

Health & Adults Scrutiny Sub-Committee

Combined Agenda Pack

Tuesday, 4 June 2024 6.30 p.m.
Council Chamber - Town Hall, Whitechapel

Members:

Chair: Councillor Bellal Uddin

Vice Chair: TBC

Councillor Iqbal Hossain, Councillor Ahmodul Kabir, Councillor Kabir Hussain,
Councillor Amy Lee, Councillor Marc Francis and Councillor Sabina Khan

Co-opted Members:

Assan Ali ((Resident Co-optee)) and Jessica Chiu ((Healthwatch Co-Optee))

Deputies: Councillor Leelu Ahmed, Councillor Asma Begum and Councillor
Mohammad Chowdhury

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

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020 7364 4854

Town Hall, 160 Whitechapel Road, London, E1 1BJ

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



Public Information

Viewing or Participating in Committee Meetings

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

Please note: Whilst the meeting is open to the public, the public seating in the meeting room for observers may be limited due to health and safety measures. You are advised to contact the Democratic Services Officer to reserve a place.

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A Guide to Overview and Scrutiny Committee

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

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

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

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

The committee's quorum is three voting members.

Public Engagement

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

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

London Borough of Tower Hamlets

Health & Adults Scrutiny Sub-Committee

Tuesday, 4 June 2024

6.30 p.m.

APOLOGIES FOR ABSENCE

1. DECLARATIONS OF INTERESTS

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

Further Advice contact: Linda Walker, Interim Director of Legal and Monitoring Officer,
Tel: 0207 364 4348

2. APPOINTMENT OF VICE CHAIR

3. HEALTH AND ADULTS TERMS OF REFERENCE, MEMBERSHIP, QUORUM & DATES OF MEETING FOR 2024/25

4. MINUTES OF THE PREVIOUS MEETING(S) (PAGES 17 - 22)

To confirm as a correct record the minutes of the meeting of the Health Scrutiny Panel held on 18 April 2024.

5. REPORTS FOR CONSIDERATION

5.1 Tracking Recommendation: Service Action Plan response to Workforce Shortages across Health and Care Sector (Pages 23 - 38)




- 5 .2 **Cabinet Member and Corporate Director Reflections and Achievements or 2023-24 and Priorities for 2024-25 (Pages 39 - 40)**
- 5 .3 **Tower Hamlets Together Board Partners Reflections for 2023-24 and Priorities for 2024-25 (Pages 41 - 52)**
- 5 .4 **Empowering Disabled Residents: Accessible Sports and Fitness Initiatives (Pages 53 - 78)**
- 6. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT**

Next Meeting of the Health & Adults Scrutiny Sub-Committee

Tuesday, 3 September 2024 at 6.30 p.m. to be held in Council Chamber - Town Hall, Whitechapel



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<p>Non-Executive Report of the:</p> <p>Health and Adults Sub-Committee</p> <p>4th June 2024</p>	 <p>TOWER HAMLETS</p>
<p>Report of: Director of Legal and Monitoring Officer</p>	<p>Classification: Open (Unrestricted)</p>
<p>Health and Adults Scrutiny Sub-Committee Terms of Reference, Quorum, Membership and Dates of Meetings 2024/25</p>	

Originating Officer(s)	Justina Bridgeman, Committee Services Officer
Wards affected	All wards

Executive Summary

This report sets out the Terms of Reference, Quorum, Membership and Dates of Meetings of the Health and Adults Scrutiny Sub-Committee for the Municipal Year 2024-25 for the information of the Health and Adults Scrutiny Sub-Committee members.

Recommendations:

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

1. Note its Terms of Reference, Quorum, Membership and Dates of future meetings as set out in **Appendices 1, 2 and 3** of this report.
2. Determine the preferred time at which the scheduled meetings will start.

1. REASONS FOR THE DECISIONS

- 1.1 The report is brought annually to assist new and returning Members by informing them of the framework of the Committee set out in the Council's Constitution.

2. ALTERNATIVE OPTIONS

- 2.1 Not applicable to this report

3. DETAILS OF THE REPORT

- 3.1 At the Annual General Meeting of the full Council held on 15th May 2024, the Authority approved proportionality, establishment of the Committees and Panels of the Council and appointment of Members. It delegated authority to the Overview and Scrutiny Committee (OSC) to establish its sub-committees.

- 3.2 The Overview and Scrutiny Committee met on the 21 May 2024 and agreed

to set up three sub-committees, including this one, on which occasion they agreed the terms of reference for all three sub-committees.

3.3 As per tradition, following the Annual General Meeting of the Council at the start of the Municipal Year, various committees are established and those committees note their Terms of Reference, Dates of meetings, Quorum and Membership for the forthcoming Municipal Year. These are set out in **Appendix 1 and 2** of the report.

3.4 Meetings are scheduled to take place at 6.30pm **See Appendix 3.**

4. EQUALITIES IMPLICATIONS

4.1 When drawing up the schedule of dates, consideration was given to avoiding school holiday dates and known dates of religious holidays and other important dates where at all possible.

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 No statutory implications have been identified.

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 The terms of reference cover the point of the functions of the committee and who will be appointed to consider matters relating to health within the council area.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- Appendix 1 – Terms of Reference of Scrutiny Sub Committee.
- Appendix 2 – Membership for the Scrutiny Sub Committee.
- Appendix 3 – Dates of Scrutiny Sub Committee Meetings 2024/25

Local Government Act, 1972 Section 100D (As amended)**List of “Background Papers” used in the preparation of this report**

- None.

Officer contact details for documents:

N/A

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Terms of Reference of Scrutiny Sub Committee

Health and Adults Scrutiny Sub-Committee

Summary Description: The Health and Adults Scrutiny Sub-Committee has been established to undertake the Council's responsibilities in respect of scrutinising local health services and adult social care, covering services provided by the Council as well as those provided by the Council's partners.

Membership: 7 non-executive councillors – the chair, six councillors, and 2 non-voting Co-Optees, one of which a Healthwatch representative.

Functions	Delegation of Functions
1. Reviewing and/or scrutinising decisions made or actions taken in connection with the discharge of the Council's health and adult social care functions.	None
2. Advising the Mayor or Cabinet of key issues/questions arising in relation to health and adult social care reports due to be considered by the Mayor or Cabinet.	None
3. Making reports and/or recommendations to the Council and/or Mayor or Cabinet in connection with the discharge of health and adult social care functions.	None
4. Delivering (3) by organising an annual work programme, drawing on the knowledge and priorities of the Council, registered providers and other stakeholders, that will identify relevant topics or issues that can be properly scrutinised.	None
5. Holding service providers to account, where recent performance fails to meet the recognised standard, by looking at relevant evidence and make recommendations for service improvements.	None
6. Considering health and adult social care matters affecting the area or its inhabitants, including where these matters have been brought to the attention of the sub-committee by tenant and resident associations, or members of the general public.	None
7. The sub-committee will report annually to the Overview and Scrutiny Committee on its work.	None
8. To discharge the Council's Scrutiny functions under the National Health Service Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. Including to:	None

<ul style="list-style-type: none">• Review and scrutinise matters relating to the health service within the Council's area and make reports and recommendations in accordance with any regulations made thereunder;• Respond to consultation exercises undertaken by an NHS body; and• Question appropriate officers of local NHS bodies in relation to the policies adopted and the provision of services.	
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Quorum: Three voting Members

Additional Information: Is contained in:

- Constitution Part A Section 9 (Overview and Scrutiny)
- Constitution Part B Section 30 (Overview and Scrutiny Procedure Rules)
- Constitution Part D Section 54 (Health and Adults Sub-Committee Procedure Rules)

SCRUTINY SUB COMMITTEE 2024-2025

Health and Adults Scrutiny Sub-Committee

(Seven non-executive members of the Council plus two co-opted members)

Can be drawn from all non-executive members. Lead Scrutiny Member for Health and Adults will chair)

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Aspire Group (4)	Labour Group (3)	Ungrouped (0)	Co-Opted Members (for information – appointed by Overview and Scrutiny Committee)
Councillor Bellal Uddin - Chair Councillor Iqbal Hossain Councillor Ahmodul Kabir Councillor Kabir Hussain Substitutes to be confirmed	Councillor Amy Lee Councillor Marc Francis Councillor Sabina Khan Substitutes Councillor Asma Begum Councillor Leelu Ahmed Councillor Mohammed Chowdhury		Assan Ali (Resident co-optee) Jessica Chiu (Healthwatch)

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HEALTH AND ADULTS SCRUTINY
SUB-COMMITTEE

MEETING PROCEDURE AND SCHEDULE OF MEETING DATES
2024-2025

1. Chair and Membership

- 1.1 Sub-Committees will be chaired by a Member of the Overview and Scrutiny Committee. For this Sub-Committee it will be the Lead Scrutiny Member for Health, Wellbeing and Social Care for 2024-25. The membership of the Children and Education Scrutiny Sub-Committee has been determined by the Overview and Scrutiny Committee.

2. Frequency of meetings

- 2.1 The Health and Adults Scrutiny Sub-Committee will meet 5 times this year. The following dates are available in the Corporate Diary for 2024/25:

- 04 June 2024
- 03 September 2024
- 05 November 2024
- 03 February 2025
- 08 April 2025

Meetings are scheduled to take place at 6.30pm. The Sub-Committee may arrange other meetings as and when necessary to consider any urgent issues as well as arranging meetings for detailed scrutiny reviews and challenge sessions.

Support to the Sub-Committee

- 4.1 The Divisional Director for Strategy, Policy and Performance, will be the senior officer lead and champion the work of the Sub-Committee.
- 4.2 The servicing of meetings will be undertaken by the Council's Democratic Services Team which will include:

- (a) Agenda preparation and dispatch

- (b) Taking minutes and recording of actions/decisions
- (c) Dissemination of minutes and decisions

The Corporate Strategy and Communities Policy Team will provide policy support to the Sub-Committee which will include:

- (d) Research and analysis
- (e) Work programme development
- (f) Support with undertaking reviews and challenge sessions
- (g) Drafting review reports and challenge sessions

5. Proceedings

5.1 The Health and Adults Sub-Committee will generally meet in public and conduct its proceedings in accordance with the rules and procedure contained in the Council's Constitution such as the:

- (a) Council Procedure Rules;
- (b) Access to Information Procedure Rules, and
- (c) The Overview and Scrutiny Procedure Rules.

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 6.40 P.M. ON THURSDAY, 18 APRIL 2024

COMMITTEE ROOM - TOWER HAMLETS TOWN HALL, 160 WHITECHAPEL ROAD, LONDON E1 1BJ

Members Present in Person:

Councillor Ahmodur Khan -(Chair)

Councillor Abdul Mannan

Councillor Amy Lee

Councillor Mohammad Chowdhury

Members In Attendance Virtually:

Councillor Ahmodul Kabir

Councillor Amina Ali

Co-optees Present in Person:

Nicola.Lawrence -(Healthwatch Co-optee)

Apologies:

Assan Ali -(Resident Co-optee)

Officers Present in Person:

Warwick Tomsett -(Joint Director, Integrated Commissioning)

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

Justina Bridgeman -(Democratic Services Officer (Committees))

1. DECLARATIONS OF 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 20 February 2024 were approved and signed by the Chair as a correct record of proceedings.

Chairs Update

- Noted that Nicola Lawrence, Heathwatch representative, will step down from the sub-committee and this was her last meeting. Nicola was thanked for her valuable contribution and expertise. Jessica Chiu is replacing and will be formally introduced at the first meeting for municipal year 2024/25.
- The Chair expressed concern over the removal of the Mental Health Achievements and Priorities item from the agenda. Officers were informed that agenda items are requested solely by the sub-committee and all items require prior approval from the Chair before removing.

3. ACTION LOG

The actions were received and noted.

4. REPORTS FOR CONSIDERATION

4.1 Action Plan Response Update on Workforce Shortages Across the Health and Care sector

The item could not be discussed as Francesca Okosi was taken ill and a substitute was not available. Members requested a written response to questions be sent to ICB representatives for discussion at the first meeting of the municipal year. The Chair and sub-committee members agreed to progress to the next item.

RESOLVED that;

1. A written response to the Members' questions on work force shortages will be presented to ICB representatives for discussion at the first meeting of the municipal year 2024/25.

4.2 Maternity Services in Tower Hamlets

The Sub-Committee continued the discussion from the meeting on 20 February, which began with residents describing their experiences of maternity services provided in the borough. Tom Logan, Divisional Director of Operations, Women's Health, began the presentation explaining that BARTS

Health, in conjunction with Whipps Cross and Newham, provides maternity care for around 5000 women and babies annually. This takes place primarily in the labour ward, although the Lotus Birth Centre which is midwife Led care and home births are also available.

The Royal London also provides care for women with chronic diseases through the Maternal Medicine Network, for support during and after their pregnancies as well as specialist foetal medicine care and a diabetes clinic.

Sabrina Mubiru, Patient Experience Midwife, then provided information on the methods Royal London uses to improve the patient experience and reduce inequalities in healthcare. This includes enhancing the online booking system to now translate in 100 different languages, for ease of access to maternity care. Further work with improving referrals is ongoing to ensure the recommended timeline of nine weeks and six days is adhered to. Ms Mubiru stated that community partnership work with 'Sister Circle', 'Maternity Mates' and the Maternity Neonatal Voice Partnerships helps in enhancing service users' experience. Additional phones are now accessible in the labour ward, and translators to ensure communication with patients is as easy as possible.

Monthly community engagement sessions are also available to hold antenatal education and peer to peer group sessions and alleviate any concerns and forward any referrals that are required. A Birth Reflection Clinic, run by Midwives is also available for women to explore difficult experiences post birth. MS Mubiru informed sub-committee members of the high-risk antenatal classes conducted by midwives for women of black and Asian and mixed ethnic origin, and the Health Inequalities task force, held monthly to discuss health inequalities within the sector.

Shereen Nimmo, Group Director of Midwifery, BARTS Health NHS Trust, then detailed the funding received to support two projects for the Somali community, an engagement officer who works specifically for Somali residents and the women's inclusive team, who hold drop in services and visit residents at home to better understand their needs and assist in all aspects of women's care. Bengali health advocates are also on hand to assist mothers

Tristan Kerr, Director of Nursing and Governance, then informed sub-committee members of the 38 new midwives who have started since 2024, with a further six in training. One midwife, Stella Simon-Brown was awarded a National Silver Award for her 20 year contribution to midwifery by the Chief Midwifery Officer for England.

Dawn Cooper-Newman, Head of NEL LMNS Programmes, NHS, provided details on the 3 year delivery plan and the survey conducted by Healthwatch to build upon the equality and equities framework.

Sub-committee members were updated on the ongoing methods to improve patient outcomes and effectively manage patient flow at triage. The BSOTS, or Birmingham Symptom Specific Obstetric Triage System, has now being implemented, to enable rapid assessment for pregnant women, and aims to

triage patients within approximately 15 minutes from their arrival to the unit. Recruitment on BSOTS specific midwives is currently on going. Mental health care is also a priority and work with the 'My Body Back' clinic assists in safeguarding, with the collaboration of an obstetrician and midwife.

Sub-Committee members then heard from Momina Begum, who attended the previous meeting to discuss her lived experience. Although pleased with the improvements noted, particularly regarding the equality with language issues mentioned, and urged health professionals to continue the positive work. Ms Begum has worked with the Lime House Project for over 20 years and explained that many women have faced poor health care service. Ms Begum acknowledged the changes will take time to be fully embedded and thanked the team for the presentation.

Further to questions from the sub-committee,

- Clarified that around 1% of women in the borough opt for home births, which is in line with national outcomes. The Home Birth team deals specifically with this type of birth and mothers are given details of the procedure and proximity to the nearest hospital. If any issues occur, the midwife works alongside the London Ambulance Service and an alert card script is read to enable either a category one or two transfer call, depending on issue.
- Explained that following the CQC maternity services inspection in 2022, fortnightly meetings are now undertaken, assurance process has been implemented with a maternity safety support program. The Neo Committee has been established to examine any escalations, and more equipment, increased staffing numbers, and robust policies are now ongoing. Another priority is ensuring patient voices are heard throughout the department, including in the governance process. Barts NHS Trust is now working alongside University of East London in recruiting nurses and midwives.
- Clarified that all births have been suspended at the Barkentine Practice in the Isle of Dogs, due to safety concerns. The situation was exacerbated by a national shortage of midwives at that time. Currently the centre deals with antenatal care, appointments, breastfeeding support and post Natal checkups by midwives and support workers.
- Acknowledged that as newly qualified midwives require more experience, internationally educated midwives have been recruited. The NHS Cadets programme is available for local young residents, not in education to discuss a career in the sector. The T Level students of 16 to 18 year olds can also gain experience in the postnatal ward. A report on the future population growth, health and statistics regarding anticipated maternal health in conjunction with acute provider collaboration and North East London colleagues will be published in May.

- Confirmed that there is one Somali Engagement Officer delivers antenatal care and education to the community, to improving patient experience and has received positive feedback. Consideration has been given to offering further support to residents of an Eastern European background.
- Explained that during routine antenatal consultations midwives discuss FGM with patients in a sensitive manner and make it clear that details will not be escalated to social services. Sister Circle advocates are also on hand to give support. Midwives receive mandatory training annually to understand FGM and cultural aspects around it.
- Clarified that complaints are dealt with at local resolution meetings in the first instance, where patients can discuss concerns with clinicians. The complaint is closely monitored until it is resolved. There is an open governance process, so junior staff can receive feedback Production boards are held monthly to analyse trends in complaints and key performance indicators.
- Noted that a 3 year consolidated improvement plan has been set up with various work streams following a community engagement event to fully understand patient's needs. Maternity assessments are made via the Care Quality Commission (CQC) and collaboration with the Maternity Safety Support Programme (MSSP). Details on statistics for each borough are available on the Integrated Care Board (ICB) website.
- Explained that professional midwifery Advocates (PMA) who complete additional training can provide support to other midwives who have endured challenging circumstances as a professional midwifery advocate.
- Confirmed that a dedicated perinatal mental health midwife is available in Barts Health for women who are experiencing mental health issues. A perinatal health team collaborate with clinics and multidisciplinary teams including psychiatrists across the borough. Funding has been confirmed to keep the specialist midwife post one more year.

RESOLVED that;

1. A written response to the work experience waiting times for Central Foundation Girls School to be returned to the sub-committee for review.
2. The presentation be noted.

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

Filuck Miah, Senior Strategy and Policy Officer, informed the sub-committee that the Chair as agreed initial recommendations set out in the Health Scrutiny report, which will be presented at the first meeting of the municipal year. Mr Miah then gave an overview of the recommendations:

Recommendation 1:

The Council should actively prioritise initiatives aimed at enhancing visible representation of people with disabilities within the leisure Workforce and fitness programs.

Recommendation 2:

A more comprehensive approach for collection of data driven evidence on disability access and usage.

Recommendation 3:

Developing robust disability campaigns, co designed by disability groups to promote physical activities and sports for disabled residents.

Recommendation 4:

Work with disability groups to establish a Sports and Exercise Disability Forum.

Recommendation 5:

The Council's Leisure Centre service should collaborate with Primary Care, health partners and the voluntary community sector, to support and increase access and referral points for people with disabilities and long term health conditions.

Recommendation 6:

Transitioning arrangements for specialized fitness and gym to mainstream leisure facilities.


Following the overview, members requested officers to be aware of that collection of data from disabled residents requires self-referral, which may not be forthcoming. Members also requested consideration of the proportionality within the Disability Forum and include a wide range of residents and sports.

The Chair then congratulated all members, co-optees, officers, and external guest for their participation for the last meeting of the municipal year and expressed gratitude for the meetings of the Health and Adults Scrutiny Sub-Committees.

The meeting ended at 7.57 p.m.

Chair, Councillor Ahmodur Khan

Health & Adults Scrutiny Sub-Committee

Non-Executive Report of the: Health and Adult Scrutiny Sub-Committee 04.06.2024	 TOWER HAMLETS
Report of: Gareth Noble, Deputy Director of Workforce Programme, NHS North East London, NEL HCP	Classification: Unrestricted
Action Plan response update on Workforce Shortages across health and care sector	

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

Reasons for Urgency

This report was not available by the statutory five working days in advance of the meeting, as technical difficulties prevented access to the report for essential sign off by legal and finance officers. The report recommendations were presented to the sub-committee at the last meeting at last municipal year and it was agreed to bring the report back to next HASSC meeting which was the 4th June. The report is also the report of the previous chair, and he will only be available to attend this meeting to speak to the item.

Summary

This cover report accompanies the action plan response:

The content includes the Action Plan Response update on Workforce Shortages across health and care sector

Recommendations:

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

1. Review the accompanying Action Plan in order to inform discussion for the Health and Adults Scrutiny Sub-Committee meeting.

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RAG Status	Completed Action	On target but with minor issues	Missed target requires action
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Workforce Shortages Across the Health and Social Care Sector Action Plan Update

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.

Comments from Service:

Action	Owner(s)	Completion Date	Comments	RAG Status
<p>Stage 1: To develop a core data set and reporting template from existing available data sets (NHSE and Skills for Care) across health and care for discussion.</p> <p>Stage 2: To develop a system-wide high-level data set to be provided at Place level. This piece of work is to be part of an agreed uniform approach by all partners within Northeast London (NEL) and will be led from Q3 in 2023-24 by the newly created role of Head of ICS Workforce Planning and Systems following our ICB internal restructure</p>	<p>Francesca Okosi – Chief People and Culture Officer</p> <p>Head of ICS Workforce Planning and Systems</p>	<p>Stage 1: Q4 2023-24 Stage 2: TBC</p> <p>TBC</p>	<p>Broad scoping of data sets is underway, challenges to be overcome including very differing data sets data timeframes for collection and use of estimated data in Skills for care. Learning from developing the BHR academy data set to be taken forward to be consistent at a NEL level. Current capacity constrained by resourcing and Operational Planning submissions.</p> <p>Interim Head of Workforce Planning and systems in place, need to add additional capacity to team</p>	

WFS Action Plan Update

			to allow this work to commence and recruitment underway to substantive and one further post Q1 2024-25. When posts in place will develop the plan. This is a longer-term piece of work	
<p>Recommendation 2</p> <p>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</p>				
<p>Comments from Service:</p>				
Action	Owner(s)	Completion Date	Comments	RAG Status
As part of our ongoing careers ambassador programme across the ICS hosted by Care City to link in and promote Tower Hamlets' engagement and to support local activity	Francesca Okosi – Chief People and Culture Officer	Ongoing	Programme linked in through our six weekly Building and Accessing Careers group to ensure opportunities for all partners to be supported in developing and delivering local activity, Training hub, Local authority	
<p>Recommendation 3</p> <p>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.</p>				
<p>Comments from Service:</p>				
Action	Owner(s)	Completion Date	Comments	RAG Status

WFS Action Plan Update

ICB to ensure place representation in developing our integrated workforce strategy and forward plan.	Francesca Okosi -Chief People and Culture Officer	Q2 and Q3 2023-24	Place input into strategy development through sessions in Q2 and Q3 2023-24. Strategy signed off by ICS Board in January 2024, Delivery plan with resourcing ask to be developed Q1 and Q2 2023-24.	
For overall planning ICB developing with all partners an approach to the planning cycle with an initial workshop in July to start to co-design the process.	Joanna Moss, Chief Strategy and Transformation Officer	Q4 2023-24		

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.

Comments from Service:

Action	Owner(s)	Completion Date	Comments	RAG Status
The ICB to share good practice in this area. THT to determine the co-design process and agree this as part of service development and specifications	TBC	Ongoing	Insert any relevant comments	Add colour for RAG status

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.

Comments from Service:

Action	Owner(s)	Completion Date	Comments	RAG Status
The ICB to foster support for this initiative by engaging with Barts Health to access existing programmes and work with the Tower Hamlets	Francesca Okosi – Chief People and Culture Officer	Ongoing	Barts have existing localised programmes linked into Primary Care who in addition have been	

<p>training hub to develop the offer in Primary Care.</p> <p>To feed in and make connections across NEL through the Building and Accessing Careers Group to share and implement good practice and where appropriate partner up.</p>			<p>funded by the ICB to develop a pilot programme and looking to develop further initiatives.</p> <p>Work undertaken across all Local authorities with the ICB to develop a Work well bid to be one of 15 pilots to provide support to those currently not working and to support staff who are unwell to be retained in employment involving Job Brokerage service, employers and local authorities, Outcome to be known late April 2024</p>	
<p>Recommendation 6</p> <p>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.</p>				
<p>Comments from Service:</p> <p>The council has carried out policies to support individuals and families, especially those with lower income, and protect them from the cost-of-living crisis. These policies can benefit those in need, including key workers – for example, our social housing Allocations Scheme includes the provision to prioritise key workers and a small number of cases are accepted each year. The council has also identified strategic priorities in the strategic plan to prioritise our focus and resources for residents.</p> <p>Housing - Our strategic priorities are to work with developers and builders to deliver a minimum of 1,000 homes per year, tackle overcrowding, homelessness, and rough sleeping among other critical housing priorities. We will encourage RPs and developers to promote Intermediate Housing products targeting and encouraging key workers to utilise this route to affordable home ownership.</p> <p>Council tax - As the Strategic Plan envisages, the council has frozen council tax for 2023-24 and we have one of the lowest rates in London. The council also plan to continue to operate a 100% council tax support scheme. Any qualifying low-income households already receive assistance from the council’s council tax reduction scheme. We will ensure that the information on the council tax support scheme is widely available.</p>				

Parking - The council will be refreshing its existing parking enforcement plan in the next 12-18 months. As part of this work, it could be possible to consider how the council can support key workers who need to use their vehicles for work. However, that would need careful consideration, especially when there is severe parking stress in the borough (an average resident bays to permit ratio - 0.99) and poor air quality is a serious public health emergency.

Action	Owner(s)	Completion Date	Comments	RAG Status
Encourage developers and RPs to promote more widely any intermediate housing schemes among key workers (through discussion and meetings held with developers and RPs).	Rupert Brandon	March 2024	I Developers and RPs are encouraged to use the Council’s Intermediate Housing Register of Interest that is open to all workers either living in the borough or have worked in Tower Hamlets for at least six months. They do not have to be on the Add colour for RAG status Page 30 WFS Action Plan Update 5 Council’s main housing register (permanent affordable rented homes). However, on the main register there is a category for key workers to be banded.	
Ensure that information related to the council’s Council Tax Reduction Scheme is updated and widely available to all residents, including those key workers who may be on low incomes	Chris Boylett	March 2024	The CTR scheme continues to be promoted through the council’s website and at the same time on all Council Tax bills and correspondence. In addition, the Council Tax Cost of Living Support fund will be introduced from 1 st April and publicity around this scheme has been planned to run alongside communications issued with the annual council tax bills.	

<p>Consider the feasibility of introducing reduced parking fees for health and care professionals as part of the parking enforcement plan, including benchmarking other local authority’s approach.</p>	<p>Michael Darby</p>	<p>March 2024</p>	<p>Based on the below report it is recommended that parking cannot be incentivised any further than the current provisions in place due to the following implications –</p> <ul style="list-style-type: none"> • Equality Impact • Parking Stress <p>What Parking services offer to Health and Care professionals? Currently parking services provide the concession of a doctor’s permit or Public Service Permits. Furthermore, London Councils also offer Health Emergency badge which is recognised by all London Authorities.</p> <p>What is a Doctors Permit? This is a permit specifically for doctors to allow them to park within a dedicated bay outside the surgery or clinic they work at.</p> <p>What are the Eligibility requirements for a doctor’s permit?</p> <ul style="list-style-type: none"> • Must provide a surgery address. • Must provide Insurance certificate under business use.
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			<p>Health Emergency Badge Scheme (HEB)– London Councils The health emergency badge is for people involved in the delivery of primary healthcare attending medical emergencies in patients’ homes. All London Boroughs have agreed to the scheme, although it is not a mandatory provision, and it is offered entirely at the discretion of London parking authorities. Applications for a HEB can be made through London Councils</p> <p>Where can HEB holders park? Badge users attending a medical emergency can park in meter, pay and display bays and residents’ bays without paying. If no alternative parking space is available, users can park on yellow lines. At all times badge users must ensure they do not cause an obstruction or endanger other road users. Badge users must not stay longer than necessary.</p> <p>Key worker permits During the Pandemic, as a temporary measure to support the healthcare workers and emergency services by providing a Keyworker</p>	
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			<p>permit. This permit allowed the keyworkers to park around the borough whilst carrying out their duties. In total we had issued approximately 7000 permits at no cost.</p> <p>Cost to the service in maintaining the Keyworkers permit. The keyworker permit was offered at no cost, however there was a cost to the council as there was a dedicated resource assigned to deal with all Keyworker permit requests and issues regarding change of vehicles. Furthermore, the service had suffered a significant of revenue loss as a result of this keyworker permit being introduced. The revenue loss was as a result of key workers not paying for charges on street and also, they no longer needed a resident permit.</p> <p>See Appendix 1 for tables and further info</p>	
<p>Not applicable for the ICB but would want to support and share the development of incentives to other places across the ICB</p>				
<p>Recommendation 7</p>				

WFS Action Plan Update

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.				
Comments from Service:				
Action	Owner(s)	Completion Date	Comments	RAG Status
The ICB to broker a conversation between Barts Health and Queen Mary University London to explore options	Francesca Okosi – Chief People and Culture Officer	Q3 2023-24	Conversation ongoing to see what is possible	
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.				
Comments from Service:				
Action	Owner(s)	Completion Date	Comments	RAG Status
The ICB has won a bid with the Department of Education hosted by Barking Havering and Redbridge to employ a T Level co-ordinator for 22 months that will support Education and employers to increase capacity and develop any investment requirements to meet placement capacity across health and social care employers. For degree apprentices to build on existing progress identifying barriers and local solutions to support degree take up through direct entry courses and employer-led apprentice schemes	Francesca Okosi – Chief People and Culture Officer	Q2 -2024-25 to increase placements	System wide approach working with Education institutions to identify demand for September 2024. System wide forum set up and learning and material shared by each provider. In development, case studies being developed to inform employer ask and promote T levels. Focus on Health and care T levels studies but also IT and Business support. Programme to run until March 2025. Ongoing work on degree apprentice pathways building in Nurse Associate to Nurse routes and from pilots in social care	

			developing a case for developing and establish model in social care with a business case. Innovation pilot to be developed across NEL in conjunction with Care City	
<p>Recommendation 9</p> <p>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.</p>				
<p>Comments from Service:</p>				
Action	Owner(s)	Completion Date	Comments	RAG Status
ICB to link into existing programmes from Capital Nurse and Social Care to share learning	Francesca Okosi – Chief People and Culture Officer	TBC	See innovation pilot above also Trusts continue to internationally recruit short term whilst developing pathways as above,	

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Appendix 1 – Parking Response

What are the Charges for the Permit?

The permit price is usually worked out by the vehicle’s CO2 emissions. For vehicles registered before 1 March 2001, charges are based on the engine size.

Current Charges (23/24) -

BUSINESS AND DOCTOR SURGERY CHARGE (£)			
BAND /VEHICLE TYPE	3 Months	6 Months	12 Months
Electric	44.00	66.00	109.00
A	287.00	425.00	685.00
B	302.00	451.00	725.00
C	329.00	484.00	774.00
D	361.00	531.00	856.00
E	375.00	554.00	896.00
F	391.00	578.00	935.00
G1	409.00	603.00	976.00
G2	439.00	653.00	1,080.00
Multi vehicle Permit	456.00	686.00	1146.00

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New Charges 24/25

These charges are coming into effect from 01/04/24

BUSINESS AND DOCTOR SURGERY CHARGES (£)				
BAND / VEHICLE TYPE	CO2 EMISSION (G/KM)	3 MONTHS	6 MONTHS	12 MONTHS
Band 1	<=100	312.00	462.00	745.00

Band 2	101-150	358.00	527.00	842.00
Band 3	151-185	408.00	603.00	974.00
Band 4	186 >	478.00	710.00	1,174.00
Multi Vehicle Permit	N/A	516.00	747.00	1,247.00

BUSINESS AND DOCTORS SURGERY ELECTRIC VEHICLE CHARGES (£)							
BATTERY SIZE (KWH)	BAND	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25
		3 Months		6 Months		12 Months	
1-59	1	N/A	48.00	N/A	72.00	N/A	119.00
60-79	2	N/A	68.00	N/A	92.00	N/A	139.00
80 and above	3	N/A	88.00	N/A	102.00	N/A	159.00

Current Stats

The below table shows the current active number of doctors surgery permits.

Zone	Permit Type	Surgery	Post Code	Ward
B2	Doctors Parking Permit	Harley grove Medical Centre	E3 2AT	Bow West
B1	Doctors Parking Permit	Ruston Street Clinic	E3 2LR	Bow East
B2	Multi-Vehicle Doctor Permit	Wellington Way Health Centre	E3 4NE	Bromley North
B2	Multi-Vehicle Doctor Permit	Wellington Way Health Centre	E3 4NE	Bromley North
A1	Doctors Parking Permit	Harley grove Medical Centre	E3 2AT	Bow West
A1	Multi-Vehicle Doctor Permit	Sutton Wharf Health Centre	E2 0FA	Bethnal Green East

Parking Stress.

Currently in Tower Hamlets we have approximately 24,500 bays available for resident permit holders to park.

The below table outlines the number of permits and spaces available by zone –

Zone	No. of permits	No. of Bays where residents can park	No. of permits per space
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A1	795	916	0.87
A2	500	540	0.93
A3	1551	1711	0.91
A4	2352	2689	0.87
A5	222	251	0.88
A6	412	413	1.00
B1	2436	2534	0.96
B2	2773	2809	0.99
B3	3893	3739	1.04
B4	125	344	0.36
C1	813	750	1.08
C2	360	503	0.72
C3	3107	2775	1.12
C4	1728	1075	1.61
D1	2086	2169	0.96
D2	1108	1319	0.84
Total	24261	24537	0.99

There is an average of one permit per space. If the council were to incentivise parking provisions for health and care professionals, it could reduce the number of available parking spaces and increase the level of parking stress within the borough.

Whilst we recognise the need to encourage more health and care professionals into the borough, we need to be mindful of a large number of car free developments. Currently eligibility for a permit is restricted to those with Disabilities, Permit Transfer Scheme and Decanted residents, legally this cannot be expanded to those with keyworker status.

Equality Impact Assessment

Looking into the Equality Impact there is no groups of people to consider directly based on the recommendation by overview and scrutiny.

However, health and care professionals involve a wide range of services i.e. doctors, carers, pharmacists, dentists and more. Under equalities This would require us to incentivise all types of health and care professionals. Furthermore, this may result in pressure from other groups i.e. Police or Teachers as they are considered key workers.

Legal Advice

Section 149 Equalities Act 2010 states:

- “(1) A public authority must, in the exercise of its functions, have due regard to the need to-*
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it...*
- (7) the relevant protected characteristics are – age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation”*

In ensuring that its duty under s.149 is met in the context of the creation and implementation of this potential policy, the council will have to ensure that the criteria for the application of the policy is done ‘to advance equality of opportunity’ between all of those with, and without, the protected characteristics. Again, the policy cannot be applied so that it benefits only a particular sector of the community: all of those within the list of protected characteristics will have to be considered (and any potential unfairness discussed and mitigated via an Equality Impact Assessment) then the policy created and applied fairly across all residents impacted by it.

With all the above taken into account a decision to introduce a policy to enable individuals who need a car for their work to obtain an on street- parking permit in a car free development would be open to challenge by judicial review.

Health, Wellbeing & Social Care

Dr Gulam Kibria Choudhury,
Lead Member Health, Wellbeing and Social Care

Dr Somen Bannerjee
Corporate Director Health, Adults & Community



Reflections and achievements

- Our work with people – We received over 1400 adult safeguarding referrals into the service which we responded to and completed over 350 safeguarding enquiries. We received over 14,500 contacts into Adult Social Care and completed over 2000 assessments for people who had presenting needs for care and support. We currently support 3250 number of service users with long term care and support in the Borough.
- Mosaic – ASC core client record system simplified reducing time spent working through system pathway and reducing delays, providing benefits to both staff and residents.
- ASC Web pages improvements – We updated our resident facing web pages to ensure that we provide the most up to date information and advice to residents.
- CQC Readiness activity – Successful peer review by London ADASS in January 2024 across two of the four inspection themes – feedback included recognition of the passion and commitment of our workforce a stand-out feature.
- New Adult Social Care JSNA completed – with a detailed look at need and inequities across the ASC landscape.
- 86% of people report that they have a positive experience of our home care services
- We supported 1200 people to quit smoking – over 500 people from Black, Asian & Multi Ethnic backgrounds

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Priorities for 2024/25

- CQC Inspection Readiness – we will seek to streamline this activity into business as usual with an overarching Transformation and Improvement plan and appropriate governance.
- Improvements: We will be working to improve our reablement and hospital discharge offer to residents. Now we have an in house Direct Payment service, we will seek to improve our Direct Payment offer.
- Free Community Care – we will be updating our charging policy to implement from Community Care from April 2025.
- Finalising our ‘Housing with Care Strategy’ and planning for the development of more supported accommodation
- Implement an enhanced Technology Enabled Care offer
- Begin implementation of the new Combatting Drugs Partnership strategy including new premises to support culturally appropriate provision

Ongoing pressures and challenges

1. Increased demand & complexity pressures in Adult Social Care resulting in ongoing budget pressure alongside a need to find savings across the Council
2. Preparing for the new inspection of Adult Social Care by the Care Quality Commission
3. No progress on Adult Social Care reform or funding nationally
4. Entrenched health inequalities & the impact of cost-of-living crisis
5. Changes in the NHS and the impact locally



Integrated Care Board (ICB)

presented by Charlotte Pomery, Chief Participation and Place Officer



Reflections and achievements	Priorities for 2024/25
<ul style="list-style-type: none">• ICS Financial Strategy coming into place: Financial Sustainability Plan; shadow Place based budgets to be introduced from July 2024• Big Conversation initiated over the summer and autumn of 2023 across north east London - resulting in resident led success measures for the Integrated Care Strategy and opening up dialogue and co-production for the future• North East London People and Workforce Strategy now adopted - refreshed governance will take forward at a system and Place level• System successfully moved out of Tier 1 for Urgent and Emergency Care, reflecting improved performance across the system	<ul style="list-style-type: none">• Development and implementation of commissioning approach, aligned to adoption of population health improvement as strategic approach across north east London• Taking forward Integrated Neighbourhood Teams in each of our Places to bring care closer to home and offer a more joined up experience to local people• Responding effectively to rapid and significant population growth, especially in Tower Hamlets, Newham and Barking & Dagenham• Improving our response to growing demand for children, young people and their families with special educational needs and or disabilities• Continuing to sustain improvement in urgent and emergency care
Ongoing pressures and challenges	

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Agenda Item 5.3

1. High levels of demand throughout all areas of our system

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Primary Care

presented by Roberto Tamsanguan, Clinical Director

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Reflections and achievements	Priorities for 2024/25
<ul style="list-style-type: none"> • Digital Exclusion Policies now in every Practice and updated annually • General practice teams trained to support young people to understand the transition from parental to personal responsibility for accessing health care • Cloud based telephony in all practices, including queue functions, enabling practices to proactively manage peaks in demand through real time data monitoring, and providing a better patient experience • Pride in Practice – LGBT+ training sessions for every TH practice will ensure Primary Care is more easily accessible for this cohort of residents • Access focused patient experience surveys with a minimum of 2,668 responses across the Borough led by PCN's • The winter 'Acute Respiratory Hub' provided an additional 2,632 Primary Care appointments to TH residents between Jan and March 2024 • Extended Access provision provided 20,117 additional hours of Primary Care provision in 2023/24 • Primary/Secondary Care interface – working group to enact solutions to remove/reduce friction. This continues to be a priority. <p>*Tower Hamlets has 7 Primary Care Networks. PCNs are groups of 4-6 Practices collaborating together</p>	<ul style="list-style-type: none"> • Finalising the model for Same Day Urgent Care – improving access and availability of Primary Care for all residents to improve patient experience and reduce pressures in ED/UTC • Information events for every practice/PCN to further support patients to engage digitally if able to do so • Children and Young People – Continuing work informing CYP of their rights in healthcare via leaflet distribution to all 14 year olds and staff training. • Primary/Secondary Care Interface – continuing to work with RLH senior leadership team • Winter comms planning across system – pharmacy, self care etc to help with system winter pressures • NHS NEL preparing for potential industrial action

Ongoing pressures and challenges

1. Rapid population growth
2. Mobile population leading to high turnover of patients (30%)
3. GP and Nurse workforce crisis – exacerbated by the cost of living/housing compared to outside of London
4. Hospital waiting lists add to existing pressures in primary care
5. Same day access to primary care
6. Revenue implications for Practices in newly built health centres

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Acute Care

presented by Neil Ashman, CEO Royal London & Mile End Hospitals and Place Exec Lead.



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Reflections and achievements	Priorities for 2024/25
<ul style="list-style-type: none">• Working collaboratively with partners across NEL• The NHS recovery & workforce remains under significant pressure – particularly in urgent care• New models of care in outpatients, in surgical pathways (high-volume low-complexity hubs), and offering ‘hospitals at home’ are evolving• The Children’s ‘H@H’ is now well-set in TH, and our virtual ward for frailty and respiratory pathways in the community is expanding• New diagnostics centre at Mile End	<ul style="list-style-type: none">• Be meticulous about the quality of our services• Improve Patient Flow through our hospital to bring hospital discharge to earlier in the day• Meet the demands for Urgent/Emergency Care against national performance standards across our health offer (from NHS111 to our pharmacies and beyond)• Reduce our waiting lists by shortening the time to takes to see & treat our elective patients• Work with partners to focus on prevention of ill-health, screening and optimum long term condition care
Ongoing pressures and challenges	
<ol style="list-style-type: none">1. Our people – retaining our workforce, developing their skills, recruiting locally and committing to their wellbeing2. Increased demand for urgent and emergency care, particularly for those with Mental Health needs3. Getting people waiting for treatment seen, and meeting their expectations across the NEL system4. Meeting the women of TH’s expectations of excellent maternity care, and hearing their voices to shape our service5. Meeting the needs of all NEL residents for high-quality highly specialised services in a timely fashion	

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Mental Health

Richard Fradgley, Director of Integrated Care and Deputy CEO East London Foundation Trust



Reflections and achievements

- **Strong partnerships** - working across our system with our Partnership Board to oversee action. To meet, discuss and learn together.
- **Deepening our relationship with social care** across adult mental health and learning disabilities. This includes opening learning and development opportunities to each other and supporting each other around CQC inspections.
- **111 crisis line roll out** – supporting people to access care where and when they need it.
- The move towards an **ageless mental health support** offer within neighbourhood mental health teams has been very successful (removing the boundary between adults and older adults' services)
- **Tower Hamlets Talking Therapies** continue to be extremely successful at increasing access to more residents with anxiety and depression, with a particular focus on improving outcomes for minoritised communities and all Service Users
- **Strengthening the partnerships and integrated working across Children and Young people services:-**
- The **Joint Neuro-variance Diagnostics Group** is developing a shared approach to sustainable, timely and high-quality diagnostic services for neuro-variance - including Social Communication, Developmental Language Delay, Autism, ADHD and Learning Disability.
- **Tower Hamlets Education Welfare Service (THEWS)** is providing evidence-based interventions which include 1:1 work; group-work; workshops for staff, students and parents (various topics); Whole School Approach.
- **CAMHS are embedded within Tower Hamlets Children's Services,**
- Crisis, Home Treatment and Eating Disorder Services rolled out.


Priorities for 2024/25

- **Improved Staff Experience** – ensuring there are a range of developmental opportunities and well-being initiatives to boost retention and support wellbeing
- **Continuing community transformation –piloting new models of open access, 24/7 neighborhood mental health care** – we hope to be successful in responding to a national funding opportunity but will pilot aspects of the model irrespective of funding.
- **Improving the experience of care** by moving towards prevention and embedding continuity in services by working closely with Tower Hamlets community partners as a system around the person..
- **Improving and sustaining mental health inpatient care**
- **Reducing inequalities** – continued roll out of cultural awareness training to all staff, provided by the Islamic Centre; a focused workstream on primary care health checks with voluntary sector partners.
- Delivery of our mental health **prevention and promotion** plan through our Public Health Team – improving mental health awareness, resilience and challenging stigma
- **Refreshing our joint strategies** for adult mental health, autism and learning disability and launching our learning disability partnership
- **For children and young people** - We will be working together to **deliver Accelerate**, the Tower Hamlets Children and Families Partnership Strategy 2024-2029 priority 3: support for mental health and wellbeing, through the Children and Young People's Mental Health Group
- **Implementation of the 'Thrive' framework** as the cornerstone of our partnership approach to mental health services for young people. We will work as system partners to expand and invest in early intervention and prevention, and work towards integrated referral pathways.
- **Improve mental health support** for children and young people with SEND and with learning disabilities, those we look after, children in trouble with the law or children who are bereaved.
- **Improve well-being for all our children and young people** by introducing the evidence-based 'five ways to wellbeing' into play, youth, leisure and culture services.
- Ensure more children, families and professionals are aware of how to support mental health

Ongoing pressures and challenges

Inpatient mental health services have seen a sustained pressure in recent times, impacting on urgent care pathways across Tower Hamlets and resulting in increased A&E waits compared to 2022. Driven by growing numbers of new presentations, increased complexities and longer inpatient stays. Homelessness and NRPf are significant factors which also make it difficult to discharge and offer after care support.

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<p>Non-Executive Report of the:</p> <p>Health and Adult Scrutiny Sub-Committee</p> <p>4th June 2023</p>	 <p>TOWER HAMLETS</p>
<p>Report of: ICB and Tower Hamlets Health Partners</p>	<p>Classification: Unrestricted</p>
<p>Reflections of 2023/24 and Priorities 2024/25</p>	

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

Summary

This cover report accompanies the presentation slide deck: Reflections of 2023/24 and Priorities 2024/25

The content of the slide deck include presentations/ speakers from:

- Primary Care
- Acute Care
- Mental Health
- Integrated Care Board
- HAC
- Tower Hamlets Together

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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Tower Hamlets Together

Who are we?

THT is a partnership of health and care organisations that are responsible for the planning and delivery of health and care services. The partnership includes:

- London Borough of Tower Hamlets
- NHS North East London Integrated Care Board
- Tower Hamlets GP Care Group
- East London NHS Foundation Trust
- Barts Health NHS Trust
- Tower Hamlets Council for Voluntary Service
- Healthwatch Tower Hamlets

THT is all about health and social care organisations working more closely to improve the health and lives of people living in Tower Hamlets. This means a more coordinated approach to providing services, reducing duplication and improving the overall experience and outcomes for the people who need them.

What are our driving values?

THT VALUES

- We are compassionate
- We collaborate
- We are inclusive
- We are accountable



What are we trying to achieve?

OUR VISION

- Tower Hamlets residents, whatever their backgrounds and needs, are supported to self-care, thrive and achieve their health and life goals
- Health and social care services in Tower Hamlets are accessible, high quality, good value and designed around people's needs, across physical and mental health and throughout primary, secondary and social care
- Service users, carers and residents and children are active and equal partners in health and care, equipped to work collaboratively with THT partners to plan, deliver and strengthen local services
- All residents - no matter their ethnicity, religion, gender, age, sexuality, disability or health needs - experience equitable access to and experience of services, and are supported to achieve positive health outcomes

OUR MISSION

Support all children and adults to live happy and healthy lives in Tower Hamlets, through providing integrated services that are accessible to all and actively tackle health inequalities, particularly those caused by systemic racism.

OBJECTIVES

1. Building the resilience and wellbeing of our communities
2. Maintaining people's independence in the community
3. Reducing the time people need to be in hospitals/care homes

RESIDENT OUTCOMES


- I feel like services work together to provide me with good care.
- I am able to support myself and my family financially.
- I am supported to make healthy choices.
- Regardless of who I am, I am able to access care services for my physical and mental health.
- I have a good level of happiness and wellbeing.

PRIORITIES FOR ACTION

1. Improving access to primary and urgent care.
2. Building resilience and self-care to prevent and manage long term conditions
3. Implementing a localities and neighbourhoods model
4. Facilitating a smooth and rapid process for hospital discharge into community care services
5. Being an anti-racist and equity driven health care system
6. Ensuring that babies, children and young people get the best start in life
7. Providing integrated mental health services and interventions



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<p>Non-Executive Report of the:</p> <p>Health and Adults Scrutiny Sub-Committee</p> <p>4th June 2024</p>	 <p>TOWER HAMLETS</p>
<p>Report of: Robin Beattie, Director of Strategy, Transformation and Improvement</p>	<p>Classification: Unrestricted</p>
<p>Scrutiny Review on Empowering Disabled Residents: Accessible Sports and Fitness Initiatives</p>	

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

Reasons for Urgency

This report was not available by the statutory five working days in advance of the meeting, as technical difficulties prevented access to the report for essential sign off by legal and finance officers. The report recommendations were presented to the sub-committee at the last meeting at last municipal year and it was agreed to bring the report back to next HASSC meeting which was the 4th June. The report is also the report of the previous chair, and he will only be available to attend this meeting to speak to the item.

Executive Summary

This scrutiny report establishes the findings and recommendations arising from the health scrutiny review on disabled peoples' access to sports and exercise in Tower Hamlets. The report makes six 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 disabled peoples' access to sports and exercise in Tower Hamlets for consideration and agreement by HASSC.

2. ALTERNATIVE OPTIONS

- 2.1 To take no action. This is not recommended as the scrutiny review provides recommendations on disabled people's access to sports and exercise in Tower Hamlets and recognises the importance and value that leisure contributes to supporting a healthy borough.

3. DETAILS OF THE REPORT

- 3.1 Sport England¹ identified that people with disabilities and or long-term ill health conditions are much less likely to take part in sports and exercise than able-bodied people. Disability is a complex sector with huge variations in people's needs and preferences. The research also makes it clear that 'one size fits all' approach will not work if the ambition is to get more disabled people active.
- 3.2 The national data driven intelligence establishes that almost one in five people in England have a long-standing limiting disability or illness. Approximately 70% of disabled people are aged over 50; and with nearly 50% of disabled people have a long-term ill health condition. Furthermore, over 50% of disabled people state that they experience long term pain and that 75% of disabled people have more than one impairment.
- 3.3 The sub-committee also recognised the acute impact of the Covid-19 pandemic had on disabled residents and residents with long term health conditions. They wanted to understand the current challenges faced by disabled residents in accessing sports and exercise in the borough.
- 3.4 Health scrutiny review was chaired by Cllr Ahmodur Khan, chair of Health and Adults Scrutiny Sub-Committee and involved:
- Committee members undertaking site visits to Better Leisure and community gym facilities in the borough during December 2023 and January 2024
 - Held a workshop on 13 February 2024 in the community with residents from the disabled peoples network and older people's reference group supported by Cabinet leads.

¹ [Disabled people | Sport England](#)

- Held two sessions in council chamber discussing barriers and solutions on 15th February and 4th March 2024

3.5 The scope of the review was underpinned by the following:

- Understand the specific barriers that people with disabilities face and or those living with long-term ill health conditions encounter when trying to access sports and exercise provisions;
- Capturing the voice and views of people with disabilities and or those living with long-term ill health conditions;
- Understand the main challenges in promoting inclusiveness and participation in sports and exercise for people with disabilities and or those with living long-term ill health conditions;
- Methods to Improve accessibility of the leisure facilities and for people with disabilities and or those living with long-term ill health conditions;
- Explore and consider the availability and capacity of adaptive sports programme for people with disabilities and or those with living long-term ill health conditions;
- How we can improve and enhance awareness and education on the importance of inclusive sports and exercise programmes;
- How policy considerations can improve access and participation;
- Taking learning for case studies and best practice; and
- Technological applications and resourcing to improve access and participation

3.6 The scrutiny review involved a range of stakeholders including:

- Cabinet Member for Culture and Recreation and Cabinet Member for Health, Wellbeing and Social Care
- HASSC Members
- CEO REAL
- CEO Ability Bow
- CEO of Disability Sports Coach
- SEN Engagement Manager, Vallance Community Sports Association
- Head Coach and founder of Alternative Movement
- Co-founder of Global Eyes
- Service users from Disabled Peoples' Network and Older People Reference Group
- Council officers

3.7 The scrutiny review resulted in the committee making the following recommendations:

Recommendation 1: Disability representation

The council should actively prioritise initiatives that will enhance visibility and representation of people with disabilities and or those living with long-term ill health conditions within the leisure sports and fitness centre workforce

Recommendation 2: Better data driven evidence on disability access and usage

The council should develop a comprehensive approach to the collection and analysis of disability access and usage led data that supports good governance and drives continuous improvements

Recommendation 3: Developing trusted disability communication channels and campaigns

The council should engage community disability groups to co-design and develop robust campaigns that promotes physical activity and sports for people with disabilities and long-term health conditions

Recommendation 4: Create a sports and exercise disability forum that embeds a person-centred philosophy and empowers residents with disabilities and or those living with long-term health conditions to review provision and make recommendations for improvement.

The council should work with disability groups and establish a sports and exercise disability forum that empowers residents with disabilities or those living with long-term ill health conditions to undertake activities such as accessibility audits on facilities, customer service, equipment, programmes to deliver on improvements.

Recommendation 5: Collaboration with primary care, NHS and healthcare partners and voluntary and community sector

The council's leisure service should establish joint working protocols with primary care, NHS, health partners and voluntary and community sector to support widening access and become a partner referral provider for people with disabilities and or long-term health conditions.

Recommendation 6: Creating transitional arrangements from specialised fitness gyms to mainstream leisure centre facilities

The council should establish joint work protocols with community gyms (specialist in disability and long-term ill health condition) to support residents with disabilities and or those living with long-term ill health conditions to make the transition into mainstream leisure centre facilities.

4. EQUALITIES IMPLICATIONS

- 4.1 The report considers the inequalities faced by people with disabilities and long-term ill health conditions. The review also included holding a workshop with two of the protected characteristic councils commissioned equality groups, namely, the Disabled People's Network and Older People Reference Group to understand the challenge they faced and some of the solutions that might support their needs.

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 The report considers the best value implications as the council will be insourcing the leisure services, it provides an opportunity to shape policy and become more inclusive for underserved communities in the borough such as disabilities and people with long-term ill health conditions and it also aims to support the council return on investment through usage by these groups.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 The report asks the Committee to agree the recommendations of the HASSC scrutiny review report and submit the report to the Mayor and Cabinet for executive response. No costings to implement the recommendations have been provided therefore the financial implications are unknown at this stage.

6.2 Recommendations would need to be implemented within existing resources or additional funding requested via the appropriate governance route.

7. COMMENTS OF LEGAL SERVICES

7.1 Section 2B of the National Health Service Act 2006 requires every local authority to take such steps as it considers appropriate for improving the health of people in its area.

7.2 Section 2 of the Care Act 2014 imposes a duty on local authorities to provide or arrange for the provision of resources, services or facilities which will prevent, delay or reduce the need for adults in their area for care and support.

7.3 Section 149 of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different groups in society.

7.4 Section 3 of the Local Government Act 1999 requires local authorities to secure continuous improvement in the way their functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

7.5 The matters set out in this report comply with the above legislation.

7.6 [Legal implications to be inserted when Financial Implications have been completed].

Linked Reports, Appendices and Background Documents

- NONE

Appendices

- Scrutiny Review on Empowering Disabled Residents: Accessible Sports and Fitness Initiatives

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:

N/A

Health and Adults Scrutiny Sub-Committee Report

Empowering Disabled Residents: Accessible Sports and Fitness Initiatives

04/06/24

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Chairs Foreword

I am pleased to present this scrutiny report, which examines people with disabilities and those living long-term ill health conditions being able to access sports and fitness initiatives across Tower Hamlets.

The impact of pandemic had posed a significant challenge on the borough. This was more acutely felt by the sports and leisure sector as the government placed restrictions on social mixing that impacted the level access to leisure centres, sports facilities and parks. It may have also impacted our underserved communities including vulnerable groups such as people with disabilities and those living with long-term ill health conditions.

Research findings from national organisations and groups such as Sport England¹, UK Active² and Activity Alliance³ suggest and agree that people with disabilities and or those living with long-term ill health conditions are much less likely to take part in sports and exercise than able people. Department for Work and Pensions (DWP) Family Resource Survey, (2022-23)⁴ identified that there are 16.1 million disabled people in the UK and that the prevalence of disability rises with age for example in the United Kingdom, 11 percent of children are disabled compared with 23 percent of working age adults and 45 percent of people over state pension age. We also learn that almost one in five people in England have a long-standing limited disability or illness. Research also indicates that disability is a complex sector with enormous variations in peoples' needs and preferences. It is recognised that a 'one size fits all' approach is unlikely to work if the goal or ambition is to be more inclusive and enable more people with disabilities and or those living with long-term ill health conditions to lead a more active lifestyle.

It is for this reason, I have commissioned this scrutiny report to examine and understand barriers and challenges that people with disabilities and or those living with long-term ill health conditions face when trying to access sports and exercise provisions in the borough. As the council begins to insource leisure, it opens up an opportunity for this sub-committee to review and strengthen on how the leisure centres and other community facilities can be more inclusive to these group of residents of the borough.

This scrutiny report considers evidence from a range of stakeholders. In particular, I want to thank our Disabled People's Network and Older People Reference Group for their contribution. I also want to thank our dedicated leisure centre staff who were candid with their views in answering our questions. We also heard evidence from some of the local and regional chief execs such as REAL⁵, Disability Sports Coach⁶, Ability Bow⁷ as well as independent experts such as Alternative Movement⁸ on how they tackled the issue. Finally, I want to thank our cabinet leads, council officers (leisure insourcing team, public health, parks and transport planning) who supported this review and provided valuable insights that has helped to shape the recommendations of this report.

The Health and Adults Scrutiny Sub-Committee has identified six recommendations and I hope that the mayor and cabinet will take these forward. The sub-committee are happy to work with the executive and ensure that the council maximises the opportunity to deliver service improvements for our residents with disabilities and or those living with long-term ill health conditions.



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

¹ [Disabled people | Sport England](#)

² [ukactive | More People More Active More Often](#)

³ [Activity Alliance | Disability Inclusion Sport](#)

⁴ [Family Resources Survey: financial year 2022 to 2023 - GOV.UK \(www.gov.uk\)](#)

⁵ [Real - Disabled people working together for real choices](#)

⁶ [Home | disabilitysportcoach.org.uk](#)

⁷ [Ability Bow - Disability Gym, East London, UK.](#)

⁸ [Adaptive Fitness | Alt Movement | England](#)

Summary of Recommendations

Recommendation 1	Disability representation
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The council should actively prioritise initiatives that will enhance visibility and representation of people with disabilities and or those living with long-term ill health conditions within the leisure sports and fitness centre workforce

Recommendation 2	Better data driven evidence on disability access and usage
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The council should develop a comprehensive approach to the collection and analysis of disability access and usage led data that supports good governance and drives continuous improvements	
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Recommendation 3	Developing trusted disability communication channels and campaigns
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The council should engage community disability groups and organisations to co-design robust campaigns that actively promote sports and exercise initiatives for people with disabilities and or those living with long-term health conditions	
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Recommendation 4	Create a sports and exercise disability forum that embeds a person-centred philosophy and empowers residents with disabilities and or those living with long-term health conditions to review provision and make recommendations for improvement.
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The council should work with disability groups and establish a sports and exercise disability forum that empowers residents with disabilities or those living with long-term ill health conditions to undertake activities such as accessibility audits on facilities, customer service, equipment, programmes to deliver on improvements.	
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Recommendation 5	Collaboration with Primary care, NHS, healthcare partners, park services, and voluntary and community sector
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The council's leisure service should establish joint working protocols with primary care, NHS, health partners and voluntary and community sector to support widening access and become a partner referral provider for people with disabilities and or long-term health conditions.	
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Recommendation 6	Creating transitional arrangements from specialised fitness gyms to mainstream leisure centre facilities
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The council should establish joint work protocols with community gyms (specialist in disability and long-term ill health condition) to support residents with disabilities and or those living with long-term ill health conditions to make the transition into mainstream leisure centre facilities.	
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Reason for Enquiry

- 1.1. The Health and Adults Scrutiny Sub-Committee (HASSC) recognise that residents with disabilities or those living with long-term ill health conditions are significantly less likely to take part in sport than abled people. Sport England⁹ Active lives Adult Survey, (Nov 2021-22) identified that adults with disabilities are twice (41 percent) as likely as abled adults (20.9

⁹ [Active Lives | Sport England](#)

percent) to be physically inactive. Disability remains a complex sector with substantial variations in people's needs and preferences. HASSC also acknowledge that a 'one size fits all' approach may not necessarily work if the ambition is to support more residents with disabilities and or those living with long-term health conditions to be more physically active. Research from Activity Alliance's Annual Disability and Activity Survey¹⁰ (2022-23), suggests that four in five¹¹ (77 percent) people with disabilities have a preference to be more active and that the 'activity gap' has remained consistent, showing an ongoing unmet need.

- 1.2. HASCC also accepted the assumption that certain age groups are more likely to have either a disability or face underlying health conditions. Research from Sport England¹² suggests that almost one in five people in England have a long-standing limiting disability or illness and that almost 70 percent of people with disabilities are aged over 50. Nearly 50% of disabled people are considered having a long-term ill health condition and that 75% of disabled people have more than one impairment. At a borough wide level, HASSC also recognised the environmental pull factors, such as, the intensity of the Covid-19 pandemic impacting adversely people with disabilities and those living with long-term ill health conditions. The sub-committee also accepted that a lack of access may also create further challenges such as isolation, loneliness and poor emotional wellbeing. Studies from Activity Alliance's¹³ indicated that people with disabilities are almost three times more likely than non-disabled people to feel lonely always or often. It also identified that nearly two thirds of people with disabilities who felt lonely agreed that being active could reduce their loneliness.

Methodology

- 1.3. This scrutiny review was chaired by Cllr Ahmodur Khan, chair of Health and Adult Scrutiny Sub-Committee. Members of sub-committee undertook different evidence gathering session including:

- Carrying out site visits to Better Leisure Centres (operated by GLL) and community gym facilities in the borough between December 2023 and January 2024
- Held a community resident engagement workshop on 13th February 2024 with residents from the Disabled Peoples' Network and Older People Reference Group
- Held two scrutiny review session discussing the barriers faced by people with disabilities and or those living with long-term ill health conditions, (15th Feb 2024) followed by a session on solutions, (4th March 2024).

- 1.4. The scope of the review set out the following key considerations:
 - Understand the specific barriers that people with disabilities face and or those living with long-term ill health conditions encounter when trying to access sports and exercise provisions;
 - Capturing the voice and views of people with disabilities and or those living with long-term ill health conditions;
 - Understand the main challenges in promoting inclusiveness and participation in sports and exercise for people with disabilities and or those with living long-term ill health conditions;

¹⁰ [Annual Disability and Activity Survey 2022-23 | Research | Activity Alliance](#)

¹¹ The survey was conducted by IFF Research. 998 disabled people and 976 non-disabled people aged 16+ took part

¹² [Disabled people | Sport England](#)

¹³ [Annual Disability and Activity Survey 2022-23 | Research | Activity Alliance](#)

- Methods to Improve accessibility of the leisure facilities and for people with disabilities and or those living with long-term ill health conditions;
- Explore and consider the availability and capacity of adaptive sports programme for people with disabilities and or those with living long-term ill health conditions;
- How we can improve and enhance awareness and education on the importance of inclusive sports and exercise programmes;
- How policy considerations can improve access and participation;
- Taking learning for case studies and best practice; and
- Technological applications and resourcing to improve access and participation

1.5. Members who contributed to this review

ClIr Ahmodur Khan	Chair of Health and Adults Scrutiny Sub-committee and OSC Member
ClIr Abdul Mannan	Chair of Housing and Regeneration Sub-committee and HASSC & OSC member
ClIr Ahmodur Kabir	Health and Adults Scrutiny Sub-committee member
ClIr Amy Lee	Health and Adults Scrutiny Sub-committee member
ClIr Amina Ali	Health and Adults Scrutiny Sub-committee member
ClIr Mohammed Chowdhury	Health and Adults Scrutiny Sub-committee member
ClIr Shafi Ahmed	Member
ClIr Belal Uddin	Member
Assan Ali	Co-opted Member
Nicola Lawrence	Healthwatch Co-opted Member

Cabinet members contribution

ClIr Gulam Kibria Choudhury	Cabinet Member for Health, Wellbeing and Social Care
ClIr Iqbal Hossain	Cabinet Member for Culture and Recreation

Witness evidence contribution

Jack Gilbert	Chief exec REAL
Peter Ackred	Chief exec Disability Sports Coach
Iqbal Hussain	SEN Engagement Manager, Vallance Community Sports Association
Victoria Kent	Chief exec Ability Bow
Craig Graham	Head Coach and Founder of Alternative Movement
Natalie Southlaw	Disability Accessibility Consultant
Esme Khaliq	Co-founder of Global Eyes
Raj Mistry	LBTH Leisure Insourcing Sponsor
Liza Choudhury	LBTH Project Manager Insourcing Leisure
Amelie Gonguet	LBTH Public Health Manager, Leisure Insourcing
Tim Clee	LBTH Culture and Capital Programme Manager
Robert Morton	LBTH Principal Transport Planner

Scrutiny Review Supported by

Filuck Miah	Senior Strategy and Policy Officer, Corporate Strategy and Communities
Ayaan Gulaid	Strategy and Policy Officer, Corporate Strategy and Communities

Paul Burgess	Strategy and Policy Officer, Corporate Strategy and Communities
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- 1.6. This scrutiny review’s aims are to improve:
- Level of active participation from people with disabilities and or those living with long-term ill health conditions with sports and exercise;
 - Generate greater awareness and education through campaigns;
 - Policy improvements; and
 - Representation and empowerment of disabled people within the leisure industry
- 1.7. This scrutiny review also considers the council’s strategic priorities such as ‘Investing in Public Services’ and ‘A council that listens and works for everyone’ as these are linked to the review topic.

Key Findings and Recommendations

Recommendation 1	Disability representation
The council should actively prioritise initiatives that will enhance visibility and representation of people with disabilities and or those living with long-term ill health conditions within the leisure sports and fitness centre workforce	

- 2.1. A key area that HASSC members were interested in, was to understand the level of representation of people with disabilities within the industry, given that the council was also driving change to support a workforce to reflect the community. As part of their evidence gathering, HASSC members carried out a number of site visits to Better Leisure Centres in the borough that were being run by the contracted provider GLL (soon to be insourced by the council) alongside community gyms to understand not only the usage by people with disabilities and or those living with long-term ill health conditions but how representative were they within the industry. The visits had also enabled the members to observe and consider facility usage, premises infrastructure, fitness equipment, exercise programmes and the workforce. HASSC members had enquired with GLL duty managers if they employed people with disabilities and if they were able to provide any figures on how representative this was. HASSC members accepted that some of the workforce may also be considered as having hidden disabilities, however from their observations they felt that there was a lack of representation from the disability group such as front of house, sports coach and even management. Studies from Sports England Active lives Adult Survey¹⁴, (Nov 2020-21) also suggests that people with disabilities and or those living with long-term ill health conditions who are unemployed (40 percent) are much more likely to be inactive than disabled people (30 percent) who are employed.
- 2.2. To further understand some of the representation issues from the disability and long-term ill health group, HASSC members held a resident engagement workshop with a focus group cohort from the Disabled People’s Network and Older People Reference Group. HASSC members were able to observe and listen to residents had informed that they felt that there was a distinct lack of representation at Better Leisure Centres from their groups or opportunities for them to be considered such as front of house reception and class fitness coaches. As users of leisure facilities, some of the group with learning disabilities felt

¹⁴ [Active Lives | Sport England](#)

conscious about the disability and were worried as to how others (working at centres or using the facilities) perceived them and that this would put them off from visiting and using the facilities.

- 2.3. REAL's chief executive informed the sub-committee that people with disabilities are not experts in the usage of leisure centres and that they may not be aware of what assistance they can ask for or who they need to speak to about using the leisure facilities. The chief executive also suggested that some of the service users may feel different or have experienced prejudice from others and that this may not necessarily be the staffing but others using the facilities. Studies from the Activity Alliance, YouGov Survey¹⁵, (May 2021) also identified that almost nine in 10 people with disabilities agree that attitude about disabled people need to improve generally. Research by Scope Disability Perception Gap¹⁶, (2018) also reinforce that one in three (32 percent) disabled people felt that there is a lot of prejudice against people with disabilities in Britain.
- 2.4. The chief executive of Disability Sports Coach also shared the similar views as REAL's chief executive and he informed the sub-committee that within the industry that there was a general staff turnover, which posed a sizeable challenge on ensuring staff had the appropriate disability awareness training. The sub-committee were also advised that since the pandemic, inductions to facilities, sports and fitness initiatives were not visible or possibly no longer exist as leisure centres will have needed to prioritise budget pressures. HASSC was further informed that promoting the training of specialist staff so that they are disability aware alongside the opening up opportunities in the industry for people with disabilities and or those living with long-term ill health must involve the whole community and not only charity organisations such as Disability Sports Coach. Ability Bow's chief executive also advised the sub-committee that whilst accessibility and affordability are important to increase representation, it is as important to have employees with the right attitude and at their gym staff development, growth and experience is achieved from doing the work.
- 2.5. Disability Sport Coach's chief executive also outlined the challenge from the national picture and informed HASSC that encouraging people with disabilities and or those living with long-term ill health conditions into the industry was a challenge as the national governing body of sports are too stringent with their criteria, or the framework is not flexible or adaptable meaning that some people with disabilities may be at a disadvantage and not meet the threshold. He added, that support for disabled people in achieving the qualification framework can be lacking or very limiting, such as allowing people with learning disabilities more time with assessments. Vallance Community Sports Association's Special Education Needs (SEN) Engagement Manager informed the sub-committee that representation was an issue as they believed that there was a shortage of role models and specialist coaches to motivate and inspire people with disabilities and or those living with ill health conditions. The review also led to the sub-committee asking how the council might approach meaningful representation within leisure. The Disability Sport Coach's chief executive advised the committee that it has to be disability led and that the council must ensure that it seeks advice from the disability community groups and use networks such as REAL and Vallance Community Sports to help inform and shape representation.

¹⁵ [New strategy launched as poll shows pandemic impact on disabled people | News | Activity Alliance](#)

¹⁶ [Disability charity Scope UK](#)

2.6. HASSC members visit to the Better Leisure Centres across the borough, also heard evidence from the shift managers that recruiting more female lifeguards was a significant challenge. Scrutiny members had considered this as they are aware of the diverse make-up and nature of the borough’s population that also included gender, cultural and religious context. Not employing female lifeguards meant that many women (including those with disabilities and those living with long-term ill health conditions) who liked to swim as part of exercise or group activity would be put off if there was a male lifeguard attending. As the council planned to insource the leisure service, the sub-committee asked for the council’s view representation and disability workforce. The council’s Leisure Insourcing team informed that sub-committee that as the leisure centres will be migrated over to the council from May 2024, the Tower Hamlets HR policies, recruitment retention and staff development will apply and will cover the protected characteristics. The Sub-committee were also advised that the Leisure Insourcing team were collaborating with the council’s own recruitment service Work Path targeting school leavers and use of apprenticeships and that there will be opportunities for staff with disabilities working in the council to take up some of the opportunities through the learning and development platform.

Recommendation 2	Better data driven evidence on disability access and usage
The council should develop a comprehensive approach to the collection and analysis of disability access and usage led data that supports good governance and drives continuous improvements	

3.1. An area of concern for HASSC members was that there a distinct lack of locally available disability usage of facilities data from the Better Leisure Centres despite. The sub-committee considered the application of data driven evidence-based approach and how this could be used to strengthen the inclusiveness factor and wider disability participation on sports and fitness initiatives. REAL’s chief executive informed the sub-committee that as there is no longer a general induction process at the leisure centres, it may be the case that most people do not declare that they are disabled or living with a long-term health condition for example that affects their mobility. REAL’s chief executive further informed the sub-committee that he observed that the Better Leisure Centre membership management system does not allow for people with disabilities and or those living with long-term ill health conditions access requirements to be properly coded. It is also most likely to have limitations such as being able to locate disabled gym members who may have particular needs or requirements and fails to capture their experience. REAL’s chief executive is of the view that that consequence of not correctly coding disability or long-term ill health conditions access communication needs may impact on being able to obtain qualitative feedback.

3.2. Studies from UK Active¹⁷ that considered people with disabilities participation at gyms, fitness and leisure facilities through data capture concludes that it was necessary to standardise the definitions and terminologies associated with data collection to support consistency and benchmark activities across data sets. Its findings further identifies that staff need to be comfortable with how to ask for personal information and that staff are aware of why collecting data on disability and or those living with long-term ill health conditions is important for users. The sub-committee wanted to understand how data could be applied to help coaches be informed about the latest advancements in adaptive fitness techniques and equipment to support people with disabilities and or those living with long-term ill health conditions. Alternative Movement’s head coach informed scrutiny members that for smaller independent organisations, the resources are limited for coaches and fitness instructors to stay informed around exercise and disability within a mainstream setting. Alternative Movement

¹⁷ <https://www.ukactive.com/>

run workshops and use their social media accounts to help others offer the same. Vallance Community Sports Association's SEN engagement manager advised the sub-committee that they use service user feedback to shape their service and within this process they are able to capture disability data and or long-term ill health conditions.

- 3.3. The sub-committee had asked the Cabinet member for Culture and Recreation on the approach that the Leisure Insourcing team had taken to engage people with disabilities and or those living within long-term ill health conditions. The Cabinet member informed the sub-committee that the council had applied a range of engagement and consultation methods including focus groups, online polls with residents, wider community engagement sessions, individual with hearing or visual impairments as well as liaising with internal services and partner organisations. The Cabinet member outlined that some of the findings from engagement including cleanliness of premises, customer service, enabling and empowering people with disabilities, privacy and safety, service and programmes and staff training and working collaboratively.
- 3.4. HASSC members only had a limited amount national data (on people with disabilities and or those living with long-term ill health conditions accessing leisure) available to them. Scrutiny members wanted to understand how the national data had influenced the Leisure Insourcing team's approach and additionally they examined the level of benchmarking activities undertaken as part of the evidence gathering. The Leisure Insourcing team accepted that the quality and level of data was limited from Better Leisure Centres and that they had to undertake further research to understand the views of the residents (including people with disabilities and or those living with long-term ill health conditions). They informed the scrutiny members, that they carried out lived experience (people with disabilities) focus groups and listened to their concerns. The team also informed the sub-committee that the main finding theme or direction from the national data was that people with disabilities and or those living with long-term ill health conditions equated to them being twice as likely to be inactive. The Leisure Insourcing team informed that sub-committee that they are procuring a new leisure management system with which they hope to capture and provide better demographic data that should lead to evaluate data on disability access. The Leisure Insourcing team advised the sub-committee that it had undertaken benchmarking activities with two other London local authorities (that had insourced its leisure services) and this allowed them to gain some insights and learning.
- 3.5. The sub-committee was also interested in understanding how the application of data driven intelligence could support and enhance timely decision-making. Scrutiny members visited a number of Better Leisure Centres and engaged the duty managers to understand how the centres could improve disability access and provision. Scrutiny members heard from a number of duty or shift managers who advised the members that some of facilities needed better accessible signage, improved lighting, that more could be done to welcome people with disabilities and or those living with long-term ill health conditions such as having a bespoke introduction to the facilities. Scrutiny members also heard how some of the facilities such as the studios are under occupied during the day when it could be used to promote more classes for different community groups during the day time period as well as better publicity to promote more classes for different community groups. Scrutiny members also observed that some of the exercise and fitness equipment were not designed with disability or those living with adaptations in mind and therefore disability usage could be limited. Scrutiny members further observed that some of the leisure centre external premises were not maintained and appeared uninviting to the eye and may also put off people with disabilities such as a wheel chair user.

Recommendation 3	Developing trusted disability communication channels and campaigns
The council should engage community disability groups and organisations to co-design robust campaigns that actively promote sports and exercise initiatives for people with disabilities and or those living with long-term health conditions	

- 4.1. HASSC members were interested in understanding how the leisure centres and more specifically, sports and fitness initiatives were being promoted to people with disabilities and or those living with long-term ill health conditions. Scrutiny members were also keen to understand the strategy that might be used to promote inclusion for people with disabilities and or those living with long-term ill health conditions. REAL’s chief executive informed the sub-committee that people with disabilities and or those living with long-term ill health conditions may have a different relationship to exercise including people with conditions such as asthma, sensory and mobility impairments, neurodiversity or special education needs. People with disabilities may also have been excluded from exercise or teams sports at school, experienced deep discomfort, fear associated with the activity or even the attitudes of their classmates and teachers. REAL’s chief executive felt that the current communication and publicity (posters) which exists at Better Leisure Centres only caters for and targets young and able-bodied people. He added that the publicity material promoting leisure facilities does not conform to the required accessible communication standards and that the likelihood is that it would not appeal to or be identified by a disabled person referring to them.

- 4.2. The sub-committee wanted to understand whether the use of influencers and high-profile Paralympians could improve the branding, image and directly motivate for people with disabilities and or those living with long-term ill health conditions. The Disability Sports Coach’s chief executive advised the sub-committed that there are both pros and cons with using influencers although, in his opinion it has not been used at grassroot sports and that many people with disabilities, their carers and families just want to have fun. The sub-committee recognises the benefits of developing social engagement activities within leisure services and the impact this has on peoples’ overall wellbeing. Studies from Sense¹⁸ also identified that more than half (53 percent) people with disabilities felt that there are more barriers to making and keeping friends and that this increased (77 percent) for young disabled people aged 18-34. The discussion and findings suggests that more exploration of this area is needed to determine the level and type of publicity required to promote sports and fitness initiatives to people with disabilities and or those living with long-term ill health conditions.

- 4.3. Scrutiny members engagement with residents from the Disabled Peoples’ Network and Older People Reference Group outlined some of the areas that the residents wanted to see from campaigns this included healthy food, engagement involvement with diversity, ensuring there is an outreach comms service, more community engagement, targeted comms for specific disabilities and more awareness campaigns. Studies from Sport England suggests that the people with disabilities (and or those living with long-term ill health conditions) population are very diverse and therefore the sports and fitness initiatives need to determine which group they target and tailor the communication and channel appropriately. Sport England further suggests that there is a good opportunity for advertising in locations where people are forced to wait such as stations, bus stops and waiting rooms. The resident focus group also informed the sub-committee that some disability users have explored options when there is a

¹⁸ [Sense, A right to friendship? Challenging the Barriers to friendship for people with disabilities 2015](#)

recommendation from a trusted source such as their GP, family friends or even the local hair dresser. People with mental health conditions were most likely to carry out an in-depth investigation to ensure that the activity appealed to them, and they would also want to establish what is involved. The sub-committee also noted that the communication needs to have clear understanding of the activity, they type of person taking part and approach of the instructor. These will be important to the user before they make commitment to try out the session.

- 4.4. The sub-committee scrutinised how the feedback from the council’s brand survey will influence the future decision making regarding the leisure, health and wellbeing. Scrutiny members wanted to understand how the polling considered concerns around affordability, cost and value of money. Studies from Joseph Rowntree Foundation, UK poverty (2019-20) findings indicated that a disabled working-age adult is more than twice as likely to be in poverty than a non-disabled adult. The sub-committee felt that this would also have some influence on disability inequality issues where more than one protected characteristic (intersectionality) is at play and how publicity would be used to target different groups with different levels of income. The Leisure Insourcing team informed the sub-committee that the main concerns from the survey were on proximity of the facilities to them. The Leisure Insourcing team notified the sub-committee that they will be exploring options on how to reduce the price including establishing concessionary rates, family membership, bring a friend, try it out and some of which has already been trialled such as free swimming for women and senior residents. Scrutiny members are of the view that vulnerable people such as those with disabilities will have significant cost burdens and often have to prioritise other basic needs. Therefore having good publicity and informing people of the different cost options may support in improved take up. Studies from the Alliance’s Annual Disability and Activity Survey¹⁹ (2022-23) suggests that six in ten disabled people (60%) also reported that the increase in cost of living has reduced how much they socialise.
- 4.5. Members were also of the view that that once the leisure service becomes in-house, the council will be able to run its own surveys, be more targeted and hear from people with disabilities and or those living with long-term ill health conditions about their lived experience and barriers the continue to face. Alternative Movement informed the sub-committee that it was important to speak to the individual and not the carer or the person they are with and assessing their previous experience and understanding their specific impairment. Alternative Movement informed the sub-committee that the exercise sessions are the same in any class but have slight adaptations to accommodate the individual’s ability and that disabled gym users feel like they are doing the same workout as each other and not being singled out.

Recommendation 4	Create a sports and exercise disability forum that embeds a person-centred philosophy and empowers residents with disabilities and or those living with long-term health conditions to review provision and make recommendations for improvement.
The council should work with disability groups and establish a sports and exercise disability forum that empowers residents with disabilities or those living with long-term ill health conditions to undertake activities such as accessibility audits on facilities, customer service, equipment, programmes to deliver on improvements.	

- 5.1. The sub-committee wanted to understand and examine how people with disabilities and or those living with long-term health conditions could be empowered and involved in shaping

¹⁹ [Annual Disability and Activity Survey 2022-23 | Research | Activity Alliance](#)

the leisure sport and exercise initiatives. Ability Bow's chief executive advised that sub-committee that from their operational experience (in working with disability and long-term ill health condition groups) inclusivity and creating a sense of community in the gym and fitness environment is an important element as this will support the gym user settle in quickly and have a positive impact when they are using the facilities such as getting a good result from exercise and can see the point of it. Through providing a nice experience for the gym user (which is welcoming in a community environment setting) is more likely to make people feel comfortable. The sub-committee accepted that this may also provide an opportunities for engagement and feedback on what is working well and areas for improvement. Scrutiny members were also advised that it would be helpful for the insourced leisure service to include a comprehensive induction process that should be designed to pick up on all the different abilities so that the leisure service staff are confident in their understanding on how to adjust the programmes

- 5.2. REAL's chief executive informed scrutiny members that many of their services users with disabilities and or those living with long-term ill health conditions were concerned about personal assistance and how they would access green spaces and leisure centres. In particular, concerns were about the Adult Social Care support packages not going far enough and do not offer the disabled service user the support they need to go to those places. Scrutiny members want to understand more about the issues of access to open and green spaces for people with disabilities and or those living with long-term ill health conditions and they asked REAL's chief executive view on disability access to Victoria Park and the impact of some of the large events that take place such as running. The sub-committee heard that large events such as running does put off disabled residents and their carers from visiting because of blockages of streets, poor parking on slopes or bikes and rubbish left on the floor. The sub-committee were also informed that there are challenges in using the canal routes linked to the parks and it required an annual consultation to discuss how the sharing of public spaces.
- 5.3. Scrutiny members recognise the importance of involving the end user of the service when there are significant changes which may impact their ability access and use the service. The Disabled People's Network and Older People Reference Group service users informed the scrutiny members that (they are of the view) there needs to be more engagement and direct involvement with them on a semi regular basis as needs can change over time and that there needs to be a continuous focus on how to improve and shape services including access as people may have more than one impairment. The sub-committee also received written feedback from a resident with disabilities who had visited one of the Better Leisure Centres with the scrutiny members. The resident made some suggestions and recommendations on how the service could be improved for residents with impaired communication such as that Better Leisure Centre staff need training on using descriptive instruction for visually impaired residents and nonverbal cues for residents with hearing impairment. The sub-committee also heard evidence and a need to setting up a co-production initiative that involves working members of the community, council staff and involve SEN and deaf people to develop a training programme on disability awareness for leisure service staff. The aim of this would be have regular dialogue and improve the customer relationship.
- 5.4. The sub-committee recognises that disability is a vast and complex area and that it may require a personalised approach to ensure it meets the needs of the individual. Scrutiny members also noted that it should not be standardised and that would benefit from building in dedicated time and investment to improve resident with disabilities and or those living with long-term ill health conditions access and participation with sports and fitness initiatives.

Studies from Activity Alliance²⁰, You Gov Survey suggest that just over seven in 10 disabled people (72%) agree that the coronavirus pandemic has made sport and physical activity less fair for disabled people. Scrutiny members observed from their site visits that some of the physical infrastructure were not inclusive and designed with people with disabilities in mind such as having open changing rooms and the only private changing space near the showers which might not be accessible to some who has neurodiverse behaviour, differently bodied or sensory impaired. REAL's chief executive observed that the strength training equipment and machinery may not be accessible for wheel chair users or those with different types of sensory and other long-term conditions and impairments. He added that the design reconfiguration must be laid out in a way that makes its accessible.

- 6.1. Scrutiny members questioned and considered the plans to address historical poor customer service in leisure services and the added impact this has on people with disabilities (often putting them off taking part in the activity). This was significant, as the Disability Sports Coach's chief executive advised the sub-committee that it would determine whether the individual would come back and use the facilities. The Leisure Insourcing team informed the sub-committee that there would be plans to have a more hands on approach via an on demand online service alongside a dedicated telephone service to support the delivery of good customer care. Members also considered how residents with hearing impairment would be supported with access to sports and fitness initiatives and if staff would be trained with British Sign Language (BSL). The council's Leisure Insourcing team had informed the sub-committee that they are exploring the option of identifying 10 members from the council to use the 'train the trainer' programme where by staff will undertake a coaching programme to train other members of staff up that are interested. The sub-committee also noted that individuals with disability are likely to be empowered to contribute to the development of inclusive gym facilities and services and that it was important for standardising disability inclusion training for leisure centre staff.

- 5.5. The sub-committee wanted to understand how the Leisure Insourcing team anticipates a disability forum or network to be structured to ensure that there is effective feedback and that it includes a co-design approach to issues faced by people with disabilities and or those living with long-term ill health conditions. Studies from Sport England²¹, Active Lives Adult Survey, (Nov 2021) learnt that 80 percent of people with disabilities say their impairment or health condition stops them from being active as they would like. The Leisure Insourcing team advised that they expect to have an ongoing dialogue with residents and community partners, enabling them to access insights and intelligence that the council would not have and that this group would be empowered to hold them to account. Ability Bow's chief executive informed the committee that having a voice and or empowering disabled residents would be needed as often people have multiple disabilities and need to be supported as they do not have a positive experience of exercise. Vallance Community Sports Association SEN engagement manager informed the sub-committee that they too had faced challenges in accessing special club competitions for resident with disabilities such as taking part in South London (disability football) Football League in Lewisham due to a lack of community transport and that other options being too costly and they added that there was not outlet for people to raise this issue.

- 5.6. Members also received feedback from the Older People Reference Group on the lack of adapted accessible equipment with some of the Better Leisure swimming pools, such as not

²⁰ [New strategy launched as poll shows pandemic impact on disabled people | News | Activity Alliance](#)

²¹ [Active Lives | Sport England](#)

having a hoist for people with wheel chair access. Finding from DWP Family Resources Survey²², (2022-23) identified that the largest groups in the UK were people with mobility impairment (48 percent) and that mental health impairments were increasing over the last decade (15 percent to 34 percent) from 1.9million to 5.4 million people. Feedback from the Older People Reference Group felt that it would be helpful to have community occupational therapist type of model similar to Adult Social Care provision who can assist with designing better layouts such as entering the swimming pool for people with hip mobility issues. Alternative Movement’s head coach was also asked to provide insights on their approach to making facilities more accessible for people with disabilities and or those living with long-term health conditions. They advised the sub-committee that it is about having the appropriate access such as doors that are automatic and wide enough for wheel chair users, disabled parking spaces, disabled toilets, clear markings, guiding members and having information on the websites and giving as much information as possible about the facility and how to get there.

Recommendation 5	Collaboration with Primary care, NHS, healthcare partners, park services, and voluntary and community sector
The council’s leisure service should establish joint working protocols with primary care, NHS, health partners and voluntary and community sector to support widening access and become a partner referral provider for people with disabilities and or long-term health conditions.	

- 6.1. Scrutiny members were needing to understand the how people with disabilities and or those with living with long-term ill health conditions were accessing sports and exercise initiatives. Ability Bow’s chief executive informed the sub-committee that they received referrals from GPs, hospitals and social care for anyone with a disability or underlying health condition such as diabetes, heart disease, stroke patients. Results from the Activity Alliance, Annual Disability and Activity Survey²³, (2022-23) also suggest that healthcare professionals are the preferred source of advice on sport and physical activity for disabled people. 64 percent would listen to their GP, doctor or nurse and 53 percent would listen to a physiotherapist, occupational therapist or other medical professionals. Scrutiny members also considered whether organisations such as Vallance Community Sports Association who outlined a good track record in engaging people with disabilities can contribute and mentor other organisations who want to be involved in disability sports as part of expanding the footprint of disability sports and exercise initiatives in the borough.
- 6.2. The sub-committee wanted to better understand how independent organisations such as Alternative Movement (Cross Fit adaptive fitness coaching) worked with other professionals. Alternative Movement’s head coach informed the sub-committee that they do work with local therapists, schools and other coaches on a referral basis where they share work depending on our specialties and requirements of the individuals. They also advised the sub-committee that in their opinion, it can help understand the clients’ needs better in adapting their programme and offer a better service. The Leisure insourcing team also informed the members that this is an area that they are looking to expand in to using the social prescribing model to support those who may require rehabilitation from life changing injuries such as a stroke patients, heart conditions and impact of diabetes which is prevalent in Tower Hamlets. The sub-

²² Family Resources Survey: financial year 2022 to 2023 - GOV.UK (www.gov.uk)
²³ Annual Disability and Activity Survey 2022-23 | Research | Activity Alliance

committee noted that this is likely also increase the footfall residents with a disability or those living with long-term ill health condition cohort. Vallance Community Sport Association’s SEN engagement manager informed the sub-committee that much of the referrals they receive is by word of mouth and from like-minded parents but have currently suspended referrals as they do not have the capacity or staffing ratio to safely accommodate.

- 6.3. The sub-committee also heard evidence, that residents with disabilities and or those living with long-term ill health conditions may be exposed to poverty and cost of living challenges and are much more likely to use voluntary and community services in the borough for support. Finding from Sport England, Active Lives Survey²⁴, (Nov 2020-21) identify that people with disabilities from lower socio-economic groups (45 percent) are much more likely to be inactive than disabled people from higher socioeconomic groups (30 percent).

Recommendation 6	Creating transitional arrangements from specialised fitness gyms to mainstream leisure centre facilities
The council should establish joint work protocols with community gyms (specialist in disability and long-term ill health condition) to support residents with disabilities and or those living with long-term ill health conditions to make the transition into mainstream leisure centre facilities.	

- 7.1. Scrutiny members had visited Ability Bow as part of its evidence gathering arrangement. Scrutiny members observed that the gym was established primarily for supporting people with disabilities and or those living with long term health conditions. Ability Bow’s chief executive informed the sub-committee that they are a small charity specialist gym and that key the challenge for them is that it is demand is high from residents with disabilities and or those living with long-term ill health conditions that they are oversubscribed with people having to join the waiting list as the facilities is small, limited in capacity and that there are no other gyms nearby that can accommodate residents with disabilities and or those living with long-term ill health conditions. They also informed the sub-committee that, while exercise is for everyone to enjoy, it cannot be a one size fits all approach. Ability Bow challenge is also difficult to move people on the mainstream leisure as the support structure and specialised equipment is not available. Capacity is another challenge and as such Ability Bow main also train up the carer or a family member to support the rehabilitation process and this could be simply motivating for them to continue with the type of exercise.
- 7.2. Scrutiny members also heard the evidence on the approach that Alternative Movement had taken to adapt and modify exercise or equipment to cater for diverse disability needs and that this has helped to manage expectations and grow their business organically. Alternative Movement’s head coach concurred with the views of Ability Bow, that a ‘one size fits’ all does not work, so what would work for one person would not necessarily work for another user. Alternative Movement’s head coach outline an example to the sub-committee to demonstrate why adaptation is needed and how it can be delivered in a mainstream environment for example Alternative Movement would factor in the movement or mobility of an individual and adjust to achieve the intended stimulus such as a deadlift exercise would target the posterior chain so they consider other things that can target this are if the individuals is not able to carry out the movement due to their impairment, which could be any form of pulling movement.

²⁴ [Active Lives | Sport England](#)

- 7.3. Alternative Movement also informed members, that their service offer is predominantly group training and this creates a sense of community, and they would often recommend a one to one to begin with, as this gives them an opportunity to slowly integrate the individual to common movements that is performed in the class setting. It also provides the opportunity to assess how much support the client may need in the class environment. The individualised sessions helps address any of the fears and anxiety around the gym setting. A key concern for people with disabilities, impairment or underlying health condition is lack of confidence and worries around how others will perceive them but that they prefer to be within a mix (disabled and abled) setting. Results from Activity Alliance, Disabled People's Lifestyle Survey²⁵, (2013) identified that two thirds (64 percent) of disabled people would prefer to take part in sport with both disabled and abled people. Alternative Movement added that the key issue for people with disabilities is that they want to be treated normally and not be singled out whether the intentions are positive or negative from other gym users.
- 7.4. The sub-committee also heard evidence from Vallance Community Sports Association SEN engagement manager who informed them that some of the challenge their service users face is that there is a lack of organised sports programmes and that there is low level media coverage. They also informed the scrutiny members that there is a lack of support staff due to constraints with resources which impacts their capacity to deliver more as they currently have around 110 registered members and have stopped taking in any new referrals. Currently they can accommodate 60 people undertaking a multisport activity once per week. The SEN engagement manager does feel that this can be scale up but that it is dependent on resources including staffing. The SEN engagement felt that some of the issues could be resolved for example getting access to Urban Gym at Mile End could open up access for residents with disabilities and or those living with long-term health conditions to use the gym facilities.

Conclusion

- 8.1. This scrutiny review supported the sub-committee to scrutinised and examine the challenges faced by people with disabilities and those living with long-term ill health conditions in accessing leisure facilities including sports and fitness initiatives in the borough. The review enabled residents from disability groups and or those living with long-term ill health conditions to engage with the process and put their views across to the sub-committee. Scrutiny members had the opportunity to visit community gyms and the soon to be council insourced leisure centres.
- 8.2. It is evident that sports and fitness initiatives and leisure centres in the borough are a real asset and a community driven need to support social inclusion and the populations overall health and wellbeing. The review identified that there is real opportunity to strengthen the local offer, to be more inclusive and deliver targeted interventions that will meet the needs of our residents with disabilities and or those living with long-term ill health conditions. Furthermore, this report demonstrates its alignment with the council strategic priorities such as focusing on 'Investing in Public Services' and 'A council that listens and works for everyone'.
- 8.3. The sub-committee has made six recommendations and hopes that the Mayor and Cabinet will endorse and take these forward and work with HASSC and others to ensure that we use the opportunity make improvements for residents with disabilities and or those living with

²⁵ [Disabled People's Lifestyle Report: September 2013 | Research \(activityalliance.org.uk\)](#)

long-term ill health conditions with their access to leisure and sports and exercise initiatives in the borough.

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