

Health & Adults Scrutiny Sub-Committee

**Tuesday, 12 December 2023 at 6.30 p.m.
Council Chamber - Town Hall, Whitechapel**

Combined Agenda

APOLOGIES FOR ABSENCE

1. DECLARATIONS OF INTERESTS (PAGES 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) (PAGES 5 - 16)

To confirm as a correct record the minutes of the meeting of the Health Scrutiny Panel held on 17 October 2023.

3. REPORTS FOR CONSIDERATION

3.1 Community Diagnostic Services (Pages 17 - 26)



- 3 .2 improving Access to Health Services for Disabled Residents (Pages 27 - 70)
- 3 .3 Housing with Care Strategy (Pages 71 - 112)
- 4. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT**

Contact for further enquiries:

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Agenda Item 1

DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER

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

(i) Disclosable Pecuniary Interests (DPI)

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

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

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

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

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

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

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

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

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

Guidance on Predetermination and Bias

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

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

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

Further Advice contact: 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.

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 6.34 P.M. ON TUESDAY, 17 OCTOBER 2023

COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL

Members Present in Person:

Councillor Ahmodur Khan -(Chair)

Councillor Ahmodul Kabir

Councillor Abdul Mannan

Members In Attendance Virtually:

Councillor Amy Lee

Councillor Mohammad Chowdhury

Councillor Amina Ali

Co-optees Present in Person:

Nicola.Lawrence (Healthwatch Co-optee)

Co-optees In Attendance Virtually:

Assan Ali (Resident Co-optee)

Apologies:

Councillor Bodrul Choudhury Scrutiny Lead for Children & Education

Officers Present in Person:

Dr Somen Banerjee (Director of Public Health)

Warwick Tomsett Joint Director, Integrated Commissioning

Filuck Miah (Strategy and Policy Officer, Strategy, Improvement and Transformation Service)

Justina Bridgeman Democratic Services Officer (Committee)

1. DECLARATIONS OF INTERESTS

There were no declarations of disclosable pecuniary interest. For transparency Nicola Lawrence, Co-optee declared she works for NHS England.

2. MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the Sub-committee meeting held on 27 July 2023 were approved and signed by the Chair as a correct record of proceedings.

Chairs Update

The Chair;

- Noted that a written response is still pending from ICB officers on the 30% reduction to the ICB budget, where this will be and if this will have any implications for Tower Hamlets.

3. REPORTS FOR CONSIDERATION

3.1 Hospital Waiting Times for Elective Surgery and Accident and Emergency Services

Kat Davidson, Chief Operating Officer, Royal London & Mile End Hospitals and Tom Cornwell, Divisional Director of Operations, Emergency Care & Trauma Division (RL & ME Hospitals), gave an overview of the Urgent and Emergency Care service for the sub-committee. This included the changing demands of the service, A&E department and Urgent Treatment Centres (UTC) performance summaries, system wide challenges, the referral to treatment process and cancer and diagnostics KPI's.

Healthwatch Tower Hamlets also submitted a report on patient feedback for waiting times for elective surgery and accident and emergency procedures.

Mr. Cornwell explained that the four hour performance level for A&E in April 2019 was around a 75% which has dropped to about 58% since August 2023. This equates to around 1000 per month. The UTC are managed by the GP Care Group, this departments four hour performance level was around 98% in April 2019. This dropped to 76.9% for August 2023. Overall attendance has risen by around 80% at around 3 to 4000 per month.

There are numerous reasons, such as the decline of the pandemic, the increase in transport links with the Elizabeth line opening, enabling access to neighbouring borough UTC's and system wide changes to Primary Care. Discussions are taking place with Primary Care around access and supporting colleagues with the high turnover in patients.

Sub-committee members were informed of NHS challenges regarding the number of mental health referrals and the lack of beds for patients, as waiting times in the department have risen from 6 hrs to 12 since July 19 at an 11% increase. The levels of patients from outside the borough are causing considerable pressure on staff and patients and there can be delays in discharging patients from other areas who are medically fit but require care packages and community assistance to remain at home.

Kat Davison noted that waiting times for elective surgeries were also impacted by the pandemic, although steady progress to reduce this has been made. High Volume Low Complexity (HVLC) recovery of elective care services at Whipps Cross and Newham hospitals has enabled Royal London and Mile End Hospitals to focus on more complex procedures. The 78 week wait has decreased significantly and progress towards a 65 week clearance is underway.

A major challenge is addressing the inequalities data and access to elective and dermatology services, which paused in the borough and contributed to significant waiting times. Discussions are ongoing to develop a recovery plan now the service has been reactivated. Ms Davison then explained that achievements in cancer diagnostics recovery plan.

Further to questions from the sub-committee, Tom Cornwell and Kat Davison;

- Explained that details of mental health referrals requiring ongoing assistance noted in the presentation relate to adults. Figures for children are lower, as East London Foundation Trust (ELF) would usually provide assistance to children and adolescents and hold data. Ongoing work with 'Care Navigators' takes place to offer community assistance.
- Noted that around 65 to 75 patients who are classed as medical fit, require a community bed, nursing home or their own home with a package of care prior to discharge. The levels of patients from outside the borough has increased the pressure on services and equipment, as has the rise in homeless residents. Current work with partners is ongoing to support patients within the borough and address those challenges.
- Conceded that the industrial action has impacted services and waiting times. Derogation with regard to staff will be put in place, in the event of further action and plans for winter health concerns will be made in collaboration with NHS North East London. Priority will always be given to emergency services in these cases and discussions with unions are ongoing
- Confirmed that UTC accounts for around 50%-55% overall performance and the good relationship between A&E and UTC means joint meetings to support performance and effective commissioning to

ensure a sustainable workforce are in place. All patients are assessed in terms of severity to safeguard urgent treatment.

- Clarified that the 76% target equates to an approximate 4hr waiting time, and with around 600 to 700 patients a day, this is challenging especially at weekends. The transformation plan for unplanned care will classify those requiring urgent care to those less urgent and assist in reaching the target. Other solutions include managing patients' expectations at the front door, scheduling appointments for patients with less critical needs to reduce the numbers. 100% of our Paediatrics patients were seen within target last week.
- Observed that ongoing discussions are taking place with neighbouring hospitals to redirect patients to access hubs closer to home, rather than the Royal London or Mile End Hospitals to reduce the new demand.
- Explained that trials on iPads for patients whose first language is not English to assist in translation have been promising and there are plans to offer this in other departments. A&E attendance waiting times and UTC are monitored separately, although performance figures presented still contribute to the overall target of 76%. Additional work is required to ensure new staff members are more understanding to patients during busy and demanding times.
- Clarified that a Theatre Improvement Programme has been created to reduce waiting times for Children. Ongoing work with local hospitals is taking place to address this, particularly in audiology and audiology departments due to a national shortage of staff in that speciality.

RESOLVED that:

1. The presentation be noted.

3.2 Diagnostic Services

Angela Wong, Director for Applied Health Diagnostics, Pharmacy & Cancer Services and Nabeel Hussain, Programme Director, Community Diagnostics Centre, NHS North East London, sent apologies. They will attend the next meeting scheduled for 12 December 2023.

3.3 Cancer Health Screening Programme

Femi Odewale, Managing Director NEL Alliance, and Caroline Cook, NEL Early Diagnostics Programme Lead, gave a brief overview of the cancer screening programmes available responsibilities, targeted checks inequalities and improvements in uptakes. Mr. Odewale informed the sub-committee that the Cancer Alliance is one of 21 in the country who provide transformational programmes affiliated with the national programme. They focus on four main

areas: early diagnosis, diagnostics and treatment, personalised care and operational recovery, working alongside provider organisations.

Caroline Cook then discussed the cancer screening programme, commissioned by NHS England, and holds contracts for screening providers overseeing both local and regional teams. The four main services discussed were breast, bowel, lung and cervical screenings. GP registration is required to access breast, bowel and cervical screenings. Cancer Alliance provides funding for transformational services and seeks to understand the signs and symptoms for early diagnosis by enhancing screening uptake.

Ms Cook then updated the members on the service coverage within the borough and went through the performance figures. It was noted that bowel cancer screening targets in Tower Hamlets are lower than the rest of North East London (NEL). Breast cancer screenings have not recovered since the pandemic and are also below target.

Sub-committee members were informed that Council Alliance will be implementing lung health checks as a screening programme over the next three years. Over the last year, this has been phased into the borough and is currently available for over 55 year old males who have smoked at some point. Since July 2023 approximately 1000 patients have received the recommended Low Dose Computed Tomography scan (LDCT)

Details of the inequalities data for residents unable to access screening by ethnicity or deprivation were outlined. These are triangulated as GPS system may not record all information and not all details are currently accessible. Work to improve this is ongoing. The information gathered shows barriers to participating in screening are due to location, a lack of trust in the health service, accessibility issues, misconceptions around screenings, or language barriers which prevent attending appointments or effective communication.

Ms Cook went on to discuss improvement measures to support the uptake. This included Primary Care Networks (PCN) cancer co-ordinators to support delivery of a direct enhanced service (DES), GP screening guides to assist in uptake levels of breast and cervical screening, promotional campaigns to spread awareness of symptoms and bowel screening reminders calls to patients, who have not returned screening kits after six months.

Ms Cook lastly touched on the projects currently in development. These include the Eclipse text reminder pilot now in five practices. Contacted patients fill out a questionnaire to receive a kit. The pilot will be expanded to more practices if successful. Further engagement to support residents from Polish, Lithuanian, Turkish, Romani and Gypsy communities is ongoing, as language barriers may prevent screenings.

Further to questions from the sub-committee, Femi Odewale and Caroline Cook;

- Explained that any resident over the cut over age of 75 can request a bowel screening kit or receive one from their GP. Equally, anyone over the age of 71 can call the breast screening service for an appointment. Younger residents who may be high risk due to genetics, should also contact the service.
- Confirmed that there are campaigns spreading awareness on bowel cancer screenings and potential signs and symptoms, and residents should seek assistance from a GP as soon as possible for early detection.
- Clarified that self-swab cervical cancers tests were available in Tower Hamlets and NHS England conducted a self-sampling study called 'HP Validate' and aim to eliminate cervical cancer by 2030, There are plans to make self-swabs and self-screening be made more widely available in the near future.
- Explained that a communication strategy is ongoing and the use of social media, specifically Podcasts discussing cancer will be included. Further work to target youth centres and You Tube advertising will also be considered.
- Noted that ongoing work with Pharmacists within NEL is taking place to advise residents to contact their GP for check-ups, if they are concerned that symptoms perceived as long Covid could be a sign of cancer. Leaflets with specific questions to ask the GP are also available. Residents can also use the Non-Specific Symptoms Clinic for further details.
- Confirmed that Cancer Alliance project visited 6 different mosques, including East London Mosque, to hold free sessions on bowel cancer. This was in collaboration with the British Islamic Medical Association. Residents received advice from local doctors on how to take a test and dispelled any misconceptions about the service. The attendance was good in the majority of mosques and a wide range of ages joined. Queen Mary's University conducted an evaluation although details are pending.
- Explained that the procurement based service is provided by NHS England and bids are required to expand to other areas of NEL. Discussions are ongoing around expansion.
- Confirmed that this is not a one size fits all approach, as projects require tailored campaigns to ensure all residents are aware of screening services available.

RESOLVED that:

1. The presentation be noted.

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

The Cold and Flu update was noted.

The Chair also informed sub-committee members of the Safeguarding Briefing Session scheduled for 7th November in the Council Chamber.

The Chair also noted a site visit scheduled for 15th January 2024 to Independent East, at the PDC in Bethnal Green. Members were urged to attend both events.

The meeting ended at 8.14 p.m.

Chair, Councillor Ahmodur Khan

Health & Adults Scrutiny Sub-Committee

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Scrutiny Action Log 23-24

Name of Committee: Health and Adults Scrutiny Sub-Committee

Municipal Year: 2023-24

Reference	Action	Assigned to	Scrutiny Lead	Due Date	Response
27.07.2023	Provide the committee with a written response on 30% reduction of NEL ICB budget and the implications for Tower Hamlets	Charlotte Pomery ICB chief participation and place officer	Cllr Ahmodur Khan	06 Sep 2023	<p>The ICB is not being asked to make 30% reduction to its budget overall but to a designated part of our budget – the running cost allowance.</p> <p>The ICB has along with all other ICBs in the country been required by NHS England to make, by the start of the financial year 2025/2026, a 30% reduction in its running cost allowance. This is the funding for designated staff within the ICB. It is not the funding for all staff within the organisation nor is it a commissioning budget and does not fund direct services to local residents.</p> <p>We were anyway undertaking a reorganisation in order to ensure that the shape of our organisation meets our new role as an integrated care board enabling us to carry out the system and place functions for which we are responsible. In order to achieve the required reductions in our running cost allowance, we have used the reorganisation process to ensure that our organisation is both the right shape and the right size for the future. We are excited about the opportunity to continue to work in integrated ways at Place, and indeed within neighbourhoods, to improve outcomes for local residents and communities. We remain committed to prevention, early intervention and community provision and our restructure is an</p>


Scrutiny Action Log 23-24

					<p>enabler to continuing to make progress in these areas.</p> <p>In Tower Hamlets, we continue to support a fully integrated commissioning team with the local authority structured across the life course. This team will in the future work even more closely with a primary care team as well as with finance, contracting and engagement support for example from within the ICB. We have had to make a number of redundancies across the organisation mostly in areas such as finance and contracting and the Tower Hamlets Team remains the same overall in number terms although some of the roles have changed.</p>
<p>2.12.2023</p>					

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Insert attachments as appendices where applicable

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<p>Non-Executive Report of the:</p> <p>Health and Adult Scrutiny Sub-Committee</p> <p>12.12. 2023</p>	
<p>Report of: NEL Community Diagnostic Services (NHS)</p>	<p>Classification: Unrestricted</p>
<p>Spotlight: Mile End Hospital Community Diagnostic Services</p>	

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

Summary

This cover report accompanies the presentation slide deck:

The content of the slide deck include Community Diagnostic Services for Tower Hamlets

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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Mile End Hospital Community Diagnostic Centre

Health and Adults Scrutiny Sub Committee Meeting

12th December 2023

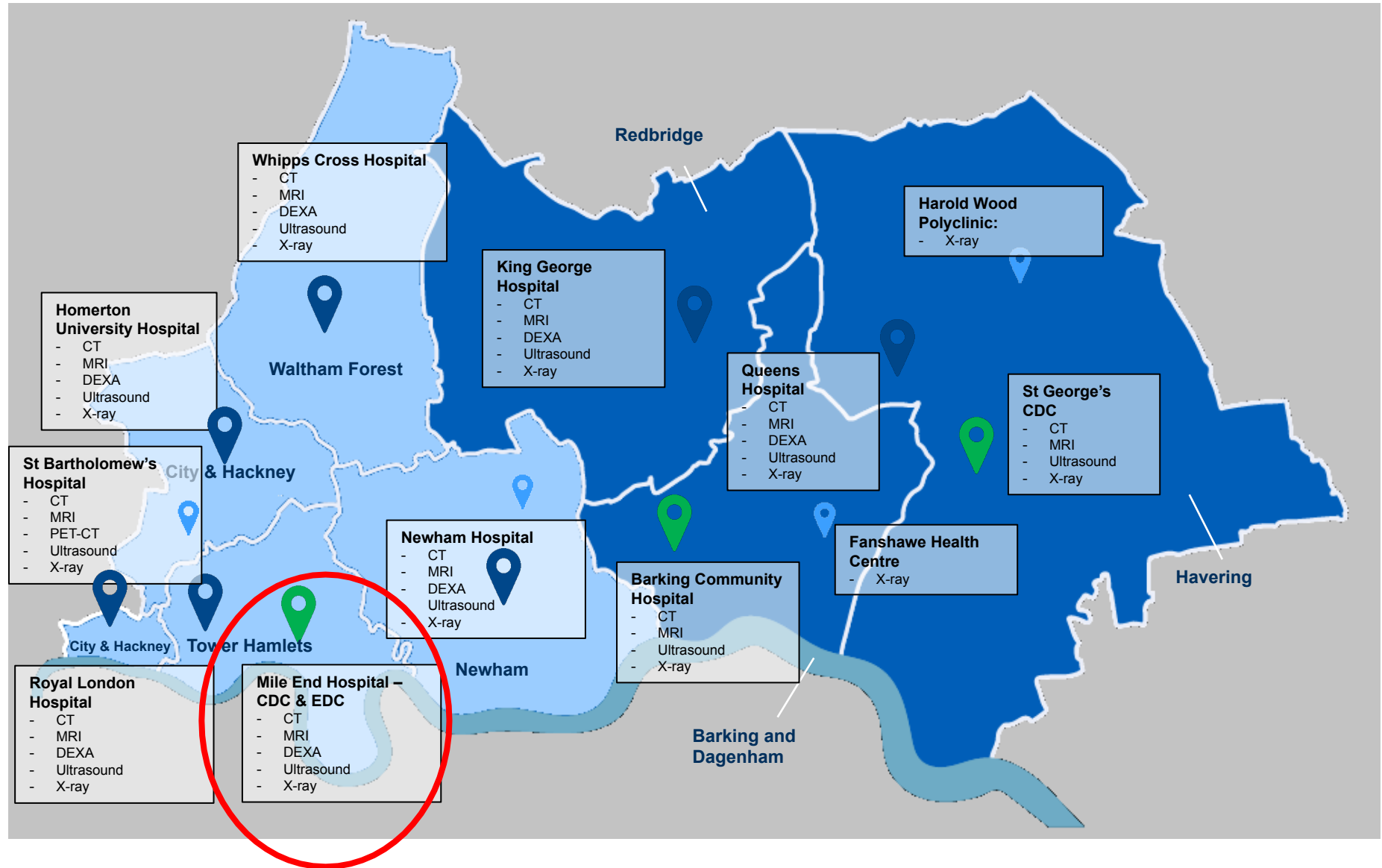
National Context

- ❑ Since the pandemic, diagnostics has achieved a much greater level of focus and exposure at the national and ministerial level.
- ❑ Over £50m capital and c. £20m pa revenue has been provided to NEL which has supported the creation of multiple Community Diagnostic Centres within NEL to deal with COVID backlogs, and work towards restoring the 6WW performance targets.
- ❑ NEL is currently performing well compared to other systems, however, there remain issues and challenges to be resolved.

NEL Local Context

- Annual revenue cost over £200m
- c.1500 Imaging staff in acute settings
- 7 acute hospital sites, 3 community CDCs, multiple smaller community locations
- GP Direct Access contracts with community IS providers, in excess of £12m pa
- Services split between acute, community and primary care settings
- Serving a split of planned, unplanned and cancer patients & priorities

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Mile End CDC Overview



Mile End Hospital CDC

Core Modalities: CT, MRI, X-ray, Cystoscopy, Hysteroscopy, Echo/ ECG, Ultrasound, Phlebotomy, Respiratory testing

Funding: £15m capital, revenue support till end of 2025 (c. £9.5m this year)

Opening Date: MRI, CT, Ultrasound already operational, with Thames Ward renovation opening late 2024

Key Challenge: Ensuring the renovation works don't fall behind schedule so opening of CDC is not delayed

Mitigation: Close management of the building works to prevent any delays

Success Stories

- ❑ Between April – October 2023, MEH CDC has delivered:
 - ❑ Over 7,000 MRI
 - ❑ Over 7,000 CT
 - ❑ Over 6,000 X-Ray
 - ❑ Over 5,000 Ultrasound

 - ❑ This has been instrumental in helping the Royal London Hospital clear the backlog of patients, and ensuring that at least 95% of MRI & CT patients have their scan within 6-weeks from referral (MRI was 44%, CT was 41%)
- Page 23
- After helping to clear the Royal London MRI & CT backlog, we have collaborated with Newham hospital to help them clear their MRI backlog, and will shortly be doing the same for Homerton University Hospital
- ❑ Thames Ward will be ready in late 2024. In the meantime, we will continue to undertake diagnostic activity at other Barts Health sites using CDC workforce and funding to ensure patients are seen in a timely & equitable manner

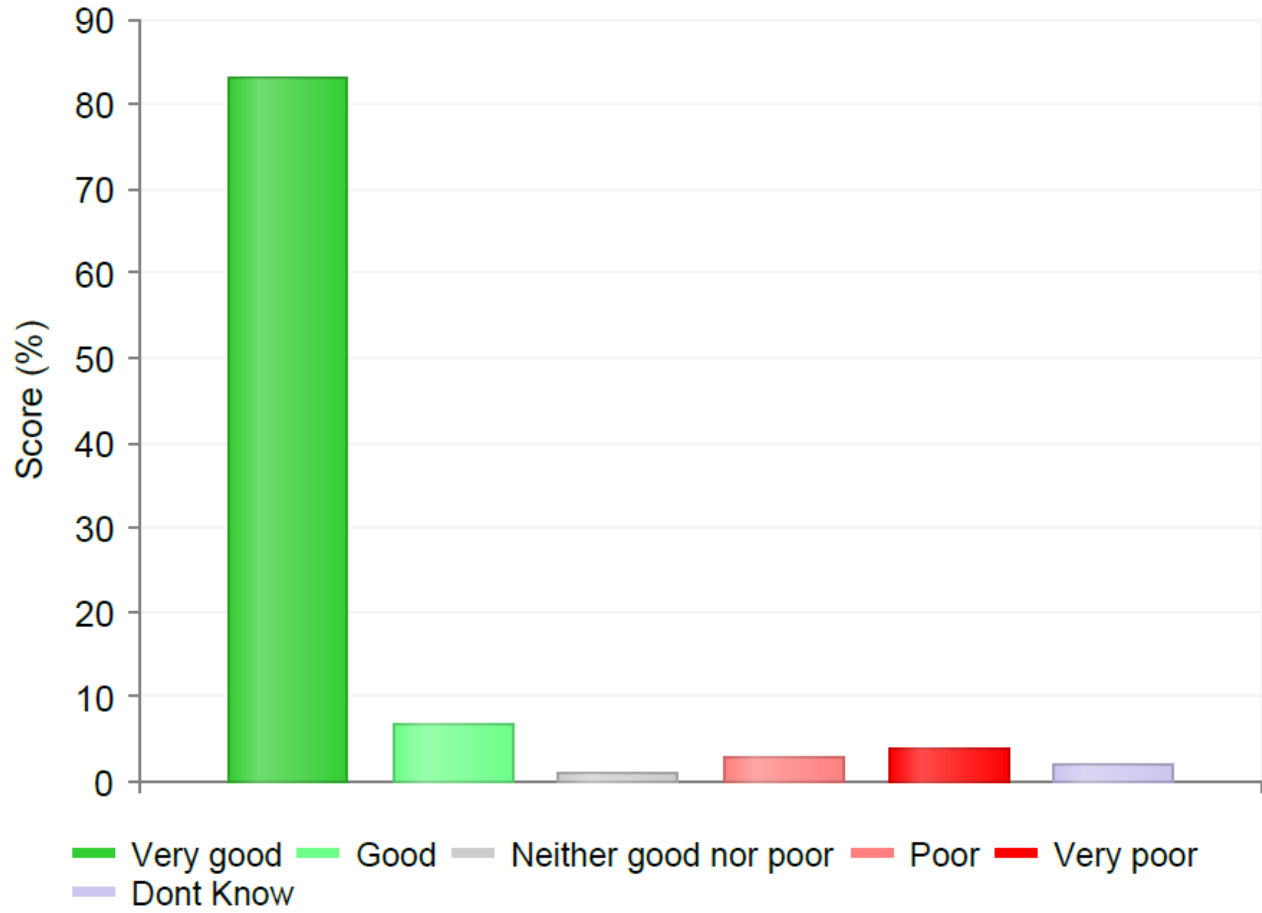
 - ❑ Extremely positive patient feedback – they like coming to a quieter and calmer environment for their scans as it is a more pleasant experience, as well as the increased flexibility offered for appointments (evening and weekend slots)

 - ❑ The 1-stop-shop model means access to multiple diagnostics on the same day, reducing repeat patient visits

 - ❑ By providing and advocating for greater access to diagnostic services, the MEH CDC is assisting in reducing inequalities, alongside addressing some of the wider determinants of health to create a more equitable diagnostic landscape

Patient FFT Responses


Mile End Hospital - 01/07/2023 to 30/09/2023
All Questions (FFT Survey ☐Adult - Standard)



Thank you
We welcome any
questions



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<p style="text-align: center;">Non-Executive Report of the:</p> <p style="text-align: center;">Health and Adult Scrutiny Sub-Committee</p> <p style="text-align: center;">12.12.2023</p>	
<p>Report of: Primary Care Services and NHS BARTS Trust</p>	<p>Classification: Unrestricted</p>
<p>Spotlight: Improving health care service access for disabled residents</p>	

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

Summary

This cover report accompanies the presentation slide deck: Improving health care service access for disabled residents

The content of the slide deck include:

- Accessible health care – general practice
- Royal London and Mile End Hospital Access

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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North East London

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Accessible Health Care – General Practice

December 2023

Tower Hamlets

Care Quality Commission (CQC) – Requirements of General Practice

- R2.4 Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others?
- R1.4 How does the service identify and meet the information and communication needs of people with a disability or sensory loss?
- S1.9 Do the design, maintenance and use of facilities and premises keep people safe?
- S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved?
- S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act
- E1.2 What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions?
- R1.2 Where people's needs and choices are not being met, is this identified and used to inform how services are improved and developed?
- R1.3 Are the facilities and premises appropriate for the services that are delivered?
- C2.2 Do staff seek accessible ways to communicate with people when their protected equality or other characteristics make this necessary?

Physical Infrastructure of Primary Care Facilities & Assisted Technologies

- All GP Practices must be Disability Discrimination Act (DDA) compliant – this makes it mandatory for all service providers that are open to the public to take reasonable steps to provide access for disabled people
- There are new builds in Tower Hamlets, built since the DDA legislation (Wellington Way, Barkantine, Blithehale, Wood Wharf, Suttons Wharf), which are all DDA compliant and built from the Department of Health Building Notes, which take into account access issues
- Some of the older buildings predating the Disabilities Act face challenges. Older premises must make 'reasonable adjustments' to be DDA compliant but can't move the bricks and mortar of the building to widen corridors for example.
- Older premises are on a longer term plan for regeneration within the Borough
- S106 funding has been made available for DDA compliant newbuilds in TH and refurbishments for older buildings
- Assisted Technologies, such as hearing loops, are paid for and installed by practices
- A practice can apply for a London Improvement Grant (LIG) to improve premises that are not compliant, for example – to redesign a waiting area where fixed chairs are making access more difficult. Funding is limited and not guaranteed

Systems to identify and address unique needs of patients with cognitive or development disabilities

- All General Practice staff in North East London have access to a Portal that hosts 'Learning Disability pages', which provide many different examples of accessible information developed for people with learning disabilities pertaining to different health needs
- A 'Learning Disability Quality Checker' service has been set up to review access to health services for people with learning disabilities [NHS England » NHS Quality Checkers toolkits](#)
- The 'Reasonable Adjustment Flag' on Practice Medical Information Systems should be mandatory early 2024, which allows all healthcare staff to immediately see key information about the patients access needs. [Reasonable Adjustment Flag - NHS Digital](#)
- The Universal Care Plan (UCP) can be digitally accessed by many parts of the health care system, particularly urgent care services, to ensure that it reflects the needs of people with learning disabilities. This can be used as a way of communicating people's support needs and adjustments required when accessing health care services [About – Universal Care Plan \(onelondon.online\)](#)
- Tower Hamlets has a Learning Disabilities Clinical Lead for x1 session a week to support primary care

Resources to assist patients in navigating administrative process

Every Practice in Tower Hamlets has a Policy for Digitally Excluded Patients, with processes in place to manage appointments for patients who do not have digital access. These policies are updated annually and have been reviewed by the Digital Transformation Clinical Lead and LBTH Digital Exclusion Lead

Below are extracts taken from practice policies in TH:

- To register digitally excluded patients, the practices will complete these registrations with patients in paper form
- All contact numbers are input correctly on the patient's record. Admin and reception teams will regularly check this
- Digitally excluded patients are asked how they would like to be contacted. This will be done through 'make every contact count', letters, emails, Patient Participation Groups, and innovative/opportunistic ways of engaging with patients such as community events
- Those that walk in and book an appointment receive an appointment slip as they won't receive reminder texts
- Practice information can be accessed by coming to the practice and seeking information face to face. During this encounter, residents may also have access to printed material subject to the nature of their enquiry and the availability of material

Accessible Formats – working example in primary care

- From April 2023 Practices in TH are required to send young people a letter with leaflet when turning aged 14 years on how they can access primary care and other services

Page 34 Development of the leaflet included:

- **Factual** – based on NHS reputable sources
- **Co-produced** – involved patient voice
- **Culturally appropriate** – used toolkit from LBTH
- **Accessible** – easy read – visuals and text size/font, audio version via QR code – Speech Language Therapy (SLT) and others input
- **Digital version** – hosted by spotlight [Know Your Rights – Health Care | Spotlight \(wearespotlight.com\)](https://wearespotlight.com)

Tower Hamlets “YP health rights” leaflet



Are you under 18? - Know your Rights!

Did you know that the way you can get health care will start changing.

This includes how you can:

- **Get appointments with a health professional.**

Someone who is paid to look after your health - like a doctor, nurse or therapist.
- **Get a repeat prescription.**

A letter from the doctor saying you need more of the medicine you had before.
- **See your medical records**

What the health professional writes about you.
- **Health care is private.**

You decide:

 - If you want, your parent or carer can still come with you to appointments.
 - You can also talk to us without anyone else knowing.
 - It is important that adults in your life know that this is OK.

Contacting your GP

Check the letter from your GP to find:

- Phone Number
- Email
- Website

Contact them to find out more about making your own appointments.

Important

We need to check with you how you want to be contacted and will ask you at your next appointment.

We look forward to listening to you and supporting you.

**Hear this Leaflet out loud
And get links to support:**

www.wearespotlight.com/your-rights

SCAN ME

please get in touch with your GP if you need this leaflet in a bigger font.

Some other places you can contact for your health care in Tower Hamlets:

Health Spot
A young people's GP Clinic in Spotlight. See a Doctor or specialist Nurse for free.
www.wearespotlight.com/health-spot
Contact Treaser: treaser@wearespotlight.com
Call: 07734 346 127

Safe East Sexual Health and Substance Misuse support
Call: 020 3954 0091
Email: compass.towerhamletsyphws@nhs.net

Barnardo's Young People's Mental Health support / counselling
Call: 0203 988 4706
Email: emotionalwb-1h@barnados.org.uk

Kooth Online Counselling and Support
www.kooth.com

CAMHS (Children and Adolescent Mental Health Service)
Call: 0207 426 2375

24 hour Mental Health Crisis Line
Call: 0800 073 003

The NHS App

From the age of 13 you can use the NHS APP to manage appointments and order repeat prescriptions.
<https://www.nhs.uk/nhs-app/>

More information

Here is a great website.

It tells you more about your rights in healthcare and how to see a doctor:

<https://www.seeingthegp.co.uk/>

We are Spotlight

Health Spot is part of Spotlight - Tower Hamlet's number one youth destination.

Open to Inspire. Get involved in arts, music, sports, empowerment, work pathways and much more.

Also, it's all free!

www.wearespotlight.com

@weare_spotlight

Training for Healthcare staff

- The Tower Hamlets Training Hub are holding an awareness session for all practice staff on the Disabilities Competency Programme, with training delivery to commence in January 2024
- Public Health Embedding Disability Awareness Pilot (EDAP) training for practices – seeking expressions of interest
- Oliver McGowan Mandatory training is being rolled out across health services. [The Oliver McGowan Mandatory Training on Learning Disability and Autism | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/learning-disability-and-autism)

Embedding Disability Awareness Pilot (EDAP) – hosted by Tower hamlets Public Health

- Two TH practices have taken part in the EDAP so far, with others expressing interest

Practice participation includes:

- Training - upskill staff and build awareness for how they can make their services equal at the point of entry, and adjust their behaviours, actions and services to meet different people's access needs
- Enter and View – Assessing access from finding a GP to personalised care plans
- Making reasonable adjustments (furniture layout, desk height)

Feedback mechanism for patients to report any challenges they face in accessing health care services and how feedback is used to improve services

All complaints are processed through the ICB, unless made directly to the GP Practice. The ICB complaints team is currently reviewing the complaints process to ensure it is accessible itself to all patients and residents by addressing the following concerns:

- Can we send residents complaint leaflets to explain what we do and how patients can access us
- What do we have in place for patients with the following disabilities – hard of hearing, deaf, learning disabilities or visual impaired, blind – how do patients know how to access these additional services if they need support
- How do we request interpreter services if we need them or need leaflets or letters or consent translated
- Patient leaflet and consent forms to be in easy read format
- The ICB complaints team is available to meet with individual practices for support
- Practices routinely carry out patient surveys. Specific questions regarding accessibility could be considered

Healthwatch

Healthwatch has highlighted the following:

- Residents with disabilities told us that it is important to have GP services near home
- Disabled residents are less likely to think that they have good access to spaces for play and recreation compared to residents with no disabilities – creating health inequalities
- Autism has prevented some residents from accessing GP services

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The Royal London Hospital - Access



Mile End Hospital - Access

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Access to the RLH and MEH for our communities with disabilities

We know we have more work to do at the RLH and MEH to ensure all our communities with disabilities are well served. We would welcome the opportunity to work with the Local Authority in understanding how we collaborate on these improvements to ensure Tower Hamlets becomes recognised as a disability friendly London Borough.

Access to the RLH and MEH for our communities with disabilities

We have been asked to answer the following questions for the committee. To provide details/ clarity on the scope of the disabled people's access to health care:

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What's the physical infrastructure of our health care facilities?

- All our newly refurbished areas and all new builds have to conform to Part M Building Regulations. Barts Health employs Clinical Planners who sign off all new areas in terms of accessibility.

Access to the RLH and MEH for our communities with disabilities

What are the communication channels catering for individuals with hearing and visual impairment, how is the information presented in alternative formats?

- We at the RLH have designed an email address for Deaf and Hard of Hearing Patients. We now need to ensure uptake is monitored. Our Outpatients Team have also devised a webchat function. All staff have access to BSL services. All departments have access to a hearing loop and it is linked to the Part M Building Regulation for reception desks to have them (therefore requiring all our reception staff to understand the use).

What is the level and quality of training received for healthcare staff in terms of engagement with the needs of various disabilities?

- All our staff are obliged to do Equality & Diversity Training as part of Statutory & Mandatory. Staff are also offered specific dementia and deafness training. We will review uptake.

Access to the RLH and MEH for our communities with disabilities

What's the availability and use of assisted technologies and how they are maintained to ensure patients with disabilities can access health care services?

- In respect of the built environment, all refurbishments and new builds have this to pass Building Regulations – Part M. However, we need to ensure our sites are compliant.

What's the waiting areas design i.e. seating, signage, and navigation aids?

- This comes under Part M building regulations. We also had until recently a specifically trained person in Vital Arts who led on interior design.

Are there systems in place to identify and address unique needs of patients with cognitive or development disabilities when interacting with healthcare services?

- As mentioned above we have systems in place with building regulations but we recognise we need to review what is in place, utilisation and to identify any gaps.

Access to the RLH and MEH for our communities with disabilities

What efforts are made to ensure medical information and instructions are in accessible formats, suitable for patients with different disabilities?

- Barts Health is working towards compliance with the Accessible Information Standards.

What's the use of designated staff or resources to assist patients with disabilities in navigating administrative process i.e. appointment scheduling and paperwork?

- Each of our hospital sites has an LD nurse. We will review our capacity to meet the needs of our community.

How are the healthcare services proactively promoting awareness about disability access and inclusivity amongst staff and wider community?

- Barts Health works with a trusted partner, AccessAble, to map every patient accessible area on all 5 hospital sites with the specific target group being people with disabilities /different abilities. These access maps are available as a direct link via both the Trust website and the intranet.

Access to the RLH and MEH for our communities with disabilities

What feedback mechanism is used for patients with disability to report any challenges they face in accessing in health care services and how is this feedback used to improve services?

- We primarily use the Friends and Family Test, however we recognise we need to do more and would welcome the opportunity to work collaboratively on how to capture feedback more meaningfully.

Disabled People and Primary Care

Presentation to LBTH Scrutiny Committee



Disabled People Leading Real Change

Disabled People and Primary Care

Jack Gilbert

Chief Executive, Real DPO



Disabled People Leading Real Change

Disabled People and Primary Care

About Real DPO

- Tower Hamlets oldest and largest Disabled People's Organisation
- Working with and for all Disabled people, taking into account our complexity of lived experience and intersecting identities.
- Social model of Disability



Real

Disabled People Leading Real Change

Disabled People and Primary Care

Real's Mission

- Empower D/deaf and Disabled people to lead their best lives.
- Promote intersectional equity both in relation to services and in addressing structural barriers: in health and other (integrated) services, in employment and business, in the independent living/benefit/housing/criminal justice systems and in legalisation.



Real

Disabled People Leading Real Change

Disabled People and Primary Care

Real's Work

- Engagement, Coproduction and Voice
- Advocacy for individuals and families
- Specialist advice and training
- Research and Policy



Disabled People Leading Real Change

Disabled People and Primary Care

Real's Work

- Health and integrated services: Primary Care, Accessible Communications, COVID, Loneliness, Vaccinations, Wheelchair services, Assistive technology, hospital trusts, adult social care, health equity, quality of life.
- Employment, businesses and workplaces
- Campaigns and community engagement



Real

Disabled People Leading Real Change

Disabled People and Primary Care

Real's Advocacy says:

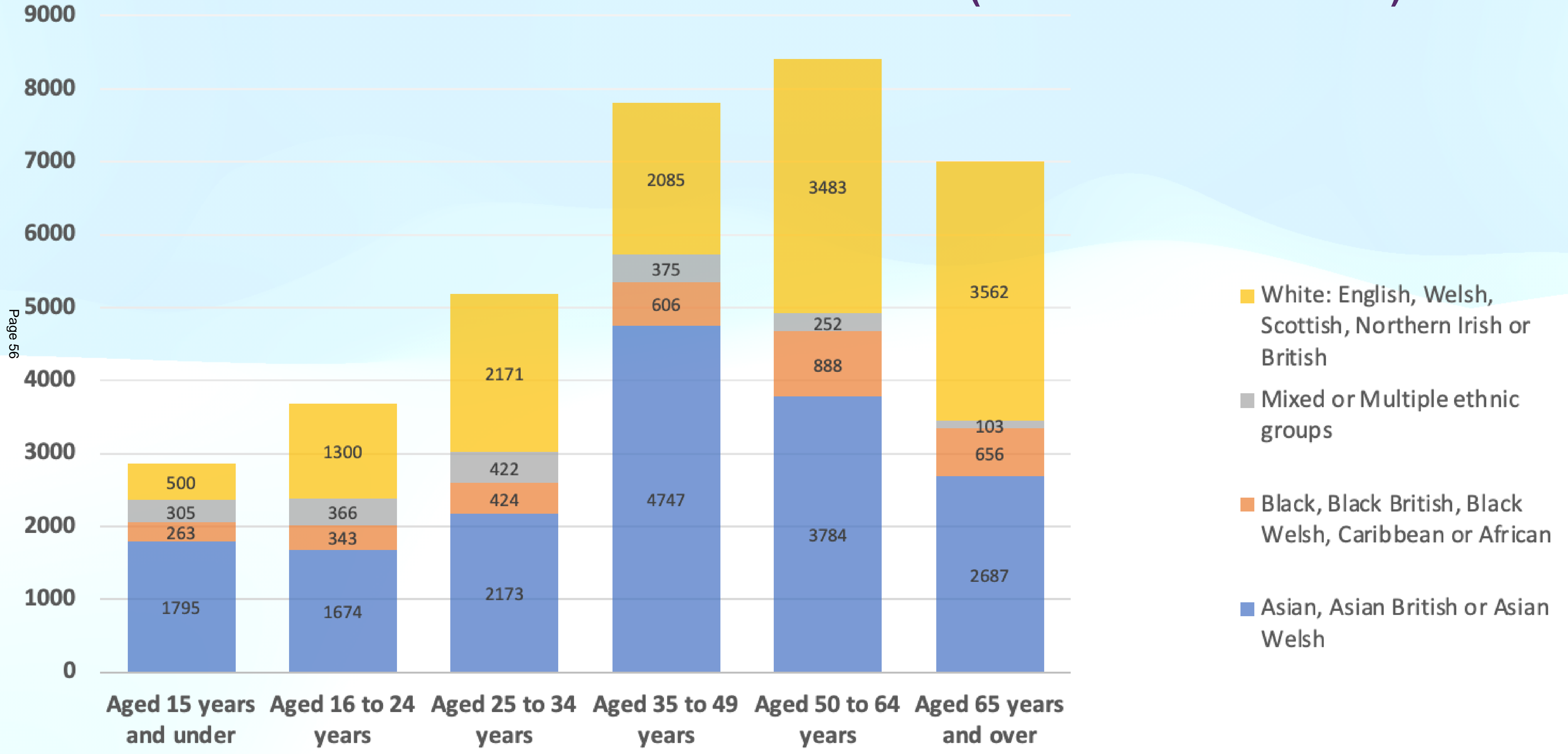
“We encounter many Disabled people and their families who experience great difficulty accessing primary care and other community health services.”



Disabled People Leading Real Change

40,000+ Disabled residents in Tower Hamlets

(Source: 2021 Census)



Disabled People and Primary Care

Real's Recommendations

- Encouraging Disabled Access to Primary Care
- Accessible Communications (NEL Health Equity Fund)
- Broader LBTH and THT work
- Work in NEL ICB and pan London



Real

Disabled People Leading Real Change

Disabled People and Primary Care

Real's Recommendations 1

- More Primary Care leaders need to make this a priority so that the impact of the extended disability access initiative can have maximum impact. There remain significant challenges in older locations, and in community pharmacies.
- There was a disappointing response from Primary Care and other NHS services eg Wheelchair services in relation to accessible communications, even when offered self assessment, training and guidance.
- The NHS Accessible Communications standards are not consistently implemented in practice. This includes in consultation mechanisms and service design eg women's health hub, leisure centre and healthy neighbourhood consultation programmes.

The logo for 'Real' is the word 'Real' in a bold, purple, sans-serif font, enclosed within a green speech bubble shape that has a tail pointing towards the bottom left.

Real

Disabled People Leading Real Change

Disabled People and Primary Care

Real's Recommendations 3

- There needs to be DPO involvement in the professional development of managers and leaders, to empower them to deliver culture and practice change.
- There are IT systems and information handling process barriers that severely impede effective delivery and the quality of data for JSNAs. These need to be addressed at NEL level and higher. We would urge Scrutiny to recommend this be a priority.

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Disabled People Leading Real Change

Disabled People and Primary Care

Real's Recommendations 3

- Real endorses and would actively work to help deliver a co-produced DISABILITY ACTION PLAN across NHS/THT in Tower Hamlets.
- We go further, and ask Scrutiny to recommend that the DAP co-production process also includes the local authority more widely including Community Safety, Employment, Housing, Young People, Customer Service and other areas of delivery not in THT. This would be a substantive programme working in partnership with a DPO and through them other partners to both with involve and empower disabled people's voices and support managers' professional development.



Real

Disabled People Leading Real Change