

# Health & Adults Scrutiny Sub-Committee

## Agenda

**Thursday, 11 May 2023 6.30 p.m.**  
**Council Chamber - Town Hall, Whitechapel**

### **Members:**

**Chair:** Councillor Ahmodur Khan

**Vice Chair:** Councillor Ahmodul Kabir

Councillor Maisha Begum, Councillor Kamrul Hussain, Councillor Amy Lee, Councillor Mohammad Chowdhury and Councillor Abdul Malik

### **Co-opted Members:**

Matthew Adrien (Service Director at Healthwatch Tower Hamlets)

**Deputies:** Councillor Faroque Ahmed, Councillor Amina Ali, Councillor Abdul Mannan, Councillor Ana Miah, Councillor Bellal Uddin and Councillor Abdal Ullah

[The quorum for this body is 3 voting Members]

### **Contact for further enquiries:**

Justina Bridgeman, Democratic Services Officer (Committee),

[justinabridgeman@towerhamlets.gov.uk](mailto:justinabridgeman@towerhamlets.gov.uk)

020 7364 4854

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

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



## Public Information

### Viewing or Participating in Committee Meetings

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

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

### Meeting Webcast

The meeting is being webcast for viewing through the Council's webcast system.

<http://towerhamlets.public-i.tv/core/portal/home>

### Electronic agendas reports and minutes.

Copies of agendas, reports and minutes for council meetings can also be found on our website from day of publication.

To access this, click [www.towerhamlets.gov.uk/committee](http://www.towerhamlets.gov.uk/committee) and search for the relevant committee and meeting date.

Agendas are available on the Modern.Gov, Windows, iPad and Android apps



Scan this QR code to view the electronic agenda



## A Guide to Overview and Scrutiny Committee

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

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

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

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

The committee's quorum is three voting members.

### Public Engagement

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

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

# London Borough of Tower Hamlets

## Health & Adults Scrutiny Sub-Committee

Thursday, 11 May 2023

6.30 p.m.

### **APOLOGIES FOR ABSENCE**

#### **1. DECLARATIONS OF INTERESTS (PAGES 7 - 8)**

Members are reminded to consider the categories of interest in the Code of Conduct for Members to determine whether they have an interest in any agenda item and any action they should take. For further details, please see the attached note from the Monitoring Officer.

Members are reminded to declare the nature of the interest and the agenda item it relates to. Please note that ultimately it's the Members' responsibility to declare any interests and to update their register of interest form as required by the Code.

If in doubt as to the nature of your interest, you are advised to seek advice prior to the meeting by contacting the Monitoring Officer or Democratic Services

#### **2. MINUTES OF THE PREVIOUS MEETING(S) (PAGES 9 - 14)**

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

#### **3. REPORTS FOR CONSIDERATION**

##### **3.1 Tackling Obesity (Pages 15 - 44)**

##### **3.2 Adult Social Care Inspection Prep (Pages 45 - 60)**

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

TO FOLLOW

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



**Next Meeting of the Health & Adults Scrutiny Sub-Committee**

Thursday, 13 July 2023 at 6.30 p.m. to be held in Council Chamber - Town Hall,  
Whitechapel



The best of London in one borough

**Tower Hamlets Council**  
Tower Hamlets Town Hall  
160 Whitechapel Road  
London E1 1BJ

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# Agenda Item 1

## **DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER**

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

### **(i) Disclosable Pecuniary Interests (DPI)**

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

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

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

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

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

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

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

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

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

### **Guidance on Predetermination and Bias**

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

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

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

**Further Advice** contact: Asmat Hussain, Corporate Director, Governance and Monitoring Officer,  
Tel: 0207 364 4800.

## **APPENDIX A: Definition of a Disclosable Pecuniary Interest**

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

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



SUB COMMITTEE, 13/02/2023

## LONDON BOROUGH OF TOWER HAMLETS

### MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB COMMITTEE

HELD AT 6.30P.M. ON WEDNESDAY FEBRUARY 13 2023

COUNCIL CHAMBER, TOWN HALL, 160 WHITECHAPEL, LONDON  
E1 1BJ

#### Members Present in Person:

Councillor Ahmodur Khan                      -(Chair)

Councillor Amy Lee

Councillor Kamrul Hussain

Councillor Ahmodul Kabir

#### Other Councillors Present in Person

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

#### Officers Present in Person:

Dr Somen Banerjee                              -(Director Public Health)

Angela Burns                                      -(Public Health Programme Manager Young  
Adults)

Filuck Miah                                        -(Senior Strategy & Policy Officer)

#### Guest Speakers:

Kathriona Davison                              -(Barts NHS Trust, Director Strategy & Integration)

Dr Richard Fradgley                            -(East London NHS Foundation Trust)

Kelly Nizzar                                      -(NHS England, Regional Lead Dental, Optometry  
and Pharmacy)

Jeremy Wallman                                 -(NHS London, Head of Primary Care  
Commissioning, Dentistry and Pharmacy)

#### Apologies:

Councillor Adbul Malik

Councillor Mohammad Choudhury

Councillor Abdul Malik

Councillor Maisha Begum

SUB COMMITTEE, 13/02/2023

Matthew Adrien

-(Healthwatch Tower Hamlets Representative)

## 1 DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of disclosable pecuniary interest.

## 2 MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the Sub-committee meeting held on 18<sup>th</sup> October 2022 and 6<sup>th</sup> December 2022 were approved as a correct record of proceedings.

## 3. CHAIRS UPDATE

The Chair;

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

## 4. REPORTS FOR CONSIDERATION

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

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

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

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

SUB COMMITTEE, 13/02/2023

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

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

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

#### **RESOLVED that**

1. The presentation be noted.

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

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

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

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

SUB COMMITTEE, 13/02/2023

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

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

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

#### **RESOLVED that**

1. The presentation be noted.

SUB COMMITTEE, 13/02/2023

### 4.3 Update on NHS Strikes

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

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

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

**RESOLVED** that


1. The verbal update be noted.

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

The Chair requested Officers ensure presentations are submitted in a timelier manner to ensure Committee members can review prior to the meeting. The Chair called the meeting to a close and thanked the Sub-Committee members and stakeholders, for their attendance and participation.

The meeting ended at 8.19pm  
Chair, Councillor Ahmodur Khan  
Health & Adults Scrutiny Sub-Committee

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

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

## Summary

This cover report accompanies the presentation slide deck:

The content of the slide deck includes:

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

## Recommendations:

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

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

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# Addressing unhealthy weight in Tower Hamlets

Katy Scammell  
Associate Director of Public Health



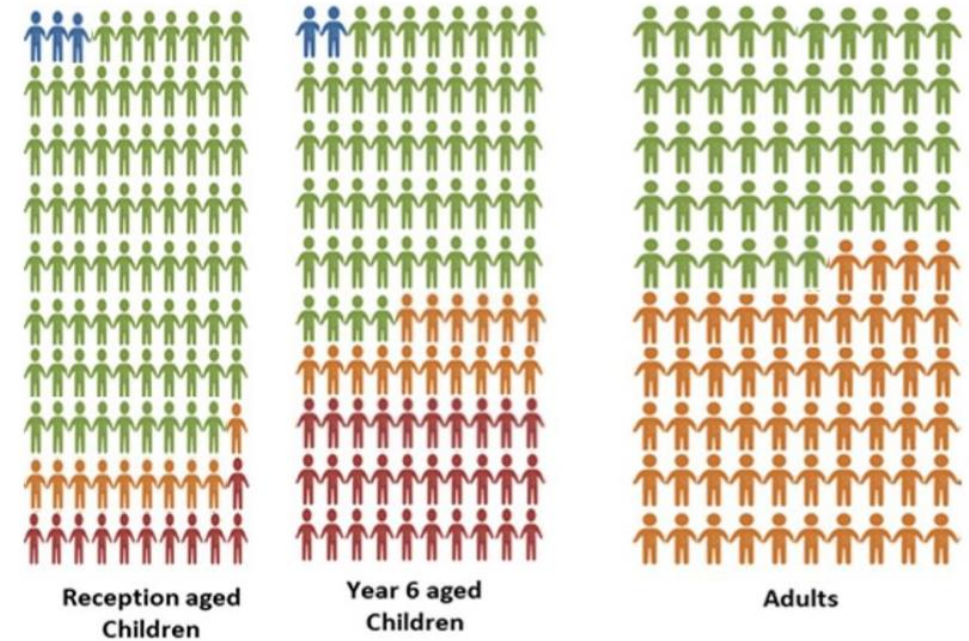
# What we'll cover

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



# The current picture: child excess weight in TH

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



Source: National Child Measurement Programme, 2021/22.

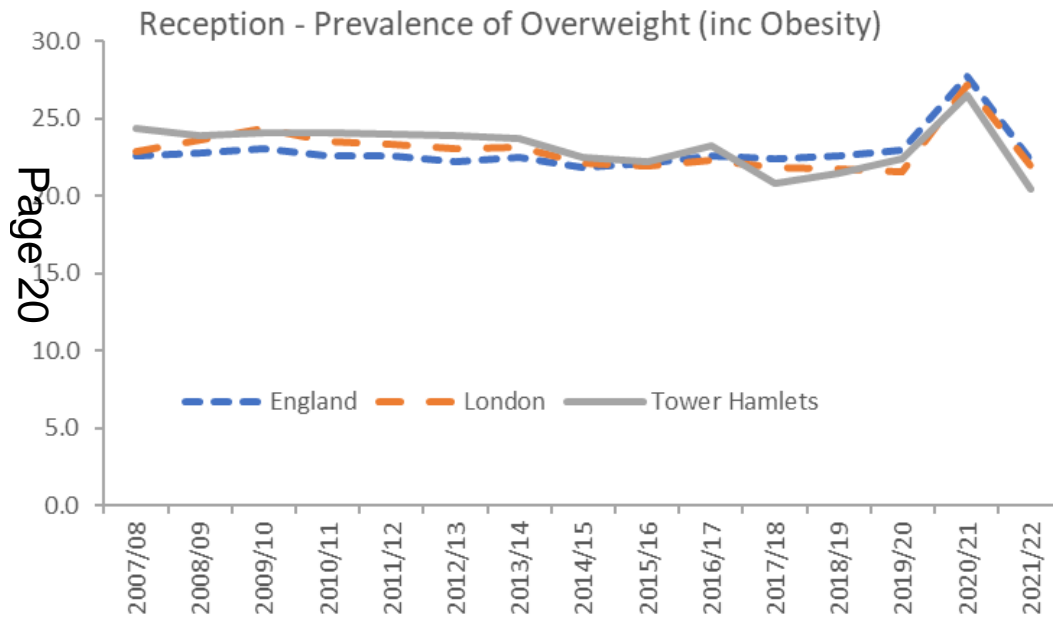
Adult data: OHID Fingertips



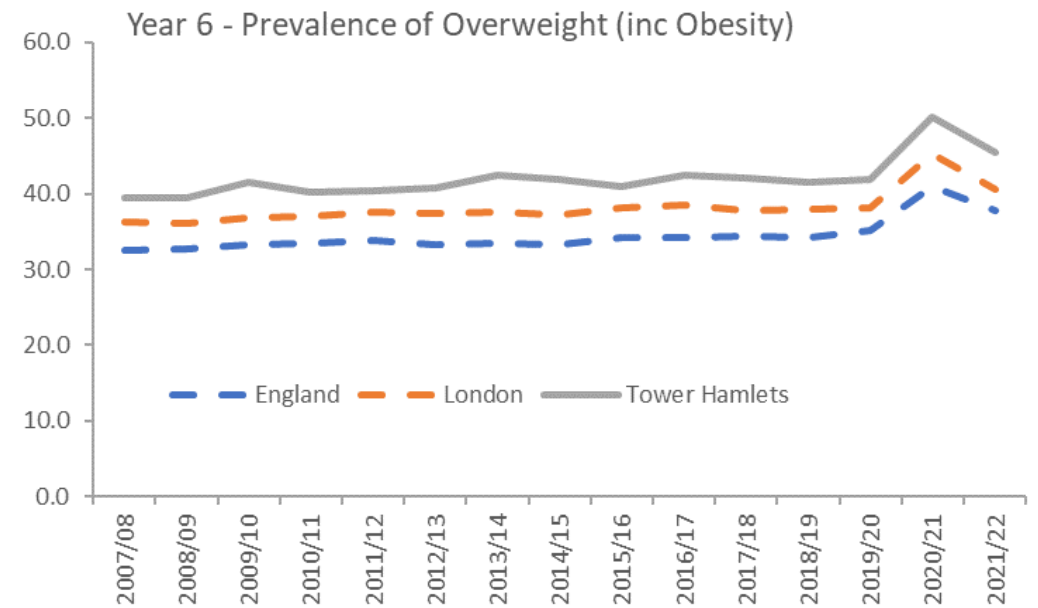
# Child excess weight pattern over time



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



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



NCMP 2021/2022



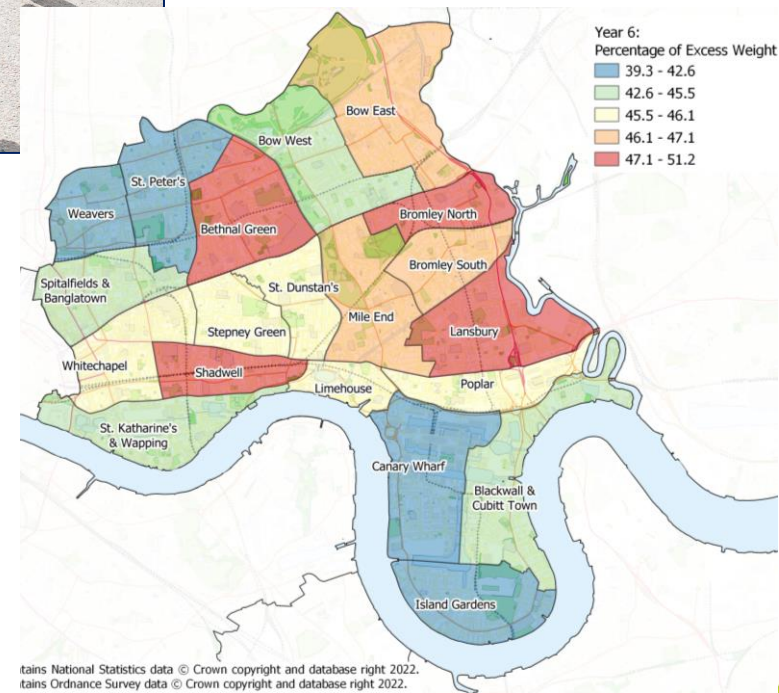
# Inequalities

Differences by:

- Economic status
- Ethnic group
- Disability status



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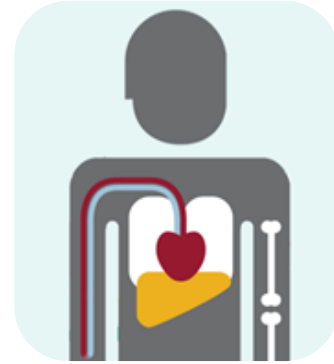


# The importance of being a healthy weight



## PHYSICAL

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



## PSYCHOLOGICAL

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



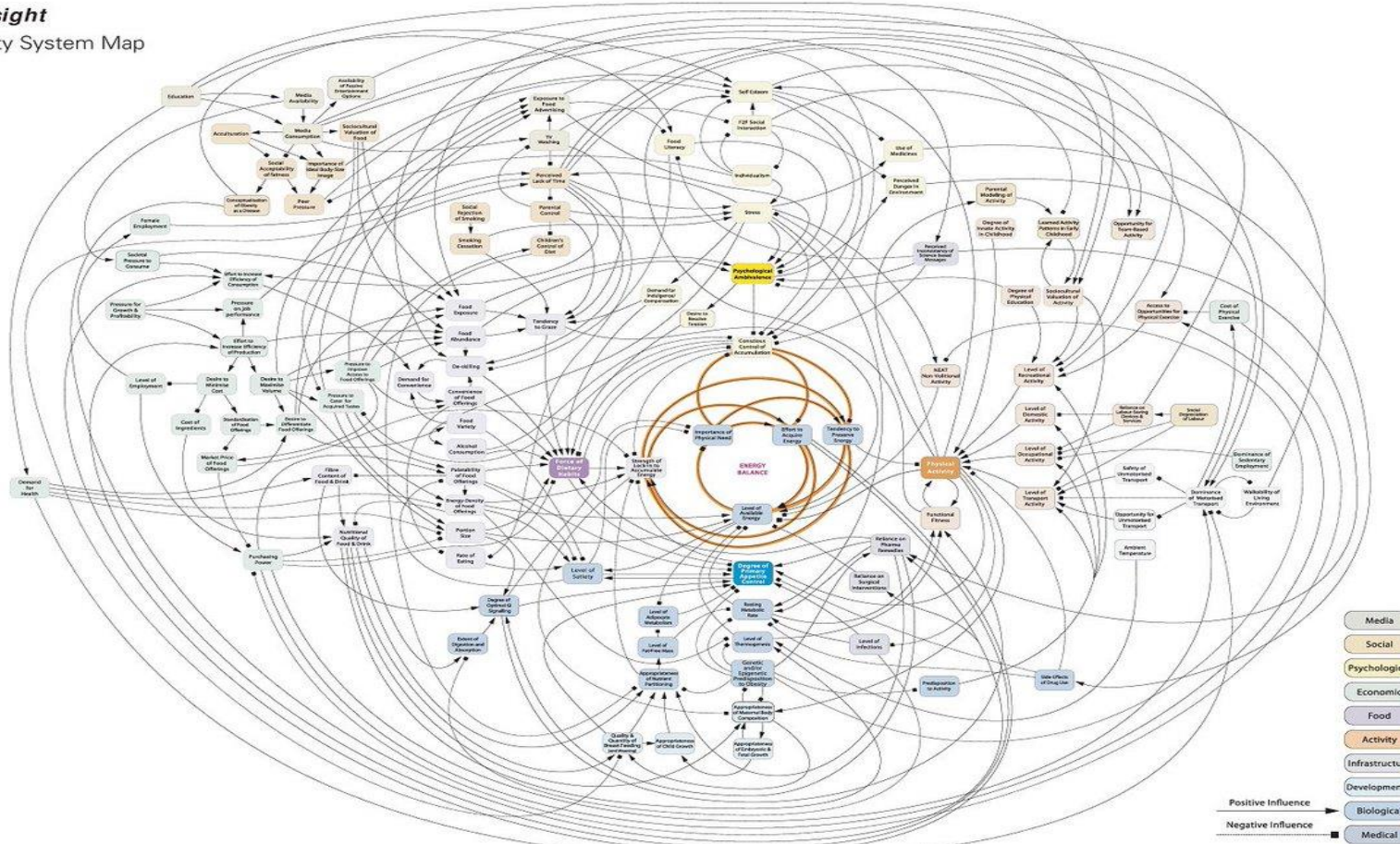
## EDUCATIONAL

- School absence and poorer educational outcomes



# Causes of unhealthy weight (1)

**Foresight**  
Obesity System Map



# Causes of unhealthy weight (2)











# What works?

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



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



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

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

Hosted 4 meetings with system leaders

Listened to children, young people and families



# Prioritising proposed actions

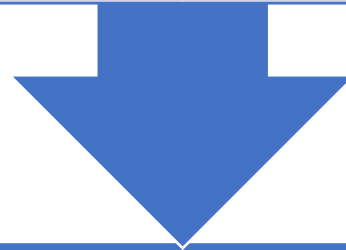
We developed a prioritisation framework to systematically review, assess and prioritise the potential actions based on the following criteria:

Sufficient evidence on its impact

Opportunity to address health inequalities

Achievable with available resources

Within our control or influence



Key actions to focus on



# What are we doing about it?

Action across 3 themes:

- Healthy places
- Healthy spaces
- Healthy services



# Healthy places

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





# Healthy spaces

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



# Healthy services

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



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



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



# Examples of how we're working with residents

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



# Examples of what residents have told us

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



# Measuring impact

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



# Governance



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



# Challenges

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





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



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




# Change is possible!





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

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

## Summary

This cover report accompanies the presentation slide deck:

The content of the slide deck includes:

- ASC Inspection preparation

## Recommendations:

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

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

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# *Assurance and Inspection Project Update*

Page 47 Ensuring our teams and services are fully involved in and prepared for CQC Inspection, from April 2023

Katie O'Driscoll

April 2023



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

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

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

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

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

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

This includes safeguarding, safe systems and continuity of care

## 4. **Leadership**

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



# Scope of Work



X4 Working Groups

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

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

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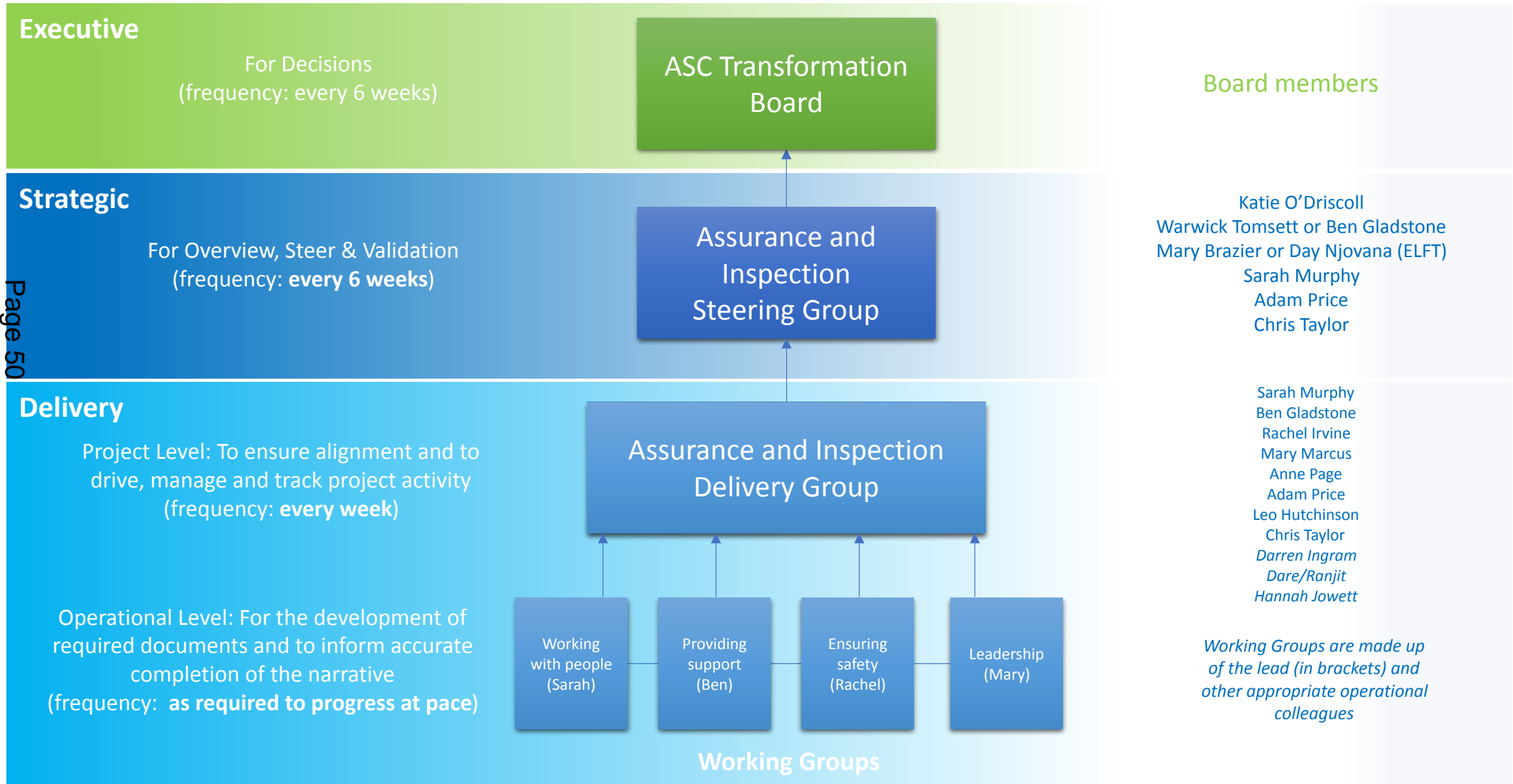


Self-assessment  
Narrative Owners

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

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

# Governance and Delivery Mechanism



# High Level Delivery Timeline



22 MARCH

## Phase 1:

Baseline & gap identification

Feb

## Phase 2:

Understand & develop requirements

Mar

## Phase 3:

Organise & standardise

April

## Phase 4:

Review & maintain

May - Sept

Documentation Milestones

Self-assessment Narrative Milestones

- Project governance, approach and delivery mechanism complete
- x4 Working Groups set up (including a lead and members)
- Initial lite-touch 'Baselining' complete
- Initial Document Checklist gap analysis complete
- Shared folder structure set up

- Baselining of narrative complete
- Draft self-assessment complete

- X4 Working Group meetings started
- Development of documentation started
- Comms channels and activity mapping complete
- Project risks identified, captured and managed

- Development of self-assessment narrative started
- Co-production workshops complete

21 March  
ASC  
Conference

- JDs for new roles (funded by Growth Bid) complete
- Procedures manual complete
- Document repository / filing system complete
- Standardisation of documents complete
- Key comms messages developed

- iStatements complete
- Process for capturing learning and good practice from other LA's developed

- BAU process to ensure ongoing development of documentation, policies and processes are complete
- Ongoing iterative development of key narrative
- Ongoing two-way communication with teams, services and partners
- Housekeeping guide complete
- Partnership engagement
- Peer review due Sept 23

Ongoing: Comms and engagement / data and performance monitoring

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



### Areas of Strength

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

### Risk / Development Areas

### Mitigation

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ Waiting lists</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Waiting lists are being scrutinised and overseen by the Corporate Safeguarding Board and Quality Assurance Board: with service managers now submitting monthly reports on progress made.</li> </ul> |
| <ul style="list-style-type: none"> <li>▪ Accessing care and support through multiple channels</li> </ul>  | <ul style="list-style-type: none"> <li>▪ This is being addressed through developing an online self-assessment process.</li> </ul>  |
| <ul style="list-style-type: none"> <li>▪ Hospital discharge</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Projects to review the front door customer journey to start in May</li> </ul>   |
| <ul style="list-style-type: none"> <li>▪ Our promotion of innovative approaches to prevention activity, for example technology and digital innovation is an area for improvement</li> </ul> | <ul style="list-style-type: none"> <li>▪ We are currently developing a tech enabled care proposal</li> </ul>   |
| <ul style="list-style-type: none"> <li>▪ Arrangements to monitor and evaluate the impact of its prevention strategy and the outcomes for individuals and the community</li> </ul>           | <ul style="list-style-type: none"> <li>▪ Integrated Commissioning currently reviewing all performance frameworks</li> </ul>  |

**Areas of Strength**

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

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**Risk or Challenge**

**Mitigation**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▪ Disabled facilities grant process is long and protracted.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Project currently underway across ASC and Housing.</li> </ul>  |
| <ul style="list-style-type: none"> <li>▪ DP's – we rank lower than regional and national indicators for people with direct payments.</li> </ul>            | <ul style="list-style-type: none"> <li>▪ Working group in place as part of ASC Transformation.</li> </ul>   |
| <ul style="list-style-type: none"> <li>▪ Some of our local services are rated requires improvement.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Improvement plans with providers and joint working with CQC</li> </ul>   |
| <ul style="list-style-type: none"> <li>▪ Accessing the care and support services users need when they need it – capacity and waiting list times</li> </ul> | <ul style="list-style-type: none"> <li>▪ TH prioritise individuals according to level of need - using a RAG rating system ensuring those who are high risk are contacted within 24 hours</li> </ul> |

### Areas of Strength

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

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### Risk or Challenge

### Mitigation

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▪ We could do better at understanding thematic areas from complaints.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Work with complaints team to develop reporting into QA Board.</li> </ul>                                     |
| <ul style="list-style-type: none"> <li>▪ The quality of our mental capacity practice needs improvement.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Safeguarding assurance lead in place to address. Training offer in place. QA mechanisms in place.</li> </ul> |
| <ul style="list-style-type: none"> <li>▪ Carrying out effective and timely transition assessment and planning when young people and carers move from children's to adult services</li> </ul> | <ul style="list-style-type: none"> <li>▪ Transition Board established</li> </ul>  |

### Areas of Strength

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

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### Risk or Challenge

### Mitigation

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



# *Key Next Steps*



# Next steps



Working groups to start meeting regularly with initial tasks;

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

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

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



## *Forward planning dates for this presentation*

*SMT 29.3.23*

*DLT 3.4.23*

*CLT 11.4.23*

*MAB 24.5.23*

*HASSC 11.5.23*



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