



TOWER HAMLETS HEALTH AND WELLBEING BOARD



**Tuesday, 29 June 2021 at 5.00 p.m. Committee Room One - Town Hall
Mulberry Place**

Due to ongoing Covid-19 restrictions, the press and public are encouraged to watch the meeting remotely through the <https://towerhamlets.public-i.tv/core/portal/home> site

Members:

Chair: Councillor Rachel Blake

Vice-Chair: Dr Sam Everington

Councillor Asma Begum

Councillor Danny Hassell

Councillor Candida Ronald

Councillor Denise Jones

Denise Radley

James Thomas

Chris Cotton

Dr Somen Banerjee

Randal Smith

Co-opted Members

Fran Pearson

Councillor Gabriela Salva Macallan

Councillor Andrew Wood

Chris Banks

Dr Ian Basnett

Peter Okali

Paul Gilluley

Jackie Sullivan

Vivian Akinremi

Marcus Barnett

Richard Tapp

Representing

Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing

Chair, Tower Hamlets Clinical Commissioning Group

Deputy Mayor and Cabinet Member for Children, Youth Services and Education

Cabinet Members for Housing

Cabinet Member for Resources and the Voluntary Sector

Mayor's Advisor for Older People

Corporate Director Health, Adults and Community

Corporate Director, Children & Culture

North East London – Clinical Commissioning Group

Director of Public Health, LBTH

Healthwatch Tower Hamlets

Safeguarding Adults Board Chair LBTH

Chair of Health & Adults Scrutiny Committee

Independent Member of the Conservative Group

Chief Executive, Tower Hamlets GP Care Group CIC

Public Health Director, Barts Health NHS Trust

CEO of Tower Hamlets Council for Voluntary Service (THCVS)

Chief Medical Officer

Chief Executive Officer Royal London & Mile End Hospitals

Deputy Young Mayor and Cabinet Member for Health and Wellbeing

Detective Chief Superintendent - BCU

Commander

Borough Commander - London Fire Brigade

The quorum of the Board is a quarter of the membership including at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group.

Questions

Before the formal business of the Board is considered, up to 15 minutes are available for public questions on any items of business on the agenda. Please send questions to the Officer below by **5pm the day before the meeting.**

Contact for further enquiries:

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Role of the Tower Hamlets Health and Wellbeing Board.

- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.
- To prepare the Joint Health and Wellbeing Strategy.
- To be involved in the development of any Clinical Commissioning Group (CCG) Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.
- To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local Healthwatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.
- To carry out new functions as requested by the Secretary of State and as advised in guidance issued from time to time.

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1. STANDING ITEMS OF BUSINESS

1 .1 Welcome, Introductions and Apologies for Absence

To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.

1 .2 Declarations of Disclosable Pecuniary Interests **7 - 8**

To note any declarations of interest made by members of the Board. (See attached note of Monitoring Officer).

1 .3 Minutes of the Previous Meeting and Matters Arising **9 - 18**

To confirm as a correct record the minutes of the meeting of the last Tower Hamlets Health and Wellbeing Board. Also to consider matters arising.

ITEMS FOR CONSIDERATION

1 .4 Home Care Transformation and Re-procurement **19 - 38**

1 .5 SEND Improvement Plan **39 - 54**

1 .6 Health and Wellbeing Story

The Board will receive a presentation from Heena Patel on her Experience and Ideas as a Tower Hamlets Resident, Mental Health Carer, Local Mental Wellbeing Small Business Owner and NHS ELFT Employee.

2. LOCAL ENGAGEMENT BOARD

The Board will receive an update on the Local Engagement Board that was set up in response to the Local Outbreak Control plan to hold the Council accountable & support the strategic aim of addressing inequalities in the impact of COVID-19 on individuals and communities and ensure that our COVID-19 response is led by residents and communities.

3. ANY OTHER BUSINESS

To consider any other business the Chair considers to be urgent.

Date of Next Meeting:

Tuesday, 21 September 2021 at 5.00 p.m. in

Agenda Item 1.2

DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER

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

(i) Disclosable Pecuniary Interests (DPI)

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

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

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

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

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

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

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

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

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

Guidance on Predetermination and Bias

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

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

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

Further Advice contact: Janet Fasan Divisional Director Legal and Monitoring Officer, Tel: 0207 364 4800.

APPENDIX A: Definition of a Disclosable Pecuniary Interest

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

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

LONDON BOROUGH OF TOWER HAMLETS

**DRAFT MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING
BOARD**

HELD AT 5.01 P.M. ON TUESDAY, 6 APRIL 2021

**ONLINE 'VIRTUAL' MEETING - [HTTPS://TOWERHAMLETS.PUBLIC-
I.TV/CORE/PORTAL/HOME](https://towerhamlets.public-i.tv/core/portal/home)**

Members Present:

Councillor Rachel Blake (Chair) – Deputy Mayor and Cabinet Member for
Adults, Health and Wellbeing

Co-opted Members Present:

Chris Banks – Chief Executive, Tower Hamlets GP
Care Group CIC
Dr Ian Basnett – Public Health Director, Barts Health
NHS Trust
Peter Okali – Tower Hamlets Council for Voluntary
Service
Paul Gilluley – East London Foundation Trust
Helen Wilson – Clarion Housing/THHF -
representative to HWBB
Marcus Barnett – Met Police

Apologies:

Dr Sam Everington – Chair, Tower Hamlets Clinical
Commissioning Group
Councillor Asma Begum – (Deputy Mayor and Cabinet Member
for Children, Youth Services and
Education)
Councillor Candida Ronald – (Cabinet Member for Resources and
the Voluntary Sector)
Vicky Clark – (Divisional Director for Growth and
Economic Development)
Jackie Sullivan – Chief Executive Officer Royal London
& Mile End Hospitals
Vivian Akinremi – Deputy Young Mayor and Cabinet
Member for Health and Wellbeing

Others Present:

Farah Bede – Clinical Lead for IRIS
Abdul Doyas – Patient Welfare Association
Suroth Miah – Patient Welfare Association
Jamal Uddin – Strategy Policy & Performance Officer
Joe Hall – Clinical Lead

Abdal Ullah	– Ward Councillor St Katharine's & Wapping
Warwick Tomsett	– Joint Director, Integrated Commissioning
David Knight	– (Democratic Services Officer, Committees, Governance)

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

The Chair in her introduction informed the Board that (i) a number patients and their families of patients from Royal London were in attendance, as part of the discussions on Health and Wellbeing Story; (ii) there was a report on the primary care access and patient experience; and (iii) there will be update reports on (a) SEND Improvement; and (b) Covid 19 and vaccination programme.

1.2 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests received at the meeting.

1.3 Minutes of the Previous Meeting and Matters Arising

The Chair **Moved** and it was:-

RESOLVED

That the unrestricted minutes of the meeting of the Board held on 2nd February 2021 be approved and signed by the Chair as a correct record of the proceedings.

1.4 Chairs Update

The Chair:

- ❖ Informed the Board that (i) the Health and Wellbeing Strategy was due to go on the Consultation Hub tonight although there are issue's with the Councils website so the Strategy may not be live until tomorrow; (ii) she would asked all partners agencies/stakeholders to sign post resident and professional groups to the associated online survey; and (iii) there would be a number of online webinars and would welcome any ideas on how the Partnership can encourage people to participate in this stage of the consultation.
- ❖ Provided an update around the Better Care Fund (BCF), the BCF requires the NHS and the Council to create a local single pooled budget to incentivise closer working around people, placing their wellbeing as the focus of health and **care** services, and shifting resources into social **care** and community services for the benefit of

the people, communities and health and **care** systems. It was noted that on the 25th of March, the Government had confirmed that the Better Care Fund will continue in 2021-22 and that the Clinical commissioning group (CCG) minimum contribution will grow, which is in line with the long-term plan settlement by 5.3% to £4.26 to enable the CCG to meet their 2021-22 BCF commitments. It was noted that (i) due to the national conditions and processes it has not yet been published but is expected very soon; (ii) The Partnership has also received the year end return which is being used in lieu of guidance during 2021. For the return the Partners will need to confirm that they have met the national conditions and provided planned and actual spending from the mandatory funding sources; including agreed spend on social care and NHS commissioned out of hospital services from the CCG minimum contribution. The returns are due on the 24th of May and as in previous years these will be sent on behalf of the Health and Wellbeing Board.

- ❖ Observed that the Council has now launched its Race and Inequalities Commission, and it has had some clear recommendations around health. One of the things at the centre of the Boroughs Health and Wellbeing Strategy is to the reducing of health inequalities by improving access to services **e.g.** there is a recommendation that addresses digital exclusion and the Board needs ensure that the Strategy really addresses that issue. Whilst another recommendation is for the Board to lead a high-profile campaign for the Government to provide adequate funding to address health inequalities. Which the Board was well placed to effectively address given its influential membership. It was noted that another recommendation was to review hostile environment policies and to reduce the checking of immigration status of service users. In addition to developing initiatives to support more Black, Asian, and Minority Ethnic residents to become health professionals and to review and strengthen clinical training in order to increase understanding in different cultural needs.

2. HEALTH AND WELLBEING STORY - ROYAL LONDON HOSPITAL PATIENTS AND FAMILIES GROUPS

The Board welcomed representatives from Royal London Hospital Patient Welfare Association that had been established to investigate allegations of “poor level of care” at the Royal London Hospital. The main points arising from the discussions on this item may be summarised as follows:

The Board

- ❖ Noted that concerns had been raised after relatives had apparently not been able to visit wards during strict lockdown periods and that claims had been made that some elderly family members had not received attentive care on the wards.

- ❖ Noted the Patient Welfare Association is calling for changes and suggesting how standards "should be improved" by involving families with patient care.
- ❖ Noted that Barts Health NHS Trust has stated that patient safety is its top priority and wants to listen to any feedback and concerns.
- ❖ Noted that the objective of the Patient Welfare Association is to give the people within the community, a voice for the voiceless where it is felt that care lacking.
- ❖ Noted that Patient Welfare Association were incredibly grateful to Jackie Sullivan (Chief Executive Officer Royal London & Mile End Hospitals) for having arranged a meeting on the 1st of April 2021 and that there is now a constant dialogue with the Trust on how the care of residents can be improved. The Patient Welfare Association was also looking forward to working with other groups to get the best possible care for all residents.
- ❖ Noted that Patient Welfare Association wants to look at (i) visitation rights to facilitate the elderly and vulnerable patients; (ii) treating patients with dignity and respect; (iii) improve on the work being done through the family contact centre that has been established and for there to be meaningful BAME representation in the running of this centre; and (iv) for meaningful overview and scrutiny of this issue.
- ❖ Noted that the Patient Welfare Association recognises the amazing work that front line staff have done by the Barts Health NHS Trust and community coming together during these challenging times. However, the Patient Welfare Association stated that there had been a serious lack in the care that the families of patients had received. The Patient Welfare Association wished to see patients treated with dignity and respect e.g. staff not considering people's cultural and religious needs. Patient Welfare Association indicated that this situation had been not helped by the complaints system which had been a barrier itself as it is not easy to navigate.
- ❖ Noted that the aim of the Patient Welfare Association is not to name and shame, it is simply to improve the level of care of every single patient receives from the Barts Health NHS Trust.
- ❖ Noted that the Patient Welfare Association wanted better access to patients who are vulnerable and have learning difficulties who cannot feed themselves as it is therapeutic, as it helps with their recovery process and support the nursing staff as at the end of day the wellbeing of the patient is in everyone's interest.
- ❖ Observed that the Family Contact Centre whilst the idea behind it was a good one, unfortunately, in a way, it has created a barrier as in the past family members could contact the wards directly and to get a live update. Whereas now through the Family Contact Centre they have got to go through staff there who are not necessarily part of the care team, who have to read the notes. Although the Patient Welfare Association have had reports where families have had to wait more than 48 hours, when generally the target time is within 48 hours.
- ❖ Noted that Barts Health NHS Trust are making changes to the Family Contact Centre as they acknowledge how difficult it can be for families to have a loved one in hospital at this time, particularly while there are

visiting restrictions in place to help keep everyone safe from Covid-19. According the Family Contact Centre is working to ensure they help families keep in touch with their loved ones. The Trust consider that the Centre will provide a key point of contact, to help ensure families are supported and updated about their relatives' condition and wellbeing. Through the Centres families can help raise concerns and questions with clinical teams, as well as help with practical issues including arranging end of life visits, providing language support, offering spiritual and religious support, booking virtual visits, and sending photos and messages to family members in the Royal London.

- ❖ Observed that the Patient Welfare Association wanted to see meaningful scrutiny of the provision of older patients at the Royal London and to have proper representation in the process of management and scrutiny of patient welfare that transcended all communities and more importantly all commercial and financial backgrounds., they just want you recognise the needs of the BAME communities.
- ❖ Noted that Healthwatch Tower Hamlets indicated that they would wish to have a conversation with the Patient Welfare Association outside this meeting and see how we can further the understanding of the work that they do and how they can use the insights and experience of families to feed into how Healthwatch bring data and information, to influence the decision-making other partners on the Board.
- ❖ Noted that Barts Health NHS Trust are working to the guidance that has been issued by NHS England which meant that the older people's wards did have open visiting ahead of the COVID-19. However, when Barts Health NHS Trust had to start working to protect both staff and patients there was a need to start restricting access. However, as part of the reduction of lockdown, the Trust are now working on reopening of their doors to visitors, according to the guidance. One of those key milestones being Monday 12th, April 2021 where the Trust will be able to have visitors and with track and trace they will need to be an identified person for a particular patient.
- ❖ Noted that the Trust still needs to be careful as Covid still circulating within community and by nature of being in hospital patients are much more vulnerable. Therefore, the Trust will need to work quite carefully with what is known about what is going on in the community and the hospital. However, the Trust considers that it is in a good position with the vaccine rates in the Borough and is working to improve the level of cultural input at the bedside, on the wards, that enables nurses and carers to understand those inputs.
- ❖ Noted that going forward the Trust is considering how it might work to increase volunteer involvement at the Royal London to support care and the Trusts Board has approved funding to increase the size of the Family Contact Centre team.
- ❖ Observed that the Trust is very keen to develop a positive dialogue with the Patient Welfare Association; Healthwatch; Care Quality Commission (CQC) and the Clinical Commissioning Group (CCG).

- ❖ Commented that it was important to use feedback from patients and their families so as to make meaningful changes and lasting changes that would result in the development of culturally competent services.

In conclusion, the Chair thanked everybody for their contributions to the discussions on this important issue.

The Chair then Moved, and it was **RESOLVED**:

1. that it was a positive step to develop the dialogue between the Royal London; the Patient Welfare Association; Healthwatch; Care Quality Commission (CQC) and the Clinical Commissioning Group (CCG) in regard to meaningful representation.
2. to reflect on these discussions in the development of the Health and Wellbeing Strategy; and
3. to consider how to improve the level of care for every single patient receives from the Barts Health NHS Trust

3. PRIMARY CARE ACCESS AND PATIENT EXPERIENCE EXPLAINED

The Board noted that the Covid-19 pandemic is re-shaping the provision of healthcare within Tower Hamlets. New national and local initiatives have also impacted on primary care delivery models and the patient experience. The Borough's communities are facing unprecedented challenges and therefore it is important to develop systems that address expanding health inequalities.

All organisations and systems within the Borough therefore need to reflect on these new challenges and effectively re-align their activities and operations. It was noted that working in partnership and integrating services where possible has the potential to transform the healthcare provision within the Borough against the most challenging social economic backdrop that our community faces. The main points arising from the discussions on this item may be summarised as follows:

The Board:

- ❖ Noted that whilst there has been considerable collaborative working between GP practices and community pharmacies there is still much that could be done.
- ❖ Observed that part of the role in GP surgeries is to transfer information to local communities on how to live healthier and how to access healthcare. The most accessible healthcare in some respect is within pharmacies, and a new plan for things is being undertaken in the north-west of the Borough is for patients to access the surgery, maybe online, with those who need something immediately they could get their medicine much quicker through consultation with the pharmacist. With the GP surgeries helping those patients with more complex medical problems. However, there is still more work to be done to open the communication channels so that patient can be referred quickly and have easy access between pharmacy the GP and vice versa.

- ❖ Commented that it is especially important to recognise that online access to services is not for everybody and going forward clarity is needed for people to know all the different pathways that they can use. The
- ❖ Noted that the Partners agencies have an ongoing programme of work to continually evaluate these kinds of issues, to try to make sure that they are breaking down barriers e.g. streamlining the online consultation process is not a static piece of work.
- ❖ Commented that whilst the Borough has come through a hectic scenario very quickly there is now a moment to reflect and think. The next phase is to really drill down and see what can be done around those patients that may be left behind by the new systems. The challenge is therefore about addressing the needs of the most vulnerable patients and the equalities agenda.
- ❖ Indicated that this is something that we should revisit and look to see what has been achieved. Also what measures are useful measures to be judged upon against the recommendations of the Black, Asian & Minority Ethnic Inequalities Commission.
- ❖ Agreed that the partners need to understand the impact that they are having and the consultation on the Health and Wellbeing Strategy would be an opportunity to consider this issue in more detail.

Recommendations:

The Health and Wellbeing Board **agreed:**

That the Board would receive a further report to evaluate how the needs of the most vulnerable patients and the equalities agenda are being addressed.

4. SEND IMPROVEMENT PLAN

The Board received and noted a briefing that provided an update on SEND improvement work, looking at the priority areas and the key issues, main activities, and current challenges for each. The main points arising from the discussions on this item may be summarised as follows:

The Board:

- ❖ Noted in response to concerns raised that the Borough was looking to increase the resources available within Tower Hamlets so as to reduce the need for SEND students to be in placements in schools outside of Tower Hamlets.
- ❖ Noted that there is considerable thought going into the concept of transitional safeguarding and looking at other safeguarding needs in context and not just looking at it from children's point of view at 17 and an adult at 18. Which it was felt showed that Tower Hamlets has considerable ambition in terms of looking forward in regard to this issue.
- ❖ Noted with regard to EHC plans, and the timescales the current annual figure is around 15.8% of plans are completed within the 20 weeks

which is way below where it should be. However, when looking at the monthly figures it is getting better, so a large part of those delays are historic cases which are part of the backlog and they will always be late. Whereas the more recent referrals into the system are being sorted in a much timelier way. Therefore whilst that is good, there is still a way to go to clear that backlog; to keep that timeliness on trend; and to strengthen our approach to SEND..

5. COVID 19 AND VACCINATION UPDATE

The Board received and noted update on Covid-19 and the vaccination update. The main points arising from the discussions on this item may be summarised as follows:

The Board noted

- ❖ If you do have the vaccine your chances of getting Covid are reduced by at least 80 percent and you are also less likely to pass Covid to your family and friends.
- ❖ 81 percent of the 65 plus age group have been vaccinated which is a little below the London average and London itself is below the national average.
- ❖ Noted that initially the Borough saw some significant disparities between the different ethnic groups. However, that disparity has now been reduced between the White population and the Asian population. However, it was noted that with the Black Population vaccinations have been increasing quite slowly and what is now evidenced from the emerging data from the second dose is that there are disparities again between the White population and the Asian and Black populations.
- ❖ Noted the importance of personal stories increasing confidence in the vaccine from those people who have had the vaccination, trusted figures within the community on social media and through other routes.
- ❖ Observed that ease of access is an important issue and there are only two vaccination sites within the Borough and then there the mass vaccination sites at Westfield and the Excel. Therefore there has been considerable discussion around the importance of ease of access. Therefore, work is being done around what the GP care group and AT medics are doing regarding community clinics and increasing access in the local general practices.
- ❖ Agreed that people need to understand why the vaccine it is so important, and a lot of advice and support is being provided in a range of community languages and formats.
- ❖ Noted that there has been a considerable amount of co-production working with organisations commissioned through the voluntary sector, particularly Bangladeshi; Somali; People with Disabilities and a number of faith settings.
- ❖ Was informed that there is a small grants programme aimed at supporting community clinics such as the London Muslim Centre and, Somali Centre which have all been successful.
- ❖ Noted that the vaccine roadshow has been working particularly in areas of low uptake.

- ❖ Agreed that Ramadan is a really important issue and noted that there is the consensus position from the British Islamic Medical Association, which says that having the vaccination does not invalidate the fast.


6. ANY OTHER BUSINESS

In conclusion the Chair expressed her thanks to everybody who contributed at this evening and welcomed the Boards willingness to take on health inequalities which was the biggest challenge in Tower Hamlets at present in terms of improving health and wellbeing.

The meeting ended at 7.03 p.m.

**Chair, Councillor Rachel Blake
Tower Hamlets Health and Wellbeing Board**

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<p>Non-Executive Report of the:</p> <p>Tower Hamlets Health and Wellbeing Board</p> <p>Tuesday 29th June 2021</p>	 <p>Tower Hamlets Health and Wellbeing Board</p>
<p>Report of: Warwick Tomsett, Joint Director of Integrated Commissioning</p>	<p>Classification: Unrestricted</p>
<p>Home Care Transformation and Re-procurement</p>	

<p>Originating Officer(s)</p>	<p>Rahima Miah; Bola Akinfolarin</p>
<p>Wards affected</p>	<p>Wards All</p>

Executive Summary

A presentation report, updating the Health and Wellbeing Board on the work being carried out on the Home Care re-procurement programme.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the presentation

1. REASONS FOR THE DECISIONS

1.1 N/A

2. ALTERNATIVE OPTIONS

2.1 N/A

3. DETAILS OF THE REPORT

3.1 A detailed presentation is attached for members to refer to.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- NONE

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.

- NONE

Officer contact details for documents:

N/A

Home Care

Transformation & Re-procurement



Introduction



The purpose of this document is to:

- 1) Update the Health and Wellbeing Board (HWBB) on the work being carried out on the Home Care re-procurement programme.



Context



Domiciliary and personal care services are commissioned as a key means of meeting the Council's statutory duties to provide services under Community Care law.

There are currently approximately 2174 Home Care Service Users, utilising approximately 22535.76 hours of care, at a cost of circa £30 million per year.

The current contracts were let in 2017 and had a geographical locality-based focus designed to maximise efficiency and to align providers with wider integrated care and NHS partners. Feedback from various sources is that partnership working has vastly improved since the advent of locality working in late 2018. Relationships have been built and key information is routinely shared as necessary amongst partner organisations. This has led to improved quality of care and better outcomes for Service Users, where this model works.



Context Cont.

Challenges

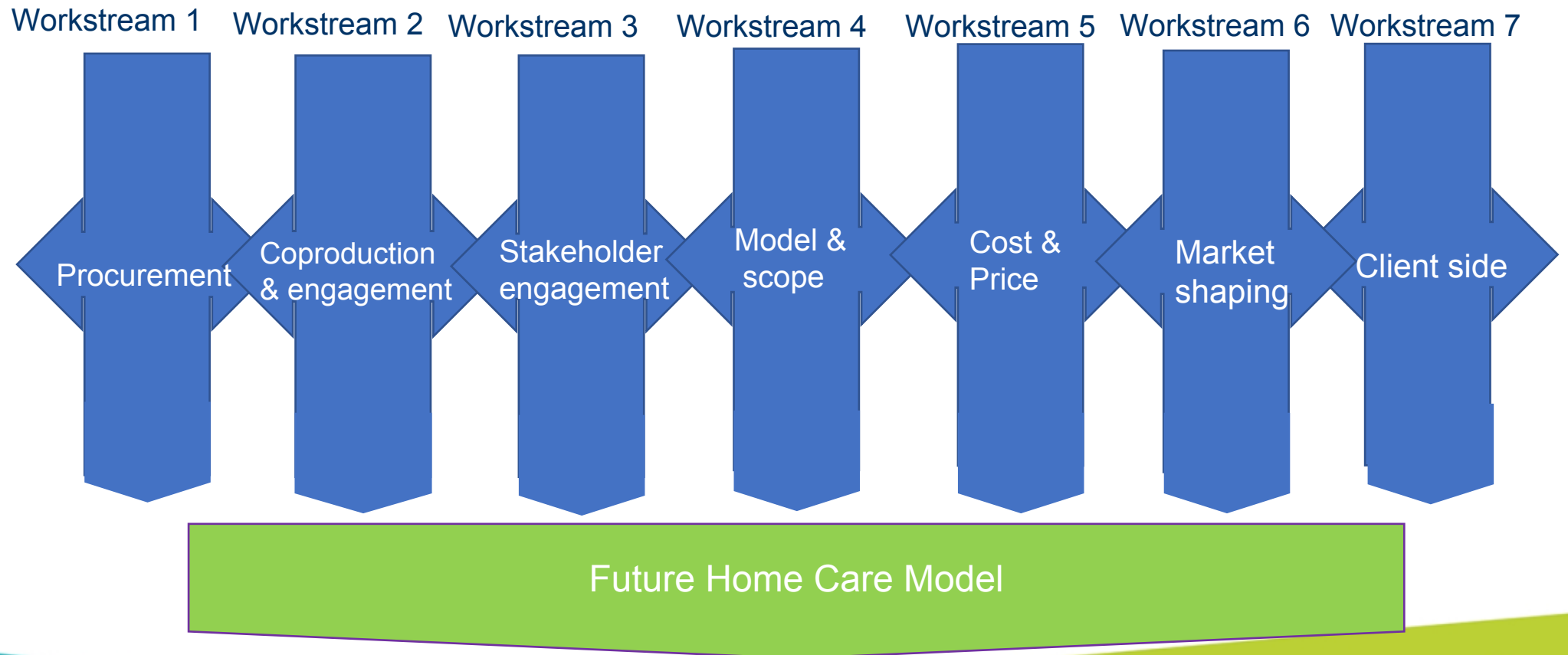
However, the current Home Care contract in Tower Hamlets has a number of problems that a new model needs to address. These include:

- Costs
- Quality
- Processes
- Complexity
- Innovation

In addition to this demand for support is also likely to grow over the coming years. POPPI (Projecting Older People Information System) projects that the number of older people requiring help in Tower Hamlets with *at least one domestic task* will rise from 5,582 in 2019 to 6,341 in 2023 and to 9935 in 2035.



Workstreams



Coproduction & Engagement



We have commenced coproduction activities around Home Care and have much more planned as a full coproduction strategy and approach is developed for the new Home Care contract, reflecting Tower Hamlet's commitment to 'involve communities in everything that we do' (Community Engagement Plan). Our aim is to ensure citizens are active and equal partners in developing approaches and as such planned work includes:

- Continuing to work in close partnership with lead community and representative organisations to co-deliver workshops, focus groups and discussions with citizens to ensure coproduction in all stages of design, development and delivery. This will enable Home Care users, their carers, families and networks to set out the issues and barriers as they experience them; scope what works well and what doesn't, what good support should look like and so helping with the selection of the preferred model;
- Building on the themes and insights from people using Home Care interviewed for the Anyway Any How, Healthwatch report;
- Planning and supporting the involvement of citizens in the selection of providers and the ongoing role in overseeing successful implementation;
- Planning the right structures and governance for review so people's views and experience shape evaluation; quality assurance and future delivery.

We believe that effective coproduction will be critical to set the right delivery and contractual model and to meet the desired outcomes our Residents want from Home Care.



Stakeholder Engagement



There are a significant number of stakeholders to the Home Care contract. These include, but are not limited to:

- Single point of access or front door services – Information, Advocacy & Advice service; assessment and care management;
- Health partners; hospital discharge teams; social prescribers;
- Voluntary and community sector; faith organisations; mutual aid groups;
- Healthwatch; user led organisations; representative groups; disability specific groups;
- Carers groups and organisations;
- Workforce / employment partners;
- Service Users; experts by experience (see coproduction section).



Model & Scope

Connections with other key social care activities

- Effective Home Care is a key component of the future model and vision for social care in Tower Hamlets. It is central to delivering on the ambitions set out in the new Strategic Plan (Tower Hamlets Strategic Plan - 21-24) which discusses the Council 'refocusing efforts on providing the right care, at the right time, that supports people to be as independent as possible' with the recommissioning of Home Care a major part of that. Consequently, the Home Care contract has several important interfaces with critical social care activities, and it is important that Home Care activities are aligned and act in harmony.
- These include:
 - Access to services and management of demand at the front door;
 - Redesigned day services;
 - Assessment and care planning activities;
 - Reablement; and
 - Housing, extra care, supporting living and residential care.
- The potential changes we are reviewing have significant consequences and impacts on other parts of the social care delivery model and need to be fully worked through and agreed if they are to be effective and supported across the service.



Market Shaping



It is vital that we attract high quality and innovative providers onto the new Home Care contract.

The current contract has suffered with some Service Providers not providing the right quality of service and a range of complex and difficult payment reconciliation challenges with most providers. In the past, this has led to several providers being stepped off the existing Contract for quality issues. We need to foster better relationships with our key Service Providers, ensure that we have efficient and effective contractual processes and, hopefully, attract new and innovative providers into the Home Care contract.

We are therefore proposing a range of market engagement events to help shape the Home Care specification and contract and to shape and warm up potential market providers. This includes exploring the potential of new local providers, based in the Council and employing local people, coming into the market and exploring how we can bring innovative national payers into Tower Hamlets.



Delivery, Implementation & Sustainability



There are a range of complex change management activities to ensure that the contract is implemented effectively and to create the right conditions of success.

Whilst these activities will partly depend on the choices, we make in our Home Care delivery models it is likely that we will need to ensure we are ready to implement the new Home Care delivery arrangements. This is likely to require activities in a range of areas including ...

- Alignment with assessment and care planning arrangements;
- Information, Advocacy & Advice, front door and reablement approaches that minimise the need for long term support;
- Support for people to live at home well for longer e.g. equipment and adaptations;
- Wider market shaping to extend choice and also to divert from residential care or to support more successful and sustainable hospital discharge;
- Supporting the growth of Direct Payments;



- Aligning the Contract to changes in social work practice;
- Quality assurance and quality management approaches;
- New financial management and performance management processes;
- New governance and partnership arrangements;
- Coproduction

There will also be a need to carefully consider how we transition from the current arrangements to the future model. Again, this will need careful planning and consideration and will be vital to a smooth change from the current to a future model.



Transformation Opportunities



Design of a Best Practice Home Care Solution

We are currently considering incorporating a range of new elements into the Home Care contract specification. This is vital and fundamental to gaining the value and outcomes we desire and expect.

There are a range of new market developments resulting from Covid-19 and a number of new models of Home Care that are now in place across the country. It is important that we consider these developments carefully and capture them in our new contract. Our work is helping to identify best practice and viable models that could be a good fit for Tower Hamlets. These innovations include:

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Changes in Contract Scope

The potential to extend the scope of the Home Care contract and consider incorporation of other services, particularly to embrace closer working with the health sector and the community and voluntary sectors – for example, we are in productive and ongoing discussions about extending the contract to include District Nursing. This would build and learn from Tower Hamlet's 2018 Neighbourhood Care Team pilot

Individual Service Funds (ISFs)

We are looking at changing the basis of the contract – based on units of time to an arrangement where Service Providers are given 'annual budgets' to agree Care Packages with Service Users thereby enabling more flexibility and innovation in the delivery of Home Care. These arrangements have been effectively implemented in other Council's and are delivering great benefits (for example, Bexley, Wakefield, Hammersmith & Fulham and Somerset. Bexley's recently established ISF framework provides for flexible support for people with learning disabilities attracted experienced and innovative providers and has brought decision-making closer to individuals focusing paid support on what matters most to the person)



Outcome based performance measurement

There is potential to introduce a new outcome based framework which could capture the measurement of key Service User expectations and potentially make use of the “I statements” and insights we captured as part of the preparatory work developed for this contract with Anyway Any How & Healthwatch. Again, many Councils are coproducing these frameworks to drive better value from their Home Care arrangements (for example, Swindon, Thurrock and the Isle of Wight. The Isle of Wight has strengthened delivery and quality via a prime provider arrangement across three localities. Individuals work out their support with the prime provider so increasing flexibility and satisfaction. Market and workforce stability has much improved with supply and continuity assured by the prime providers subcontracting as needed with other suppliers but with them remaining accountable for quality).



Payment by results

There maybe potential to link Service Provider payments to the achievement of desired contract outcomes. Whilst these arrangements need to be carefully considered they can incentivise better performance and alignment of Council and Service Provider objectives (for example, Nottinghamshire has introduced a payment system based on outcomes with 95% of the commissioned hours paid. This avoids just time and task delivery, with the remaining 5% based on achievement of individual outcomes).

A New Team Delivery Model

There are a range of different models being used in different authorities that could provide real benefits in Tower Hamlets. These include - self-managed teams / wellbeing teams through a Buurtzorg model (as they have delivered in Thurrock and Camden); the development of micro-enterprise models (such as they have in Leeds, City of York and Somerset) and more collaborative and reablement models (for example, Coventry which has significantly reduced the need for long term formal support and improved successful, sustainable hospital discharge). We are in the process of exploring these models with other local authorities and learning about the benefits they could bring.



Better Contract Management, Quality Assurance and Performance Monitoring

We are looking at our key processes and skills and capacity we need to manage Home Care activities more effectively to ensure we get the right quality of service and better value for money.

We believe that these new ideas could help the Council to achieve the benefits and value expected from the new Home Care contract. These issues need to be carefully considered and developed



Next Steps




Over the next six months we will be focused on engagement and model design before we proceed with the procurement of the new contract.



Any Questions/ Feedback?



Non-Executive Report of the: Tower Hamlets Health and Wellbeing Board Tuesday, 29 June 2021	 TOWER HAMLETS
Report of James Thomas, Director, Children and Culture	Classification: Open (Unrestricted)
SEND Improvement Update	

Originating Officer(s)	Tracy Stanley, Strategy & Policy Officer, Children and Culture
Wards affected	(All Wards)

Executive Summary

This briefing will provide an update on SEND improvement work, looking at the priority areas and the key issues, main activities and current challenges for each. The briefing is being provided as a set of slides for the Health and Wellbeing Board.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Provide feedback on the SEND Improvement update briefing.

1. REASONS FOR THE DECISIONS

- 1.1 There is no decision, this briefing is for information.

2. ALTERNATIVE OPTIONS

- 2.1 N/A

3. DETAILS OF THE REPORT

- 6.1 This briefing will provide an update on SEND improvement work, looking at the priority areas and the key issues, main activities, and current challenges for each. The briefing is being provided as a set of slides for the Health and Wellbeing Board.

4. EQUALITIES IMPLICATIONS

- 4.1 The SEND improvement work is directly concerned with equalities and by driving improvement work will improve outcomes for children and young people with Special Educational Needs and Disabilities.

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 There are no further specific statutory implications at this stage.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.2 The briefing focuses primarily on service delivery and improvement. Costs and funding of SEND are across the general fund and the high needs block of the dedicated schools grant (DSG) as well as in collaboration with partner agencies. Cost and funding implications would be considered as part of the high needs recovery plan which will in turn be considered alongside this improvement plan. There are no direct finance implications arising from the recommendation in this briefing.

7. COMMENTS OF LEGAL SERVICES -

7.1 Part 3 of the Children and Families Act 2014 requires local authorities to provide services to children and young people with special educational needs and disabilities, and to keep the provision made for these children and young people under review. The proposals set out in this briefing comply with the above legislation.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- SEND Improvement Update June 2021 (powerpoint slides)

**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.

- NONE.

Officer contact details for documents:

Tracy Stanley, Strategy and Policy Officer, Children and Culture SPP,
Tel: 0207 364 3876

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SEND Improvement Update

HWBB, 29th June 2021



Overview of item

This presentation provides an information update on local area progress on the SEND improvement agenda. The presentation covers the following:

- Update on Self Evaluation Framework – strengths and areas in development
- Inspection Readiness
- Progress on SEND Improvement actions
- What we need from partners



SEF - Timely identification of need

Strengths

1. The local area has effective oversight of the opportunities for the early identification of need in the early years (EY) and takes advantage of these, with multi-agency work to provide effective identification of need at the earliest possible stage in the early years.
2. Much joint work has been delivered in order that families remain known to services, to ensure that no child with additional needs is missed. Effective processes are in place to ensure that vulnerable children with additional needs, including those where there are safeguarding concerns, are kept in view by services.
3. Senior leaders recognise the importance of continued investment in the early identification and meeting of needs.
4. Amendments to EHCPs are made in a timely way at key transition points, such as entry to school, secondary transfer, and post-16, ensuring appropriate provision is in place.

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Areas in development

1. School leaders have raised concerns about a cohort of children entering statutory education provision in Reception with a range of previously unidentified needs.
2. Young peoples' annual reviews at Year 9 do not routinely make adequate plans for transition to adulthood and any appropriate services.
3. SEND is not systematically considered as a relevant need by all parts of the local system workforce. This is borne out in how consistently services outside of Education monitor and record information around SEND status which has the potential to negatively impact on efforts to identify and meet need in a timely way.
4. The need to improve our understanding of projected future demand for SEND —and specialist education provision in particular— has been identified as an area for development.



SEF - Assessing and meeting need

Strengths

1. Parents tell the council that EY childcare provision meets the needs of young children who have SEND well, however, the impact of the Pandemic has seen numbers in EY provision reduce significantly. Plans are in place to ensure a return to pre-Pandemic levels of take up.
2. Across Tower Hamlets there is a broad spectrum of educational provision for SEND, with high quality mainstream settings, resource bases and satellite provision in mainstream settings; through to high quality special schools and alternative provision to ensure all children can have their needs met locally.
3. Schools are well supported by the local area in assessing and meeting the needs of children and young people with EHCPs and at SEN Support.
4. Many services for the most vulnerable children with SEND are providing high quality assessment and meeting their needs effectively, including the Virtual School, CWD, THESS.
5. There are clear and strong examples of responsive joint commissioning in practice that is developing defined, co-produced services to meet need effectively, including home-to-school travel assistance, the THEWS and the work of the CIT.
6. Co-production is a significant area of strength and contributes to a strengthened governance system, lower levels of tribunal activity and better quality commissioning.

Areas in development

1. Processes around EHC needs assessments including timeliness, requests for advice, co-production and the quality of plans remains a key area for development, though plans are in place to address this.
2. The local ASD pathway needs better join up between various system partners in a range of areas, with a view to improving the timeliness of assessment, service delivery and transition to adulthood.
3. Young people with complex care needs who do not meet thresholds for specialist services do not receive a good enough transition into adulthood.
4. Inclusive practice is not yet routinely consistent across mainstream education settings for specific needs, particularly with regards to SI, ASD and SEMH.



SEF - Improving outcomes

Strengths

1. We are proud of the attainment and achievement of children and young people with SEN at schools and in EY settings across Tower Hamlets and consider this an area of strength, despite the disruption caused by the COVID-19 pandemic. This includes CLA.
2. In the main, pupils with SEND in Tower Hamlets are well engaged with their education and school attendance and exclusion figures are better than national averages.
3. Outcomes for children and young people, looked after, supported by the Virtual School are good. The attainment 8 score for CLA with EHCPs is in line with national CLA for cohort and slightly above regional (NCER 2019).
4. Effective programmes and initiatives are in place to support young people who have SEN to progress into employment.
5. The CLDS works closely with joint commissioners for health and social care and other key stakeholders and partners to deliver good outcomes for young people aged 19-25 with a learning disability.
6. Children, young people, and families with SEND have been clear with us that they want their needs considered alongside, not separate from, the needs of all children. This spirit of inclusion is being championed by our strategic partnerships and is actively informing our service development and planning.

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Areas in development

1. Children, young people and parents are not yet consistently heard at each stage of the commissioning cycle.
2. We need to improve how we capture information relating to individual level outcomes for children and young people with SEND within our management information systems, so that we can more easily monitor the impact we are making at a strategic level.
3. The monitoring and tracking outcomes supplied as part of the EHCP and annual review processes is inconsistent.
4. We want better outcomes for young people making the transition to adulthood.



Inspection readiness – update in June

- Steve Nyakatawa has joined LBTH as Director of Education with SEND as one of his key priorities.
- The SEND Inspection Group has developed an inspection preparation action plan and has identified improvement actions which will have the most impact and can be delivered at pace.
- A staff webinar, led by Directors, was delivered on 1st June to brief and prepare people for an inspection. This included sharing of key messages from the Self Evaluation Framework and Key Lines of Enquiry.
 - The webinar was recorded and can be accessed here:
<https://web.microsoftstream.com/video/c559cb24-e2a4-47b7-b323-df7e5dc092c7>



COVID and the inspection



- Local area leaders should be prepared to discuss with inspectors how they have:
 - Understood the experience and needs of children and young people with SEND, and their families, during the pandemic
 - Continued to involve children and young people with SEND and their families in coproducing decisions about how best to support them
 - Worked collaboratively to prioritise, adapt, and provide the services and support that children and young people with SEND and their families need.



Progress on improvement actions: Leading SEND & identification and assessment

- Workforce pressures and training needs – report with recommendations for next steps produced, analysing training needs and requirements, workforce sufficiency and recruitment & retention issues.
- SEND Local Offer – focus group with parents and young people meeting on termly basis. New look front page and Young People’s Zone launched in April and 'You said We did' feedback being made available on website.
- Thresholds & criteria for categorising primary need - work on track to complete document and identifying support and training for Sep 2021. Final document to be published for start of the school year.
- Quality of EHCPs - Working Group to trial ‘single advice form’ for professionals to assist with improving quality of advice received. Training for officers to begin in Autumn 2021 on QA-ing plans and making recommendations
- EHCP timeliness:
 - Overall timeliness of plans issued in 2021 – 27% (this includes the backlog) - timeliness of plans since Oct at 53%
 - Backlog – 23% still to clear



Progress on improvement actions: Commissioning services & education provision

- ASD Review Group:
 - Meeting in parallel to 4 engagement sessions with parents and families to fully understand issues
 - Business Case for increased diagnostic capacity scheduled for consideration in June 2021
 - TNW benchmarking undertaken on ASD assessment with sharing of learning and best practise
- SEMH Base opening in Sep 2021 at Ben Jonson for primary age pupils - will allow those who are able to return to mainstream schooling and those who require more specialist support to receive this onsite. Staff undertaking a research project on SEMH need in the primary sector beginning in the Summer term.
- Inclusive practice - benchmarking tool being piloted in schools and training programme on implementation to be rolled out via SENCO conferences in the summer term.
- Sufficiency of specialist SEND places (in mainstream and special schools):
 - Expansion of Phoenix School complete and planning is well underway for expansion of Beatrice Tate and London East Alternative Provision
 - Mastadon-C are being commissioned to refresh special school pupil projections.



Progress on improvement actions: Transitions and promoting independence



- Transitions Group re-convened and Options Paper produced which will steer future work- particular focus on issue of consistency of handovers and regular reviewing of plans between agencies.
- Annual Review co-production pilot with Year 9 pupils continuing - now Transitions Group workstream where progress will be reviewed

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What we need from partners & next steps

Prepare for any potential role in a Local Area SEND Inspection

Strengthening understanding of SEND priorities for all partners across the local area so that all parts of the system work together to address issues and drive improvement

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Securing the commitment of partners around areas of work which are 'in development' and would benefit from a more joined up approach

Supporting partners to deliver key messages to wider staff and colleagues about their role in delivering the best possible services and outcomes for children and young people with SEND



Any Questions

