

Health & Adults Scrutiny Sub-Committee

Agenda

Tuesday, 17 October 2023 6.30 p.m.
Council Chamber - Town Hall, Whitechapel

Members:

Chair: Councillor Ahmodur Khan

Vice Chair: Councillor Bodrul Choudhury

Councillor Abdul Mannan, Councillor Ahmodul Kabir, Councillor Amy Lee, Councillor Mohammad Chowdhury and Councillor Amina Ali

Co-opted Members:

Assan Ali ((Resident Co-optee)) and Nicola.Lawrence ((Healthwatch Co-optee))

Deputies:

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

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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.

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A Guide to Overview and Scrutiny Committee

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

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

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

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

The committee's quorum is three voting members.

Public Engagement

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

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

London Borough of Tower Hamlets

Health & Adults Scrutiny Sub-Committee

Tuesday, 17 October 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 - 20)

To confirm as a correct record the minutes of the meeting of the Health and Adults Scrutiny Sub Committee held on 27 July 2023

3. REPORTS FOR CONSIDERATION

3.1 Hospital Waiting Times for Elective Surgery and Accident and Emergency Services (Pages 21 - 40)

3.2 Diagnostic Services (Pages 41 - 42)

TO FOLLOW

3.3 Cancer Health Screening Programme (Pages 43 - 56)

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

Next Meeting of the Health & Adults Scrutiny Sub-Committee



Tuesday, 12 December 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, 27/07/2023

LONDON BOROUGH OF TOWER HAMLETS
MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB COMMITTEE
HELD AT 6.34P.M. ON THURSDAY 27 JULY 2023
COUNCIL CHAMBER, TOWN HALL, 160 WHITECHAPEL, LONDON
E1 1BJ

Members Present in Person:

Councillor Ahmodur Khan -(Chair)

Councillor Ahmodul Kabir

Councillor Bodrul Choudhury

Councillor Mohammad Choudhury

Councillor Amy Lee

Councillor Amina Ali

Councillor Abdul Malik*

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

Co-optees Present in Person:

Nicola Lawrence -(Healthwatch Tower Hamlets Representative)

Assan Ali -(Resident Co-optee)

Officers Present in Person:

Denise Radley -(Corporate Director, Health Adults and
Community)

Dr Somen Banerjee -(Director Public Health)

Katie O'Driscoll -(Director Adult Social Care)

Filuck Miah -(Senior Strategy & Policy Officer)

Justina Bridgeman -(Democratic Services Officer, Committees)

Guests:

Charlotte Pomery -(ICB, Chief Participation and Place Officer)

SUB COMMITTEE, 27/07/2023

Dr Richard Fradgley	-(Director of Integrated Care and Deputy CEO, East London NHS Foundation Trust)
Dr Roberto Tamsanguan	-(GP and Tower Hamlets Place Clinical Director)
Dr Neil Ashman	-(CEO, Royal London & Mile End Hospitals)
Zainab Arian	-(CEO, GP Care Group)
Jo-Ann Sheldon	-(Head of Primary Care Commissioning, NEL ICB)

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Abdul Mannan and Warwick Tomsett, Joint Director Integrated Commissioning.

2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of disclosable pecuniary interest. For transparency, Assan Ali informed sub-committee members that his wife works for Adult Social Care.

3. APPOINTMENT OF VICE-CHAIR

The Chair requested nominations for the position of Vice-Chair of the Health and Adults Scrutiny Sub-Committee for the municipal year 2023/24. Councillor Ahmodur Khan proposed Councillor Bodrul Choudhury for the position. This was seconded by Councillor Abdul Malik.

There were no further nominations received.

The Health and Adults Scrutiny Sub-Committee **RESOLVED** to:

1. Elect Councillor Bodrul Choudhury the Vice-Chair of the Health and Adults Scrutiny Sub-Committee for the municipal year 2023/24.

3.1 HEALTH AND ADULTS SCRUTINY SUB-COMMITTEE TERMS OF REFERENCE, QUORUM, MEMBERSHIP AND DATES OF MEETINGS 2023/24

Justina Bridgeman, Democratic Services Officer requested members to note the Health and Adults Scrutiny Sub-Committee's terms of reference, membership, quorum and meeting dates for the municipal year 2023/24. The terms of reference were agreed at the Overview and Scrutiny Committee meeting held on 16 May 2023.

The Health and Adults Scrutiny Sub-Committee **RESOLVED** to:

SUB COMMITTEE, 27/07/2023

1. Note it's terms of reference, quorum, membership and meeting dates as set out in appendices 1,2 and 3 of the report.
2. **Agreed** to hold all Health and Adults Scrutiny Sub-Committee meetings at 6.30pm in the Council Chamber for the municipal year 2023/24.

4. **APPOINTMENT OF MEMBERS FOR INEL JHOSC**

The Chair requested nominations for representatives for the Inner North East London Joint Overview and Scrutiny Committee. The terms of reference requires the membership to remain politically proportionate and were circulated to sub-committee members prior to the meeting.

The Chair proposed Councillor Ahmodul Kabir and Councillor Ahmodur Khan for the Aspire positions and the Labour group nominated Councillor Amy Lee for the Labour post. The proposals were seconded by Councillor Bodrul Choudhury and the Labour group respectively.

The Health and Adults Scrutiny Sub-Committee **RESOLVED** to:

1. Elect Councillor Ahmodul Kabir, Councillor Ahmodur Khan and Councillor Amy Lee, the Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC) as LBTH representatives.

Chairs Update

The Chair;

- **Introduced** both Nicola Lawrence and Assan Ali, to the sub-committee members, as Healthwatch representative co-optee and resident co-optee respectively. This was officially confirmed at the Overview and Scrutiny Committee on 16 May 2023.
- **Nicola Lawrence** updated sub-committee members on the key concerns raised by residents in regard to access to mental health dentistry, GP services, appointments and SEND provision within the borough.
- **Assan Ali** informed the sub-committee on concerns raised by residents regarding referral pathways for children with learning difficulties.

5. **MINUTES OF THE PREVIOUS MEETING(S)**

The minutes of the Sub-committee meeting held on 11 May 2023 were approved and signed by the Chair as a correct record of proceedings.

SUB COMMITTEE, 27/07/2023

6. REPORTS FOR CONSIDERATION

6.1 CABINET MEMBER & CORPORATE DIRECTOR OVERVIEW OF PRIORITIES FOR 2023/24

Councillor Gulam Kibria Choudhury, Cabinet Member for Health, Wellbeing and Social Care, and Denise Radley, Corporate Director of Health, Adults and Community, provided reflections and achievements from last year and priorities for municipal year 2023/24.

Councillor Gulam Kibria Choudhury introduced the item and emphasised a commitment to prioritising health care for the borough. Preparations for the upcoming inspection of the Adult Social Care (ASC) service from the Care Quality Commission are ongoing. Despite service demands, officers and partners are committed to providing vulnerable residents with a programme of initiatives to tackle health and wellbeing and the council has prioritised areas to ensure this is achieved.

Denise Radley, Corporate Director for Health, Adults and Community, reflected on the strength-based approach used. The Directorate achieved the strategic priorities last year without red ratings. The only amber rating received related to the numbers of residents who successfully stopped smoking, which is an ongoing target.

Other notable achievements were the Public Health departments advertising policy and the implementation of health and wellbeing ambassadors supporting 3,000 residents post pandemic. 61 residential nursing home discharges took place, with Tower Hamlets placed in the top quarter for performance. Maintaining close partnership arrangements were critical to last year's success.

Ms Radley went on to discuss the priorities for 2023/24 which include; the recommissioning of all home care services, bringing the direct payments supports service back in-house. A Housing Care Strategy with a focus on additional supported housing and nursing homes is near finalisation and an enhanced 'Technology Enabled Care' offer is currently being drafted. Additionally, a structured approach to supporting high risk residents with around 8,000 health checks and a 'Combating Drugs Partnership' strategy to support residents in a culturally appropriate manner, will be delivered by Public Health and Social Care teams.

Ms Radley lastly touched on the ongoing challenges; the increased pressures on complex care packages and the financial constraints which are negatively impacting the service, as well as the cost of living crisis and pensioner poverty. This is compounded by changes within the NHS and the static nature of ASC reform.

The new Care Quality Commission inspection of ASC services is estimated to commence later this year.

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Further to questions from the sub-committee, Denise Radley, Katie O'Driscoll, Director of Adult Social Care and Somen Banerjee, Director of Public Health;

- **Clarified** that the strength-based approach focuses on an individual's strengths and goals and explores the support networks that already exist within people's families and networks. Eligible needs and how to meet them can then be identified. This ensures a person-centred, dignified approach including where appropriate reablement, adaptations or assistive technology support. The aim is to support the resident to maintain skills, independence and access to the community.
- **Explained** that the current provider for drug treatment Reset, has a specific range of outreach sessions and additional funding has now been made available from the Department of Health, to support culturally appropriate services. A review will take place to simplify avenues to connect both mental and physical health services, enabling borough residents to access support. The sub-committee will be updated on progress.
- **Noted** that ASC assessment timescales vary based on the level of urgency, with priority given if safeguarding is a consideration. Straightforward referrals are dealt with by community services, with more complex ones requiring specialist care.
- **Clarified** that the Technology Enabled Care offer will be strengthened with more choice for residents. The proposal is being discussed with The Mayor and Lead Member and includes technologies such as pagers, bed sensors, crash mats and monitors for elderly residents to keep them safe and assist family members.
- **Confirmed** that social care staff retention is higher in Tower Hamlets than most local authorities nationally, with a 5% attrition rate. The career progression framework includes a learning and development programme to support social workers, occupational therapists and qualified staff. Training and workshops, practice sessions, forums and apprentice schemes have also been made available to fully invest in the workforce, and a new supervision policy has been established, ensuring reflective practice and robust risk management is undertaken.
- **Clarified** that local authorities have now received more funding for health inequalities from the ICB and new initiatives will be established within the borough. Consideration will be given to increasing screening and mental health services and the sub-committee will be informed once details are finalised.
- **Noted** that the ICB are funding a Health Equality Academy to link best practice from across the Place partnerships, to expand the Integrated Care Partnership approach to tackling inequalities.

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- **Explained** that Tower Hamlets Connect assists residents with advice, information and guidance by focusing on effective and good quality responses from dedicated staff and maintaining close partnerships and robust monitoring. The service also acts as the “Front Door” of Adult Social Care.

The Sub-Committee thanked Councillor Gulam Choudhury and Officers for their presentation.

RESOLVED that

1. The presentation be noted.
2. The sub-committee to be updated on the Combating Drug Partnership.

6.2 ICB & HEALTH PARTNERS OVERVIEW OF PRIORITIES FOR 2023/24

The Chair introduced the sub-committee to members of THT Partnership and the Integrated Care Board, who provided reflections and achievements from last year and outlined the priorities for 2023/24.

Primary Care

Dr Roberto Tamsangan, GP and Tower Hamlets Place Clinical Director, emphasised the Primary Care Network (PSN) achievements, primarily the Covid-19 Booster initiative for 2023 and the approval to deliver Spirometry (lung function) testing within the community, which detects asthma or chronic obstructive pulmonary disease (COPD). Other notable achievements included the implementation of digital infrastructure with all 30 GP practices, to work more collaboratively throughout the borough. Digital exclusion policies have now been established.

Healthspot services for young residents with GP consultation rooms are located in two youth centres within the borough to assist younger people transitioning into adulthood.

Dr Tamsangan noted the challenges within the service as the high turnover in patients, a rapid population growth, workforce and housing pressures, high waiting lists and the cost of living crisis. The sub-committee were also reminded of ongoing issues following the pandemic and budgetary constraints.

PCN's priorities involve improving resident access to primary care services and ensuring improvement plans are effective with the delivery of a PSN same day urgent care pilot programme. A promotional campaign of services to residents on ways to access primary care and the wider workforce, has been particularly effective and plans to upgrade the telephony with a cloud based service and queue functionality, to cut down call waiting times are ongoing.

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Further to questions from the sub-committee; Dr Roberto Tamsanguan, Jo-Ann Sheldon, Head of Primary Care Commissioning, NEL ICB and Zainab Arian, CEO GP Care Group;

- **Confirmed** that Asthma, COPD and respiratory issues are increasing in the borough and it is vital patients can access spirometry testing hubs closer to home rather than visit hospitals. This will be delivered across PCN's although location details are pending. Further details will be circulated to sub-committee members once confirmed.
- **Explained** that vulnerable and elderly residents who do not or are unable to engage in digital technology still require access to health care. The Digital Exclusion policy ensures they still receive GP assistance when needed, either face to face or by phone.
- **Confirmed** that existing health centres have moved sites to accommodate patient growth in the last ten years. Details on the numbers of new GP surgeries in the borough will be brought back to the sub-committee for review.
- **Clarified** that Spotlight Youth centre in Poplar and the Overland Children and Family Centre in Bow are the two sites with GP services. Spotlight contacted the NHS following intensive youth work engagement and the idea of GP service provision was established. It is anticipated that consulting rooms will be made available in all youth centres within the borough. Case studies are available to the sub-committee for review.
- **Explained** that the promotional campaigns are informing residents of the various ways to access primary care, including the aforementioned telephone and face to face consultations, as well as utilising clinical professionals other than GP's.
- **Conceded** that budgetary constraints are affecting building new health centres. Discussions are ongoing with the ICB to address property interests and service charges, policy and the Integrated care system, as this is a national issue.
- **Clarified** that GP training is an ongoing concern although recruitment and retention in Tower Hamlets is good for younger general practitioners. There are a number of workforce strategy and support services for practices and reminded sub-committee members that the service includes more than just GP's. Pharmacists, nurses and physiotherapists also play a vital role in patient care.

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Community Health Services

Dr Richard Fradgley, Director of Integrated Care and Deputy CEO of East London NHS Foundation Trust, updated the sub-committee on the positive work undertaken within community health services, who care for residents in their own home. This included the focus on improved person centred care, achieving the two hour response times to residents injured at home, who require nursing and physiotherapy and the advance care planning work, who support residents in hospice care and fulfil the wishes of patients to stay at home with family towards the end of life.

Other notable achievements relate to the ongoing partnership work with the Council and The Royal London regarding discharge arrangements, reducing the waiting list which grew during the pandemic and the good work supporting older residents with mental and physical health issues. The Community Health team were also finalists at the Health Service Journal (HSJ) Awards back in March

The challenges with district nurse recruitment and retention and a lack of occupational therapists still exist. Although there have been improvements with the former, there is a national shortage of therapists. Service demands and financial constraints are added pressures. Priorities for this year remain establishing more district nurses, creating more apprenticeship roles and continuing to support the wellbeing of the workforce, who are still recovering from the pandemic and the cost of living crisis.

Mental Health Services

Dr Fradgley then gave a brief update on the mental health services achievements which include creating learning and development programmes, investing in improving the quality of the services in the borough, establishing perinatal services for pregnant women and preventative mental health services for school children. The Child and Adolescent Mental Health Service (CAMHS) has been expanded and a 24hr crisis service is scheduled to open within three months.

There are still significant impacts from the pandemic in a borough with the highest numbers of mental health issues in the country; and is causing severe pressure on staff, inpatient services and longer waiting lists. This is being addressed with more investment in psychiatric liaison facilities, more beds within the A&E departments and also developing service user and care priorities relating to peer support and culturally skilled services.

Further to questions from the sub-committee; Dr Richard Fradgley;

- **Clarified** that the community mental health services success relates in part to GP's and clinical leads within ELFT, working collaboratively to establish solutions to problems. Strong relationships fostered with voluntary

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organisations and inclusion to daily care plan meetings with mental health teams, also contribute to service accomplishments.

- **Explained** that talking therapies are being offered to minority groups. Outreach workers are supporting members of the community, with staff fluent in various languages and accessible both online and in person. Further work to expand the service is ongoing.
- **Noted** that Tower Hamlets was the first borough to invest in mental health services in schools, to promote wellbeing and give emotional support, as the pandemic has increased need. This collaborative effort is supported by children's social care, GP's, the community, inpatient paediatric services and other partners.
- **Confirmed** that following the recommendations on the Rapid Review of inpatient safety, Dr Deborah Dover, Director of Patient Safety, is now in post at ELFT to overview the strategy and approach to ward certification. Further details can be brought back to the sub-committee for review at a later meeting.

Acute Care

Dr Neil Ashman, CEO Royal London and Mile End Hospitals, praised the work taking place within and outside the borough in collaboration with primary care, mental health staff and the voluntary sector to maintain health. Royal London provides specialist care for North East London and South Essex.

The priorities are to deliver the highest quality service and continual improvement for patients, particularly with maternity care, to reduce waiting lists and the backlog of patients who have waited over 15 months for treatment following the pandemic. Other main concerns include ensuring that urgent care is swift and discharge and rehabilitation is effective, so patients can return home with continual assistance from health partners when required.

Dr Ashman noted challenges relate to workforce capacity pressures due to Covid and the high turnover in patients that has exacerbated the GP Care Group, who work in the urgent treatment centre. There remains a good relationship with partners and the wellbeing of all clinicians and staff are paramount, as is ensuring that culturally competent training and care is delivered.

Further to questions from the sub-committee; Dr Neil Ashman;

- **Explained** that the Royal London joined the National Maternity Safety Programme to ensure the recommendations of the Ockenden report are met. Engagement with the Maternity Voices programme is taking place and continual work with the Somali community to hear experiences of care to improve safety is ongoing.

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[Clerk's Note - The Ockenden Review is available here: [Final report of the Ockenden review - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118111/final-report-of-the-ockenden-review.pdf)]

Integrated Care Board (ICB)

Charlotte Pomery, Chief Participation and Place Officer discussed the first year of the ICB and reiterated the close working relationship between partnerships, residents and the good work across community and mental health teams during these challenging times.

ICB priorities include working and supporting residents living with long term conditions and employment aspirations for residents within services. Ensuring the financial and workforce strategies are implemented and embedding a co-production structure across the partnership.

Further to questions from the sub-committee; Charlotte Pomery:

- **Clarified** that the 30% reduction of the NHS NEL ICB budget, noted at the INEL JHOSC meeting, relates to the running cost allowance and not the total budget. An organisational restructure is in progress and efficiency savings for this year are £82.6 Million against an overall budget of £4 Billion. This is approximately a 2% saving to meet the policies within the long term plan.
- **Noted** that a draft on the health care policies was shared at ONEL JHOSC (Outer East London Joint Health Scrutiny Committee) on 27 July 2023. A working group has been established and a written brief on guidance and the next steps towards implementation will be brought back to the sub-committee for review.

The Chair thanked all ICB and Health Care partner representatives for the presentations and for ensuring residents continue to receive the best health care available. The sub-committee will be monitoring progress throughout the municipal year.

RESOLVED that

1. The presentation be noted.
2. The sub-committee be briefed on the number of new GP surgeries within the borough.
3. The sub-committee to be updated on the Spirometry hubs and location details once confirmed.
4. The sub-committee be briefed on the ELFT Inpatient Safety Strategy.

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5. A written brief to the 30% reduction of NEL ICB budget and the implications for Tower Hamlets to be brought back to the sub-committee.

7 HASSC DRAFT FORWARD PLAN

Filuck Miah, Senior Strategy & Policy Officer, proposed topics to discuss at the remaining meetings for the 2023/24 municipal year. The Chair informed sub-committee members that the draft was submitted to the Overview and Scrutiny Committee (OSC) on 24 July for discussion and will be submitted to Cabinet for finalisation. The final draft will then return to the OSC in September.

Sub-committee members were informed that the Adult Social Care Inspection feedback discussion, scheduled for 12 December, has been amended from the draft work programme until the date of the CQC Inspection is announced.

7.1 HEALTHWATCH ANNUAL REPORT

The annual report was noted.

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


None.

The meeting ended at 8.39pm

Chair, Councillor Ahmodur Khan

Health & Adults Scrutiny Sub-Committee

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<p style="text-align: center;">Non-Executive Report of the:</p> <p style="text-align: center;">Health and Adult Scrutiny Sub-Committee</p> <p style="text-align: center;">17th October 2023</p>	
<p>Report of: BARTS Health NHS Trust</p>	<p>Classification: Unrestricted</p>
<p>Spotlight: Hospital waiting times for elective surgery and accident & emergency service</p>	

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

Summary

This cover report accompanies the presentation slide deck:

The content of the slide deck include performance of Royal London Urgent & emergency Care and Elective Care

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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Royal London Urgent & Emergency Care and Elective Care

Health & Adults Scrutiny Sub-Committee

Tower Hamlets

16th October 2023

Kathriona Davison (Chief Operating Officer)

Joe Hayward (Deputy Chief Operating Officer)

Tom Cornwell (Divisional Director of Operations)



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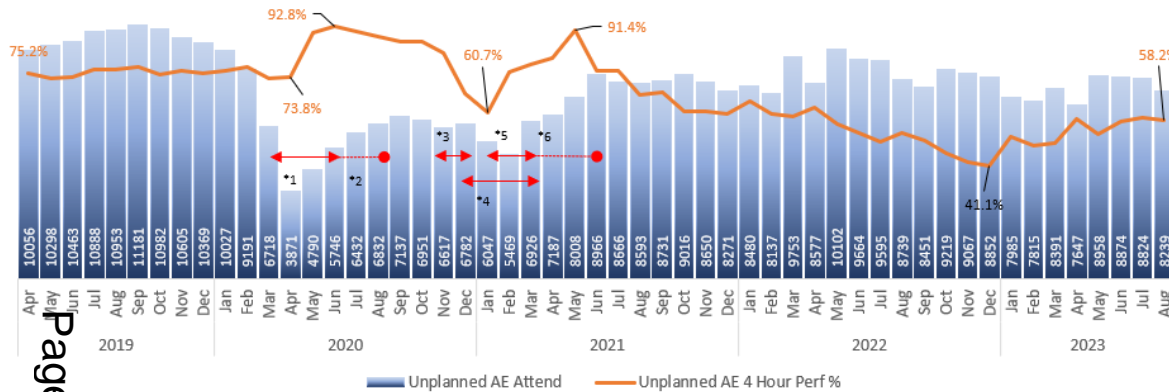
1. Welcome and Introductions
2. Urgent & Emergency Care
3. Referral to Treatment and Waiting List
4. Cancer & Diagnostics
5. Summary & Close

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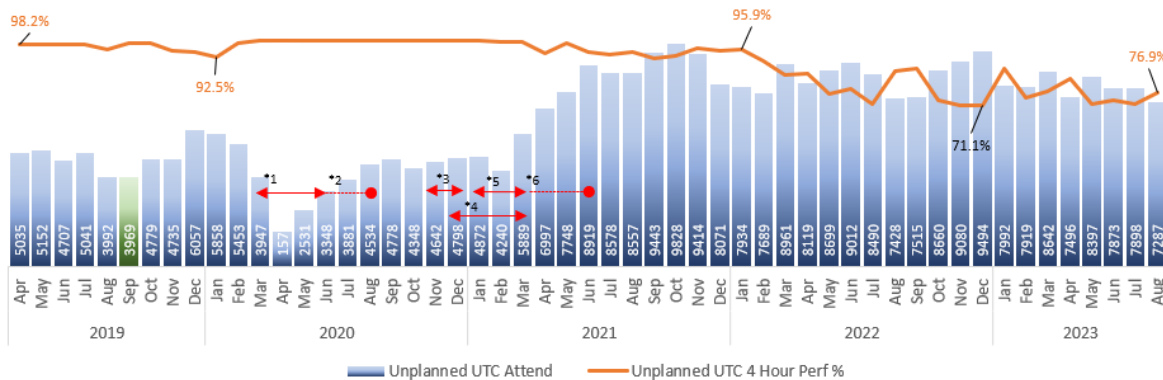
Urgent & Emergency Care Performance Summary

The Royal London: A&E Unplanned 4 hour Performance April 2019 to August 2023



- National target 76% by end of 23/24
- Performance declined following re-opening post lockdowns
- UTC a significant factor

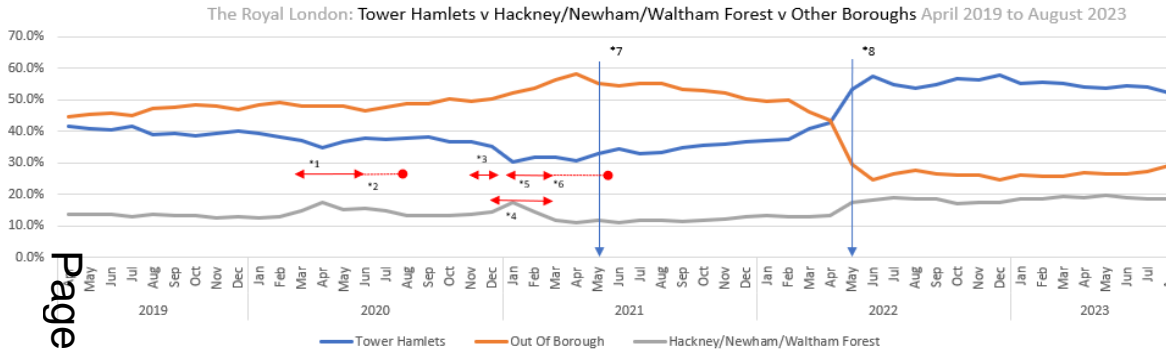
The Royal London: UTC Unplanned 4 hour Performance April 2019 to August 2023



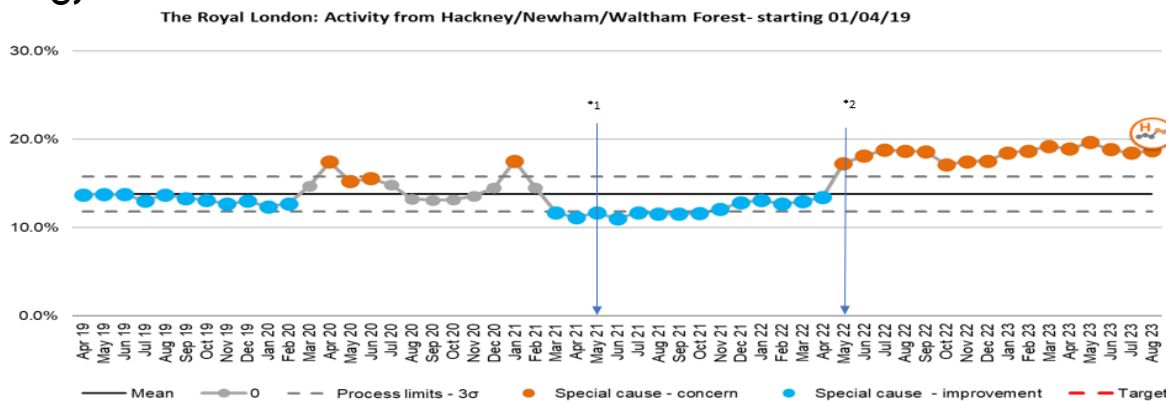
Notes
*1: 1 st National lockdown begins
*2: 1 st National lockdown exit second phase
*3: 2 nd National lockdown begins
*4: Tier 4 begins
*5: 3 rd National lockdown begins
*6: Roadmap to 3 rd Lockdown ends



Urgent & Emergency Care Changing Demands



- Opening of the Elizabeth line has changed borough mobility due to change in transport links
- Hackney / Newham / Waltham Forest attendances in particular increased when second phase opened.
- Overall UTC (Type 3) attendances have increased by c.80% vs pre-pandemic levels.



Notes:
Borough taken from registered GP to data supplied by ONS, not by local health authority.

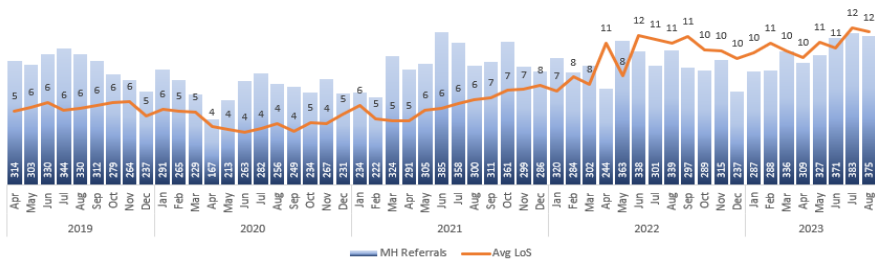
*1: Elizabeth line (26th May 2021) Liverpool St to Shenfield (Src: Crossrail)

*2: Elizabeth line (26th May 2021) Paddington to Abbey Wood added (Src: Crossrail)



Urgent & Emergency Care System wide challenges

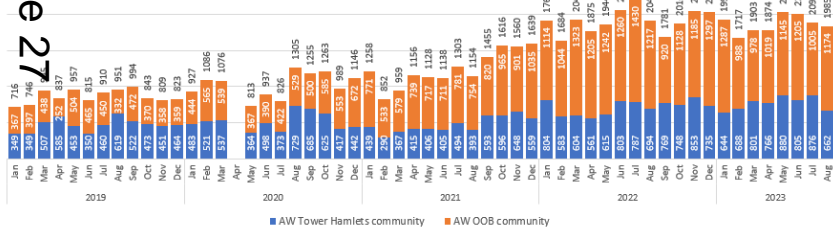
The Royal London: Mental Health Referrals v Avg Length of Stay (Hours) April 2019 to August 2023



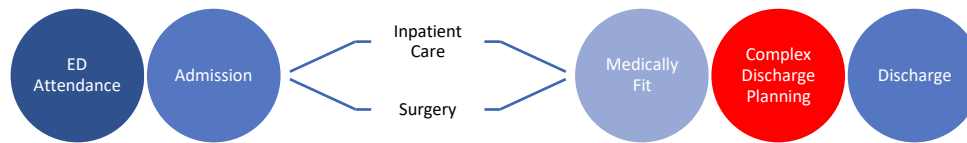
- Referrals to mental health continue to increase – up by 11% since July-19. Of those referrals c.50% require ongoing management in inpatient mental health facilities.
- Average length of stay for mental health patients has also increased to 12 hours 39minutes per patient on average, a 200% increase since July 19.

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The Royal London: Admitted Medically Optimised April 2019 to August 2023



- Delays in discharge of patients that require out of hospital support post discharge has increased since pre-pandemic.
- Key challenges are nursing home / care home placement, packages of care and equipment.
- Currently an average of c.580 bed days are lost per month due to delays in discharge of complex patients.

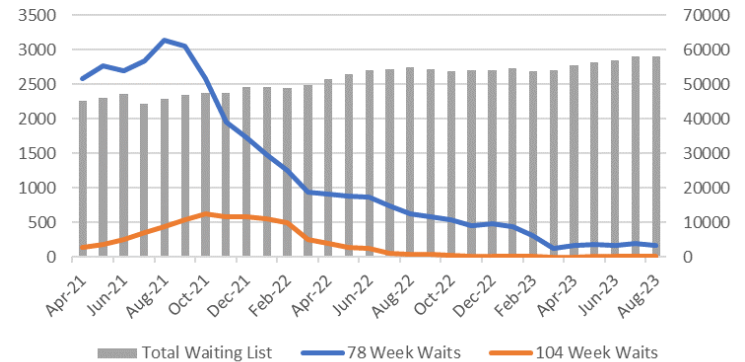


Referral to Treatment Summary

- Referral to Treatment (18 week) standards were significantly impacted by the pandemic due to significant reduction in capacity available to treat planned patients
- Waiting list has also been impacted by continued growth in referral demand from primary care – both from Tower Hamlets and beyond.
- National targets for 23/24 aim to eradicate waits of 65 weeks or more. Progress against this target is being significantly impacted by ongoing industrial action.

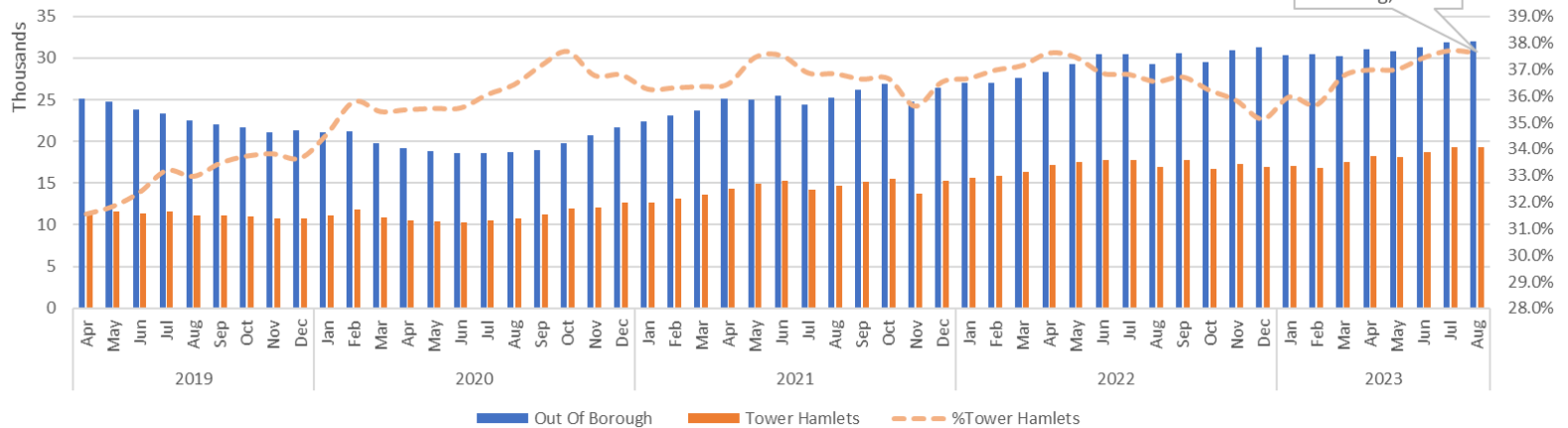
However we are continuing to see a steady reduction the tail of patients waiting the longest for treatment.

RLH Waiting List Profile



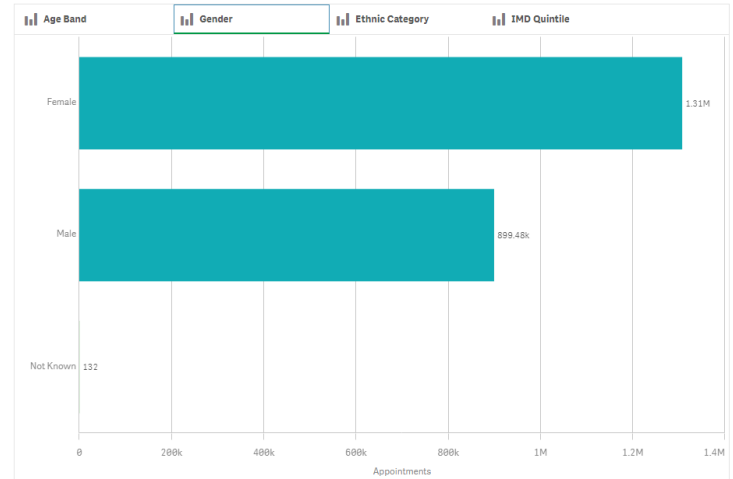
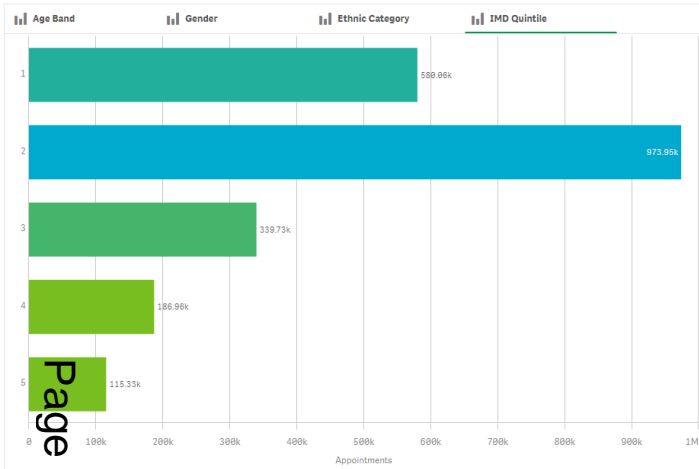
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Referral To Treatment: Tower Hamlets v Other Boroughs: Apr 2019 to Aug 2023



Referral to Treatment

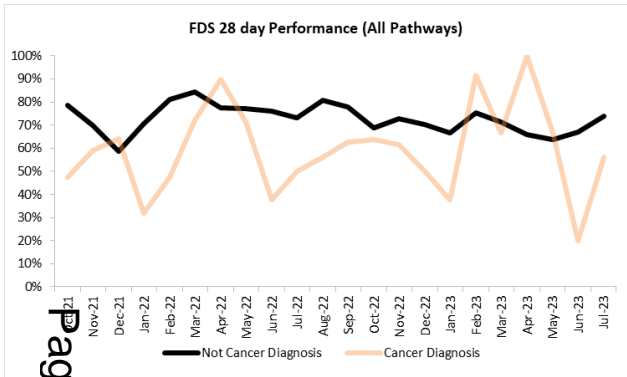
Addressing Inequalities



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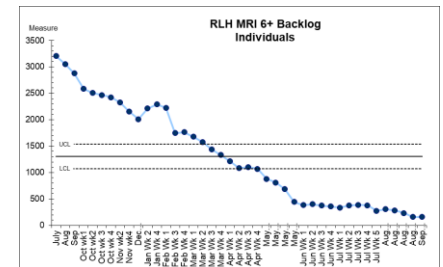
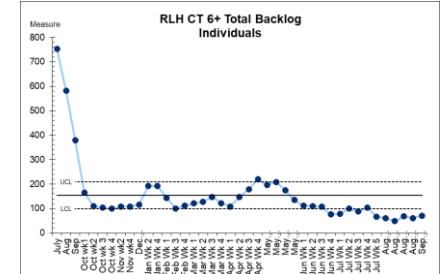
Cancer & Diagnostics



- National cancer standards changed from October 2023 – reducing down to three KPIs – diagnosis (28 days), overall pathway (62 days) and treatment (31 days).
- Barts Health is positive outlier nationally for cancer diagnosis performance – and this has improved in the last three months and is now above target.
- Challenges remain in surgical treatment times – that have been impacted further by the industrial action.

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- Overall performance against national diagnostic standard (DM01) has declined in recent months – principally due to audiology and ultrasound performance. Recovery plans are in place.
- National target is >95% of patients receiving a diagnostic test within 6 weeks by March 2025
- CT and MRI have demonstrated significant improvements – are on track to be >95% by March 2024 (one year ahead of target).





Patient feedback on waiting times for elective surgery and A&E

Feedback on waiting times for elective surgery and A&E

- Feedback collected through our face-to-face Patient Experience Programme and Community Insights System (CIS) which collects online feedback from Google Reviews, NHS website and social media.
- Limited feedback on waiting times for elective surgery (in total 5 reviews from the last 12 months) - all collected through the Community Insights System
- 25 reviews relating to waiting times for A&E - 10 reviews collected through face-to-face interviews and 15 on CIS
- All feedback related to the Royal London Hospital
- The feedback was collected between October 2022 and October 2023. Some were collected as part of the Healthwatch Maternity Survey.

Feedback on waiting times for elective surgery

- Most reviews regarding waiting times for Elective Surgery related to lack of communication around wait times or cancelled appointments:

Selected comments:

"I was due to have surgery on an aneurysm, however, I found out the operation was cancelled, just 4 days beforehand, without notification nor explanation. I have since found out it was cancelled due to an 'administrative error'... Unbelievable! I have called numerous different numbers to find out if it has been rescheduled but no one seems to know anything, and they keep sending me back and forth between different departments. I am incredibly stressed out by this whole situation!! And I am very disappointed in the absolute lack of communication I have had. What am I meant to do? Very, very unhappy.

"They kept sending me home with gallstones [and] didn't bother examining and checking what the pain is until my stone got really big they had to remove all my gallbladder and lost so much weight delayed surgery as well kept me nil by mouth for 3 days without giving me a reason."

Feedback on Waiting Times at A&E

- Lack of communication was also one of the main themes in the feedback relating to waiting times for A&E:

Selected comments:

"When I asked the receptionist [about waiting times] he said you might wait between 5 minutes to 6 hours. I can't believe the level of service I received when I had a swollen broken hand. After 5 hours of wait, I just left for a different hospital as I couldn't trust my broken hand with any doctors there especially knowing that I was in extreme pain.

"More communication is needed when you're waiting."

Feedback on Waiting Times at A&E

- Other main themes that emerged from the feedback on A&E related to long wait times for children and pregnant women:

Selected comments:

"We waited 4 hours for children's A&E. I asked them a couple of times, how long [it is going to] be to see the doctor, they said after 2 patients. We waited 1.5 hours for 2 patients."

"We waited for too long in the corridor as an 8-month pregnant woman on an uncomfortable chair, not given a bed or comfy chair to sit on to wait."

"They are always understaffed [...] they keep the pregnant women waiting for hours, this is inhumane, my wife is 41 weeks pregnant she is having constant pain and they kept her sitting for hours."

Feedback on Waiting Times at A&E

- Some patients commented on the waiting area in A&E:

Selected comments:

"Well over 5 hours to wait with a serious head injury, understaffed, ultra unhelpful, not enough seats or even enough light."

"I went to the emergency [department] with excruciating pain and even though they told me the waiting time was 2 hours, I had to wait 5 hours to see a doctor in a waiting room that didn't have enough chairs (I had to sit on the floor for some of the time), it was freezing and vending machines weren't working to get water."

Feedback on Waiting Times at A&E

- Other things mentioned included having to wait for hours to then be told to go home and poor experience with staff:

Selected comments:

"Waited from 10 am till 8 pm only to be told to go home."

"Before being admitted I was left on the floor of A&E for over 24 hours. The staff there are very unprofessional I heard a staff member on duty go into a room to phone her dad to complain about how a patient smelt. [...] I dread having to come here with the way they treat people. They make me feel so small and like a problem for asking for help."

Feedback on Waiting Times at A&E

- Some patients shared very positive experiences at the A&E:

Selected comments:

"My partner was taken into hospital at very short notice after falling very ill as a result of undiagnosed Type 1. Her being seen in A&E was quick and efficient, particularly considering the current circumstances and pressures on these services. Doctors involved her and me (her chaperone) in well-aimed conversations about her condition and treatment, as young adults the fact that we were not condescended at any point was refreshing. Throughout the five days in the hospital, the medical and support staff were exceptional, attentive and caring, with particular credit to staff in Resus, emergency care and ward 11E."

"Visited the A&E with my 11-year-old daughter and we were pleasantly surprised after seeing the low-rating reviews. The building is very welcoming, modern and clean. The staff were friendly and although it was really busy, we were in and out in 2 hours."

Conclusion

Overall, it seems the main issue around waiting times for elective surgery relates to a lack of communication. Patients reported not being informed of the reason for delays or cancellation of their procedure as well as not being able to get hold of anyone over the phone.

This also applies to the waiting times at A&E: patients were not kept up to date on the wait times at A&E which resulted in frustration.

- Improving communication will help to manage patient expectations as well as keep them informed of the reasons for delays and cancellations.

Other recommendations for improvement:

- Improvement to the waiting area including access to water and other refreshments and comfortable chairs for those who are experiencing pain.


Next Steps:

- Going forward, quarterly reports will be produced from the feedback collected through our Patient Experience Programme and shared with key stakeholders
- Aim to increase face-to-face interactions with patients by visiting the Royal London Hospital as well as other healthcare services with a team of volunteers to collect more feedback.

Patient feedback on waiting times for elective surgery and A&E

healthwatch
Tower Hamlets

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<p>Non-Executive Report of the:</p> <p>Health and Adult Scrutiny Sub-Committee</p> <p>17th October 2023</p>	 <p>TOWER HAMLETS</p>
<p>Report of: NEL Community Diagnostic Services (NHS)</p>	<p>Classification: Unrestricted</p>
<p>Spotlight: Community Diagnostic Services</p>	

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

Summary

This cover report accompanies the presentation slide deck:


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

Recommendations:

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

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

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<p>Non-Executive Report of the:</p> <p>Health and Adult Scrutiny Sub-Committee</p> <p>17th October 2023</p>	 <p>TOWER HAMLETS</p>
<p>Report of: NHS Northeast London Cancer Alliance</p>	<p>Classification: Unrestricted</p>
<p>Spotlight: Cancer screening programme uptake</p>	

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

Summary

This cover report accompanies the presentation slide deck:

The content of the slide deck include Cancer Screening Programmes in Tower Hamlets

Recommendations:

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

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

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Cancer Screening Programmes in Tower Hamlets

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Femi Odewale, Managing Director NEL Cancer Alliance
Caroline Cook, Early Diagnosis Cancer Alliance

17th October 2023

Cancer screening programmes (1)

- Must be registered with a GP to access cancer screening.
- Three cancer screening programmes:
 - Breast
 - Bowel
 - Cervical

Breast Screening

- Eligibility
 - Women aged 50 to 71 (over 71s can request screening).
 - Trans or non-binary people who have not had top surgery.
 - Trans people who have been taking feminising hormones for 2 years.
- Recall is every 3 years
 - Patients are recalled by the date the next test is due (no longer just by practice).
 - Appointment letters are sent from centralised breast screening hub.
 - Clients are given a timed appointment.
 - Bookings are usually made 6 – 8 weeks in advance.
- Service provider for Tower Hamlets – Central and East London Breast Screening Service (hosted by the Royal Free Hospital).
 - Screening centre for Tower Hamlets patients is Mile End Hospital.

Cancer screening programmes(2)

Bowel Screening

- Men and women aged 54 – 74.
- From 2025 screening ages will be 50 – 74 (over 74s can request a kit).
- Sample is taken at home and sent to the lab for testing.
- Recall is every 2 years.
 - FIT kits are sent automatically from the regional bowel screening hub – based at St Marks Hospital in North West London.
- Screening service for Tower Hamlets is provided by Homerton University Hospital.
 - Clients with a positive test will be followed-up here and offered a colonoscopy.

Cervical Screening

- Who can be screened:
 - Women and people with a cervix (trans and non-binary people) aged between 25 and 64.
- Frequency of recall:
 - Aged 25 – 49 – every 3 years.
 - Aged 50 -64 every 5 years.
- Service delivered in GP practices, usually by a practice nurse.
- HPV primary testing – screened for Human Papilloma Virus (HPV) and only look for cell changes if HPV is detected.
- If abnormal cells are found –follow-up with a coloposcopy at nearest hospital (Royal London).

Cancer screening responsibilities

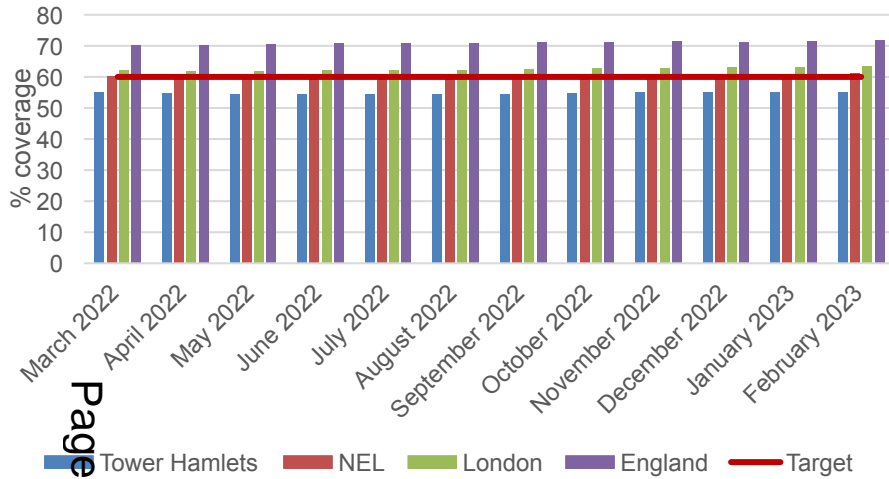
- Cancer screening services are commissioned by NHS England.
- NHSE hold contracts with screening providers – local oversight from regional NHSE Screening and Immunisations team.
- Breast and bowel screening services – provide the services.
 - Health promotion specialists in the screening services– increase awareness of screening.
- GPs provide cervical screening services within their contracts.
- PCN Directed Enhanced Service (DES) also requires PCNs to improve one type of cancer screening in a hard to reach group.
- Voluntary and community organisations have historically raised awareness of cancer screening through outreach work – usually commissioned by CCGs.
- The role of the NEL Cancer Alliance:
 - To increase participation in cancer screening to support the aim to diagnose 75% of cancers by stage 1 or 2 by 2028.
 - Bring together stakeholders across the ICS to improve screening rates in order to increase earlier diagnosis.
 - Reduce inequalities of access to screening services.
- Fund improvement projects, but do not provide on-going funding for business as usual.

Cancer screening coverage

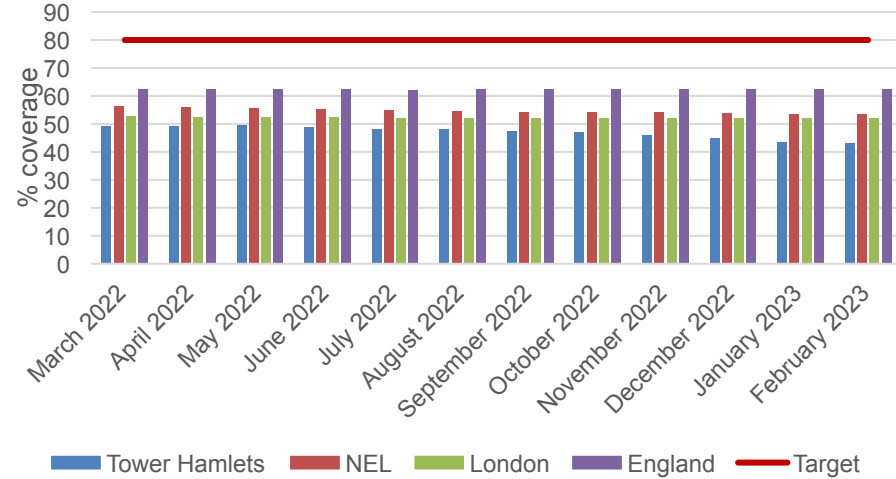


North East London
Cancer Alliance

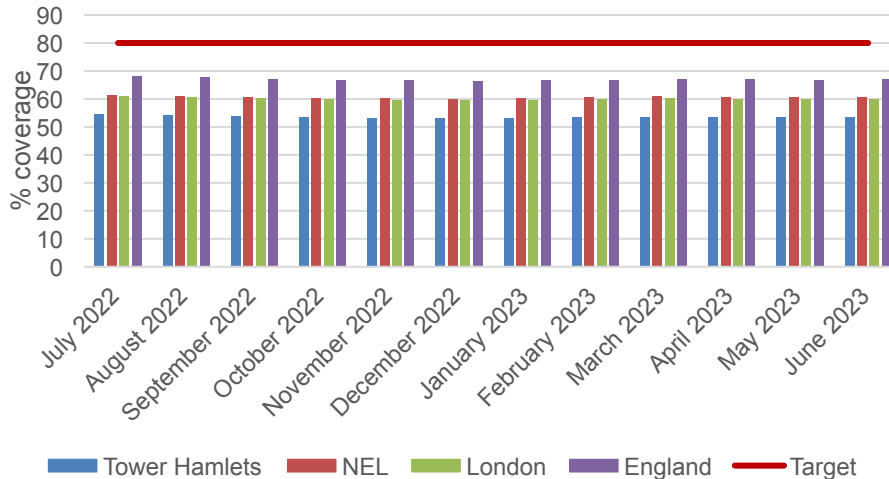
Bowel Screening



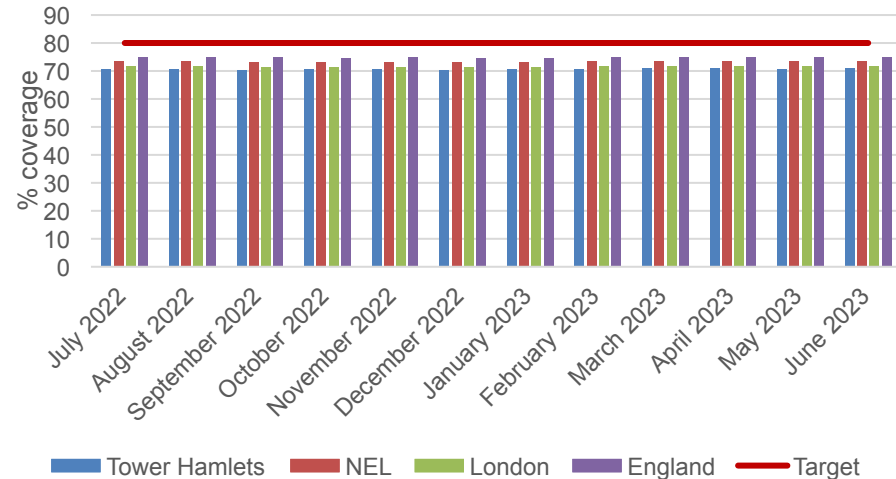
Breast Screening



Cervical Screening - 25 - 49 year olds



Cervical Screening - 50 - 64 year olds



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Targeted Lung Health Checks

- Nationally led programme – NEL on-boarded in phase 3.
- Currently provided by InHealth.
- Will transition to a screening programme over the next three years.
- Eligibility: men and women aged 55 – 74 who have ever smoked will be invited.
- Triaged according to risk and may be invited for a face-to-face health check with a nurse.
- High risk – invited for a low dose CT scan (LDCT).
- Started inviting patients from Tower Hamlets in July 2023.
- By end of August
 - 527 patients from Tower Hamlets had LDCT.

Inequalities in screening

- Currently unable to access screening data by ethnicity or deprivation.
- Triangulate data to understand which communities are not attending screening.

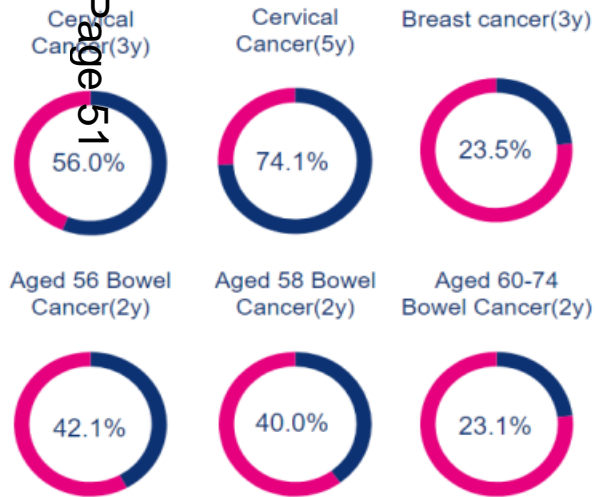
Snapshot of inequalities data for Tower Hamlets at 1st September 2023

People with a learning disability

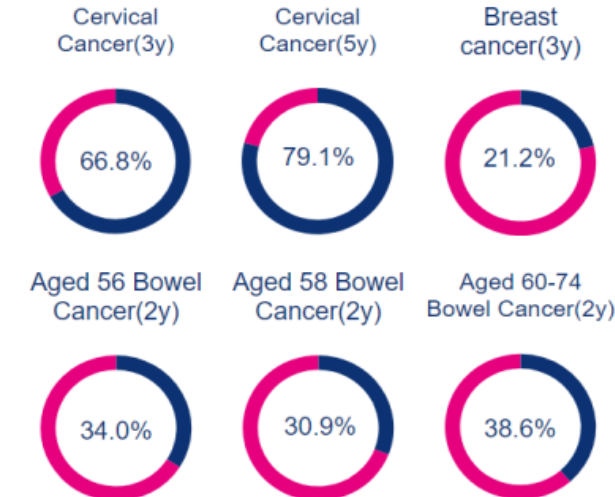
People with an SMI

Homeless people

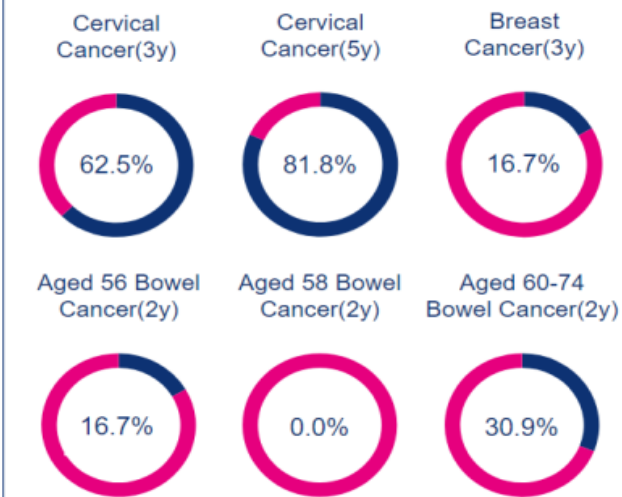
Screening uptake percentages



Screening Uptake Percentage



Screening Uptake Percentage



Data source: Clinical Effectiveness Group dashboards

Barriers to participation

- Reasons for not engaging with screening – from focus groups, co-production workshops and on-street surveys.
 - Lack of trust in health service/government – historic and intergenerational.
 - Cultural barriers
 - “It’s Gods will”.
 - Fatalism – “nothing I can do”.
 - Fear that others may know they have had the test.
 - Cervical – fear of losing virginity or people will think they are promiscuous.
- Lack of understanding of screening services – feel well so don’t need to be screened.
 - Language barriers – understanding the invitation and/or at appointments.
 - Fearful the test might be painful.
 - Bad past experience.
 - Fear of discrimination – e.g. for trans people
 - Structural barriers:
 - Location of the screening sites –distance, transport.
 - May not be wheelchair accessible.
 - Costs of travel.

Improving screening uptake – raising awareness, reducing inequalities

NO TIME FOR CANCER.

Screening every 3 years has lowered the cases of late-stage breast cancer. If you're aged between 50 and 70, act now on your NHS breast screening invitation.

MAKE TIME TO GET SCREENED

NHS
North East London
Cancer Alliance

Live Through This

"THERE WAS NO STUMBLING OVER PRONOUNS AT MY BREAST SCREENING."

BEST FOR MY CHEST

BestForMyChest.com is a breast cancer screening campaign led by, and for, the LGBTQ+ community.

NHS
North East London
Cancer Alliance

the eve appeal

YOU NEED TO KNOW

Bleeding after the menopause is not normal
Tell your doctor. Get it checked.

NHS
North East London
Cancer Alliance

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BOWEL CANCER

IT'S NOT A GAME.

Any of these sound familiar?

- A CHANGE IN YOUR BOWEL HABITS
- BLOOD IN YOUR POO
- DISCOMFORT OR ABDOMINAL PAIN

If you recognise any of these symptoms, see your GP

It's your life, it's not a game.

GET CHECKED.

BOOK AN APPOINTMENT WITH YOUR GP TODAY.

NHS
North East London
Cancer Alliance

Get life-saving advice on bowel cancer

We are hosting a free session on bowel cancer, with a talk from one of our local doctors. You will learn how to do a test which could save your life.

Waltham Forest Islamic Association
439-451 Lea Bridge Rd
London E10 7EA

2.00pm on 13 March
at Lea Bridge Road Mosque
(female session)

6.00pm on 12 March
at Lea Bridge Road Mosque
(male session)

Speakers: Dr Muhammad Patel and Dr Jamila Begum

Please come along and encourage your friends and family to join us.

BRITISH ISLAMIC MEDICAL ASSOCIATION

NHS
North East London
Cancer Alliance

Something not feeling quite right?

tell me about it

If you've got a worrying symptom that might be cancer, your GP wants to know. So contact your surgery and tell them everything. The sooner you do, the sooner they can help.

www.nhs.uk/healthcare-uk/111/111-111-111

NHS
North East London
Cancer Alliance

Muslimsisterhood

NHS
North East London
Cancer Alliance

Cervical cancer is the fourth most common cancer amongst those with a cervix. **Regular screening can save lives.**

To learn more visit:
www.allaboutcervicalscreening.co.uk

Improving screening uptake - supporting primary care

PCN Cancer Facilitators

- Funded Catch-22 to provide PCN Cancer Facilitators to work with PCNs to support delivery of the PCN DES.
- Replaces the service previously available through CRUK.
- Focussing on supporting PCNs to increase uptake of bowel and cervical screening – looking at data, coding and QI projects etc.

Screening guides

- Developed guides for GPs with tips to increase uptake of bowel and cervical cancer screening at a practice level, with support from CRUK.
- The guides are on the NEL Cancer Alliance Website.

Bowel screening reminder calls

- Funded by the Cancer Alliance, but commissioned by TNW.
- Service provided by Community Links
- Call patients who have not returned their screening kit after six months to remind them and order another kit, if necessary.
- Commissioned until the end of September 2023.
- Awaiting service evaluation.

Projects in development

Text reminder pilot

- Using Eclipse to identify and text patients who have not returned their bowel screening kit.
- Initial pilot is only for 5 practices, but can scale up following evaluation.
- Link to bowel screening [video](#) is sent along with a symptom questionnaire and the option to request a replacement kit.
- Only rolled out to two practices so far, but engagement has been good.
- Symptomatic patients – 12 have been identified as needing to be referred on an urgent suspected cancer (USC) pathway.

White other population

- Claremont conducted an audience report to understand views on screening and where/how people like to receive information - focus on Polish, Lithuanian and Turkish/Turkish Cypriot communities.
- Found lack of trust and poor knowledge of screening services as well as signs and symptoms of cancer.
- Cultural and language barriers.
- Currently working with groups from these communities to develop targeted interventions.

Roma and Traveller communities

- In early stages – still scoping current understanding.
- Would like to increase screening uptake and early diagnosis in this population.
- Hoping to take learning from the Covid vaccine programme.

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Covid-19 and Flu update

Public Health

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October 2023

Agenda Item 4



Overview



Data on Covid-19 infection rates are no longer available (the ONS surveillance approach ended in March 2023).

However, a new variant, BA2.86, was identified in the UK in August 2023. The number of identified cases has been growing in the UK and internationally. UKHSA is working to understand health impacts.

Based on the threat of BA2.86, it is important we act quickly to protect eligible individuals through vaccination. The national vaccination programme was brought forward to 11th September 2023.

Due to the ongoing risk of a wave of infection and the threat of the new variant, we continue to focus on vaccination, outbreak prevention and management, communications, community engagement and outreach.

This builds on the lessons of the pandemic response highlighting the importance of flexibility, and localised communications and engagement through voluntary and faith sector partners.

As we move into winter there is an increased risk to respiratory conditions, it is a high priority to promote and support residents to get both vaccinations and reiterate messages on infection prevention.



Eligibility for COVID-19 Autumn booster and flu vaccination



The eligibility for the Covid-19 vaccine had been reduced, there is no longer a universal offer.

The eligibility criteria for Covid-19 and flu vaccines are similar but not identical.

COVID-19:

- All adults aged 65 years and over
- Persons aged 6 months to 64 years in a clinical risk group
- Residents in a care home for older adults
- Frontline health and social care workers
- Persons aged 12 to 64 years who are household contacts of people with immunosuppression
- Persons aged 16 to 64 years who are carers, and staff working in care homes for older adults.

• *Note: Individuals who are in these groups and have not been vaccinated previously will be offered one dose of the COVID-19 vaccine as their primary course*

Flu:

- All adults aged 65 years and over
- Persons aged 6 months to 64 years in a clinical risk group
- Residents in long-stay residential care homes
- Close contacts of immunocompromised individuals
- Frontline workers in a social care setting*
- Pregnant women
- All children aged 2 or 3 years on 31 August 2023
- School-aged children (from Reception to Year 11)
- Carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person



Ways to get vaccinated

Covid-19

- eligible individuals can book vaccinations.
- They will either be contacted by their GP practice to book an appointment or can book at a pharmacy via the National Booking Service:
 - Online: [Book, cancel or change a COVID-19 vaccination appointment - NHS \(www.nhs.uk\)](https://www.nhs.uk)
 - Via the NHS App
 - By calling 119

Flu

- Flu vaccination appointments can be booked here: [Book or manage a free NHS flu vaccination at a pharmacy - NHS \(www.nhs.uk\)](https://www.nhs.uk)
- Some individuals may also be contacted directly by their GP practice to book an appointment there.

Covid-19 and flu

- If eligible for both COVID-19 and flu vaccination, most people will be offered **both vaccines at the same time**.
- **Outreach and vaccination pop-ups** will also be available during the vaccination season.



Vaccination sites



PCN sites:

Site	Postcode
Newby Place Health and Wellbeing Centre	E14 0EY
Goodman's Field Health Centre	E1 8ZF
The Spitalfields Practice	E1 5PB
Wellington Way	E3 4NE
Parley Grove	E3 2AT
Sutton's Wharf	E2 0FA

Page 5

Community pharmacies:

Site	Postcode
Barkantine Pharmacy	E14 8JH
Bell Pharmacy / Bow	E3 5ES
Boots Canary Wharf / Jubilee Place	E14 5NY
Britannia Pharmacy / Aberfeldy	E14 0NU
Britannia Pharmacy / Poplar	E14 0BE
Britannia Pharmacy / Riverside	E14 3BT
Britannia Pharmacy / Roman Road	E2 0PG
Chapel Pharmacy	E1 2LX
Columbia Pharmacy	E2 7QB
DMB Chemist	E1 2PR
Florida Pharmacy	E2 6AH
Green Light Pharmacy / BBB	E3 3FF
Green Light Pharmacy / Stepney Green	E1 4FG
Jaypharm Chemist	E1 2PS
Kamson's Pharmacy / Bow	E3 3EW
Lansbury Pharmacy	E14 6GG
Lincoln Pharmacy	E3 4QA
Medichem Pharmacy	E1 4LR
Nash Chemist	E14 7HG
Sai Chemist	E18EJ
Shanty's Pharmacy	E1 1DB
Tower Pharmacy	E1W 2RL



What we're doing to promote vaccine uptake



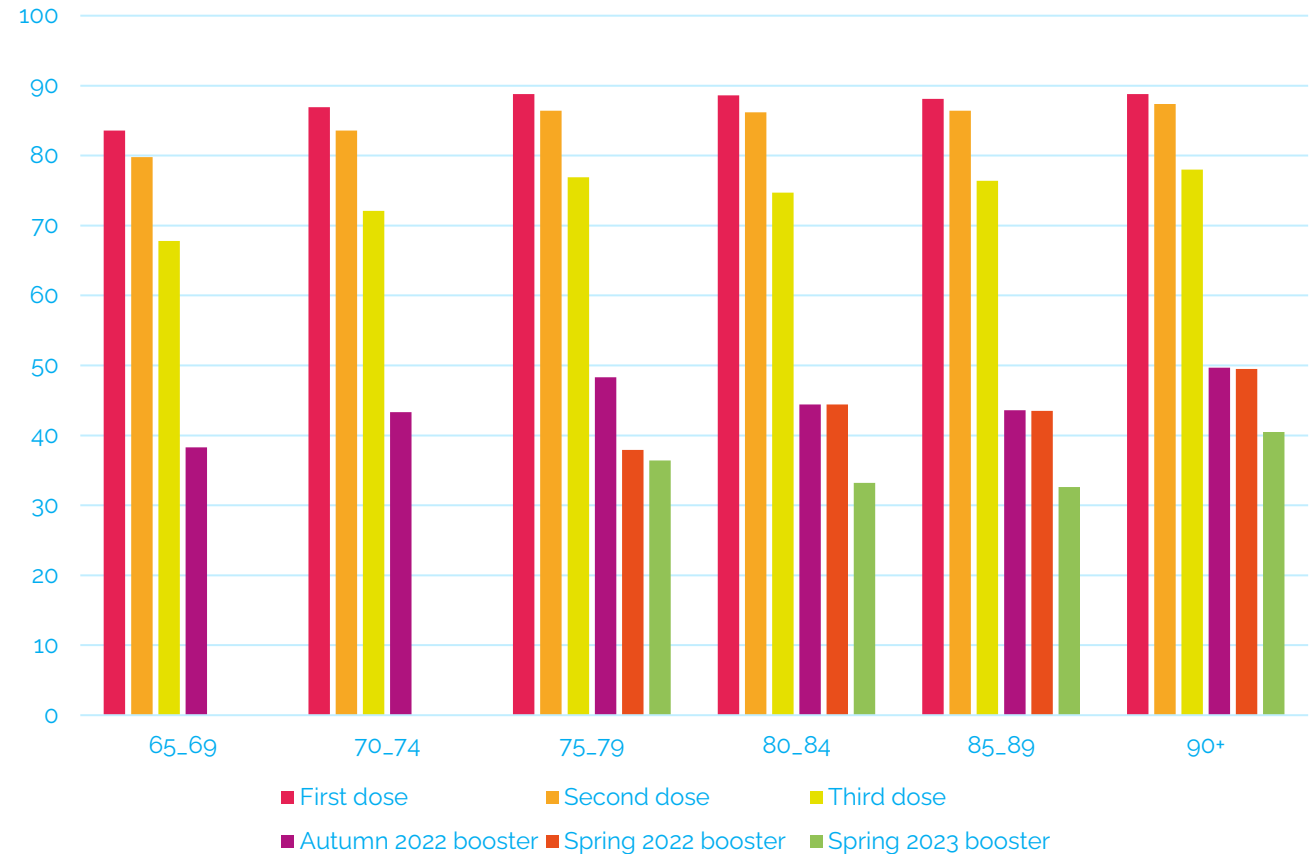
1. Developed a successful NEL inequalities bid to provide funding to several voluntary, community and faith-based organisations to engage with residents on vaccinations.
2. Collaborating with NHS colleagues to host pop-up vaccination sites across the borough and ensure vaccination clinics are accessible for all, with a focus on faith organisations and health inclusion groups (rough sleepers, homeless, and refugee & asylum seeker populations).
3. Working with Social Action for Health and Healthwatch to support other engagement approaches with targeted populations in the borough to increase equitable vaccine take up.
4. Delivering a local communication plan to support vaccine information and uptake, in languages, formats and channels used by residents.
5. Providing a bespoke training programme for health and social care staff to have confident conversations around vaccinations and address vaccine hesitancy.



Areas of focus

- 1. Vaccine supply** – there have been delays to the provision of covid-19 vaccine to providers as the start date of the winter booster was brought forward.
- 2. Outreach provision** – the NHS is currently identifying an outreach provider to offer the vaccine to inclusion health groups (homeless, refugee, gypsy roma and others).
- 3. Increasing the demand** – as shown in the graph, vaccine uptake for 65+ has been decreasing with each dose and booster provided. A cross-partnership approach is required to increase vaccine coverage for eligible populations.

COVID-19 vaccine uptake by dose, 65+



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