure alignment of narrative with document checklist
- Working Group development and scheduling

# Governance and Delivery Mechanism



# High Level Delivery Timeline





# *Summary of* **Areas of Strength and Areas of Risk or Challenge**



Areas of Strength

- We take a person-centred approach to assessments and care planning - Audits indicate user voice was apparent in 78% cases, health and social care partners and family were fully engaged in 81% cases, intervention was person centred in 81% of cases and outcomes for users was clearly defined in 76% cases.
- Staff and teams work well together as part of the user customer journey.
- We work with people to live healthier lives including working with partners to make services and support promote independence and prevent, delay or reduce their needs. We have a higher number of people receiving preventative services (reablement) following hospital discharge than regional and national averages.
- Our service user survey results are generally positive. Users in Tower Hamlets who felt their quality of life was ‘so good it could not be better or very good’ was higher than the regional and national average. We have a higher rate regionally and nationally of people with LD in paid employment and living in their own homes.
- Our carers support offer in Tower Hamlets is good.

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Risk / Development Areas		Mitigation
▪ Waiting lists		▪ Waiting lists are being scrutinised and overseen by the Corporate Safeguarding Board and Quality Assurance Board: with service managers now submitting monthly reports on progress made.
▪ Accessing care and support through multiple channels		▪ This is being addressed through developing an online self-assessment process.
▪ Hospital discharge		▪ Projects to review the front door customer journey to start in May
▪ Our promotion of innovative approaches to prevention activity, for example technology and digital innovation is an area for improvement		▪ We are currently developing a tech enabled care proposal
▪ Arrangements to monitor and evaluate the impact of its prevention strategy and the outcomes for individuals and the community		▪ Integrated Commissioning currently reviewing all performance frameworks

Theme 2 - How Local Authorities provide support *Care Provision, Integration and Continuity & Partnerships and Communities*

Areas of Strength

- Tower Hamlets have good local resources including a strong community and voluntary sector
- Tower Hamlets Connect provides key information, advice and guidance -signposting to alternative support and provision. The proportion of people who use services who find it easy to find info and advice about services is higher in Tower Hamlets when compared to regional and national data.
- We have culturally appropriate services
- Partnership working is good and enables relationship building to improve integration across health and social care and improved outcomes. Tower Hamlets Together is a strong partnership.
- Our service user survey results are generally positive with 85.5% of respondents reporting they were quite, very or extremely satisfied with care and support received.
- People who receive services from ASC in Tower Hamlets report a higher level of satisfaction when compared to regional data.

Risk or Challenge

Mitigation

- |  |   |
|--|---|
| ▪ Disabled facilities grant process is long and protracted.  | ▪ Project currently underway across ASC and Housing.  |
| ▪ DP's – we rank lower than regional and national indicators for people with direct payments.            | ▪ Working group in place as part of ASC Transformation.   |
| ▪ Some of our local services are rated requires improvement.   | ▪ Improvement plans with providers and joint working with CQC   |
| ▪ Accessing the care and support services users need when they need it – capacity and waiting list times | ▪ TH prioritise individuals according to level of need - using a RAG rating system ensuring those who are high risk are contacted within 24 hours |

# Theme 3 - How Local Authorities ensure safety within the system *Safe Systems, Pathways and Transitions & Safeguarding*

## Areas of Strength

- Safeguarding Adults Board (SAB) has a clear understanding of the key safeguarding risks and issues
- Provider contract monitoring and quality assurance is in place with clear provider concerns processes
- Safety and safe systems are a priority with this embedded within both strategic and operational frameworks and policy
- We have a Quality Assurance Board in place to reflect on where we are doing well and areas for development
- Care and support is planned and organised with people and partners to improve their safety across their journeys to ensure continuity of care
- A higher proportion of service users in LBTH report that their services make them feel safer than regional and national data.
- A high percentage of people report that the outcomes important to them are achieved as part of safeguarding intervention in ASC.
- We have no waiting lists for Deprivation of Liberty safeguards.

Risk or Challenge	Mitigation
▪ We could do better at understanding thematic areas from complaints.	▪ Work with complaints team to develop reporting into QA Board.
▪ The quality of our mental capacity practice needs improvement.	▪ Safeguarding assurance lead in place to address. Training offer in place. QA mechanisms in place.
▪ Carrying out effective and timely transition assessment and planning when young people and carers move from children’s to adult services	▪ Transition Board established

### Areas of Strength

- Our governance systems drive positive user experience and outcomes through use of surveys and audits to improve service delivery
- Tower Hamlets do not have any locums in senior roles and we operate integrated meetings across ASC partnerships to ensure senior leadership are well sighted on various cross organisational objectives and challenges as well as best practice
- We have stable adult social care leadership team with clear roles, responsibilities and accountabilities
- Our Political and executive leaders are well informed about the potential risks facing adult social care
- Staff engagement is strong and we have a good learning and improvement ethos with a robust training and development offer
- Practice development is strong and well developed through the team and PSWs
- We demonstrate a commitment to learning and improvement through accredited training (Investors in People), partnership learning opportunities (Learning Wednesdays) and innovation through our 'tech enabled care' workstream.
- ASC Transformation Programme outlines areas for development and plans in place

### Risk or Challenge

### Mitigation

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>▪ Workforce Strategy</li> </ul>                                  | <ul style="list-style-type: none"> <li>▪ Low rate of attrition / in development / THT WFS &amp; HASC Scrutiny focus</li> </ul>  |
| <ul style="list-style-type: none"> <li>▪ Budget overspend</li> </ul>                                    | <ul style="list-style-type: none"> <li>▪ Ongoing efficiency measures and transformation</li> </ul>  |
| <ul style="list-style-type: none"> <li>▪ Lack of in-service co-production at strategic level</li> </ul> | <ul style="list-style-type: none"> <li>▪ 0.5 FTE Co-production lead being recruited and opportunities to link to THT work programme and Engaging Disabled People Project</li> </ul> |

# *Key Next Steps*



# Next steps



Working groups to start meeting regularly with initial tasks;

- Build on the initial baseline / gap analysis to understand requirements
- Develop a plan which enables the development of documentation, policy and processes at the required pace

To look further into performance data and local intelligence to further inform and validate the approach taken to date

To develop key communication messages to share through already mapped comms channels; internally, externally and with partners





## *Forward planning dates for this presentation*

*SMT 29.3.23*

*DLT 3.4.23*


*CLT 11.4.23*

*MAB 24.5.23*

*HASSC 11.5.23*



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<p>Non-Executive Report of the:</p> <p><b>Health and Adults Scrutiny Sub-Committee</b></p> <p>11<sup>th</sup> May 2023</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Sharon Godman, Director of Strategy, Improvement and Transformation</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Scrutiny Review on Workforce Shortages Across the Health and Care Sector</b></p>	

**Proposed Decision Path (indicate) – Delete Section Before Publication:**

	Step [Delete as applicable]	Date
Decision (Tier Four)	Health and Adults Scrutiny Sub-Committee	11.05.2023

**Proposed Decision Path (indicate) – Delete Section Before Publication:**

<b>Originating Officer(s)</b>	Afazul Hoque, Head of Corporate Strategy and communities Filuck Miah, Corporate, Senior Strategy and Policy Officer
<b>Wards affected</b>	All Wards

**Executive Summary**

This report sets out the findings and recommendations from the Scrutiny Review on Workforce Shortages Across the Health and Care Sector in the borough. The Report makes nine recommendations for agreement by the Health and Adults Scrutiny Sub-Committee.

**Recommendations:**

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

1. Note the attached HASSC Scrutiny Review Report and agree the recommendations;
2. Agree to submit the attached report to the Mayor and Cabinet for executive response to the recommendations;



## **1. REASONS FOR THE DECISIONS**

- 1.1 This paper submits the report and recommendations of the scrutiny review on workforce shortages across the health and care sector in the borough. for consideration by the HASSC.

## **2. ALTERNATIVE OPTIONS**

- 2.1 To take no action. This is not recommended as the scrutiny review provides recommendations for workforce shortages across the health and care sector and recognises the importance and value that health and care services play in maintaining the boroughs population health.

## **3. DETAILS OF THE REPORT**

- 3.1 Healthcare is a crucial sector and is of strategic importance and one of the largest employers in the UK offering over 300 types of job roles. The sector covers roles covering both the NHS and local authorities. For the NHS this covers roles which are clinical and non-clinical and represents 11% of London's total workforce. For Local Authorities it covers adult social care
- 3.2 The sector has a growing demand, requires a large recruitment drive as it occupies ageing workforce and a range of skills shortage vacancies. NHS has one of the most ethnically diverse workforces in the public sector.
- 3.3 The Health and Adults Scrutiny Sub-Committee undertook a scrutiny review over three session 18<sup>th</sup> Oct 2022, 6<sup>th</sup> Dec 2022 and 27<sup>th</sup> February 2023 on workforce shortages across the health and care sector in the borough and it was chaired by Cllr Ahmodur Khan.
- 3.4 The challenge session was underpinned by the following:
- What are the key barriers for residents applying for Health and Care roles in Tower Hamlets?
  - What are challenges faced by the sector with recruitment and retention?
  - What is the approach to career progression and sustainability?
- 3.5 The challenge session involved a range of stakeholders including:
- Cabinet Member Health, Wellbeing and Social Care
  - HASSC Members
  - Chief People and Culture Officer, NHS North East London
  - CEO East London Foundation Trust
  - Director of Strategy and Integration, BARTS NHS

- Director of HR Research and Consulting, Institute for Employment Studies
- Head of School, London Metropolitan University
- Deputy Vice Principal (Health), Queen Mary University of London
- Principal, New City College
- President of the BARTS and London Student Association
- Head of Primary Care, Tower Hamlets
- GP and Clinical Director Tower Hamlets Together (Place Based Partnership)
- Council officers

3.6 The Scrutiny review resulted in the committee making the following recommendation:

**Recommendation 1:**

The Integrated Care Board (ICB) is recommended to collaborate with Tower Hamlets Together (THT) Board to develop robust and dynamic workforce intelligence for the health and care sector.

**Recommendation 2:**

The ICB is recommended to collaborate with the THT Board (System) and the local authority's Health and Wellbeing Board (Place), to undertake investment in developing shared communications and ongoing engagement with the borough's residents.

**Recommendation 3:**

The ICB and LBTH is recommended to incorporate integration when planning, developing and implementing its health and care workforce strategy such as service, financial and workforce plans.

**Recommendation 4:**

The ICB and THT Board to partner with the borough's wider Health and Care employer stakeholders to review and co-design job roles required to support the demand for health and care services.

**Recommendation 5:**

The ICB and THT Board is recommended to partner up with LBTH's Education and Careers Service, Adult Social Care service, Primary Care commissioning and BARTS NHS to develop experiential learning opportunities for young people in secondary education.

**Recommendation 6:**

London Borough of Tower Hamlets (LBTH) is recommended to incentivise key worker accommodation status, council tax reductions and parking provision for health and care professionals.

**Recommendation 7:**

The ICB is recommended to work with the local Higher Education Institutions and develop grant top up funding streams that can support medicine students in the last two year of their study.

**Recommendation 8:**

The ICB is recommended to collaborate with local FE and HE education institutions with a view to supporting investment for piloting Degree Apprenticeships, and T-level placements to help increase much needed capacity.

**Recommendation 9:**

The ICB and LBTH is recommended to draw on international recruitment options to meet the immediate shortfall for health and care demand whilst developing its growth model from local labour for future demand.

**4. EQUALITIES IMPLICATIONS**

- 4.1 The report considers inequalities issues particularly for BME groups in terms progression within senior and also how the young age group can be better engaged with health and social care careers.

**5. OTHER STATUTORY IMPLICATIONS**

- 5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:
- Best Value Implications,
  - Consultations,
  - Environmental (including air quality),
  - Risk Management,
  - Crime Reduction,
  - Safeguarding.
  - Data Protection / Privacy Impact Assessment.
- 5.2 [Report authors should identify any other specific issues relevant to consideration of this report. Including, but not limited to, the issues noted above. This section of the report can also be used to re-emphasise particular issues that Members must have considered before taking the decision (for example issues that may come up if an objection was taken to court). Note – Paragraph 5.1 MUST NOT be deleted.]

**6. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 6.1 There are no direct financial implications arising from this report.



## **7. COMMENTS OF LEGAL SERVICES**

7.1 Under powers granted under the Local Government Act 2000 members of Scrutiny panels were given 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 objective being to make the decision-making process more transparent, accountable, and inclusive, and improve services for people by being responsive to their needs.

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### **Linked Reports, Appendices and Background Documents**

- State NONE if none.

#### **Appendices**

- Scrutiny Review on Workforce Shortage Across the Health and Care Sector

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

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

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

- These must be sent to Democratic Services with the report
- State NONE if none.

#### **Officer contact details for documents:**

Or state N/A

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# Health and Adults Scrutiny Sub-Committee Scrutiny Review Report

## Workforce Shortages Across the Health and Care Sector

11/05/23



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## Chairs Foreword

I am pleased to present this scrutiny review report which examines the workforce shortages across the health and care sector in Tower Hamlets.

The Health and social care sector plays a significant role and is of strategic importance to the boroughs socio-economic needs. We know that in health and care is one of the largest public sector employers in the UK covering roles right across the NHS and local authorities. In London the health sector represents 11% of London's total workforce whilst the for the local authorities in London this figure equates 14% of the adult social care roles in England<sup>1</sup>.

The health and care landscape also features (particularly front-line roles) one of the most ethnically diverse workforce in the public sector. The sector has suffered from a chronic workforce shortages for a significant period of time and continues to have a large recruitment need which includes replacing an ageing workforce and a range of skills shortage vacancies. The impact of austerity, Brexit, Covid-19 pandemic and now the cost of living is creating a huge challenges on the sector.

Staffing shortages puts additional pressure on existing employees and can affect the quality of care provided. There is also the risk of burnout as a result of the growing demand and pressure. Factors such the long hours, extensive workloads and emotional demands of the roles that can take its toll on staffs physical and mental health. We also have an ageing workforce across this sector and Tower Hamlets also had the biggest population increase<sup>2</sup> in the country with the number of residents increase by 22%. Whilst Tower Hamlets has a relatively young borough population It does also have a certain segment population ageing and living longer, some of whom have complex health issues and require specialist support that places significant demand on services.

This report heard evidence from a range of health and care stakeholders, including anchor institutions such QMUL, London Met university and New City College. It also called upon witnesses including representatives of the newly formed Integrated Care Board, BARTS NHS, Primary Care and Adult Social Care. Our Sub-Committee heard lived experience accounts from students studying medicine to those in further education studying health and social care courses to provide their views. We also called upon evidence from expert witnesses such as the Institute of Employment Studies.

Our Sub-Committee has made nine recommendations and hopes that the Mayor and Cabinet and our ICB partners take these forward and work with the Sub-Committee and others to ensure that we have a robust approach for recruiting and retention for the sector, one in which is able to anticipate and manage the growing demand but also remaining agile to future needs.

Finally, I would like to thank all the members, officers and external partners and witnesses who attended and supported the scrutiny review, provided valuable insights, and shaped the recommendations of this report.



**Cllr Ahmodur Khan**  
**Chair of Health and Adults Scrutiny Sub-Committee**

<sup>1</sup> [The adult social care workforce in London \(health.org.uk\)](https://health.org.uk)

<sup>2</sup> [Tower Hamlets has biggest population increase in the country](#)

## Summary of Recommendations

### Collaborative Approach

#### Recommendation 1:

The Integrated Care Board (ICB) is recommended to collaborate with Tower Hamlets Together (THT) Board to develop robust and dynamic workforce intelligence for the health and care sector.

#### Recommendation 2:

The ICB is recommended to collaborate with the THT Board (System) and the local authority's Health and Wellbeing Board (Place), to undertake investment in developing shared communications and ongoing engagement with the borough's residents.

### Planning in Design

#### Recommendation 3:

The ICB and LBTH is recommended to incorporate integration when planning, developing and implementing its health and care workforce strategy such as service, financial and workforce plans.

#### Recommendation 4:

The ICB and THT Board to partner with the borough's wider Health and Care employer stakeholders to review and co-design job roles required to support the demand for health and care services.

#### Recommendation 5:

The ICB and THT Board is recommended to partner up with LBTH's Education and Careers Service, Adult Social Care service, Primary Care commissioning and BARTS NHS to develop experiential learning opportunities for young people in secondary education.

### Cost of Living Impact

#### Recommendation 6:

London Borough of Tower Hamlets (LBTH) is recommended to incentivise key worker accommodation status, council tax reductions and parking provision for health and care professionals.

#### Recommendation 7:

The ICB is recommended to work with the local Higher Education Institutions and develop grant top up funding streams that can support medicine students in the last two year of their study.

### Developing Capacity

#### Recommendation 8:

The ICB is recommended to collaborate with local FE and HE education institutions with a view to supporting investment for piloting Degree Apprenticeships, and T- level placements to help increase much needed capacity.

#### Recommendation 9:

The ICB and LBTH is recommended to draw on international recruitment options to meet the immediate shortfall for health and care demand whilst developing its growth model from local labour for future demand.

## Reason for Enquiry

- 1.1. The Health and Adults Scrutiny Sub-Committee (HASSC) recognised that both national and regional intelligence strongly indicated that there is a chronic shortage of workforce across the health and care sector and the implication that this could bring for the health of the borough's population.
- 1.2. The Health Foundation<sup>3</sup> indicates that 133,400 full time equivalent employment vacancies are unfilled across NHS Trusts in England. There was a similar picture for workforce attrition in social care, pertaining to factors such as the challenge of the Covid-19 pandemic, a drop in immigration numbers from Europe following Brexit, the cost-of-living challenge with added burden of food and energy inflationary pressures and social care being overtaken by other low paid sectors such as retail and widening gap in remuneration for equivalent nursing roles, between social care and nursing.
- 1.3. HASSC also wanted to examine the assumption that the key drivers for increased recruitment was as result of an ageing population and that many more people experiencing multiple long-term conditions. HASSC was concerned that there was no clear national workforce strategy for the sector and the implications this would bring in attempting to deliver governments<sup>4</sup> health and care reforms. Finally, HASSC wanted to understand the key issues on recruitment and retention for health and care workforce in Tower Hamlets.

## Methodology

- 1.4. This Scrutiny Review was chaired by Cllr Ahmodur Khan, Chair of Health and Adults Scrutiny Sub-Committee and was delivered over three sessions taking place on:
  - 18<sup>th</sup> October 2022
  - 06<sup>th</sup> December 2022
  - 27<sup>th</sup> February 2023
- 1.5. The scope of the scrutiny review sets out the following questions:
  - What are the key barriers for residents applying for Health and Care roles in Tower Hamlets?
  - What are challenges faced by the sector with recruitment and retention?
  - What is the approach to career progression and sustainability?

### 1.6. Members in Attendance

Councillor Ahmodur Khan	Chair of Health and Adults Scrutiny Sub-Committee and OSC Member
Councillor Gulam Kibria Choudhury	Cabinet Member for Health, Wellbeing and Social Care
Councillor Ahmodul Kabir	Vice Chair of HASSC
Councillor Maisha Begum	Member
Councillor Kamrul Hussain	Member
Councillor Mohammed Chowdhury	Member
Councillor Asma Islam	Member

<sup>3</sup> [NHS vacancy rates point to deepening workforce crisis \(health.org.uk\)](https://www.health.org.uk/news/articles-and-opinions/nhs-vacancy-rates-point-to-deepening-workforce-crisis)

<sup>4</sup> [Build Back Better: Our Plan for Health and Social Care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/build-back-better-our-plan-for-health-and-social-care)

Councillor Abdul Malik	Member
David Burbidge	Healthwatch Co-opted Member
Matthew Adrien	Healthwatch Co-opted Member

## Evidence from Witnesses

Francesca Okosi	Chief People and Culture Officer, NHS North East London
Susan Nwanze	Interim Deputy Director of HR, NHS North East London
Richard Fradgley	CEO East London Foundation Trust
Fiona Peskett	Director of Strategy and Integration, BARTS NHS
Dan Lucy	Director of HR Research and Consulting, Institute for Employment Studies
Chris Lane	Head of School, London Metropolitan University
Professor Joanne Martin	Deputy Vice Principal (Health), Queen Mary University of London
Alison Arnaud	Principal, New City College
Victoria Corcoran	Deputy Group Curriculum Director Health, Social Care / Sciences & Early Years
Charlie Sellar	President of the BARTS and London Student Association
Saima Begum	Health and Social Work Student
Jo-Ann Sheldon	Head of Primary Care, Tower Hamlets
Dr Khyati Bakhai	GP partner Bromley By Bow Health and Primary Care Development Lead for Tower Hamlets
Dr Roberto Tamsanguan	GP and Clinical Director Tower Hamlets Together (Place Based Partnership)
Denise Radley	Corporate Director for Health, Adults and Communities
Katie O' Driscoll	Director of Adult Social Care, LBTH
Somen Banerjee	Director of Public Health, LBTH
Warwick Tomsett	Joint Director of Integrated Commissioning, LBTH
Ben Gladstone	Deputy Director Integrated Commissioning and Strategy, Policy & Improvement, LBTH
Sarah Murphy	Principal Social Worker, LBTH
Anne Page	Service Quality and Development Lead, LBTH
Aelswith Frayne	Head of Employment and Skills, LBTH

## Scrutiny Review Support by:

Filuck Miah	Senior Strategy and Policy Officer
Zaid Ul-Islam	National Management Trainee



## Key findings and Recommendations

### Recommendation 1:

The Integrated Care Board (ICB) is recommended to collaborate with Tower Hamlets Together (THT) Board to develop robust and dynamic workforce intelligence for the health and care sector.

- 2.1. The Sub-Committee heard evidence from the Council's Adult Social Care Team on the increase levels of demand for services set against a growing population in Tower Hamlets. The Sub-Committee noted that whilst the workforce is diverse it does not fully mirror or reflect the local population and that approximately a third of the workforce (315) is also 55 years of age or older. The consequences of having an older adult social care workforce would pose risks and leave gaps if they choose staff choose to retire. The Sub-Committee noted that whilst Tower Hamlets is in a stronger position than other local authorities they are only replacing staff and not growing the workforce in line with the population growth demand.
- 2.2. The Sub-Committee also heard evidence that those coming into the profession within Adult Social Care tend to be middle-aged people who are changing profession and that developing an approach to bringing down the age of the workforce that enter the profession was necessary to mitigate the risks as young people are not entering the profession from schools or university.
- 2.3. The Sub-Committee enquired on the protected characteristics of the workforce and how the service was forecasting the numbers required to meet the demand. The Sub-Committee heard that this was a gap area being reviewed by service who are currently using other sources of data such as Skills for Care and the regulatory bodies such as Social Work England, Department of Health and Social Care, (DHSC), Care Quality Commission and Local Government Association Employer Standards and that it tends to be more responsive to demand rather than anticipation.
- 2.4. The Sub-Committee also heard evidence on the shortages across health including GPs, doctors, nurses, paramedics, diagnostics and non-clinical staff. The Sub-Committee raised questions on required capacity for different roles in Tower Hamlets but extracting the information at a neighbourhood or place level was not available. The Greater London Authority<sup>5</sup> reports that the NHS has one of the most ethnically diverse workforce in the public sector however it has not been able to collect wider protected characteristics such as intersectionality. Closing the Gap<sup>6</sup> report also identifies this issue and that challenges remain at a local, system and regional and national level. The Sub-Committee recognises that good quality evidence-based data is needed to be able to make good decision and accountability.
- 2.5. The Sub-Committee also enquired on what work has been done to understand which local population is underrepresented in the health and social care workforce. The NHS Workforce Race Equality Standard Model Employer Guidance<sup>7</sup> also outlines

<sup>5</sup> [Under-representation in health](#)

<sup>6</sup> [Closing-the-gap-key-areas-for-action-overview.pdf](#)

<sup>7</sup> [wres-leadership-strategy.pdf \(england.nhs.uk\)](#)

that data will be important to determine organisational progress including BME Staff representation at senior levels across the NHS and support robust action planning.

- 2.6. The Institute of Employment Studies (IES) provided reflections on the evidence heard at the session and informed the Sub-Committee that a comprehensive research and evaluation strategy needs to be place alongside the people strategy covering representations of different groups at different levels within the workforce. They also commented that the strategy should not only monitor data to see how the workforce changes over time but also to evaluate initiatives to deliver the workforce requirements. The Sub-Committee noted that understanding the workforce from various levels in crucial in order to manage planning, training, employment and retention.
- 2.7. Skills for Care<sup>8</sup> suggests that good decision making should be based in intelligence, evidence and robust data which can highlight areas that need for focussed support, providing the information that helps organisations to plan, fund and monitor the workforce. It also highlights that Adult Social Care does not have the same level of visibility as NHS. Having data in a single place can also help to understand the picture of market trends, vacancy rates, gaps in workforce that exists turnover, people leaving the sector and training opportunities. It also suggests that it's the foundation on which government develop policy.
- 2.8. The Chief People and Culture Officer (CPCO) also informed the Sub-Committee that BME population is the majority in Northeast London and therefore ICB will be ensuring that the workforce is reflected at every level. The Sub-Committee noted that the Tower Hamlets' workforce data is not as mature as the ICB wants it to be. It also highlighted that the workforce data needs to be broken down by place and demographic as demographically some of the communities in Tower Hamlets are not accessing roles within the health and social care. The Sub-Committee felt that there needs to be robust evidence base to address the barriers.
- 2.9. The ICB had also informed the Sub-Committee that they are keen to discuss the progress of workforce at a local and neighbourhood level and that Tower Hamlets Council should also interact with the one of the subgroups of the ICB's Peoples Board to report on the progress made in Tower Hamlets.

### **Recommendation 2:**

The ICB is recommended to collaborate with the THT Board (System) and the local authority's Health and Wellbeing Board (Place), to undertake investment in developing shared communications and ongoing engagement with the borough's residents.

- 3.1. Sub-Committee Members undertook site visits to local GP practices in the borough to understand some of the key issues they faced this included recruitment both clinical and non-clinical roles. Sub-Committee learned that the challenge for GPs were not able to recruit as there was a lack of flexibility with national contract arrangements (alongside level of work pressures) but also they had received very little response to adverts placed for some of the non-clinical front of house roles.

<sup>8</sup> [Home - Skills for Care](#)

- 3.2. The Sub-Committee also heard from the local female student who was undertaking a further education level three Health and Social Care course. The student highlighted some of the challenges that may put off students such as the negative press that health and care roles get, poor pay and conditions and a lack of progression for certain BME groups. New City College also informed the Sub-Committee that there is a real need to communicate to students where the highest levels of demands are in the workforce to influence their career progression.
- 3.3. At Queen Mary, the Medical and Dental placements are capped. Queen Mary and other organisations have been asking Health Education England and the Government for more Doctors and Dentists. The council can help advocate for Queen Mary to get more placements. New City College also provided evidence on why there was a drop in numbers and lower interest in taking up health and social care courses and negative media linked to the perception of in work poverty, poor pay, poor progression and workload pressures.
- 3.4. Closing the gap<sup>9</sup> findings also suggests that candidates with Bangladeshi ethnicity are on average half as likely to be appointed from an NHS shortlist than a white British person. It also reported that those with Bangladeshi, African or White and Black African ethnicities appeared to have lower success rates.
- 3.5. The Sub-Committee is of the view that many residents may not necessarily be aware of the employment opportunities on the council's or NHS website particularly if employers wish to target the underrepresented population. For example many of the Bangladeshi residents and their families may not use legacy media channels to obtain their information but rather use those that are reflective or make up of their community such as Channel S or Bangla TV. The Sub-Committee also recognised that for the Generation Z and Millennial age group, working with potential influencers and social media channels may generate more interest from these age groups than the traditional channels. The Sub-Committee also acknowledged that employer branding will need to consider how culture is articulated to attract, engage and retain staff.
- 3.6. The GP and Clinical Director Tower Hamlets Together also outlined the importance of celebrating primary care and stating why it is a good thing to be GP in Tower Hamlets and ensuring that the message is spread widely across the borough. The Sub-Committee also reflected and felt that it was important to promote (through the council comms channels) the borough in a positive way to attract people to reside and work in the borough. The future of recruiting 2023 report<sup>10</sup> identifies that some of the key factors influencing on a new role include excellent remuneration and benefits followed by work-life balance and flexible working arrangements.
- 3.7. The Sub-Committee heard evidence from the CPCO and that they have been undertaken focus groups to engage different population groups on job requirements and aspirations which will feed into overall workforce strategy. The Sub-Committee also noted that the ICB that they are keen to work closely at place level with

<sup>9</sup> [Closing-the-gap-key-areas-for-action-overview.pdf](#)

<sup>10</sup> [future-of-recruiting-2023.pdf \(linkedin.com\)](#)

colleagues from the local authority and that work on the workforce agenda has a joint approach both at a system, place and neighbourhood level. The Sub-Committee also recognised that there is a need for the community outreach work to draw attention to people in the community about the opportunities that exist in social work.

- 3.8. The Sub-Committee also viewed that there are real networking opportunities to publicise vacancies across the anchor institution's communication division to achieve a wider reach such as registered social landlords and housing associations, Tower Hamlets Council for Voluntary Services (THCVS), LBTH WorkPath Service, Primary Care, local schools, colleges and universities.

### **Recommendation 3:**

The ICB and LBTH is recommended to incorporate integration when planning, developing and implementing its health and care workforce strategy such as service, financial and workforce plans.

- 4.1. The Sub-Committee noted the challenge that the ASC service was facing with hard to fill roles such as Occupational Therapy and Approved Mental Health Practitioners. The IES cited that during the pandemic period, many of the older age group workers had left the labour market (700,000) so there are fewer people in the labour market looking for and being available for work. The Sub-Committee also heard the ASC intends to move away from reactive workforce planning to more proactive workforce planning and the Sub-Committee noted that vacant posts should be looked at in advance to planning recruitment. The Sub-Committee also heard evidence from the CPCO that despite having an ageing workforce, Tower Hamlets actually has a population under the average age of 39. The Sub-Committee heard that there is also an expectation that ASC has a comprehensive workforce strategy ahead of the Care Quality Commission Inspection. The Sub-Committee also noted the challenges that ASC faces with how funding is distributed which also impacts on longer term workforce planning.
- 4.2. The Sub-Committee heard evidence that understanding the nature of the current workforce and possible gaps will help to develop an action plan to manage now and for the future demand. Managing this process would benefit from integrating different intelligence such as service, financial and workforces plans and aligning this to achieve a much more robust process that mitigates or reduces the level of risk and also test assumptions based on available intelligence.
- 4.3. The Sub-Committee enquired as to how the local college planned the number of health and social care course places for each year and the level of engagement needed with local employers. The college informed the Sub-Committee that they use historical data with number of learners and progression routes and that having work placements is a key selling point for the course. The future of recruiting 2023 report<sup>11</sup> also suggests that recruiting will drive business-critical change and therefore recruiting needs to be more strategic.

<sup>11</sup> [future-of-recruiting-2023.pdf \(linkedin.com\)](#)



- 4.4. The Sub-Committee Members visit to health services such as the GPs highlighted the need to integrate different levels of intelligence in order anticipate risks i.e. working with different services such as using social prescribing. The Sub-Committee recognises that this will need to be that standard approach in developing a robust but agile workforce as more residents with complex health needs will need to access a range of support services as part of their recuperation process.
- 4.5. The GP and Primary Care Development Lead informed the Sub-Committee, that the younger generation coming through do not want to work in the same way i.e. working every single hour and it is not appealing to them. The GP also informed the Sub-Committee that GP practices in the borough will need to recruit from the wider workforce roles such as a physiotherapist, pharmacist etc. The Sub-Committee noted that the ICB have held meetings with Primary Care colleagues to establish gaps in H&SC across North East London area with the exception to Tower Hamlets and felt that this meeting is also needed.
- 4.6. The Sub-Committee heard from a number of the stakeholders that they have good relations with local organisations however the committee also felt that this area could be strengthened as at times different organisations have differing priorities. The Sub-committee recognises that the integration model of working requires significant cross cutting work for example the Council's recruitment service Work Path may provide an outlet for the Health and Care employers to access a pool of potential candidates for roles. Having an integrated approach with different stakeholders (provider collaboratives) may help to develop placed based unique selling point (USP) and more efficient use of resources achieving good outcomes for the borough such as local recruitment from the borough's population.
- 4.7. The Sub-Committee noted that at time the ICB struggled with accessing senior Tower Hamlets colleagues when compared to other local authorities and they had also established that they would also want to meet the Council's chief executive and Public Health colleagues. As the Director of Public Health was in attendance, he was able to share his details and he also suggested attending the THT board as many of the key senior stakeholders attend this board.
- 4.8. The Sub-Committee noted that the ICB inferred that they would like to connect as a partnership with local authorities including Tower Hamlets and the NHS to discuss how best they can apply the £4 billion funding to pool resources and improve the communities.

#### **Recommendation 4:**

The ICB and THT Board to partner with the borough's wider Health and Care employer stakeholders to review and co-design job roles required to support the demand for health and care services.

- 4.9. The Sub-Committee asked the GP partners how they were approaching the recruitment of new doctors to join the practice. The informed the Sub-Committee that building a good working environment, where there is room for work life balance and an opportunity to develop.

- 4.10. The director for strategy and integration for BARTS NHS informed the Sub-Committee that they run a people plan campaign call Drive to 95 which is intended to substantially recruit into all of their posts up to a level of 95% and reducing reliance on agency staff to initiate a cost improvement plan that saves. However BARTS NHS accepted that their challenge is retention so they have proposed a healthy and inclusive environment for staff. Some of the challenges that staff face are trying to clear the backlog of elective care.
- 4.11. The Sub-Committee noted that challenges of recruiting to residential nursing and part of this challenge is that NHS often offer better terms and conditions when compared to the care sector and so there needs to be harmonisation. The Sub-Committee further noted that 40% of employees care workers are employed on zero-hour contracts. For the Council commissioned homecare, all employees are offered a London living wage with 12 hours a week minimum contract.
- 4.12. The Institute of Employment Studies informed the Sub-Committee that developing retention support will support recruitment and the areas of importance are flexibility, health and wellbeing and pay and progression. The health and wellbeing that resides in the actual design of work and design of job and can lead to questions around level of support to people have a work and level of control and autonomy with work. The IES informed the Sub-Committee that work was undertaken with some GP practices by introducing flexible work arrangements for GPs and other staff burnout on retention and work intensity which led to changing working hours and introducing greater variety into their roles can help reduce the demand and improve retention and health and wellbeing. The Sub-Committee also acknowledged that learning and development will be crucial in supporting internal mobility, skills first hiring and employee retention.
- 4.13. The Sub-Committee also noted that developing career structures offers clear pathway in which people can progress but also pick up skills that they can learn. However they also noted that the ICB inferred that they have not been able to get involved with Tower Hamlets to identify and understand the specific needs for the borough. The ICB added that they will need to develop a better understanding of the place and neighbourhood level issues for Tower Hamlets and consider career options and packages that can be established a primary care and social care to address these specific needs. Sites such as Linked-In have also found that the many of the employers are moving to a skills-first hiring i.e. the practice of valuing a candidates skills over other attributes.
- 4.14. New City College also cited that Public Health Foundation<sup>12</sup> suggested that 55% of the population felt that standards had declined and factors influencing this include poor pay, poor progression, increased workloads, mental health.
- 4.15. The future of recruiting 2023 report<sup>13</sup> also highlights that between the uncertain economy and new trends reshaping the world of work, recruiters will need to be more strategic, adaptable and acutely in tune with talent i.e. what candidates want, skills

<sup>12</sup>[Public Health Foundation - Home \(phf.org\)](https://publichealthfoundation.org/)

<sup>13</sup>[future-of-recruiting-2023.pdf \(linkedin.com\)](https://www.linkedin.com/pulse/future-of-recruiting-2023-report/)

they possess and how their careers can grow in the organisation. The Sub-Committee noted that retention was a significant issue for Health and developing internal mobility and upskilling approach is likely retain staff within organisation for a longer duration.

- 4.16. The Sub-Committee noted that the data presented on Tower Hamlets showed that there are gaps in terms of senior roles in health and care sector. Progression was highlighted as a concern as many faced barriers to accessing senior and professional role. The ICB also informed the Sub-Committee that they want to tap into the community to access people mid-career to understand what the barriers and obstacles to progression are, as well as their aspirations and understandings of the available careers.

### **Recommendation 5:**

The ICB and THT Board is recommended to partner up with LBTH's Education and Careers Service, Adult Social Care service, Primary Care commissioning and BARTS NHS to develop experiential learning opportunities for young people in secondary education.

- 5.1. The Sub-Committee heard the challenge that Adult Social Care faces in terms of recruitment of younger people to social care roles. The head of School for London Met University informed the Sub-Committee that care work is not taught at school and is considered more vocational when compared to some of the academic subjects.
- 5.2. New City College as an FE education institution also outlined some of the challenges that health and care sector faced such as negative media coverage, poor pay and progression which has led to a drop in their numbers.
- 5.3. The President of the BARTS and London Student Association (PBLSA) informed the Sub-Committee the concept of ceilings can be influence students if they are worried about their future so it is important to highlight that there is room for growth in health and care careers which can get overlooked.
- 5.4. The PBLSA also highlighted to the Sub-Committee that work experience schemes for medicine and dentistry can be very nepotistic. If you have a family member working in the sector (necessary part of the application) then it is easy to access but it becomes a barrier for young people who do not have the family or network.
- 5.5. The Sub-Committee also heard from the Director of Public Health who felt that, whilst BARTS NHS has a lot of really good clinicians who can go out to schools and inspire young people into health and care roles, its believed that this is not uniform across the borough and certain schools consistently get this input where other schools do not which ultimately may mean that some young people miss out.
- 5.6. The Sub-Committee noted that the ICB were keen to engage with the Council's employment and skills to address local barriers and scale up local employment initiatives.

### **Recommendation 6:**

London Borough of Tower Hamlets (LBTH) is recommended to incentivise key worker accommodation status, council tax reductions and parking provision for health and care professionals.

- 6.1. The Sub-Committee heard from a number of witnesses citing the cost-of-living challenge having a significant impact on being able to recruit and retain in Tower Hamlets. The GP and Primary Care Development lead informed the Sub-Committee that GPs and nurses workforce crisis is exacerbated by cost of living with housing and energy costs when compared to outside of London. GPs are also reducing their hours and retiring early in order to manage their work life balance. They also find that its more attractive to be agency or locum than being a permanent staff member and salary packages are getting more competitive.
- 6.2. The Sub-Committee also heard evidence from GPs that the cost of living is more acute in inner London boroughs and both rent and transportation is on the expensive side which includes parking charges.
- 6.3. Queen Mary University of London's (QMUL) vice principal for health also informed the Sub-Committee that many of higher education students that come to study in Tower Hamlets often become residents so offers that advantage of retaining the talent pool in borough.
- 6.4. The PBLSA informed the Sub-Committee that the cost of living was beginning to bite and that many of doctors who were former students in Tower Hamlets before becoming residents of the borough have decided to relocate to Australia and New Zealand which has a public health service but offers better remuneration package which is often is two to three times as much as the UK. The PBLSA also informed the Sub-Committee that five or six years ago London would have been oversubscribed for doctors but now a significant number are moving away from London.
- 6.5. The PBLSA also highlighted the pay award for F1 doctors being a £14.00 after six years of medical school and when you compare this to working in a fast-food restaurant where pay is around £12.50, this can disincentivise people pursuing jobs in the medical profession.
- 6.6. The Sub-Committee recognises that there are limitations on their part in terms of influencing medical professions pay awards which are managed and negotiated by their unions and the government. The Sub-Committee does recognise that making Tower Hamlets a more attractive place to live and work can help to retain health and care professionals.
- 6.7. The Sub-Committee asked the CPCO on how they have considered the cost of living and inflationary pressures to make the roles more attractive. The CPCO informed that they have secured agreement with all the trusts to sign up to becoming London living wage employer. They also explained to the Sub-Committee that they are looking across all the partnership and pulling the budgets together to try and support the independent care sector.



### **Recommendation 7:**

The ICB is recommended to work with the local Higher Education Institutions and develop grant top up funding streams that can support medicine students in the last two year of their study.

- 7.1. The PBLSA also highlighted to the Sub-Committee that there has been a culture shift in the last 10-15 years within Healthcare. Previously motivating factors such as taking altruistic approach to a career in medicine or dentistry and where finance was not considered a key driver, however much of sector is now considering industrial action across the sector as the altruistic approach does not pay the bills or reflect the current living costs. This highlights that there is a financial aspect to incentivising young people, particularly those going into the healthcare sector.
- 7.2. The Sub-Committee heard evidence that medicine and dentistry students who are on NHS bursary are around 40% less well off than the student finance counterparts. Currently, students in London who are in the final two years of medicine have to manage on £7,000 per annum. Students are unlikely to manage on this amount and have to take up significant amount of overtime and bar work to supplement their living costs all of which has extra impact on the attainment of the student as well impact on their mental health and wellbeing. The Sub-Committee is concerned that students are having to focus on topping up for the living costs when they should be focussing on the education studies.
- 7.3. The Sub-Committee again heard that the cost of living in London is much higher than other parts of the country and this can influence whether someone wishes to remain or move out of London.
- 7.4. The Sub-Committee recognises that the council new administration has taken steps to provide top-up bursary for Tower Hamlets resident young people going to college and university. However this is limited and does not have the resource capacity to cover much of the remaining medical students in the borough and will inevitably require a larger funding pot to manage the demand.

### **Recommendation 8:**

The ICB is recommended to collaborate with local FE and HE education institutions with a view to supporting investment for piloting Degree Apprenticeships, and T- level placements to help increase much needed capacity.

- 8.1. The QMUL vice principal informed the Sub-Committee that they were developing a degree apprenticeship programme for both medicine and physicians associate to help with meeting local demand. They informed the Sub-Committee that other universities have dropped out because of the funding issue. Despite having the degree apprenticeship levy supports some of the training, there remains a gap in the funding. QMUL pay for clinical placement to primary and secondary care, however the money that is received for these student on these placements is less than the initial outlay which ends up costing the university.
- 8.2. QMUL vice principal for health also highlighted the challenge for the degree apprenticeship to function properly, the NHS trusts would need to employ the medical

student but many trusts themselves are financially constrained. Furthermore, placements would need to offer access and learning to different areas of medicine as students could not work just in one area for the duration.

- 8.3. However QMUL vice principal, believes that it would offer local people to be salaried via the degree apprenticeship programme and though it would take longer to train them up they would have the benefit of having a blended learning approach. The Sub-Committee recognises that there is potential scope for degree apprenticeships as this provides buy in for students who may not wish to have a large student loan to pay off given the current cost of living crisis situation.
- 8.4. New City College informed the Sub-Committee that they were struggling to secure placements for the students (an alternative to A' levels) who are taking up on the T level qualification<sup>14</sup> on Health for which students have to complete a minimum of 360 placement hours over a two-year period. This could also potentially develop additional capacity for the sector upon qualifying.

### **Recommendation 9:**

The ICB and LBTH is recommended to draw on international recruitment options to meet the immediate shortfall for health and care demand whilst developing its growth model from local labour for future demand.

- 8.5. The Sub-Committee heard from a number of witnesses on the impact that Brexit, creating a vacuum of shortages as European medical staff returned back to their countries with no clear government strategy to address the shortfall. The impact on staff wellbeing during the pandemic had also impacted retention as frontline were often exposed to the viral environment some of whom suffered from long Covid.
- 8.6. The Sub-Committee noted that it can take anything from 10 to 14 years to train up doctor whilst nurses can be anything from three to four years. Other medical specialists roles such as radiologists can take up to 13 years. Whereas other roles can take lesser time such as occupational therapists and mental health practioners. The Home Office's UK visa and immigration department<sup>15</sup> list occupations where there are shortages including:
- 8.7. Medical practioners, Pharmacists, Medical radiographers, Physiotherapists, Psychologists, Occupational Therapists, Speech and language therapists, Nurses and Paramedics, Nursing and Auxiliary assistants.
- 8.8. The Sub-Committee noted that in both health and care sector that whilst there is the intention to replace the shortages of current levels there has been little forecast for future demand. Closing the gap report<sup>16</sup> findings also cited that ethnic minority health care staff were also disproportionately likely to have died from Covid-19.

<sup>14</sup> [About T Levels for students | T Levels](#)

<sup>15</sup> [Skilled Worker visa: shortage occupations - GOV.UK \(www.gov.uk\)](#)

<sup>16</sup> [Closing-the-gap-key-areas-for-action-overview.pdf](#)

- 8.9. The Sub-Committee recognises that there will be a need to undertake international recruitment to meet growing demand for services whilst continuing to develop local labour market options.

## Conclusion

- 9.1. This scrutiny review provided the Sub-Committee a chance to scrutinise the health and care services approach to addressing the workforce shortages across the health and care sector. It is clear from the evidence heard that health and care sector is of strategic importance not only of the council's strategic priorities such as investing public services but also ensuring that the borough is able to recover well from the external forces such as the decade long austerity, the fallout from Brexit, Covid-19 pandemic and now the cost-of-living challenge.
- 9.2. The Sub-Committee has made nine recommendations and hopes that both the Mayor and Cabinet and our ICB partners take these forward and work with HASSC and others to ensure that we have a robust approach for recruiting and retention for the sector one in which is able to anticipate and manage the growing demand and ensures that the borough is an attractive place to live, study and work.

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