TOWER HAMLETS

HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

Tuesday, 8 March 2022 at 6.30 p.m.

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Members:

Chair: Councillor Gabriela Salva Macallan
Vice-Chair: Councillor Shah Ameen

Councillor Faroque Ahmed, Councillor Kabir Ahmed, Councillor Shah Ameen, Councillor Denise Jones and Councillor Puru Miah

Substitutes:

Councillor Andrew Wood, Councillor Zenith Rahman, Councillor Helal Uddin and Councillor Bex White

Co-opted Members:

David Burbidge	Healthwatch Tower Hamlets Representative
Sue Kenten	Health & Adults Scrutiny Sub-Committee Co-optee

[The quorum for this body is 3 voting Members]

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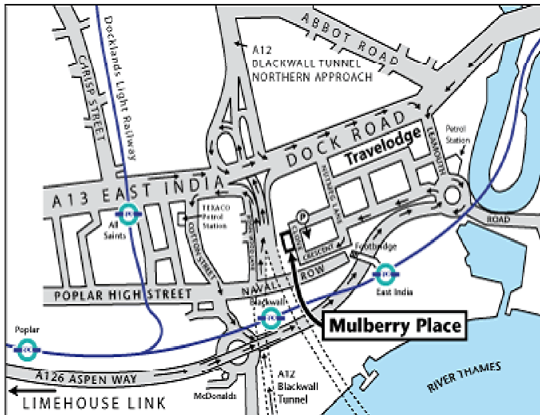

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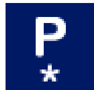

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	APOLOGIES FOR ABSENCE	
1.	**DECLARATIONS OF INTERESTS**	**5 - 6**
	Members are reminded to consider the categories of interest in the Code of Conduct for Members to determine whether they have an interest in any agenda item and any action they should take. For further details, please see the attached note from the Monitoring Officer. Members are reminded to declare the nature of the interest and the agenda item it relates to. Please note that ultimately it's the Members' responsibility to declare any interests and to update their register of interest form as required by the Code. If in doubt as to the nature of your interest, you are advised to seek advice prior to the meeting by contacting the Monitoring Officer or Democratic Services	
2.	**PUBLIC QUESTIONS**	
	To be notified at the meeting.	
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7.	**ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT**	

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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 Head of Legal Services and Monitoring Officer, Tel: 0207 364 4800.

APPENDIX A: Definition of a Disclosable Pecuniary Interest

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

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

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 5.37 P.M. ON TUESDAY, 30 NOVEMBER 2021

COMMITTEE ROOM ONE - TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG

Members Present:

Councillor Gabriela Salva Macallan (Chair)
Councillor Kabir Ahmed
Councillor Faroque Ahmed
Councillor Denise Jones

Co-opted Members Present:

David Burbidge	– Healthwatch Tower Hamlets Representative
Sue Kenten	– Health & Adults Scrutiny Sub-Committee Co-optee

Other Councillors Present:

Councillor Rachel Blake

Apologies:

Councillor Shah Ameen
Councillor Puru Miah

Officers Present:

Dr Somen Banerjee	– (Director of Public Health)
Phil Carr	– (Strategy and Policy Manager, HAC)
Alenka Daniel	– Head Of Communications at Barts Health NHS Trust
Lisa Dinh	– External Relations Manager, Barts Health NHS Trust
Kathriona Davison,	– Director of Operations and Transformation Barts Health NHS Trust
Stephen EDMONDSON	– (BARTS HEALTH NHS TRUST)
Suki Kaur	– Deputy Director of Partnership Development
Jack Kerr	– Strategy & Policy Manager
Sima Khiroya	– (Head of Strategic Finance, Health, Adults and Community)

David Knight	–	(Democratic Services Officer, Committees, Governance)
Katie O'Driscoll	–	(Director of Adult Social Care)
Denise Radley	–	(Corporate Director, Health, Adults & Community)
Jackie Sullivan	–	Chief Executive Officer Royal London & Mile End Hospitals
Jamal Uddin	–	Strategy Policy & Performance Officer
Warwick Tomsett	–	Joint Director, Integrated Commissioning
	–	

1. DECLARATIONS OF INTERESTS

Nil items.

2. PUBLIC QUESTIONS

Nil items.

3. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the unrestricted minutes of the meeting of the Sub-Committee held on 26th October 2021 be approved as a correct record of the proceedings subject to formal ratification at the next meeting.

4. CHAIRS UPDATE

The Chair:

Informed the Sub-Committee that due to unforeseen circumstances and consequent exceptionally busy demands on members, the meeting was being held online which meant that according to the current formal terms of reference the meeting is not formally quorate and as a result the status The Chair **Informed** the Sub-Committee:

- that due to unexpected circumstances and consequent busy demands on members, the meeting was being held online which meant that according to the current formal terms of reference the meeting is not formally quorate and as a result the status of this meeting will be recorded as **advisory**. Nevertheless, it was noted that since the Sub-Committee has no decisions to take it would not affect the determination of any of the business to be
- that she had, had a meeting with Councillor Mufeedah Bustin (Cabinet Member for Social Inclusion) regarding food nutrition in the Borough (**e.g.,** To review use of community kitchens, benefits of putting food science back on the school's national curriculum and accurate data to enable effective targeting of vulnerable people and families).

- that this meeting will be recorded as advisory. Nevertheless, it was noted that since the Sub-Committee has no executive decisions to take it would not affect the determination of any of the business to be transacted at this meeting.

5. ACTION LOG

The Sub-Committee **noted** that:

- **Recommendation 4** on the Impact of covid 19 on Mental Health and mental wellbeing were outstanding, and the Chair will consult with service to agree actions and update the Sub-Committee.
- The Chair was to visit the **Cazaubon** in-patient dementia assessment unit for older resident's people living in Tower Hamlets, Newham, Hackney, and the City of London.
- The briefing on provisions that have been put in place to support those residents who used to use Meals on Wheels had now been submitted to the Chair and would be **circulated** to the Sub-Committee.
- The Chair **(i)** is a **Member** of the Local Covid Engagement Board that leads on engagement with the public regarding Covid-19 risks and prevention; and **(ii)** is **happy** to take questions from the Sub-Committee on the Board's work.

6. REPORTS FOR CONSIDERATION

6.1 Restoring health provision

The Sub-Committee received a report that provided an update on progress towards recovering elective care and outpatient services at the Royal London Hospital and Barts Health NHS Trust. It also covered the urgent response to dental provision in the London Borough of Tower Hamlets. A summary of the questions and feedback provided to Members is outlined below:

The Sub-Committee:

- **Recognises** that the impact of coronavirus has been unprecedented. And the Royal London Hospital and Barts Health NHS Trust now face another unique challenge with a resurgence of Covid-19 cases - just as the Trust are restoring planned care to previous levels, and as the usual seasonal pressures begin to bite. The Royal London Hospital and Barts Health NHS Trust staff have responded incredibly well to these challenges.
- **Commented** that the pandemic is not just a medical phenomenon the restrictive measures undoubtedly have affected the social and mental health of individuals and the community causing disruption, anxiety, and stress.
- **Welcomed** the offer by Royal London Hospital and Barts Health NHS Trust to investigate individual experiences of outpatients with particular

reference to those awaiting treatment for adult and paediatric eye conditions.

- **Noted** that a few months ago or pre pandemic the Royal London Hospital and Barts Health NHS Trust would expect every single patient to be offered an individual appointment. The challenge now with outpatients is that some of the clinics are now virtual and because the Trust moved to virtual very, very quickly during the pandemic and has yet to catch up with the different ways of working. It is a big piece of work to make sure that the Trust can offer patients appropriate face to face; telephone; virtual or whatever they require. However, the expectation, is that every patient ideally should have an individual appointment.
- **Observed** that most long-waiting patients on the surgical waiting list will have agreed to undergo operative treatment before the coronavirus pandemic started. Many people's circumstances may have changed because of the pandemic or other factors since then, and some patients may now have changed their minds about having surgery or wish to defer this until the pandemic is over. Similarly, some people's condition may have changed, which they may not have wanted to inform their GP or specialist about. Such patients are categorised under the P5 category, and its introduction will allow the Trust to view the waiting list including and excluding those patients listed as a P5.
- **Understood** that as patients in the P5 category have deferred rather than declined treatment, they must not be discharged back to their GP, unless this is in their clinical interest and has been agreed by them following a conversation with their clinician. Patients are given a review date to make sure their condition or preference has not changed. The maximum time before a review date is six months. Where a patient has been clinically prioritised for treatment in less than six months' time, the review date and clinical prioritisation will be aligned.
- Was **mindful** that the pandemic has had a big impact on the Trust and **noted** that they are working to resume services and keep patients safe at the same time as they continue to treat COVID-19 cases. They are reviewing all patients to see what they want and prioritise those in most urgent need. The Trust is doing its utmost to ensure that patients get the treatment they require as soon as possible.
- **Noted** that the Trust rarely brings patients in, in batches, although occasionally they bring a few patients in at that time as the Trust might change the order in operating theatres to ensure that theatre teams work more effectively together to improve the quality of patient experience, the safety and outcomes of surgical services, the effective use of theatre time and staff.
- **Observed** that good waiting list management involves treating according to clinical priority, and then treating in turn those patients who have waited the longest.
- **Noted** that a local weekly Patient Tracking List (PTL) can be used by the Trust to provide the data required to manage patients' pathways, by showing clearly which patients are approaching the maximum waiting

time so operational staff can offer dates according to clinical priority and within maximum waiting times.

- **Noted** that it is an aspiration to have a common PTL in specialties across the Trust, but it is not easy to implement.
- Was **informed** that the Royal London and Mile End through the Patient and Family Contact Centre provides help and advice to patients, relatives, and visitors to address their concerns quickly. However, during the lockdowns visitors, families and loved ones could not visit the hospitals and the Trust had, had a lot of conversations with their local community through the multi faith forums and CEO, Royal London and Mile End Hospitals, Barts Health NHS Trust and her team had actually met on a regular basis with some of the families and community leaders and one of the things that came out of that was a model that worked really, really well on critical care. However, in the general wards where visitors could not come in and this did present challenges. Therefore, the Trust following discussions with the local community and have altered visiting procedures.
- **Noted** that the Trust are working hard to really improve communication and open lines of dialogue so that patients are not having to go to their back to their GP to ask questions about what is happening in the relevant hospitals.
- **Noted** that the Trust have been working in collaboration with the Patient Welfare Association and Healthwatch and would be happy to give an update on the family Contact Centre at a future meeting or offline if the Sub-Committee considers that to be helpful.
- **Welcomed** the action being taken to tackle waiting lists in the local hospitals.
- **Acknowledged** that tackling waiting lists is one of the main challenges for the Trust and **stated** that amid the pandemic-related pressures on the health system the action being undertaken by the Trust was welcomed and looked forward to being involved in the development of the ongoing dialogue on this issue.

Following a full and wide-ranging discussion, the Chair thanked all those Committee Members in attendance together with (i) Jackie Sullivan, (ii) Stephen Edmondson, (iii) Lisa Dinh, (iv) Kathriona Davison and (v) Alenka Daniel for their contributions to the discussions on this important issue.

As a result of consideration of the questions raised and feedback provided the Sub-Committee stated that:

1. It wished to be involved in the development of the ongoing dialogue on this issue.

6.2 Adult Social Care Budget Proposals

The Sub-Committee received a presentation which highlighted (i) the overall budget for adult social care; (ii) the position at month 6 of the 2021/22 financial year; (iii) delivery of savings; and (iv) pressures/risks going forward

and the approach to managing these. A summary of the questions raised by the Sub-Committee and feedback given is summarised below:

The Sub-Committee

- **Agreed** that the quality, reliability, and effectiveness of our adult social care system depends on a workforce that feels valued, supported, and encouraged to be the best.
- **Commented** that this support will need to be focused on levelling up the knowledge, skills, and experience of care colleagues across the sector through the establishment of a new knowledge and skills framework, promoting varied careers pathways, and making the most of any investment in learning and development.
- **Noted** that patients can defer their operation whilst remaining on the waiting list for treatment, although until now there has been no systematic way of capturing why a patient had chosen to defer treatment (**e.g.** concerns about COVID-19).
- **Noted** that the Department of Health and Social Care will be publishing a White Paper to improve health and social care for all and that the Council and its partners will continue to work with the Department of Health and Social Care and NHS England as they produce further guidance and support to facilitate the changes envisaged by this bill. Accordingly, Members indicated that they wanted to receive details of any risks envisaged to the delivery of services to residents from the health and care Bill.
- **Requested** a clear outline of process of appeals and fair process for panels and appeals (**e.g.** the scope for a residents' voice within the debt recovery panels and if individuals might be able to attend their panel meetings).
- **Noted** the impacts of Covid on people's physical and mental well-being which can manifest through an impact on their needs for care and support.
- **Acknowledged** that carers have also been adversely impacted during the pandemic in several ways and therefore the support that they may have been offered may not been available during significant periods of time through the period of the pandemic and therefore for several reasons people's needs have become more complex because of that. In addition, the Borough must work out a whole range of financial implications that are going to start to have an impact and that work has only just started as the Government is due to make further announcements that will provide more details.
- **Noted** that from October 2023 the (i) Government will introduce a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime, (ii) upper capital limit (UCL), the point at which people become eligible to receive some financial support from their local authority, will rise to £100,000 from the current £23,250, and (iii) lower capital limit (LCL), the threshold below which people will not have to pay anything for their care from their assets will increase to £20,000 from £14,250.

- **Observed** that adult social care covers a wide range of activities to help people who are older or living with disability or physical or mental illness live independently and stay well and safe. It can include 'personal care,' such as support for washing, dressing, and getting out of bed in the morning, as well as wider support to help people stay active and engaged in their communities.
- **Noted** that social care includes support in people's own homes (home care or 'domiciliary care'); support in day centres; care provided by care homes and nursing homes ('residential care'); 'reablement' services to help people regain independence; providing aids and adaptations for people's homes; providing information and advice; and providing support for family carers.
- **Noted** concerns raised by clients **e.g.,** where they felt that specific situations had not been considered, assessed contributions towards support; or that they felt that they should be able to represent themselves within the appeals process.
- **Agreed** that it is very important to ensure that as part of the financial assessment process that LBTH determines how many, if any, people are able to afford to contribute towards the cost of their care and in doing so that LBTH also takes into consideration disability related expenditure so that they can be assured that additional expenditure that the individual may experience as a result arising from their disability.
- **Noted** that the LBTH financial assessment team sends information to clients, which outlines a breakdown of how their charge has been calculated, and that they do have the opportunity to work with the financial assessment team if they feel that there are any in accuracies within that, or if indeed they feel that they have any disability related expenditure that has not been considered.
- Was **advised** that clients can adjust their weekly assessed contribution and whilst there is not a panel for them to approach as such, they can make their concerns known about whether they feel that there are any in accuracies and LBTH has a duty to make sure that their clients are supported to access appropriate advice and information to fully understand the circumstances associated with their charges and what that means for them, and if they need to seek independent financial advice.
- **Stated** that it is important to ensure that the residents voice is heard within the process and whilst for most of the cases there is a good understanding of the process. Members wanted to know that about any process by which the Council will review these cases as going forward there will more of these individualized plans.
- **Noted** that within Adult Social Care there was an appetite reflect on the issues raised by the Sub-Committee and to ensure that there is a fair and equitable process co-produced in partnership with clients and that there is an understanding of the importance user's voice.
- **Agreed** that it would be helpful to involved in any future discussions with clients; council officers and those support groups such as the

Patient Welfare Association who have been working very closely with both the Royal London and Mile End.

Following a full and wide-ranging discussion, the Chair thanked all those Committee Members in attendance together with (i) Katie O'Driscoll, (ii) Denise Radley, (iii) Sima Khiroya for their contributions to the discussions on this important issue especially when it is such a busy time budget wise.

1. As a result of consideration of the questions raised and feedback provided the Sub-Committee formally **noted** the presentation, issues raised and the feedback that had been provided.

6.3 Better Care Fund Update

The Sub-Committee received a presentation on the Better Care Fund (BCF) to provide **(i)** a timely update of recent actions relating to the BCF which will include an overview of the considerations and outcome of the Borough's internal BCF review, updating on proposed and future changes to the BCF (including areas for future integration); and **(ii)** an update on changes made to our recently submitted 2021-22 Better Care Fund plan and associated Section 75. A summary of the questions and feedback provided is outlined below:

- **Noted** that in terms of how people navigate the disabled facilities grant system, I think one of the ways in which we are trying to do that is through the Tower Hamlets connect which serves as an access point to Adult Social Care services in the Borough that help residents to live an independent, healthy, and fulfilling life. It provides free, independent, quality-assured information, advice and advocacy across health, social care, and social welfare to resolve issues and to prevent or delay any needs or problems from getting worse. However, the Council have recognised in the review that was undertaken earlier in the year that there is work to be undertaken around the Disabled Facilities Grant and how that is used and how better use could be made of the Grant such as the prioritisation of high risk care packages and fast tracking of adaptations for people and having a real focus on getting that money spent **e.g.** putting in a handrail on the stairs; building a ramp up to afront door or bigger works like stair-lifts or showers.
- Noted that the council is committed to making disabled facilities grant available to all eligible owner-occupiers, tenants, and property owners, so that disabled residents can remain safe and independent in their own homes.
- **Noted** that when people have finished with equipment they can be collected and the recycling rate of equipment is good and the Council does well in terms of people being able to give back equipment that they no longer need, and that being used again where it is appropriate for other people.
- **Noted** that all Clinical commissioning groups (CCGs) will be merged across their integrated care system (ICS) boundaries by April 2022, as part of proposed changes to legislation designed to hand ICSs the direct commissioning power. It will also create a 'single pot' of funding,

bringing together CCG commissioning and primary care budgets along with other funding allocated to systems.

- **Noted** that a briefing paper could be prepared for the Sub-Committee on the proposals about what it means for Tower Hamlets.
- **Noted** that the Health and Well-Being Board will be asked to approve the Better Care Fund Plan for 2021-22 as part the NHS England Assurance process and due to the late issuing of guidance and scheduling of Health and Wellbeing Boards this year this will be a retrospective approval (due to the plan having been submitted from assurance on the 16th of November 2021). However, an item was brought to the 21st of September meeting of the Health and Wellbeing Board which discussed the internal review and future plans.
- **Understood** that the Better Care Fund is overseen by the Health and Wellbeing Board and the Tower Hamlets Together Executive Board and that both these Boards are made up of a wider range of stakeholders from across our health and care system including voluntary sector representatives. The 2021-22 BCF plan is an evolution of the 2020-21 arrangements. The priorities have been developed through the Tower Hamlet Together (THT) Executive Board, the borough based integrated health care partnership, which includes key members from the Health and Wellbeing Board.
- **Noted** that any overspend within Better Care Fund falls where the money has originated form (**e.g.,** if it is an overspend in terms of Council spend it is the Council who is accountable for that and the reporting of the overspend will be done as part of the Council's normal monthly budget reporting). In addition, there are quarterly finance reports to Tower Hamlets Together that look at pressures in the system and these would include where there are overspends as well. Whilst whether that is on the Council side or on the NHS side that forms part of the reporting back to the Health and Well-Being Board.
- **Agreed** that budgetary pressures are one of the areas of concern that should be the subject to regular scrutiny by Members.
- **Noted** that Telecare or assistive technology that **(i)** reminds and inform people, and their carers, about things that need to be done around the home; **(ii)** alerts a family member or carer that a person has got out of bed at night and needs assistance, or **(iii)** may alert a monitoring centre that something has happened, and that appropriate action should be taken.
- **Agreed** that Telecare could be one of those services considered in any future scrutiny of the budget (**e.g.,** realignment work and overspends).
- **Noted** the range of services the Telecare department deliver, including monitoring Domestic Violence alarm, out of hours homeless response. The committee heard that the Council would be undertaking a review of the out of hours response.

Following a full and wide-ranging discussion, the Chair thanked all those Committee Members in attendance and to (i) Warwick Tomsett (ii) Suki Kaur and (iii) Phil Carr for a brilliant presentation on this important issue.

As a result of consideration of the questions raised and feedback provided the

Sub-Committee **agreed** to:

1. **Note** the presentation and the feedback as detailed above on recently submitted 2021-22 Better Care Fund plan and associated Section 75.
2. **Receive** a timeline of the ICS developments; and
3. **Request** that the Council calendar to display Tower Hamlets Together meetings.

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

With no other formal business to discuss the Chair called this meeting to a close; thanked all those attending for their contributions and informed the Committee that the next meeting would be on 8th March 2022.

The meeting ended at 7.33 p.m.

Chair, Councillor Gabriela Salva Macallan
Health & Adults Scrutiny Sub-Committee

Agenda Item 5

Health and Adults Scrutny sub-committee - Action Log					
Meeting:	**Agenda item:**	**Action:**	**Owner:**	**Deadline:**	**Update:**
16-Sep-21	Operation Oak - Departmental and Voluntary Agency supppot for asylum seekers	1.0 An update on 'operation oak'. Update should include information on - - what the Council could do to help these asylum seekers with regards to mental health; help for schools in terms of uniform grants; where these individuals will be housed and what access would they have to primary care.	Tracey St Hill / Karen Swift, LBTH	21-Feb-22	Date: 15 Feb 2022 Comment: A briefing note has been sent to sub-committee for information.
	Food poverty - to inform new food poverty strategy	2.1 To review use of community kitchens including schools kitchens to support families and tackle food security.	Cllr Mufeedah Bustin, Ellie Kershaw and Natalie Lovell, LBTH	21-Feb-22	Date: 17 Feb 2022 Comment: Natalie to raise this with members at the next Food Partnership meeting on 31/03/22. Explore whether this is a piece of work the Food Partnership would be interested in taking forward. Requires some research and mapping of community kitchens available. Council's role would involve signposting to available spaces.
		2.2 To review benefits of putting food tech/science back on the schools ntional curiculum.			Date: 17 Feb 2022 Comment: Natalie to raise this with consultant Myles Bremner w/c 21/02/22- Public Health are working with Myles to create a Healthy School Meals Programme. Specifically, Myles & Natalie will discuss how we can support children to interact with healthy food in a way that supports them to make healthier choices and live healthier lives, incorporating this into the Healthy School Meals Programme.
		2.3 To review the councils position on the 'right to food' campaign.			Date: 17 Feb 2022 Comment: Natalie to explore how other councils are approaching the 'Right to Food' campaign. Natalie to raise at the next Food Partnership meeting on 31/03/22 for discussion and to develop any necessary actions. Cllr Salva-Macallan to join the discussion for this item.

Meeting:	Agenda item:	Action:	Owner:	Deadline:	Update:
		2.4 To review how health partners (PCNs, CCG and GPs) support identification of vulnerable people and connect with food hubs.			Date: 17 Feb 2022 Comment: Resources have been identified to fund a 12-month GP Fruit & Veg prescription pilot in Primary Care Network 6 which will launch in 2022, supporting up to 200 residents. This will involve working with health care partners to develop a pilot of fruit & vegetable vouchers delivered through GP prescription to residents struggling with excess weight or diet-related conditions as well as low incomes. As part of this, Natalie to explore via conversations with GPs and social prescribers (between Feb 2022-May 2022) their level of awareness of the food offer available in Tower Hamlets for patients suffering from food poverty related issues and malnutrition and to connect the dots where needed.
		2.5 To ensure that dashboard holds up to date and accurate data to enable effective targetting of vulnerable people and families.			Date: Comment: The data is refreshed quarterly, and the Tackling Poverty team are working to move to a monthly system and working with other councils to lobby for access to Universal Credit data. Action for Ellie Kershaw's team to provide additional information regarding what information the dashboard specifically holds, how it relates to food poverty, what the data is used for, and how it can be mobilised (eg if a grant were to become available) to support vulnerable residents to access food.
		3.0 To provide a briefing on provisions that have been put in place to support people who used to use Meals on Wheels? (The briefing should include details of any information packs made available to practitioners to use to support older people to look for alternative options. Did we support people who used to use Meals on Wheels with one off payments for white goods such as microwaves etc?)	Katie O'Driscoll, LBTH	By 16 Nov 2021	Date: 16 Nov 2021 Comment: A briefing note on Meals and Wheels was circulated to sub-committee on 16 Nov. Any further queries will be picked up offline.
	Impact of covid 19 on Mental Health and mental wellbeing	4.0 Awaiting recommendations	Carrie Kilpatrick, LBTH/ NEL CCG	(tba)	Date: Comment:

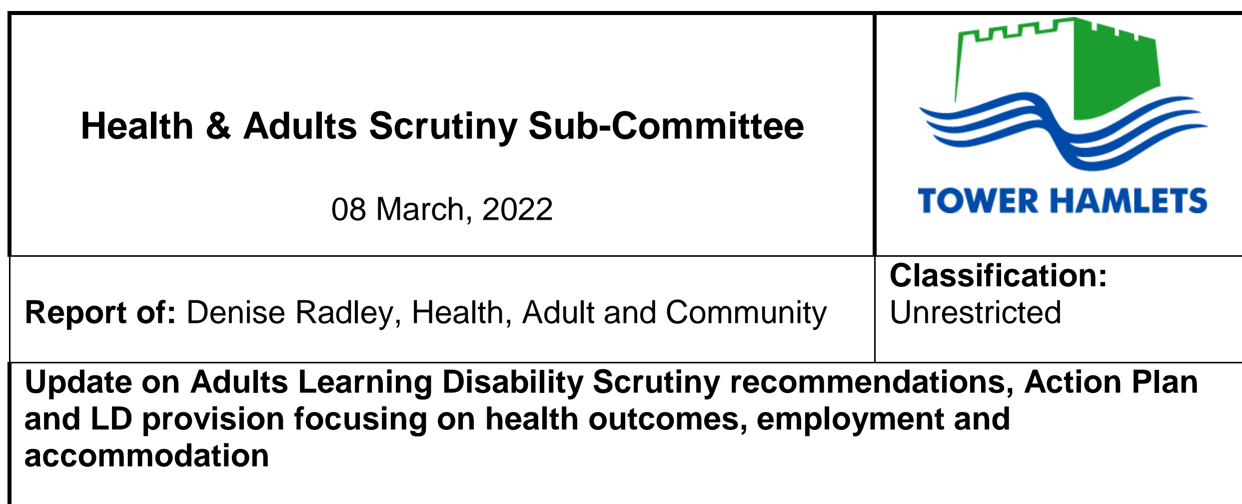
Meeting:	Agenda item:	Action:	Owner:	Deadline:	Update:
26-Oct-21	ELFT - Columbia ward (dementia ward) - permanant move to East Ham	5.0 Arrange a visit to Cazabourn ward in East Ham;	Eugene Jones, NEL CCG	By Dec 2021	Date: 21 Dec 2022 Comment: Given Covid -19 presentations and restrictions on visitors to our inpatient units the East Ham Care Centre is currently closed for visits. The centre will re-open for visits from mid-March onwards. The committee should advise of dates from w/c 21st March.
		5.1 Share Equalities Analysis with committee;	Eugene Jones, NEL CCG		Date: 21 Dec 2022 Comment: The EQIA was to be produced in Draft as part of the public consultation, the delay in the timing of the consultation has in turn impacted on the EQIA being produced. We are looking now to have this in place for April and will share this with the committee at that point.
		5.2 Provide further details on how service will promote carbon neutral footprint (referring to travel arrangements for patients/families)	Eugene Jones, NEL CCG		Date: 21 Dec 2022 Comment: The transport protocol is being finalised with members of Healthwatch and will be made available once complete. In terms of travel and our Carbon Neutral aspirations we have a team in the Trust who are working on this area, we are consulting with them directly to understand how we can mitigate increased travel as a result of the move. An area that will have an impact and we believe will mitigate increases in travel is the length of stay, this had reduced from our last report on average by 16 days, meaning journeys for friends, families and carers to visit someone admitted to hospital (East Ham Care Centre) would cease much earlier.
		5.3 Consider suggestions about language in the consultation and provide commitee with feedback of consultation outcomes	Eugene Jones, NEL CCG		Date: 21 Dec 2022 Comment: The public consultation launch has been delayed due to the mounting system pressures arising from Covid -19 (Omicron variant), we are now expecting to provide feedback regarding the public consultation by May 2022. The consultation will be made available by our communications team in languages that make this accessible to all residents of Tower Hamlets.
	Adult Social Care Strategy	6.0 Provide feedback from the consultation	Joanne Starkie, LBTH	By Nov 2021	Date: 22.11.2021 Comment: Feedback from consultation has been sent to HASC on 22 Nov.
		6.1 Provide information on strategy KPIs	Joanne Starkie, LBTH	By Nov 2021	Date: 22.11.2021 Comment: This has now been included in the final strategy. Final Strategy and summary version has been sent to HASC on 22 Nov.

Meeting:	Agenda item:	Action:	Owner:	Deadline:	Update:
		6.2. Share copy of the Carer Action Plan 2021-22	Shuheda Uddin, LBTH	By Nov 2021	Date: 22 Nov 2021 Comment: Carer Action Plan sent to HASC on 22 Nov
		6.3 Provide details of budget	Joanne Starkie, LBTH	By Nov 2021	Date: 26 Oct 2021 Comment: The budget is £117 million for 2021-22. We spent £118 million in 2020-21. In terms of the strategy: a. Care at home – the spend last year was £25 million; b. Housing with care – the spend last year was £45.1 million on residential and nursing care. There is then additional spend on supported housing and extra-care sheltered housing; c. Direct payments – the spend last year was £10.8 million d. Day time support options – the spend last year was £4.7 million The remainder was spent on staffing costs and a wide variety of preventative support options – these cover work packages 1 and 2 in particular.
		6.4. Information on technology-enabled care in terms of our plans and how to resource these:	Joanne Starkie, LBTH	By Feb 2022	Date: 22 Nov 2021 Comment: This information will be shared with the committee by February 2022, as a "diagnostic" review of this topic is currently being carried out.
		6.5 Information on ASC workforce in terms of retention and diversity –	Gianmarco Ciavarro (HR) Ali Kirk (IP team), LBTH	By Nov 2021	Date: 22 Nov 2021 Comment: Information has been shared with HASC on 22 Nov. Any further queries will be raised with relevant servce(s).
	Contain Management Outbreak Fund	7.0 Impact on provision and workforce when COMF funding ends in March 2022?	Somen Banerjee, LBTH	By Mar 2022 (tba)	Date: Comment:
		7.1 How much of COMF was spent on supporting staff/worksforce?	Somen Banerjee, LBTH		Date: Comment:
	Any Other Business	7.2 What learning and development opportnities are in place for scrutiny members?	Afazul Haque, LBTH	By Nov 2021	Date: 22.11.2021 Comment: Three training sessions with Centre for Public Scrutiny & Governance have been held for chair and vice chairs. This resource will be made available to sub-committee members. Any suggestions for training is encourgaed and will be reviewed for future learning and development opportunities.
30-Nov-21	Chairs update	8.0 Due to growing concerns over new covid variant Omnicron, it is advised that covid updates are circulated to regularly to sub-committee as information	Somen Banerjee, LBTH		Date: Comment: The chair of HASC is on the circulation list for Covid 19 Data packs. This can be escalated to committee members for information.

Meeting:	Agenda item:	Action:	Owner:	Deadline:	Update:
	Restoring elective care and outpatients services in Royal London Hospital	8.1 To provide a short briefing on the prioritisation framework and data showing how waiting lists in particular groupings are being restored to zero/appropriate levels?	Jackie Sullivan, Barts Health		Date: 24 Feb 2022 Comment: I can confirm that clinical priorities are set P1-4 with P1 being trauma and P2s cases such as cancer. P4s will be less urgent cases. The prioritisation is clinical first and then long waiter. We have a trajectory to clear all very long waiters by July 2022 then moving through as per the government trajectory.
		8.2 Provide details of how patient experience/ feedback during pandemic is shaping services? a. This information should include feedback from family contact centre and newly set up helpline and hospital based desks. b. How it is utilising insight and working with patient groups such as Healthwatch/Patient Welfare Association? c. Outcomes of event in Feb 2022	Jackie Sullivan, Barts Health		Date: 24 Feb 2022 Comment: There is a regular multifaith group that meets to discuss any concerns that local people or groups may have about services. Much has changed as a result of these discussions including the establishment of a Patient Contact Centre that is based in the main atrium of the Royal London Hospital. The centre includes staff who can support on patient queries but also MacMillan and the Bereavement service. This is a much more focussed approach than the PALs service that was in place. It is a model that was used successfully in critical care at the height of the pandemic. We would welcome a visit from members. We work closely with Healthwatch' and other local groups to strengthen this area of work.
	ASC Budget 2021/22 (month 6)	9.0. Future written update should include a. How we are measuring risks associated to ASC reforms? b. An additional £1.2m allocated for next financial year (2022/23). Action is to provide clarity on calculations as improvements are made to projections? c. More information about patient appeals process on financial decisions. How does the service ensure the process is fair and equitable and takes account of users voice?	Denise Radley/ Sima Khiroya, LBTH	TBA	Date: To schedule an update in the forward plan 2022 Comment:
	Better Care Fund 2021/22	10.0. Agree a schedule of performance/monitoring updates of BCF plan/metrics (offline) with sub-committee for information.	Warwick Tomsett, Suki Kaur, Phil Carr, LBTH	TBA	Date: 24 Feb 2022 Comment: The BCF metrics are set nationally. For the 2021/22 BCF plan the metrics were changed nationally from the previous years. We have not yet received national guidance regarding the metrics to be used for the 2022/23 BCF plan.

Meeting:	Agenda item:	Action:	Owner:	Deadline:	Update:
		11.0 Provide update on ICS timetable and governance arrangements. The information should include how scrutiny function will fit in to new arrangements.	Warwick Tomsett, LBTH	TBA	Date: 24 Feb 2022 Comment: The timetable for the ICS changes has now changed to the 1st July for new arrangements. The updated ICS timetable went to the February HWBB meeting. Currently we are planning for a cabinet paper on the ICS changes post the election. The new ICS arrangements does not change the HASC statutory function.
		12.0 To align THT Board meetings with committee calendar	Committee Services	TBA	Date: 24 Feb 2022 Comment: This will be completed in March 2022.

Agenda Item 6.1



Health & Adults Scrutiny Sub-Committee 08 March, 2022	TOWER HAMLETS
Report of: Denise Radley, Health, Adult and Community	**Classification:** Unrestricted
Update on Adults Learning Disability Scrutiny recommendations, Action Plan and LD provision focusing on health outcomes, employment and accommodation	

Originating Officer(s)	Megan Clavier, Learning Disabilities Health Commissioning Manager
Wards affected	All wards

Summary

Tower Hamlets Council and its health partners are responsible for commissioning and delivering appropriate care, support, and assistance to people with learning disabilities that live in the borough. The council is committed to enabling people with learning disabilities to maintain their independence with services ranging from giving advice and information through to long-term residential care.

A Health scrutiny challenge session took place on the 10th March 2020 reviewing “How health and social care is supporting adults with a learning disability to live independent lives in Tower Hamlets”, focusing on three main areas of the Learning Disability Strategy: Health, Accommodation and Employment. Due to the impact of the pandemic, the committee were interested in revisiting the same three areas in February 2021. An updated report that included an impact assessment of the pandemic for the learning disability population was discussed at the Health & Adults Scrutiny subcommittee meeting. The sub-committee considered several new recommendations.

On the 15th December 2021, a report was taken to Cabinet that included an update and action plan based on all recommendations from both the March 2020 and Feb 2021 Health & Adults Scrutiny subcommittee meetings. Work to take these forward has continued throughout the pandemic with progress made in these areas reflected within the action plan. The presentation is an update on progress made since Dec 2021.

Recommendations:

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

1. Note the progress made since March 2020 against the initial challenge session recommendations.

2. Note the presentation and updated action plan.

1 REASONS FOR THE DECISIONS

1.1 This is an update following the scrutiny challenge sessions held in March 2020 and February 2021, and the publication of an action plan in December 2021.

2 ALTERNATIVE OPTIONS

2.1 Not applicable

3 DETAILS OF THE REPORT

3.1 In March 2020 it was reported Tower Hamlets has around 1359 people (0.4% of the population) registered to have a learning disability with their GP. Public Health England estimates that 7,413 people (2.17% of the population) have a learning disability (based on national projections) of which 4,848 people are aged 18 and over. This group of people will experience poorer life outcomes than the general population, including for physical health, mental health, employment, and life expectancy.

3.2 In the context of increasing demands on services and complex health needs the sub-committee agreed 'to examine how services in Tower Hamlets are supporting adults with Learning Disabilities to live independent lives and prevent people going into hospital, needing long-term support and high intensity social care intervention'.

3.3 A presentation by joint commissioners of local health and social care was used to develop Key Lines of Enquiry to explore with committee participants at the challenge session in March 2020.

3.4 The challenge session set out to provide the Sub-Committee with a clear understanding of the extent to which better outcomes were being delivered for adults with a learning disability in the following three areas, which are priorities in the Learning Disability Strategy 2017-2020:

- Physical health management of adults with LD;
- Adults with LD are supported into paid employment;
- Adults with LD are supported to live locally;

3.5 The challenge session report was compiled providing documentation of the sessions and including recommendations to be actioned upon, however sign

off of the report was delayed due to the outbreak of the Covid-19 pandemic in the UK.

3.6 An updated report that included an impact assessment of the pandemic for the learning disability population was discussed at the Health & Adults Scrutiny subcommittee meeting held on 8 February 2021. Nineteen recommendations were made, including several new recommendations. An update on the recommendations is attached at Appendix 1.

4 EQUALITIES IMPLICATIONS

4.1 People who have a learning disability face a number of inequalities across the system from health to employment. Individuals experience a higher than average prevalence of a range of health conditions and have a much lower life expectancy than the general population. These inequalities are the result of the interaction of several factors including increased rates of exposure to common ‘social determinants’ of poorer health (e.g. poverty, social exclusion), experience of overt discrimination and barriers in accessing services.

4.2 Proposals will aim to improving the health and social care provisions for people with a learning disability with particular focus on improving the population’s health, access to employment and increasing the range of accommodation options in Tower Hamlets.

Linked Reports, Appendices and Background Documents

Linked Report

- Living Well In Tower Hamlets - The Adult Learning Disability Strategy 2017-2020
- Learning Disability Health Overview & Scrutiny Committee Challenge Session: Update and Action Plan – 15DEC2021
- Learning Disability Health Scrutiny Challenge Session Report - 08 February 2021

Appendices

- NONE

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- NONE

Appendix One: Action Plan Updated February 2022

Learning Disability Health Overview & Scrutiny Committee Challenge Session: Update and Action Plan			
Recommendations	Actions & Progress	Assigned to	Timeline
R1: Joint working between SEND, Children's and health services should aim to address the under representation of 14 -17-year olds on the learning disability primary care registers. This will ensure more effective coverage of primary care health checks for this group.	Efforts continue to identify individuals with a learning disability as the GP register sizes counts 1,498 individuals at present, an increase of over 300 individuals within 24 months with increases in both adults and children populations. Addressing the under representation of 14 - 17-year olds on the learning disability primary care registers remains a top priority in the SEND Improvement Plan. A strategy to address the under-representation of children and young people was agreed by the SEND Board in September 2020. This proposal outlined a series of actions to be undertaken to ensure identification was improved. While the COVID-19 pandemic had a major impact on the capacity of health systems, there is work underway across adult and children's services to increase representation. A protocol has been drafted to identify young people at 14 for inclusion on GP registers at the commencement of transition planning, where all year 9 students with a statement of special educational needs are reviewed regarding future eligibility for accessing CLDS and the transition is initiated. The protocol will also obtain parental consent to include young people on GP LD registers. For young people who are functioning in ranges at the boundaries of the learning disabilities diagnostic criteria, the number accessing learning disabilities diagnostic assessments whilst still in children's services will also be increased for them to be included on GP LD register with provisional LD coding.	Tony Parker, Head of Children's Integrated Commissioning (Interim) Children and Culture.	March 2023
R2: Effective transition planning is addressed through the new LD strategy	Children and adult services continue to prioritise a well-planned transition for young people, starting from age 14. Transitions pathways are the focus of the newly constituted Transitions Board jointly chaired by Mary Marcus	Transitions Board jointly chaired by Mary Marcus and Stewart	Complete

and joined up with the Children and Families Strategy and CAMHS Transformation Plan. Identify and diagnose people with LD earlier and work with health provision to ensure that LD needs are being met effectively.	and Stuart Andrews. To ensure that young people have appropriate support at all stages of their development, CLDS assist in identifying young people with a possible learning disability diagnosis starting at age 14, but without assessment.	Andrews	
R3: Joint commissioners for Learning Disability services and Safeguarding Adults Teams must ensure that Safeguarding Adult Review's (SARs) recommendations are actioned and monitored and facilitate how learning of SARs is applied and embedded into service/action plans.	Strategic partnerships between health and social care partners attending the SAB have been strengthened in terms of meeting the needs of the Learning disability community by taking the learning from LeDeR reviews and implementing this into strategy using a place based approach. The Safeguarding Adults Board recently held a spotlight session on safeguarding concerns particular to those with a learning disabilities, designed to strengthen and facilitate local learning and accountability for SAR's actions across teams and services for this population. Additionally, there is a clear interface between CLDS, emergency care, secondary care health service providers and the SAB in the Learning Disabilities Health Subgroup where learning from SARs and the tracking of actions is undertaken.	Shohel Ahmed, Safeguarding Adults Board	Complete
R4: Raising awareness of LD and Mental Capacity Assessments (MCAs) amongst health practitioners and staff is a positive initiative, but it needs to be better coordinated. A training programme implemented in all health settings would improve LD patient experience.	Mental Capacity Assessments Improvements to Primary Care training and the annual health check process continue to be a priority. Training and awareness sessions open to all health and social care staff in Tower Hamlets have been offered throughout the year on key areas relating to learning disability such as annual health checks, care and treatment reviews and positive behaviour support. Learning disabilities link nurses within the Tower Hamlets Community Learning Disabilities Service and the Clinical Lead for Learning Disabilities for Tower Hamlets CCG continue to join GP network MDT meetings	Dr Jason Crabtree, Clinical Lead for Learning Disabilities, Tower Hamlets, NEL CCG and Belle Farnsworth, Designated Professional Safeguarding Adults, Tower Hamlets	Complete

The LD work programme has a lack of trained reviewers (related to LeDeR) with majority based in the Community Learning Disability Service. There is a need for more trained reviewers' and funding for this would need to be further discussed.	focused on the health needs and inequalities experienced by people with learning disabilities. MCA awareness is included in statutory and mandatory safeguarding training for both ELFT and LBTH staff. Barts Health NHS Trust to recently completed an audit around MCA knowledge. Guidance from those findings will be distributed amongst health practitioners and staff. The Designated professional for Safeguarding Adults, is currently undertaking scoping with CHC teams and the Local Authority to identify the number of individuals likely to be impacted by the introduction of the liberty protection safeguards when implemented in April 2022. The CCG are currently awaiting the release of the Code of Practice document which is likely to provide further detail into how LPS will impact upon the care and support of people with learning disabilities who lack the relevant capacity. NEL wide and local LPS Implementation Groups are being held to discuss the impact and strategies to support the changes including training, communications, financial implications, workforce etc. The Safeguarding Adults Board (SAB) Sub-Group for Community Engagement are currently producing an animation video on safeguarding adults, part of this animation involves co-production of service users including people with learning disabilities to ensure that the animation is accessible to people with impairments and/or physical disabilities and using accessible terminology. LeDeR The LeDeR programme continues to be overseen by the Tower Hamlets Learning Disability Health Sub-Group and ensures engagement from all key partners. LeDeR is frequently discussed at the Tower Hamlets SAB. The Designated professional for Safeguarding Adults, is a member of the board. November 2021 SAB focused on Learning Disabilities including presentations on Safeguarding Adult Reviews and learning/themes, host commissioner arrangements and what this means in terms of safeguarding, LeDeR annual report and learning disabilities and Primary		

	Care. New LeDeR policy published in March 2021 requires that ICSs employ their own reviewers or contract independent reviewers to ensure the stability and continuity of the reviewing process. The new NEL structure has received this proposal and if approved, the proposed new LeDeR team including NEL-wide senior reviewer would be in place by April 2022.		
R5: The sub-committee is interested in further understanding how we support those people who show signs of LD but do not meet the initial CLDS threshold through assessment.	Supporting those people who show signs of LD and or autism but do not meet the initial CLDS or THAS threshold through assessment is a key priority area. A programme of on-going work within community mental health transformation is underway to ensure that the needs of individuals with mild and borderline learning disabilities are considered in the transformation planning. This is in addition to work undertaken with mainstream mental health services to support the access of individuals with mild learning disabilities and autism, including training, consultation and cross service working, this includes specific examples of training provided to Tower Hamlets Talking Therapies (THTT) the local NHS Psychological Therapies (IAPT) service on adapting interventions to support individuals with LD and/or autism and the ELFT Tower Hamlets no front door meetings which brings together representatives across adult mental health services to ensure that access to services for clients with complex needs are considered in one place - reflecting best practice. Extra contractual consultation is also provided to adult social care by specialist LD and autism services for clients presenting with complex needs who again don't meet traditional service eligibility criteria and there is the opportunity for such clients to access the wider NEL offer for individuals with complex behavioural support needs. Work with health services will be overseen by Tower Hamlets Together (THT). This is a partnership of health and care organisations that includes:	Carrie Kilpatrick Deputy Director Mental Health and Joint Commissioning	Complete

	the Council, local NHS trusts and commissioners, the GP Care Group and Tower Hamlets Council for Voluntary Services.		
R6: Utilise online platforms and develop (electronic) health passports for people with learning disabilities in Tower Hamlets and build into standard practice as part of Annual Health Check, initial assessments and annual reviews completed by CLDS. **R7:** Ensure those with complex health needs have a (electronic) hospital health passport in place.	Significant work was undertaken by multiple partners including CLDS, the CCG and GP surgeries to raise awareness of hospital passports. This work continues to ensure that those individuals with the most complex health needs have their views and information in place to support situations in which they require urgent hospital admission, without their usual carer network in place. A pilot project was initiated to use Coordinate my Care (CMC) for this purpose. CMC can be accessed by GPs, out of hours, GP services, 111, the London Ambulance Service and Accident and Emergency services. However, CMC, the current software programme chosen as an electronic health passport for people with learning disabilities in Tower Hamlets, is to be decommissioned in London in March 2022. A new system aims to avoid double entries which has been the biggest rate limiting step of utilising CMC. CMC data will be migrated onto the new platform. Work is underway to understand the transition period from one system to the next, ensuring all data is saved outside of CMC. Once confirmed we will be continuing with the use of these on online systems with targets to increase take up set during 2022-23. Training will be provided to day services and supported living/residential services to support them in transferring existing paper health passports to the digital health passport system in addition to individuals living more independently and with families being offered tailored support to generate digital health passports. Individuals with more complex health needs, i.e. CHC, long term conditions and regular A&E attendees will be targeted initially.	Dr Jason Crabtree, Clinical Lead for Learning Disabilities, Tower Hamlets, NEL CCG	March 2023
R8: Healthwatch and LD commissioners/LD services should work together more closely to obtain views of LD service users and enhance the repository of information	The importance of coproduction in service design, monitoring and improvement led to the development of the Empowering Voices and Quality Checker services. The services aim to improve co-production and upskill service users into identifying and creating recommendations and actions that will address the health and social inequalities the population face. Despite the challenges of Covid-19, Empowering Voices and the	Megan Clavier, LD Health Commissioning Manager	March 2023

which can help service improvement and monitoring.	Quality Checker services have continued to meet regularly, attend trainings, and organise events. <u>Quality Checker Service</u> Provide support for services to become more accessible and offer adjustments and improvements to how services can become friendly and suitable environments for people with a learning disability. The Quality Checker Service plans to identify and recruit six more service users to be trained by Skilled for People, bringing the total of Quality Checkers to 10. The training received will add to the prospect of service users to gain further employment and support employment providers. The reports produced from each check will support services to understand what they are doing well, and what ways they can further become learning disability friendly environments that provide reasonable adjustments and improve outcomes. The current Quality Checker team are planning the next stages of the project, including further training to become quality checker champions, so that they can provide scenario training for new checkers. They aim to conduct 4-6 checks before the end of 2022. Plans are also underway to complete a check of Shared Lives: person centred, family based care in the community by the community. <u>Empowering Voices</u> Empowering Voices have distributed communications to external organisations in order to invite more service-users to join the team, and to broaden the reach and experience of the group. The service plans to expand on the success they have had with local organisations thus far, aiming to distribute videos that were created during the pandemic on service user experiences more widely through ELFT/LBTH communications platforms. Your Say, Your Day events now take place quarterly and will begin happening in person now that restrictions have eased.		
R9: Given the variability of	Primary Care adapted during the pandemic to ensure learning disability	Megan Clavier, LD	Complete

annual health check (AHC) completion rates across network areas, more targeted support should be offered to networks where rates are low.	annual health checks could still be received. This was mainly achieved through the identification and prioritisation of 'at-risk' individuals and providing a virtual offer to those not required to come into a practice. Figures for health checks over the last three years indicate uptake continues to improve. As of September 2021 72% of adults had received a check exceeding NHS England target of 67%. The number of LD patients with a Health Action Plan increased from 38% in March 2017 to 95% in September 2021. A service-user informed GP endorsement model around bowel cancer screening continues to be piloted. Best practices and insights gained from the pilot will be applied as a model for future cancer screening programmes for people with LD. Quality Checkers will begin in-person GP surgery quality checks in 2022, providing support for services to become more accessible and offer adjustments and improvements to how services can become friendly and suitable environments for people with a learning disability.	Health Commissioning Manager	
R10: Tower Hamlets Council should lead by example and create more paid job opportunities for people with LD and set aspirational targets.	Increasing the number of paid job opportunities in Tower Hamlets Council remains an important objective. The pandemic caused considerable employment challenges that affected the Council's ability to develop more opportunities. Continued delivery of employment support and skills programmes will increase the number of individuals with learning disability looking for paid employment. More work will be completed to facilitate the creation of paid jobs in TH Council and aspirational targets will be set and measured. Further work on this area will continue during 2022.	Eleea Islam, Senior Learning Disability Commissioning Manager	March 2023
R11: To ensure charter to get commitment from member organisations to employ more adults with a learning disability	The number of employers employing people with a learning disability has steadily increased throughout 2019-2020 from 27 employers in quarter 1 to 46 in quarter 4. The decline throughout 2020-2021 has been overwhelmingly due to the pandemic. There has been enhanced employer engagement with new organisations	Eleea Islam, Senior Learning Disability Commissioning Manager	March 2023

incorporates concept of supporting each other to develop a truly inclusive culture in their respective organisations. **R12:** The Health and Wellbeing Board (HWBB), Partnership Executive Group and health organisations should create more job opportunities for adults with learning disabilities.	recruiting and supporting people with learning disabilities to access employment and employment related benefits including: • Working with Airbnb, Coders for Covid and a FTSE100 company, the Compass Group. • Gaining support from the Forbes Charitable Foundation and the DWP to broker kickstart employment opportunities for people with learning disabilities. • ANZ Bank funded over 50 laptops and tablets to enhance remote service provision during the lockdown. • The British Association for Supported Employment developed opportunities for people with learning disabilities at Microsoft sites in London. During the pandemic and subsequent lockdown, the service managed to ensure 61 individuals were furloughed, and that an additional 14 were supported to sustain their employment, instead of their contracts being terminated. Further work on this area will continue during 2022.		
R13: To ensure the supported employment programme set ambitious recruitment targets that are based on national benchmarking figures and population growth.	The objectives of the Employment Support contract are that each year, 110 new individuals (different to those from the previous year), are supported to find employment, and then supported during their period of employment. In 2019-2020, a total of 126 people with learning disabilities were supported into employment. This exceeded the target of 110 people per year. This included support to 58 new service users throughout the year, which exceeded the annual target of 55 new service users per year. In 2020-2021, the service provided employment support to a total of 121 individuals (as of quarter 3), which has already exceeded the annual target despite not including the stats for quarter 4. As part of phase one of the day services budget recovery plan, 34 people have been identified to transition onto the employment contracts between quarter 1 and 2 of 2021-22.	Eleea Islam, Senior Learning Disability Commissioning Manager	March 2023

	Further work on this area will continue during 2022.		
R14: To ensure the supported employment programme is mindful of job retention and incorporates career development as part of suitable offer to people with a learning disability.	Tower Project run a number of social enterprises and training programmes that provide real-life work and training opportunities for people with a learning disability, sensory disability, autism, physical disability or health related issue. The transferable employability skills prepare individuals for the world of work and independent living and equip them with an understanding of their rights in the work place as well as support to address any concerns in this are. Young people with learning disabilities continue to benefit from delivery of JET's Employment First supported internship programme, a ten month programme that aims to progress students with learning disabilities into employment in the hospitality sector.	Eleea Islam, Senior Learning Disability Commissioning Manager	Complete
R15: The Tower Hamlets Accommodation Plan for people with LD should set ambitious targets for the development of local accommodation opportunities for people with a learning disability. **R16:** To secure funding and resources to support development of new supported accommodation schemes. **R19:** To work with Housing Providers and Housing Options and consider ways to increase supported accommodation capacity through capital programme	The borough has been working intensively with all individuals placed out of area to assess and review housing requirements and to offer a local option where this is needed and desired. As a result, a number of adults have moved back into borough over the last two-year period, with more scheduled to move during 2022. Work continues with our Community Learning Disability Services to ensure transition-planning addresses the needs for those young people who also wish to stay close to home. The development of local housing options and strengthening of services for those with more needs that are complex will continue; with new schemes scheduled to open in August 2022 and October 2023. In addition to these purpose built schemes we continue to work with the market to build capacity in this area and will focus on the development of bespoke local packages to meet individual needs. Accommodation remains a key priority area for 2022	Eleea Islam, Senior Learning Disability Commissioning Manager	March 2023

/HRA funding.			
R17: The last LD JSNA Factsheet was updated in 2016. In light of Covid-19 and the impact it has had on LD services it is recommended that the factsheet is updated.	Discussions are underway with health intelligence colleagues in our Public Health Teams to build an updated Learning Disability JSNA Factsheet into the work programme.	Public Health	April 2023

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Learning Disability Health Overview & Scrutiny Committee Challenge Session: Update and Action Plan

08 March 2022

TOWER HAMLETS

HOSC Challenge Session: Update and Action Plan - Timeline

10th March 2020

- A Health Scrutiny challenge session reviewed "*How health and social care is supporting adults with a learning disability to live independent lives in Tower Hamlets*".
- Focused on three main areas of the Learning Disability Strategy
  - Health
  - Accommodation
  - Employment
- The challenge session report was compiled providing documentation of the sessions and included recommendations to be acted upon, however sign-off of the report was delayed due to the outbreak of the Covid-19 pandemic in the UK.
- Due to the impact of the pandemic, the committee were interested in revisiting the same three areas in February 2021

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HOSC Challenge Session: Update and Action Plan - Timeline

TOWER HAMLETS

08 February 2021

- An updated report that included an impact assessment of the pandemic for the learning disability population was discussed at the Health & Adults Scrutiny subcommittee meeting. The sub-committee considered several new recommendations.

December 2021

- A report including an update and action plan based on all recommendations from both the March 2020 and Feb 2021 Health & Adults Scrutiny subcommittee meetings went to Cabinet.

- Recommendations within the report reflected priorities already identified within the Tower Hamlets Learning Disability Strategy 2017-2020.

- Work taking these forward has continued throughout the pandemic with progress made in these areas.

Happy & Healthy in the Community

- **Efforts continue to identify individuals with a learning disability**
  - GP register size counts 1,543 individuals at present, an increase of over 345 individuals in approximately 24 months, with increases in both adults and children populations.
  - Annual Health Checks: 59% completed as of February 2022, set to meet the NHSE target of 67% by the end of March 2022.

- **Mental Capacity Assessment awareness remains a priority**
  - MCA is included in statutory and mandatory safeguarding training for both ELFT and LBTH staff to ensure people are supported to make decisions for themselves or remain at the centre of the decision-making process.
  - Barts Health NHS Trust recently completed an audit around MCA knowledge. Guidance from those findings will be distributed amongst health practitioners and staff.

- **Children and adult services continue to prioritise a well-planned transition for young people, starting from age 14.**
  - The approach going forward will align with the Children and Families Strategy and CAMHS Transformation Plan.

Happy & Healthy in the Community – Updates to E-health passports

Electronic Health Passports

- A new digital supplier named Better will replace CMC from April 2022, launching publicly in July 2022. Data of any patient with a CMC plan will be migrated to the new system. Existing care planning application, log-ins and in-context links will remain active and supported by the existing helpdesk team. To date, the total number of CLDS clients with a CMC is 60.

- The team is currently working with multiple vendors to achieve interoperability between the future Urgent Care Plan and Electronic Patient Records in use across London. This includes EMIS, TPP SystmOne, the London Shared Care Record (provided by Cerner HIE), Adastra and Cleric ePCR. The aim is for the majority of users to access the Urgent Care Plan with a single sign on via their EPRs or the London Shared Care Record.

- Learning from LeDeR working closely with the Community Learning Disability Service identified a gap in information available to those who do not have English as a first language, particularly around CMC plans. The CCG commissioned a leaflet/poster with information displayed around CMC which has been translated into Bengali, one of the most common languages used across Tower Hamlets.

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Work or Volunteer

TOWER HAMLETS

- During the pandemic and subsequent lockdown, the service managed to ensure 61 individuals were furloughed, and that an additional 14 were **supported to sustain their employment**, instead of their contracts being terminated.

- In 2020-2021, employment services provided employment **support to a total of 121 individuals** (as of quarter 3), which has already exceeded the annual target despite not including the numbers for quarter 4.

- Employment **services have adapted** to the virtual world and started new programmes designed to upskill and improve employability, while at home.

    - They've acquired tablets and laptops and provided in-house IT support so that service users could continue accessing online sessions.
    - The services have maintained and expanded links with organisations and companies to secure employment opportunities in other industries.

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Safeguarding

TOWER HAMLETS

- The Safeguarding Adults Board (SAB) have a firm spotlight on learning disabilities, the November SAB had a focus on Learning Disabilities and agenda items included learning from Cawston Park and host commissioner arrangements, local governance, LeDeR annual report, local services available for learning disabilities including primary care and learning from Tower Hamlets Safeguarding Adult Reviews.

- The next SAB Workshop taking place in March is an opportunity for SAB members to get together, discuss priorities for the year ahead and reflect on the achievements of the previous year.

- The SAB Sub-Group for Community Engagement are currently producing an animation video on safeguarding adults, part of this animation involves co-production of service users including people with learning disabilities to ensure that the animation is accessible to people with impairments and/or physical disabilities and using accessible terminology. This is due to be launched in Q4/Q1 with support of Communications strategy.

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Learning from Deaths Review (LeDeR)

TOWER HAMLETS

- The first LeDeR Workshop was held in February with representatives from a variety of learning disabilities services across the Borough.

- The group were presented with a summary of three completed LeDeR reviews and the themes identified as learning so far which included:

  - Transition, particularly around Advocacy services and documenting the voice of the adult/child,
  - the use and documentation of best interests meetings;
  - Communication with families/carers,
  - persistency around support services if declining,
  - Positive relationships and how these are utilised,
  - How cases that require escalation are captured in clinical supervision and reasonable adjustments, particularly around obtaining weight measurements,
  - Use of hospital passports and uptake of CMC.

- The group were tasked to collectively think of ideas, innovations and actions around the learning themes identified from the reviews.

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Coproduction – Views from the learning disability population

TOWER HAMLETS

- The **importance of coproduction** in service design, monitoring and improvement led to the development of the Empowering Voices and Quality Checker services.

- Despite the challenges of the pandemic, both services continued to meet regularly, attend trainings, and organise events virtually, and have recently begun meeting in person again.

- Quality Checkers are due to complete their first GP surgery check imminently. Their reports will provide **support for services to become more accessible** and offer adjustments and improvements to how services can become friendly and suitable environments for people with a learning disability.

- Ten service users joined the Empowering Voices team with six meeting regularly. Since the project began, they have worked with 5 organisations producing a video and an article for the newspaper on the experiences of service-users through lock down, a learning disabilities focused training (securing an EV member a theatre acting role), and consulted on a 400 page service-user experience report.

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Agenda Item 6.2

Health & Adults Scrutiny Sub-Committee Tuesday 8 March 2022	TOWER HAMLETS
Report of: Kay Saini, Head of Long Term Conditions, TNW CCG	**Classification:** Unrestricted
Impact of Long Covid	

Originating Officer(s)	Kay Saini, Head of Long Term Conditions, TNW CCG
Wards affected	All wards

Summary

Post-COVID syndrome, also known as Long COVID, is multi-system in nature. Patients often present with clusters of symptoms, often overlapping, which may change over time. There is still uncertainty in what is known about the long-term effects of COVID-19 and as evidence emerges, we will begin to understand about the prevalence and recovery patterns following COVID-19.

In recovery, there is an opportunity to create a healthier, more resilient society, by ensuring patients are provided with the tools to be able manage their long-term conditions better. Part of the strategy to assist recovery aims to enable Primary Care to risk stratify patients with long terms conditions in order to help prioritise patients who are at the highest risk of an exacerbation.

Recommendations:

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

1. Note the contents of the report

1 REASONS FOR THE DECISIONS

1.1 This is for information only.

2 ALTERNATIVE OPTIONS

2.1 This is for information only.

3 DETAILS OF THE REPORT

3.1 A report is tabled for the meeting, which will provide an overview of the impact of long COVID-19 on residents and patients with long-term conditions.

3.2 Long COVID-19 is an emerging phenomenon that is not yet fully understood. As evidence emerges, we will begin to understand about the prevalence and recovery patterns following COVID-19.

3.3 Post-COVID syndrome, also known as long COVID-19 is defined by NICE as signs and symptoms that develop during or after COVID-19 and continue for more than 12 weeks and are not explained by an alternative diagnosis.

3.4 Long COVID-19, is multi-system in nature, occurring irrespective of age, co-morbidities, hospitalisation or severity of infection. Patients often present with clusters of symptoms, often overlapping, which may change over time. Often many people with post-COVID syndrome also experience generalised pain, fatigue, persisting high temperature and psychiatric problems.

3.5 The Primary Care and Community Post-Covid-19 Rehabilitation Pathway service for Tower Hamlets, Newham and Waltham Forest (TNW) was launched on 18th January 2021 and was commissioned from East London Foundation Trust (ELFT) for the residents of Newham and Tower Hamlets.

3.6 Patients can only access the service via a GP referral. Acceptance in to the service will enable the patient to be reviewed by a multi-disciplinary team of experts consisting of physiotherapists, occupational therapists and psychologists, GPs and physicians from Barts Health, who could support aftercare/rehabilitation and, when necessary, arrange an onward referral to hospital and specialist services.

3.7 The service has now been in place for a year and has received 730 referrals from across the Newham and Tower Hamlets area. The data highlights that the service is accessed predominantly by female patients, in the 35-44 age bracket and are of white or Asian background. This demonstrates a shift from July 21 as up this point, patients were mainly white females. A substantial effort has gone into socialising the service and raising awareness in our hard to reach patient cohorts and amongst the BAME communities. Work

continues in this area and we have currently finalising the pathway for homeless patients to support proactive case finding of those experiencing the effects of Long COVID-19 in Primary Care.

3.8 Since mobilisation of the service, the model has gone through a number of iterative changes and has been further enhanced to meet the emerging needs of patients. A business case has been finalised for consideration by TNW CCGs to seek further funding to support expansion and longevity of the service.

4 Implications on Primary Care

4.1 Long COVID-19 has undoubtedly had an impact on Primary Care and the full impact of this reduction in routine NHS care in general practice is only now emerging.

4.2 Primary Care now faces a huge backlog of unmet patient need, with patients facing long waits for treatment.

4.3 Part of the wider strategy to assist recovery aims to enable Primary Care to be furnished with tools that will allow risk stratification of their patients with long-term conditions. This approach will allow practices to prioritise patients who are at the highest risk of an exacerbation and intervene in a proactive way.

5 Communication and Engagement Strategy

5.1 Across North East London, we have worked with our key partners to develop a comprehensive communication and engagement offer with the aim of raising awareness of long COVID-19 in our local communities.

5.2 We are working with local Healthwatch to create a survey for local residents to understand whether patients are experiencing symptoms of long COVID-19 and whether they have tried to access any support. In order to understand the needs of local residents in relation to long COVID-19, we are working with our local community groups and faith leaders.

5.3 We have created a long COVID-19 patient video to help our residents understand the common symptoms and to provide information on where seek help. We have also developed a range of different comprehensive patient leaflets, including an easy-read version. As well as this, we have created a web page where patients can access further information to support self-management and where to access both medical and non-medical support.

5.4 We are collaborating with our colleagues in Public Health to deliver a webinar to raise awareness of this condition amongst schools, targeting parents and teachers.

5.5 We will continue to develop the communication and engagement strategy and ensure the service is continuously under review to ensure it meets the needs of our local population.

Linked Reports, Appendices and Background Documents

Linked Report

- Public Health – Impact of Long COVID- 19
  Xiaoyun Li - Public Health Programme Manager

Appendices

- NONE

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- NONE

Officer contact details for documents:

Kay Saini, Head of Long Term Conditions, TNW CCG
Kay.Saini@nhs.net

NHS
North East London
Clinical Commissioning Group

Impact of Long COVID-19

15 February 2022
Kay Saini – Head of Long Term Conditions

1. Introduction

The effect of COVID-19 on people's health should not only be perceived in terms of hospitalisations and deaths. By October 2021, data from the Office for National Statistics estimated that 1.2 million people had self-reported as being affected by 'Long COVID-19' – ongoing symptoms persisting for more than 4 weeks after infection. (1) Of these, 65% reported that persisting symptoms affected their ability to carry out day-to-day activities. Long COVID-19 is an emerging phenomenon that is not yet fully understood. (1)

As per NICE/SIGN/RCGP guidance, 'Long COVID-19' is a commonly used term to describe:

- Ongoing symptomatic COVID-19: signs and symptoms of COVID-19 from 4 to 12 weeks.
- Post-COVID-19 syndrome: signs and symptoms that develop during or after COVID-19 and continue for more than 12 weeks and are not explained by an alternative diagnosis. (2)

Post-COVID syndrome, also known as Long COVID-19, is multi-system in nature. Occurring irrespective of age, co-morbidities, hospitalisation or severity of infection. Patients often present with clusters of symptoms, often overlapping, which may change over time. Often many people with post-COVID syndrome also experience generalised pain, fatigue, persisting high temperature and psychiatric problems. (2) Some may need specialist input from secondary care. According to the Office of National Statistics, Fatigue continued to be the most common symptom reported as part of individuals' experience of Long COVID-19 (55% of those with self-reported Long COVID-19), followed by shortness of breath (39%), loss of smell (33%), and difficulty concentrating (30%). (1)

There is still uncertainty in what is known about the long-term effects of COVID-19 and as evidence emerges we will begin to understand about the prevalence and recovery patterns following COVID-19. (1).

The Primary Care and Community Post-Covid-19 Rehabilitation Pathway service for TNW was launched on 18th January 2021. This was in response to the NHS England and NHS Improvement five-point plan that mandated Integrated Care Systems, to have in place, Long COVID-19 clinics to support patients experiencing long-term health effects following infection with Covid-19. (3)

We worked collaboratively with all key stakeholders to commission a local service that will enable patients who experience ongoing symptoms following infection with covid-19 to access a multi-disciplinary team of experts. The Multi-disciplinary team (MDT) includes physiotherapists, occupational therapists and psychologists, GPs and physicians from Barts Health, who could support aftercare/rehabilitation and, when necessary, arrange an onward referral to hospital and specialist services. (2) The Long COVID-19 provision was commissioned from East London Foundation Trust (ELFT) for the residents of Newham and Tower Hamlets, whilst North East London Foundation Trust (NELFT) provide a similar service for the community of Waltham Forest.

The model developed was set up with the view that the assessment hub would triage and assess the patient, but ongoing management would be via the provision of existing pathways. However, since mobilisation of the service, the model has gone through a number of iterative changes and has been further enhanced to meet the emerging needs of patients.

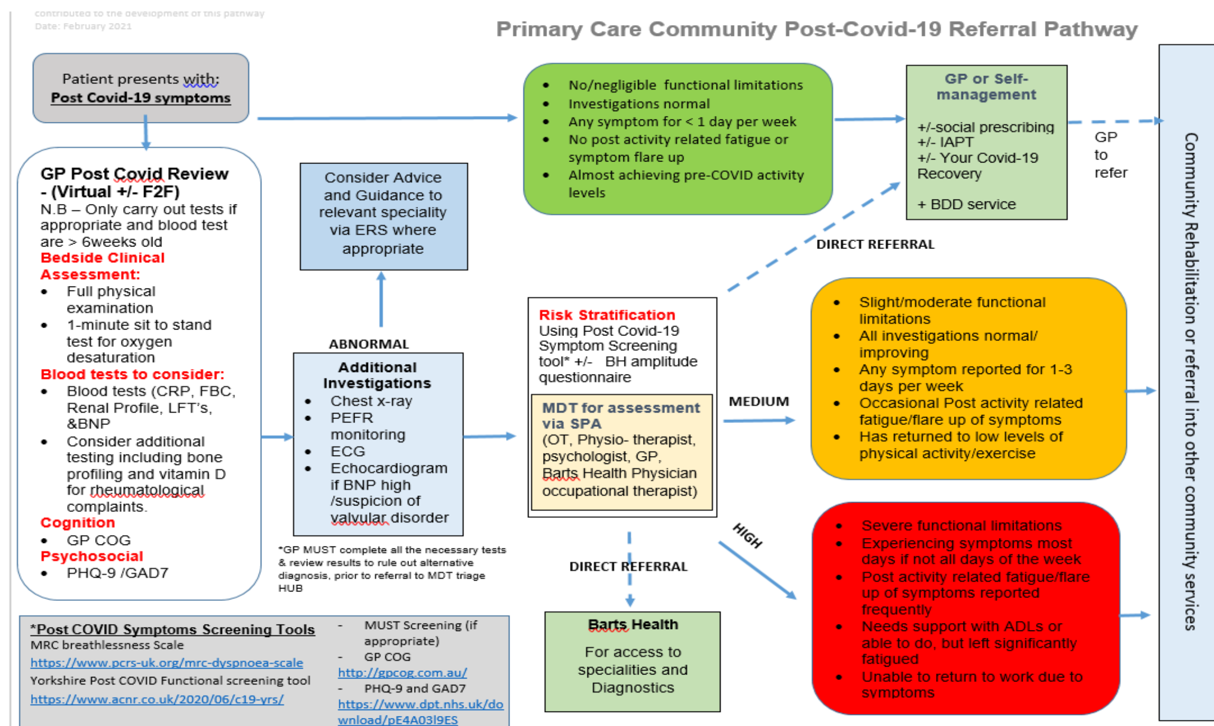

Figure 1: Primary Care Community Post Covid -19 Referral Pathway

1.1. Data

The ELFT service has now been in place for one year and has received 730 referrals from across Newham and Tower Hamlets. The data indicates that the majority of patients accessing the service are in the 35-44 age bracket and are predominantly female and white or of Asian or Asian British ethnic background. This clearly demonstrates a shift in the ethnic groups that are now accessing the service. Until July 21, the service was in the main receiving referrals for white patients. This may be an indication that the CCG has now been successful in engaging and raising awareness amongst the hard to reach and BAME communities.

Below is a detailed breakdown of the patients presenting to the service from Jan 21 to Jan 22. However, it is paramount to highlight that all the data presented in this report refers to combined data from both Newham and Tower Hamlets. Unfortunately, the mechanism of reporting does not allow activity to be broken down by the different areas.

ELFT (Jan21- Jan22)

Week ending		Total
Referrals	Accepted	395
	Rejected	335
	Total	730
Total number of patients waiting for assessment	Total	-

Table1: Breakdown of the TNW ELFT provision for the Long COVID-19 Service from Jan 21-Jan 22

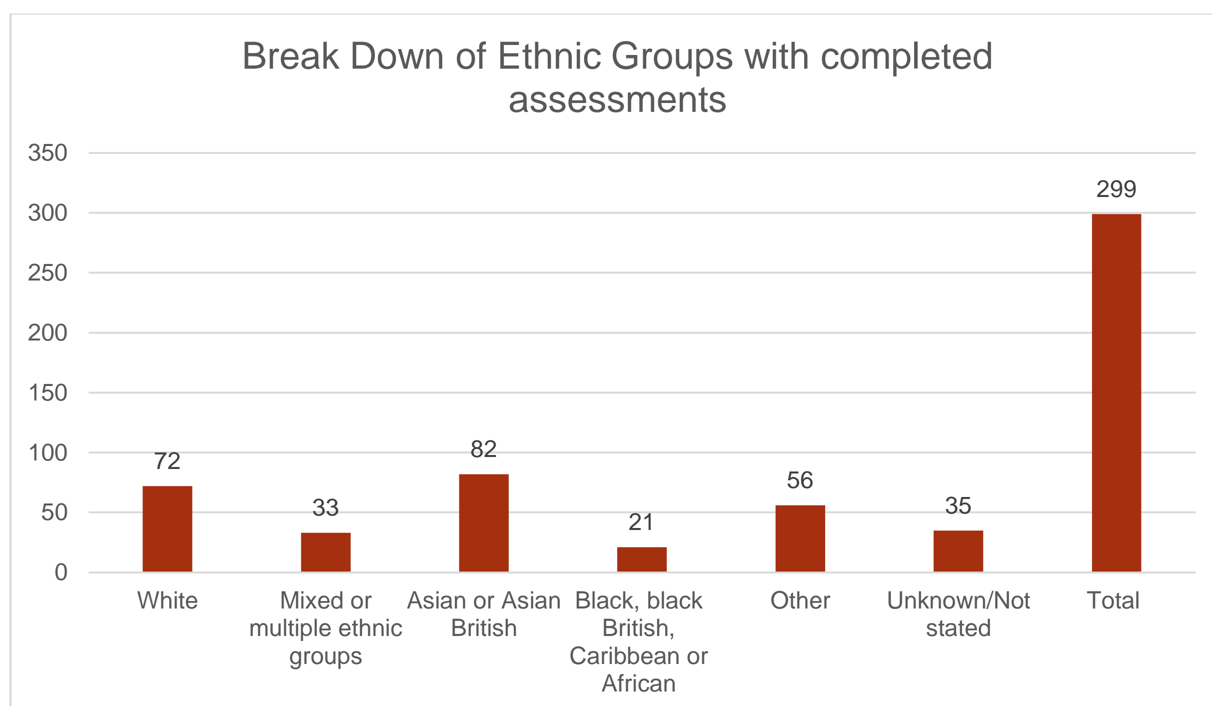

Figure 1: Ethnic Breakdown

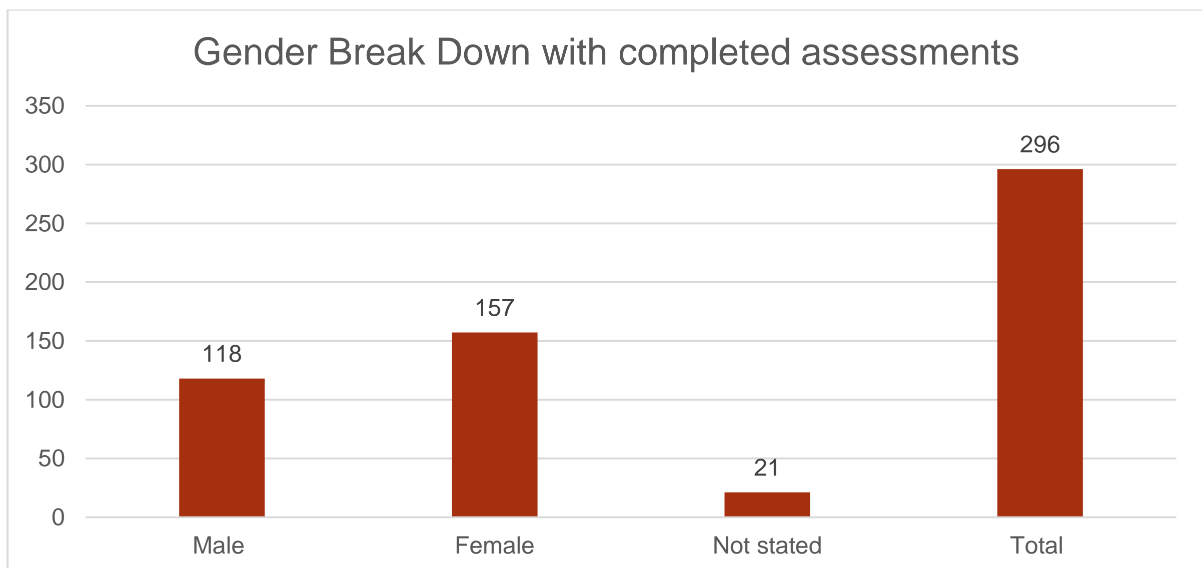

Figure 2: Gender Breakdown

Age breakdown or patients with completed assessments		
	0-15 years	0
	16-24 years	3
	16-18 years	1
	19-24 years	3
	25-34 years	36
	35-44 years	139
	45-54 years	10
	55-64 years	42
	65-74 years	12
	75-84 years	4
	85+ years	0
	Unknown or not recorded	35

Table 2: Age Breakdown

NHS England (NHSE) developed a modelling assumption to estimate how many of these patients may require follow up in a Long COVID-19 service. (4) There was clinical consensus that provisionally around 2.9% of people who had COVID-19 will go on to need NHS support. (4) According to this model, it was suggested that patients would fall into three levels of treatment intensity, following an initial assessment as highlighted below:

Treatment Intensity	Estimated % population	Treatment
(Tier 1)	30-50%	Appropriate for supported self-management
(Tier 2)	18-30%	Treatment in primary and community care
(Tier 3)	20-50%	Follow up in specialist services and rehabilitation pathways

Table 3: NHSE modelling assumption indicating expected distribution of cases according (4) to treatment intensity

According to modelling above, it was estimated that 4404 people would require some level of support across Newham and Tower Hamlets and that between 2,202-2,995 patients

would require level 2-3 support. However, the NHSE modelled activity indicates a large variance from the number of referrals actually received by the service. The CCG therefore undertook a local modelling exercise based on ONS reported figures on actual numbers of patients reported as having covid to the actual numbers seen by the service. Using this methodology, we were able to project expected activity, which equates to 748 referrals annually. Although this is not far from the actual activity, it is important to highlight that just under a half of referrals were rejected by ELFT. This can be attributed to the following reasons:

- Vital clinical information absent from the referral form
- Evidence that the referrer has not undertaken the necessary tests to rule out an organic medical disease
- Evidence that an existing medical condition has not been optimised prior to referral
- Clinical information is out of date.

To mitigate the number of rejected referrals, we have recently introduced a standardised North East London Wide referral form. This has been embedded across all GP systems to streamline the referral process and make it is easier for clinicians to refer into the service. The form requires mandatory fields to be completed and the necessary tests to be performed prior to referral. The aim is that the referring clinician will rule out any underlying organic causes prior to referral. Furthermore, this will allow the Long-Covid-19 service to have to hand, up to date, relevant information to make an informed decision with regards to the patients' management plans, which in turn will result in an efficient service for patients.

From the number of referrals received by the service, it is reasonable to conclude that not all patients are seeking support for the management of their Long COVID-19 symptoms or it may be that the patient has attributed their symptoms to other causes or are self-managing. There is also a possibility that the service is not yet know to patients and hence they have not come forward to seek assistance.

1.2. Funding

Financial Allocation Breakdown Dec 20-March 21

NHS England, NHS Improvement (London) provided funding of £10million nationally to support the establishment and operationalising of Post COVID-19 Syndrome Assessment Clinics services. NEL received £365,560. This was further supplemented with £145k from an ICS local Ageing Well funding stream. Tower Hamlets, Newham and Waltham Forest (TNW) received £190,811 of this overall funding.

Financial Allocation Breakdown 2021-2022

The total funding allocation for TNW equates to £920,441, which includes both funding from NHSE and the local NEL funding contribution. The table below indicates the total funding made available for the ELFT service.

ICP	NEL ICS fund	NHSE Q1-Q2	NHSE Q3-Q4	Total Funds
ELFT	£101,074	£176,592	£281,605	£559,271

Table 4: ELFT Funding Allocation for 21-22

1.3. Next Steps

A full review of the service has instigated the need for a business case for further funding to support expansion and sustainability of the service. The providers have worked tirelessly to ensure the service fully meets the need of the local residents and therefore have developed a treatment pathway as an add on to their current offer of assessment only. This will allow patients to be assessed and offered treatment in line with the patient needs and level of acuity. Additionally, the service has now included in their plans provision for face to face consultations which previously, due to high rates of circulating Covid-19, were only virtual. This will help to address the issue of excluding those who may not be digitally literate.

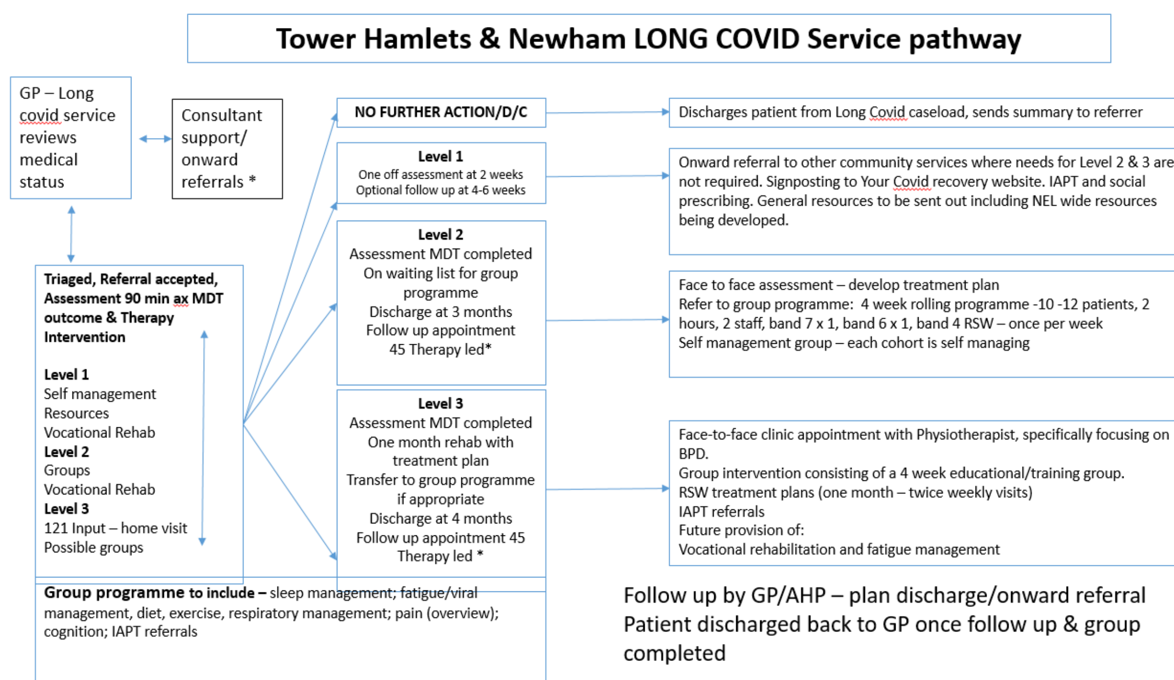

Figure 3: Enhance ELFT offer for patients with Long COVID-19-19

The new model now includes treatment that can support patients beyond self-management, which although remains an essential component of the pathway, cannot replace professional interventions.

1.4. Role of Primary Care

Long COVID-19 is a new and complex condition. To manage this effectively in Primary Care, it will require professional education, consistent coding of patients, planning of practice clinical pathways to assess and support patients and consideration of measures to reduce the risk of inequity of access to support.

It is recognised that General practice plays a key role in supporting patients, both adults and children, with long term symptoms of COVID-19. This includes assessing, diagnosing, referring where necessary and providing longer term holistic support for patients.

Long COVID-19 has undoubtedly had an impact on Primary Care and the full impact of this reduction in routine NHS care in general practice is only now emerging. Primary Care now faces a huge backlog of unmet patient need, with patients facing long waits for treatment. Some of this backlog can be attributed to Long COVID-19 as this cohort of patients has displaced those patients who normally access Primary Care for routine appointments. Patients have also missed vital opportunities to receive initial assessment and diagnosis for health problems due to slots been taken up by patients with Long COVID-19.

Health Foundation analysis shows that all regions across England saw a 30% drop in GP consultations per patient between March and May 2020. (5) This was despite the efforts to enable online and telephone consultations. An unintended consequence of this service shift has meant that access has been more challenging for those digitally excluded or people more reliant on face-to-face services. (5) The greatest reduction in consultations has been for patients without a pre-existing condition, as shown in Figure 4 (15% versus 6% for those with one pre-existing condition and 2% for those with two or more pre-existing conditions). The size of the reduction in consultations, however, suggests that there will be a high number of people with undiagnosed conditions coming into contact with the health system at a more advanced stage of their condition.

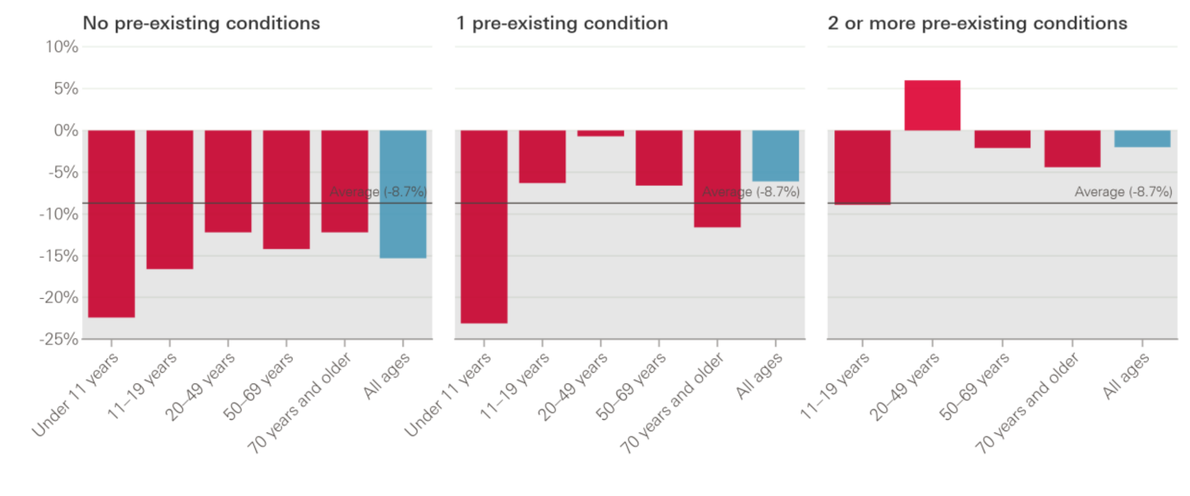

Figure 4: Percentage change in consultation rate (2020) compared to 2019 by number of pre-existing conditions and Age

It is important to note that not all patients are referred into the Long COVID-19 service and the effects of Long COVID-19 may manifest in exacerbations of underlying health conditions. It is therefore difficult to quantify the true impact of Long COVID-19 on Primary Care.

In order to support Primary Care Clinicians to be able to refer patients in to the Long COVID-19 service with ease, North East London CCG has worked collaboratively to standardise and simplify the referral form. This will reduce the GP workload and ensure good quality referrals are made to the service which will enable the service to provide timely care.

During this recovery phase, there is an opportunity to create a healthier, more resilient society, by ensuring patients are provided with the tools to be able manage their long term conditions better. Part of the wider strategy to assist recovery aims to enable Primary Care to be furnished with tools that will allow risk stratification of their patients with long term conditions. (6) This approach will allow practices to prioritise patients who are at the highest risk of an exacerbation and intervene in a proactive way. In order for Primary Care to rise to the challenge and provide a consistent standard of care to all patients, it is essential there is a step change in the way patients with long term conditions are supported and their care managed. There is now a greater emphasis on workforce and allowing skill mix in general practice to help address the backlog that Primary Care is now facing. (6) This approach will allow patients to be seen quickly, efficiently and by the most appropriate healthcare clinician.

1.5. Communication and Engagement Strategy

The impact of Long COVID-19 has forced the realignment of resources within the organisation to ensure we have in place a comprehensive communication and engagement strategy. There is increasing evidence that COVID-19 has had a disproportionate impact on those in deprived populations and people in black and ethnic minority groups and that it exacerbates existing health inequalities. (7) Across North East London we have worked with our key partners to develop a complete offer with the aim of raising awareness of Long COVID-19 in our local communities.

The offer includes the following:

- Issuing regular communication to GPs in relation to the NEL referral form, training, community of practice and local services. Offering training, resources and information on the referral process so that they can provide the best possible service to patients coming forward with symptoms. We have launched the community of practice, training schedule, online resource hub, referral form and the OneContact patient survey that will allow patients to grade their symptoms.

- Working with local partners to ensure community outreach. TNW are in the process of finalising our local homelessness pathway to ensure there is equity of access and this cohort of patients is able to seek support in the light of ongoing symptoms following infection with COVID-19.

- Creating a Long COVID-19 patient video to help our residents understand the common symptoms and to provide information on where seek help. As part of this, we are working with local faith and community groups to cascade the video message to our diverse communities in north east London.

- Developing a comprehensive patient leaflet, including an easy-read version, and creating web pages with further information here: https://www.eastlondonhcp.nhs.uk/ourplans/long-covid-2.htm

- Working with local community groups to understand their needs around Long COVID-19 with a view to providing translated versions of the leaflets as appropriate. Local information on both medical and non-medical services (including information on issues such as housing, finance and employment support) is being added to relevant public web pages too.

- Working with local Healthwatch to create a survey for local residents to understand whether patients are experiencing symptoms of Long COVID-19 and whether they have tried to access any support. This will help inform future communications.

- Collaborating with our colleagues in Public Health to deliver a webinar to teachers and parents in schools to raise awareness of Long COVID-19.

- Working with local engagement officers in order to identify the best strategies to adopt in order to raise awareness in communities that have not yet presented to the service.

1.6. Summary

- The COVID-19 outbreak has had a huge impact on core NHS services and the full impact of it is only now emerging. Although some uncertainty about the longevity of Long COVID-19 remains, it is clear that populations and the NHS will face a significant burden of additional morbidity and long-term conditions as a result of COVID-19

- Long COVID-19 will limit people's ability to return to work to varying degrees that will undoubtedly have a personal and social impact.

- The Long COVID-19 Service is under continuous scrutiny to ensure patients are offered a comprehensive, holistic service that will enable them to support their own recovery where appropriate.

- TNW CCGs have undertaken a modelling exercise to ensure the service can meet demand and that national indicators are met by the service

- A business case has been submitted to the CCG for additional funding to support expansion of the Long COVID-19 service

- A North East London standardised referral form has been embedded in to all GP systems across Primary Care in attempt to ensure referrals are of consistent good quality and assure the receiving provider that a holistic review of the patient has been undertaken to rule out any organic cause

- TNW CCGs have implemented a comprehensive communications and engagement plan to help raise awareness of the service and ensure hard to reach groups can access the service. The aim is to include as part of the plan a series of education and training webinars, regular communication via local bulletins, focussed intranet sites and peer review. Additionally produce support material for patients access

- The National GP enhanced service to be implemented across Primary Care to help further strengthen equity of access and adopt a more proactive case finding approach in primary care to target those populations who may typically be less likely to access healthcare

- TNW CCGs continue to gather and analyse data to inform future resource planning to maximise resources and service resilience, but also reduce unwarranted variation in the management and subsequent outcomes of patients with post-COVID syndrome

- Finalised the pathway for homeless patients to support proactive case finding of those experiencing the effects of Long COVID-19 in Primary Care

- Reinforced referral pathways directly in to secondary care to improve the patient journey and provide seamless provision across the different healthcare sectors

- Delivered several learning events across Primary Care raising awareness of the tools to support patients with Long COVID-19 in the community

- Developing a patient education programme, which encompasses a series of webinars and group sessions to cover some of the main symptoms of Long COVID-19 and how patients can help themselves to recover from these symptoms.

- Draft a patient satisfaction survey to measure success of the service and identify areas where the service can be further improved.

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1. Definition – What is Long COVID?

1.1 How long it takes to recover from coronavirus (COVID-19) is different for everyone. For most people symptoms will resolve by 12 weeks, but some people have symptoms that can persist for longer than 12 weeks and may change over time and new symptoms may develop.

1.2 Clinical case definitions to identify and diagnose the long-term effects of COVID-19 by NICE guideline [NG188][1]

- **Acute COVID-19**: signs and symptoms of COVID-19 for up to 4 weeks
- **Ongoing symptomatic COVID-19**: signs and symptoms of COVID-19 from 4 weeks up to 12 weeks
- **Post COVID-19 syndrome**: signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis. It usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body.
- In addition to the clinical case definitions, the term **'Long COVID'** is commonly used to describe signs and symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 (from 4 to 12weeks) and post-COVID-19 syndrome (12 weeks or more).
- The likelihood of developing Long COVID is not considered to be linked to the severity of their acute COVID-19 (including whether they were hospitalised).

1.3 A clinical case definition of post COVID-19 condition by a Delphi consensus, World Health Organisation (WHO)[2]

- Post COVID-19 condition occurs in individuals with **a history of probable or confirmed SARS-CoV-2** infection, **usually 3 months from the onset of COVID-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis.** Common symptoms include **fatigue, shortness of breath, cognitive dysfunction** but also others which generally have an **impact on everyday functioning**. Symptoms may be **new onset**, following initial recovery from an acute COVID-19 episode, or **persist** from the initial illness. Symptoms may also **fluctuate** or **relapse** over time. A separate definition may be applicable for children.

2. Symptoms/Signs of Long COVID

2.1 Symptoms after acute COVID-19 are highly variable and wide ranging. The most reported symptoms include but are not limited to the following:

Table 1 Common symptoms after acute COVID-19 [1]

System	Symptom	System	Symptom
Respiratory symptoms	Breathlessness	**Gastrointestinal symptoms**	Abdominal pain
	Cough		Nausea and vomiting
Cardiovascular symptoms	Chest tightness		Diarrhoea
	Chest pain		Weight loss and reduced appetite

[1] COVID-19 rapid guideline: managing the long-term effects of COVID-19. NICE guideline [NG188]; Updated 11 November 2021. https://www.nice.org.uk/guidance/ng188

[2] A clinical case definition of post COVID-19 condition by a Delphi consensus. World Health Organisation; 6 October 2021. https://www.who.int/publications/i/item/WHO-2019-nCoV-Post_COVID-19_condition-Clinical_case_definition-2021.1

System	Symptom	System	Symptom
	Palpitations	**Musculoskeletal symptoms**	Joint pain
Generalised symptoms	Fatigue		Muscle pain
	Fever	**Ear, nose and throat symptoms**	Tinnitus
	Pain		Earache
Neurological symptoms	Cognitive impairment ('brain fog', loss of concentration or memory issues)		Sore throat
	Headache		Dizziness
	Sleep disturbance		Loss of taste and/or smell
	Peripheral neuropathy symptoms (pins and needles and numbness)		Nasal congestion
	Dizziness	**Dermatological symptoms**	Skin rashes
	Delirium (in older populations)		Hair loss
	Mobility impairment	**Psychological/psychiatric symptoms**	Symptoms of depression
	Visual disturbance		Symptoms of anxiety
			Symptoms of post-traumatic stress order
The following symptoms and signs are less commonly reported in children and young people than in adults: • shortness of breath • persistent cough • pain on breathing • palpitations • variations in heart rate • chest pain			

2.2 The Office for National Statistics[3] listed the most common symptoms self-reported as part of individuals' experience of Long COVID: fatigue (50%), followed by shortness of breath (37%), loss of smell (37%), and loss of taste (28%).

3. Prevalence – How common is Long COVID?

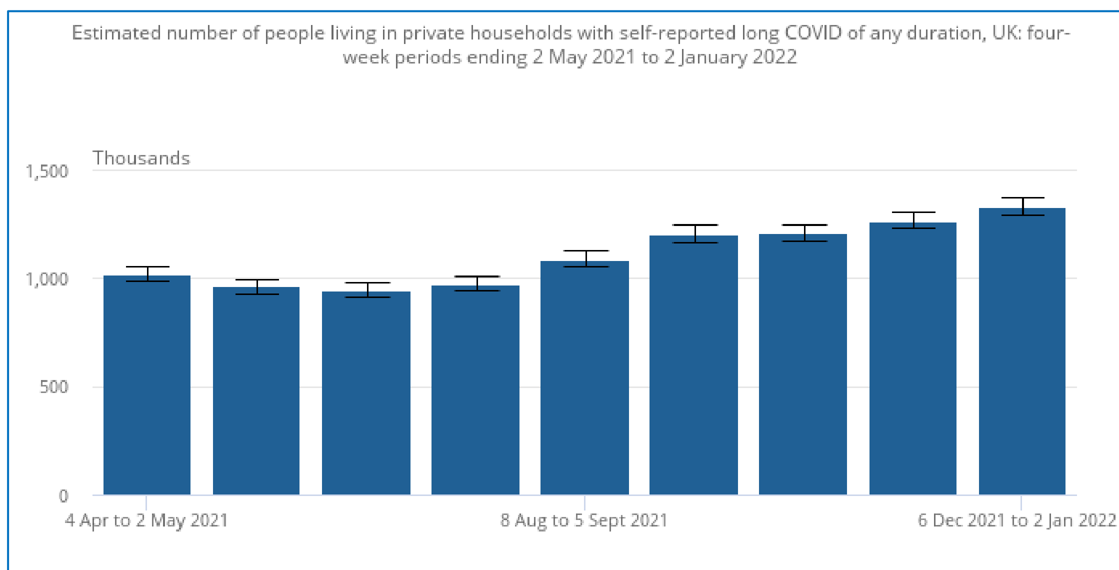
3.1 National context

3.1.1 Estimates of the prevalence of self-reported Long COVID

- As of 2 January 2022, an estimated 1.3 million people (565,000 males, 767,000 females) living in private households in the UK (2.1% of the population were experiencing self-reported Long COVID (symptoms persisting for more than four weeks after the first suspected COVID-19 infection which were not explained by something else (Figure 1), including around 117,000 children aged 2-16 and around 107,000 people between 17 and 24 years old.
- Of people with self-reported Long COVID, 947,000 people (71%) first had (or suspected they had) COVID-19 at least 12 weeks previously, and of those 554,000 (42%) first had (or suspected they had) COVID-19 at least one year previously.

[3] Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK. ONS; 3 February 2022.

Figure 1 1.3 million people were experiencing self-reported Long COVID as of 2 January 2022

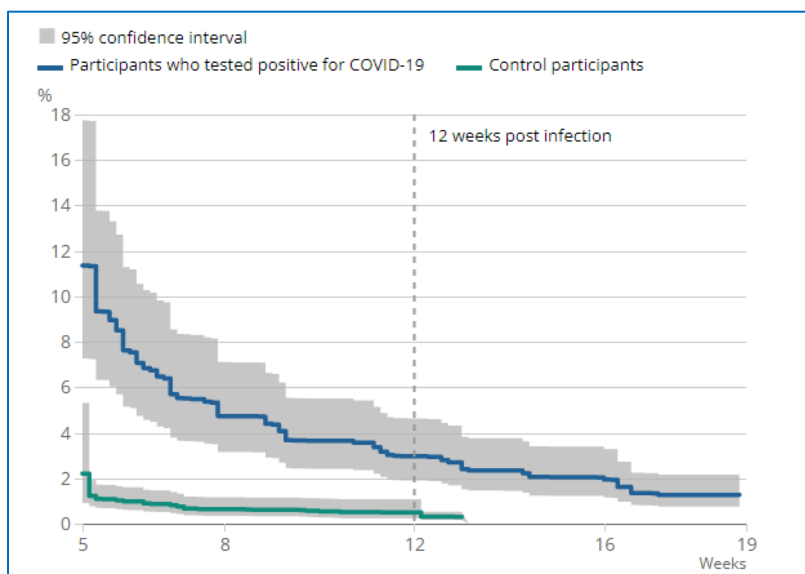


Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey (CIS)
Note: The estimates presented relate to self-reported Long COVID, as experienced by study participants who responded to a representative survey, rather than clinically diagnosed ongoing symptomatic COVID-19 or post COVID-19 syndrome in the full population. Study participants were asked to respond to the following questions: "Would you describe yourself as having 'long COVID', that is, you are still experiencing symptoms more than 4 weeks after you first had COVID-19, that are not explained by something else?"

3.1.2 Case rate of Long COVID symptoms after lab-confirmed infection[4]

- Of 20,565 study participants who tested positive for COVID-19, 11.4% continued to report any of 12 symptoms for at least five weeks after infection, falling to 3.0% for at least 12 weeks (Figure 2). The corresponding estimates in the control group were statistically significantly lower, at 2.2% for at least five weeks and 0.5% for at least 12 weeks.

Figure 2 Prevalence of continuous symptoms after infection



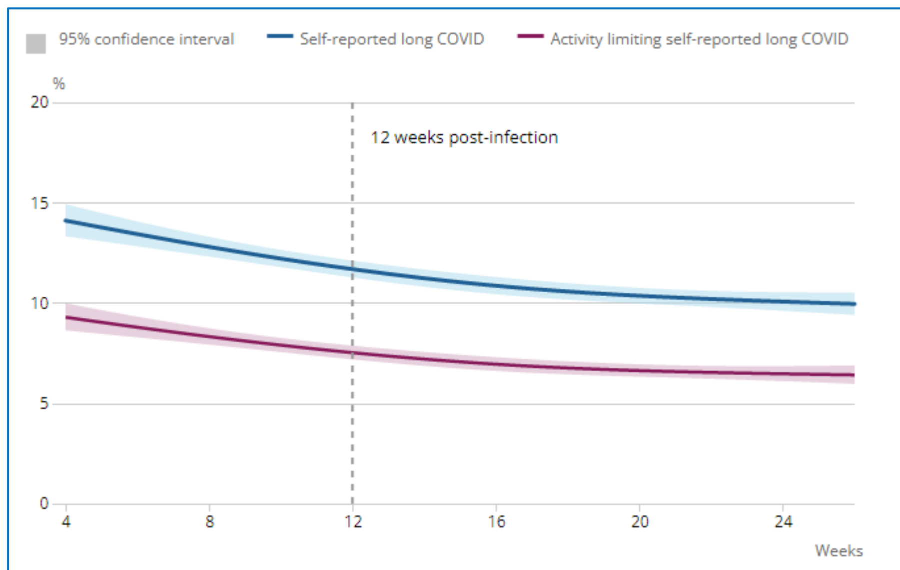
Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey (CIS)

[4] Technical article: Updated estimates of the prevalence of post-acute symptoms among people with coronavirus (COVID-19) in the UK: 26 April 2020 to 1 August 2021. ONS; 16 September 2021.

Note: The 12 symptoms comprise: fever, headache, muscle ache, weakness/tiredness, nausea/vomiting, abdominal pain, diarrhoea, sore throat, cough, shortness of breath, loss of taste, and loss of smell.

- Among study participants who tested positive for COVID-19, 14.1% were estimated to be experiencing self-reported Long COVID of any severity four weeks after infection, falling to 11.7% at 12 weeks (Figure 3). The estimated prevalence of self-reported Long COVID resulting in at least some limitation to day-to-day activities was at 9.3% at four weeks after infection and 7.5% at 12 weeks. Self-classification may better account for range and recurrence of symptoms.

Figure 3 Prevalence of self-reported Long COVID



Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey (CIS)

3.2 Local context

- The post-acute COVID-19 model on COVID-19 Situational Awareness portal presents real-time data driven (10-12 weeks) forecast of post-acute COVID overall and new cases of post-acute COVID that require support from a service. For modelling purposes, the definition of post-acute COVID has been defined as signs and symptoms that develop during or after an infection consistent with COVID-19, which continue for more than 12 weeks and are not explained by an alternative diagnosis. This is in line with the NICE definition (Section 1.2).
- Based on positive PCR cases extracted from UKHSA second generation surveillance system since 30 August 2020 as community testing had reached sufficient levels (lateral flow tests also included since 1 December 2021), it was estimated that there were 10,280 post-acute COVID (12 weeks+) in Tower Hamlets (Figure 4), and 1,950 would require services (Figure 5).

Figure 4 Post acute COVID (12 weeks+), new cases by UTLA (latest update: 26 January 2022)

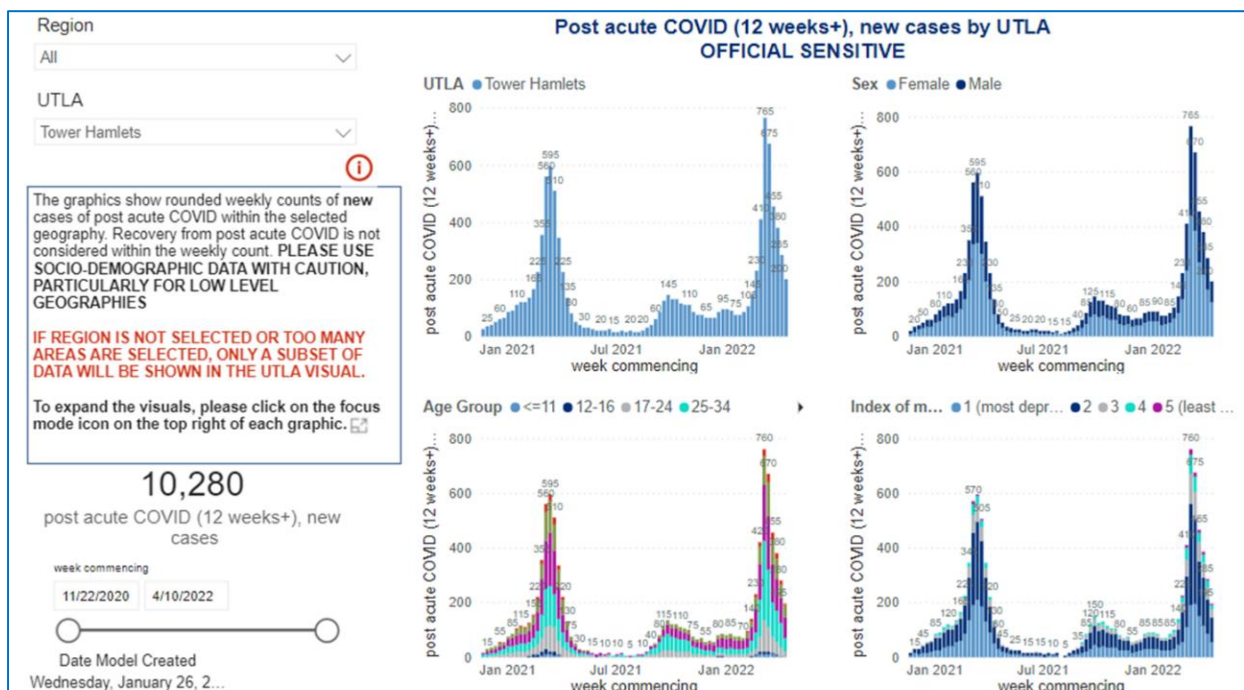
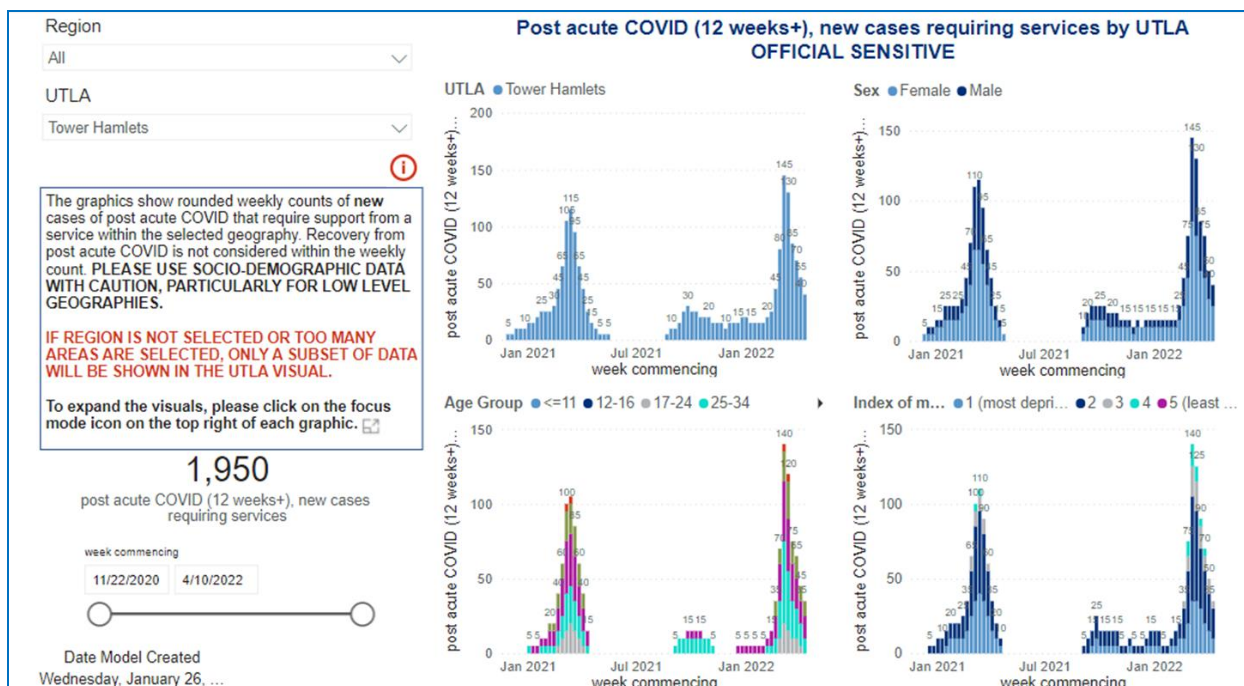


Figure 5 Post acute COVID (12 weeks+), new cases requiring services by UTLA ((latest update: 26 January 2022)

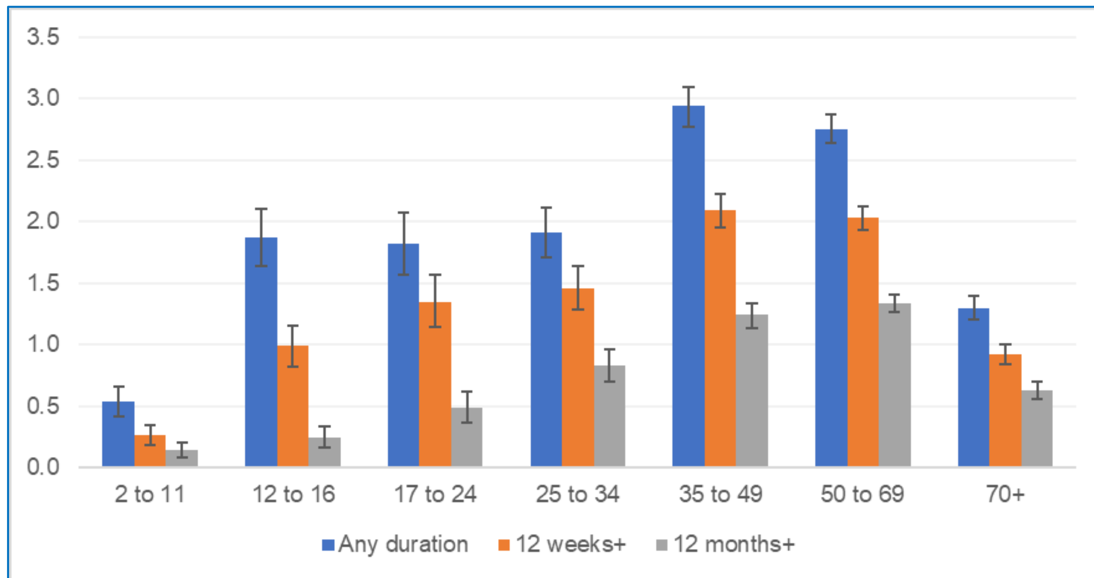


4. Risk factors – Does Long COVID affect everyone equally?

4.1 According to ONS estimates[3], prevalence of self-reported Long COVID was highest among people aged 35 – 69 years, females, people living in more deprived areas, people working in health and social care sectors, or teaching and education, as well as those with another activity-limiting health condition or disability.

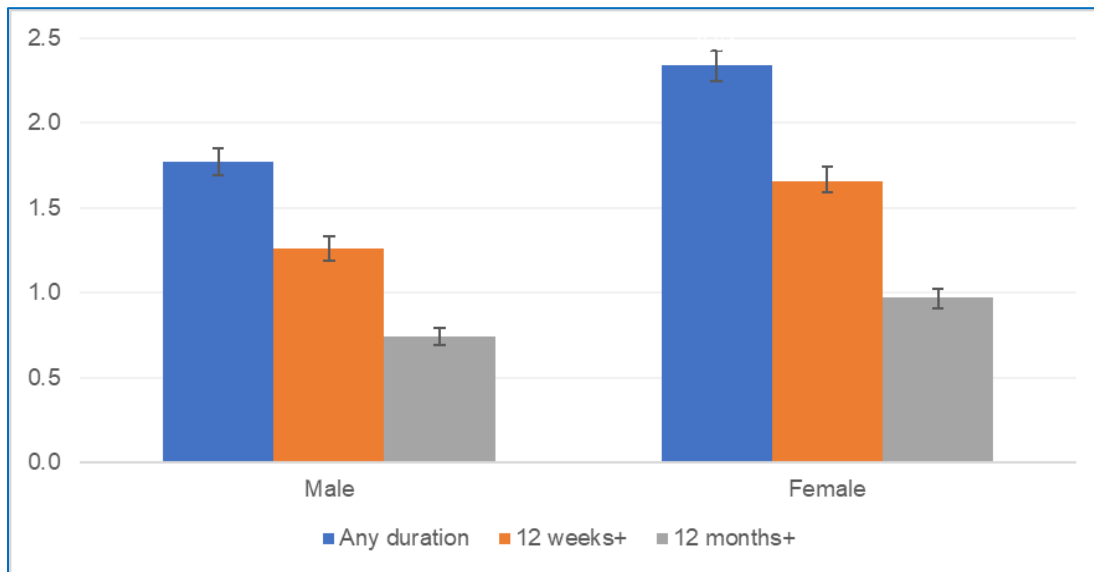
4.2 **Age Group** (Figure 6): The prevalence of self-reported Long COVID was highest among people aged 35 – 49 years (2.94%) or 50 to 69 years (2.75%).

Figure 6 Population prevalence (%) of self-reported Long COVID at 2 January 2022, by age groups



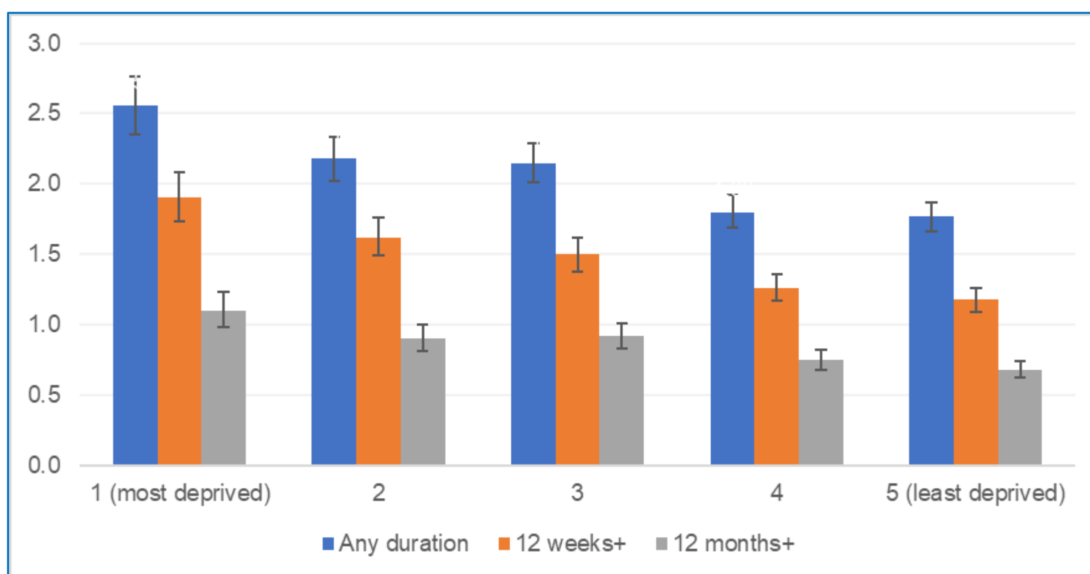
4.3 **Gender** (Figure 7): The prevalence of self-reported Long COVID was significantly higher in females (2.34%) than in males (1.77%).

Figure 7 Population prevalence (%) of self-reported Long COVID at 2 January 2022, by gender



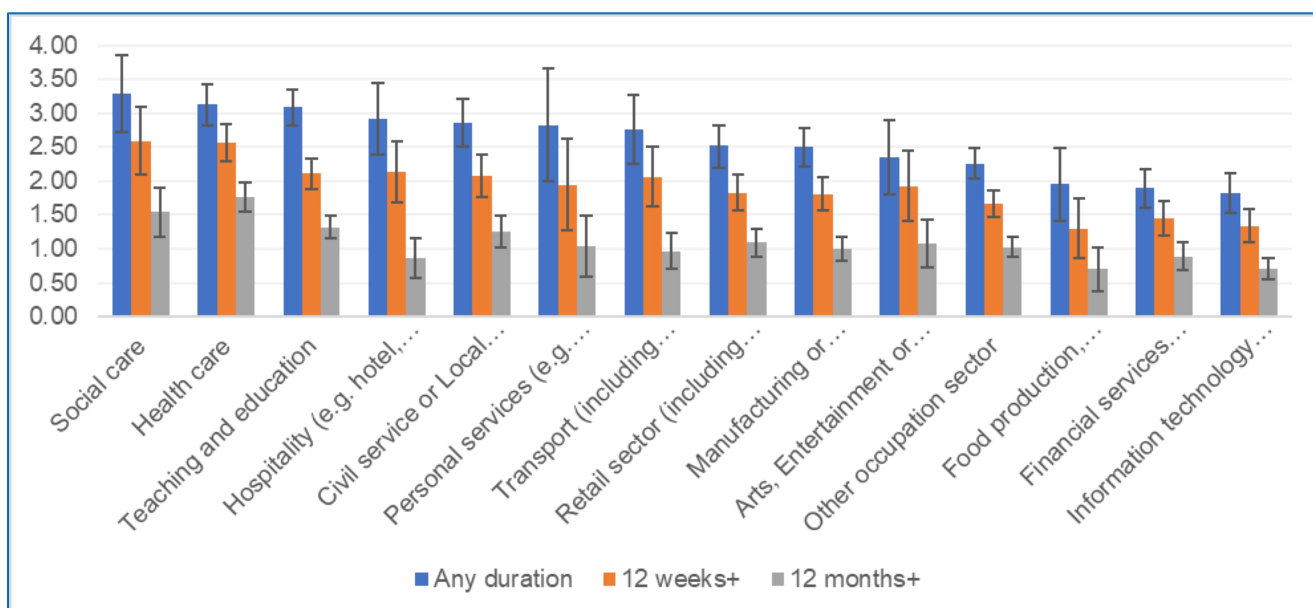
4.4 **Area deprivation** (Figure 8): There is a social gradient in the experience of Long COVID with the prevalence being higher in the most deprived areas (2.56%) compared to that in the least deprived areas (1.77%).

Figure 8 Population prevalence (%) of self-reported Long COVID at 2 January 2022, by area deprivation quintile group



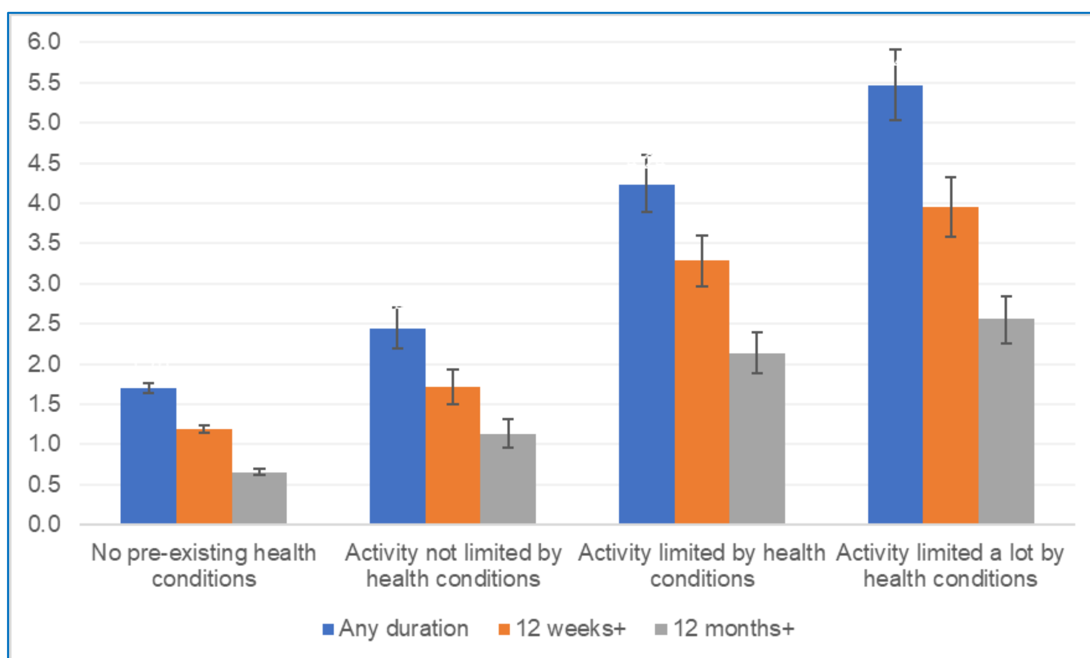
4.5 **Employment sector** (Figure 9): Health and social care workers experienced the highest prevalence rates of self-reported Long COVID (3.13% and 3.30% respectively), followed by teaching and education sector (3.09%). This was largely explained by other (non-employment) socio-demographic characteristics such as age, sex and location, and the risk of initial infection.

Figure 9 Population prevalence (%) of self-reported Long COVID at 2 January 2022, by employment sector



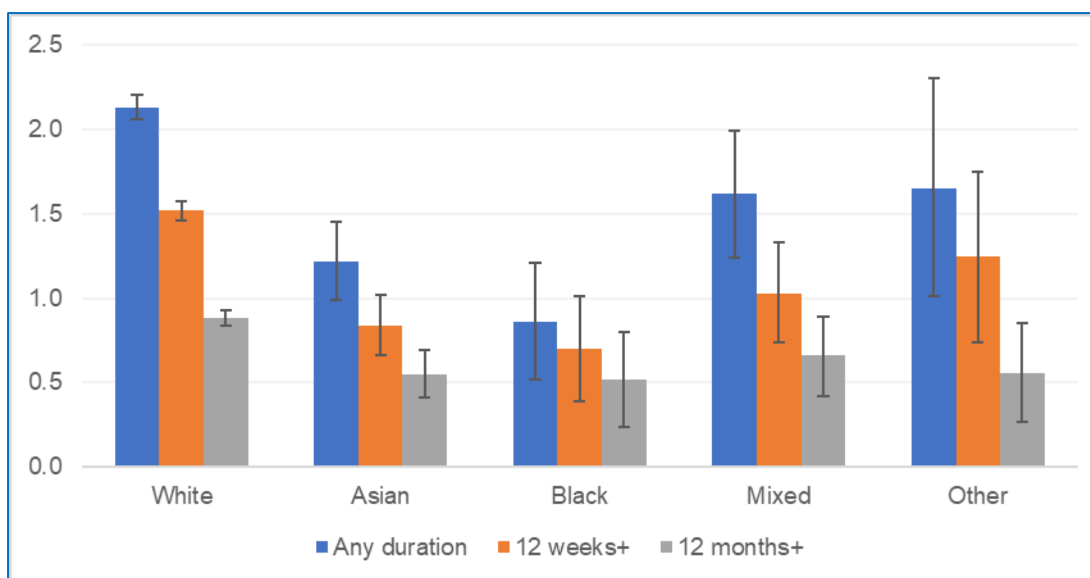
4.6 **Pre-existing health conditions** (Figure 10): Long COVID appears more prevalent among people with pre-existing health conditions, limiting their day-to-day activities (5.47%) compared those with no pre-existing health conditions (1.70%).

Figure 10 Population prevalence (%) of self-reported Long COVID at 2 January 2022, by self-reported health/ disability status



4.7 **Ethnicity** (Figure 11): The picture on ethnicity is mixed. ONS estimates suggested that Long COVID was more prevalent among people in the white ethnic group.

Figure 11 Population prevalence (%) of self-reported Long COVID at 2 January 2022, by ethnic group



5 Possible mechanism – What causes Long COVID?

5.1 Further research is required for exploring pathophysiological mechanism(s) underlie the most common presentations of post COVID-19 syndrome.

5.2 The British Society for Immunology has suggested the underlying immune mechanisms that contribute to people experiencing longer-term health issues post COVID-19 infection[5]:

- Direct effects of viral infection and tissue damage
- Collateral damage from excessive inflammation
- Post-viral autoimmunity
- Consequences of thrombotic complications

5.3 The NIHR has suggested that there may be grounds to understand Long COVID as up to four syndromes, with different underlying causes and treatment needs[6]:

- Post-ICU syndrome
- Long-term organ damage e.g. heart and lungs
- Post-viral syndrome
- An entirely novel syndrome, separate from the others such that it could be more specifically and uniquely identified as ‘Long COVID’

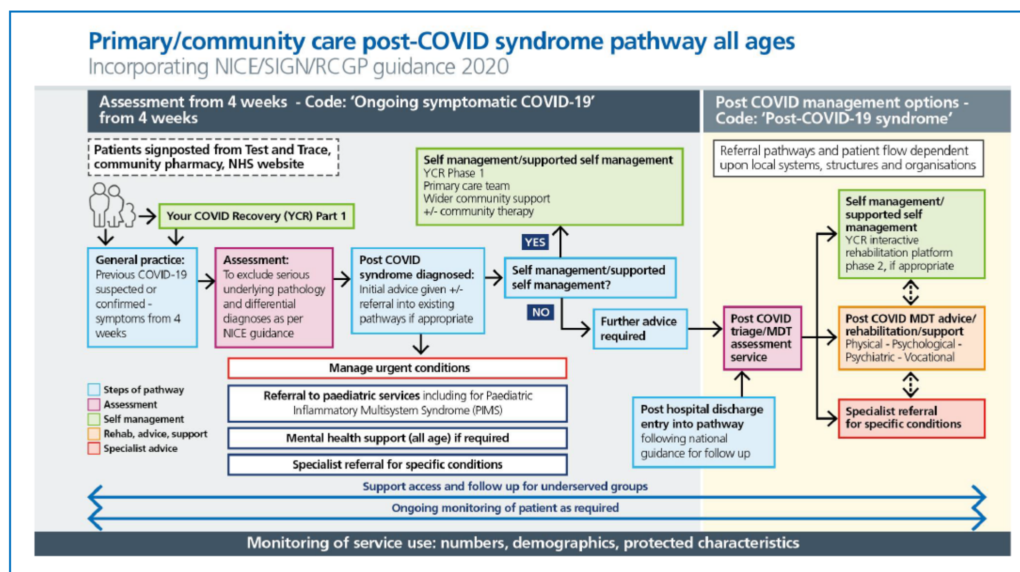
6 Care pathways – How can Long COVID be treated?

6.1 Three principles of care for Long COVID[7]:

- Personalised care
- Multidisciplinary support and rehabilitation
- Supporting and enabling self-care

6.2 Post-COVID syndrome pathways

Figure 12 Primary/community care post-COVID syndrome pathway all ages

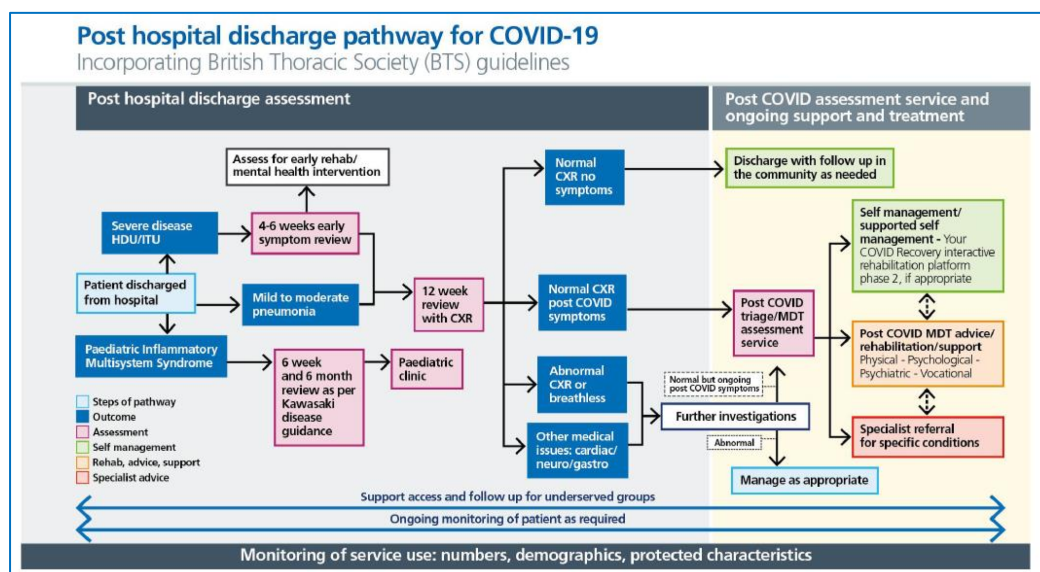


[5] Report: Long-term immunological health consequences of COVID-19. British Society for Immunology; 13 August 2020. https://www.immunology.org/coronavirus/immunology-and-covid-19/report-long-term-immunological-health-consequences-covid-19

[6] Living with Covid19 – Second review. NIHR; 16 March 2021. https://evidence.nihr.ac.uk/themedreview/living-with-covid19-second-review/

[7] National guidance for post-COVID syndrome assessment clinics. NHS; 26 April 2021. https://www.england.nhs.uk/coronavirus/publication/national-guidance-for-post-covid-syndrome-assessment-clinics/

Figure 13 Post hospital discharge pathway for COVID-19



- The pathways (Figure 12, Figure 13) are designed to help the NHS improve people's physical, psychological and cognitive outcomes and to signpost to social support (for all ages). This is through offering a holistic, needs-based, person-centred, integrated care approach which has access to a clinical assessment or intervention as required.
- It is important that an early holistic medical assessment is performed in children and young people (CYP) with suspected Long COVID to identify those in need of further specialist input and management for organ impairment, as well as offering appropriate support for other wide-ranging symptoms that may significantly affect quality of life.

6.3 Self-management and supported self-management

- People with people with ongoing symptomatic COVID-19 or post-COVID-19 syndrome are given advice and information on self-management, starting from their holistic assessment. This should include:
  - ways to self-manage their symptoms, such as setting realistic goals
  - who to contact if they are worried about their symptoms or they need support with self-management
  - sources of advice and support, including support groups, social prescribing, online forums and apps
  - how to get support from other services, including social care, housing and employment, and advice about financial support
  - information about new or continuing symptoms of COVID-19 that the person can share with their family, carers and friends.
- The Your COVID recovery website has been highlighted as a potential source of reliable, up-to-date information and support.

7 Impacts – What might Long COVID have impacts on individuals and society?

7.1 Daily living

- As well as clinical needs, the functional impairment seen in some people with Long COVID may result in community and social care needs.
- Of 1.3 million people with self-reported Long COVID[3], the experienced symptoms adversely affected the day-to-day activities of 836,000 people (63%), with 244,000 (18%) reporting that their ability to undertake their day-to-day activities had been "limited a lot".

7.2 Return to work

- There have been ongoing concerns on employers' sickness and absence policies, and there have been calls to recognise Long COVID as an occupational disease.
- The Faculty of Occupational Medicine has published the guidance for healthcare professionals on return to work for patients with Long COVID, and the guidance for managers and employers on facilitating return to work of employees with Long COVID[8].
- NHS has published guidelines for supporting NHS people affected by Long COVID, to help line managers and leaders understand what Long COVID is and how they can support colleagues who are experiencing its symptoms[9].
- Supporting people with Long COVID return to work requires first understanding of their symptoms, and how these would impact their work. Adjustments could include reduced hours, flexitime, or special equipment.

7.3 Social impacts[10]

Data collected from the Opinions and Lifestyle Survey (OPN) between 7 April and 13 June 2021 found that 6.2% of the adult population (aged 16 years and over) in Great Britain may have experienced Long COVID at some point in the pandemic. 'Long COVID' here refers to adults who self-reported on the OPN that they had had a positive test or believed they have had COVID-19 and also responded 'yes' or 'not sure' to the question 'Have you experienced 'Long COVID'?'

7.3.1 Impact on life of Long COVID (Figure 14)

Among those who answered 'yes' to experiencing Long COVID:

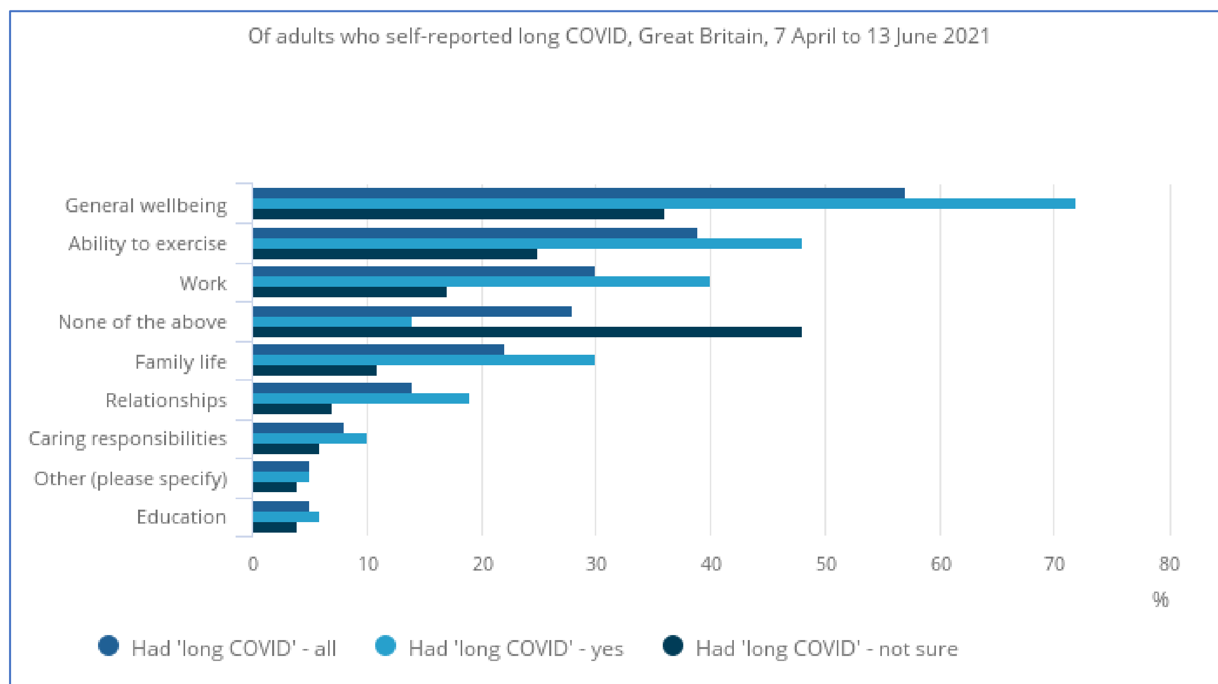
- Over 7 in 10 (72%) said this had negatively affected their general well-being
- Around half (48%) said it had negatively affected their ability to exercise
- 4 in 10 (40%) said it had negatively affected their work, and this rose to 5 in 10 (50%) while considering working adults only

[8] Guidance: updated guidance on post-COVID syndrome. Faculty of Occupational Medicine; updated 9 February 2022. https://www.fom.ac.uk/covid-19/guidance-updated-guidance-on-post-covid-syndrome

[9] Guidelines for supporting our NHS people affected by Long COVID. NHS; 1 February 2022. https://www.england.nhs.uk/publication/guidelines-for-supporting-our-nhs-people-affected-by-long-covid/

[10] Coronavirus and the social impacts of 'long COVID' on people's lives in Great Britain: 7 April to 13 June 2021. ONS; 21 July 2021.

Figure 14 Impact on life of Long COVID



Source: Office for National Statistics – Opinions and Lifestyle Survey

7.3.2 Well-being and Long COVID

- Of those who may have experienced long COVID, personal well-being levels (mean scores) across all four personal well-being indicators were worse compared with those who reported they'd not had COVID-19 (in any form):
  - anxiety (4.6 for long COVID, 3.8 for not had COVID-19)
  - life satisfaction (6.4 for long COVID, 7.1 for not had COVID-19)
  - feeling that the things done in life were worthwhile (6.9 for long COVID, 7.4 for not had COVID-19)
  - happiness (6.5 for long COVID, 7.1 for not had COVID-19)
- Of those who may have experienced Long COVID:
  - 3 in 10 (30%) reported experiencing moderate to severe depressive symptoms in the last 2 weeks compared with 16% of those who had not had COVID-19
  - A quarter (25%) were likely to have some form of anxiety compared with 15% of those who had not had COVID

7.3.3 Household finances and Long COVID

- Those who may have experienced Long COVID (22%) were more likely to have had their household finances affected by the pandemic than those who have not had COVID-19 (13%).
- The most frequently reported reason for finances being affected by the pandemic regardless of COVID-19 status was having reduced income.
- Of those who may have experienced Long COVID, they more frequently reported a range of reasons, compared with those who had not had COVID-19:
  - Struggling to pay bills (26% for those with Long COVID, and 18% for those who had not had COVID-19)
  - Struggling to pay housing costs (e.g. rent or mortgage) (15% and 7%)

- Struggling to pay school expenses (e.g. uniforms, supplies or equipment) (8% and 4%)
- Less money available to spend on food (23% and 17%)

8 COVID-19 Vaccination and Long COVID – Does COVID-19 vaccination protect against developing Long COVID?

8.1 An ONS study[11] analysed the relationship between COVID-19 vaccination and self-reported Long COVID in a sample of UK adults aged 18 to 69 years based on data to 30 November 2021.

- It found that receiving two doses of a COVID-19 vaccine at least two weeks before a first test-confirmed COVID-19 infection was associated with a 41.1% decrease in the odds of self-reported Long COVID at least 12 weeks later, relative to socio-demographically similar study participants who were not vaccinated when infected.
- There was no statistical evidence that the relationship between vaccination status at the time of infection and the likelihood of subsequently reporting long COVID symptoms differed by vaccine type i.e. whether participants received adenovirus vector (Oxford/AstraZeneca) or mRNA (Pfizer/BioNTech or Moderna) vaccines.
- Longer follow-up time is required to assess the impact of booster doses and the Omicron variant.

8.2 The UK Health Security Agency (UKHSA) has undertaken a rapid evidence review[12] of the effects of vaccination against Long COVID or post-COVID symptoms, including 15 UK and international studies up until January 2022.

- Seven studies examined whether vaccination before infection reduced the symptoms or incidence of Long COVID, seven studies examined whether vaccination in people with Long COVID reduced or cleared the symptoms of Long COVID, and one study examined both. All studies were observational, and there was large heterogeneity between studies in the definition of Long COVID.
- There is evidence that:
  - Vaccinated people who are subsequently infected with COVID-19 are less likely to report symptoms of Long COVID than unvaccinated people, in the short term (4 weeks after infection), medium term (12 to 20 weeks after infection) and long term (6 months after infection)
  - Two doses of the COVID-19 vaccination provide a high level of protection against long COVID, compared to one dose or no doses
  - Unvaccinated people with Long COVID who were subsequently vaccinated had reduced Long COVID symptoms
  - Unvaccinated people with Long COVID who subsequently vaccinated reported fewer Long COVID symptoms than those who remained unvaccinated

9 Key unknowns

[11] Self-reported long COVID after two doses of a coronavirus (COVID-19) vaccine in the UK. ONS; 26 January 2022.
[12] The effectiveness of vaccination against long COVID: A rapid evidence briefing. UKHSA COVID-19 Evidence Team; 2022. https://ukhsa.koha-ptfs.co.uk/cgi-bin/koha/opac-detail.pl?biblionumber=64359

- The impact of specific variants on the risk of developing Long COVID in Long COVID. There are uncertainties due to the spared of the Omicron variant.
- The effect of boosters against Long COVID
- Clear mechanisms underlying Long COVID phenotypes, which would inform efficient diagnostic pathways or specific treatments
- The symptom groups or syndromes more debilitating, which should be prioritised for treatments
- Prognosis including outcomes and effectiveness of current care pathways
- Long COVID in children and young people
- Long-term impacts on economy, society, and health inequalities

10 Government action on Long COVID

10.1 In October 2020, the NHS announced a 5-point plan to support Long COVID patients:

- Advice for clinicians and information for patients: NICE published the case definition in November 2020 and clinical guidance on managing the long-term effects of COVID-19 in December 2020 (updated in November 2021)
- NHS England and Improvement committed to provide post COVID assessment clinics: 90 clinics have been established in England to offer multi-disciplinary assessments
- The creation of the 'Your Covid Recovery' – an online rehab service to provide personalised support to patients
- National Institute for Health Research (NIHR) funded research projects across the UK
- The establishment of the NHS England Long COVID taskforce

10.2 In June 2021, the NHS announced a further support package of support for Long COVID for 2021/22. The Long COVID Plan 21/22 builds on the five-point plan and outlines 10 key next steps to be taken to support those suffering from Long COVID:

- Invest £30 million in the rollout of an enhanced service for general practice to support patients to be managed in primary care, where appropriate
- Invest a further £70 million to expand Long COVID services to add to the £24 million already spent on Post-COVID Assessment Clinics
- Care coordination to ensure care is joined up and prioritized based on clinical need
- Establish 15 Post-COVID paediatric hubs across England in order to coordinate care for children and young people across a range of services
- Develop standard rehab pathway packages to treat the commonest symptoms of Long COVID
- Extend the use of the Your COVID Recovery online rehab platform
- Collect and publish data to support operational performance, and clinical and research activities
- Focus on equity of access, outcomes and experiences
- Promote good clinical practice through the national learning network on Long COVID for healthcare professionals
- Support NHS staff suffering from Long COVID by offering a package of comprehensive support for health and wellbeing

10.3 In its COVID-19 Response: Autumn and Winter Plan 2021 (September 2021) and COVID-19 Response: Living with COVID-19 (February 2022), the Government reiterated its commitment to supporting Long COVID research and expand NHS services.

11 Resources

11.1 National

- Find help and support if you have long COVID - GOV.UK (www.gov.uk)
- Long-term effects of coronavirus (long COVID) - NHS (www.nhs.uk)
- Long-term effects of COVID-19 (nhsinform.scot)
- Your COVID Recovery | Supporting your recovery after COVID-19
- Long COVID (sign.ac.uk)

11.2 Local

- Long COVID in Newham and Tower Hamlets | North East London Health & Care Partnership (eastlondonhcp.nhs.uk)
- Coronavirus support for residents
  Support for residents (towerhamlets.gov.uk)
- Financial and benefit advice
  Financial and benefits advice (towerhamlets.gov.uk); Benefits (towerhamlets.gov.uk)
  Benefits and financial support (towerhamlets.gov.uk) (Inc. additional support during COVID19 pandemic)
- Employment advice
  THTT-EA Covid19 Employment Advice - V1 (pagetiger.com)
- Housing advice
  Housing (towerhamlets.gov.uk)
  Coronavirus – housing advice (towerhamlets.gov.uk)
- Tower Hamlets Talking Therapies
  Tower Hamlets Talking Therapies | Making a positive difference through Talking Therapies
- Bereavement support
  Deaths and funerals during coronavirus (towerhamlets.gov.uk)
- Diet and shopping support
  Shopping and meals (towerhamlets.gov.uk)
- Healthy living services
  Maintaining a healthy weight Managing your weight | Tower Hamlets Connect
  Smoking cessation support Smoking | Tower Hamlets Connect
- Voluntary and community organisations support
  Voluntary and community organisations that can help (towerhamlets.gov.uk)
- Social prescribing
  Services Social Prescribing (gpcaregroup.org)

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