

Health & Adults Scrutiny Sub-Committee

Agenda

Tuesday, 12 December 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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<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, 12 December 2023

6.30 p.m.

APOLOGIES FOR ABSENCE

1. DECLARATIONS OF INTERESTS (PAGES 5 - 6)

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

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

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

2. MINUTES OF THE PREVIOUS MEETING(S) (PAGES 7 - 18)

To confirm as a correct record the minutes of the meeting of the Health Scrutiny Panel held on 17 October 2023.

3. REPORTS FOR CONSIDERATION

3.1 Community Diagnostic Services (Pages 19 - 28)

3.2 improving Access to Health Services for Disabled Residents (Pages 29 - 50)

3.3 Housing with Care Strategy (Pages 51 - 92)

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

Next Meeting of the Health & Adults Scrutiny Sub-Committee

Tuesday, 20 February 2024 at 6.30 p.m. to be held in Council Chamber - Town Hall, Whitechapel



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.

1. DECLARATIONS OF INTERESTS

There were no declarations of disclosable pecuniary interest. For transparency Nicola Lawrence, Co-optee declared she works for NHS England.

2. MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the Sub-committee meeting held on 27 July 2023 were approved and signed by the Chair as a correct record of proceedings.

Chairs Update

The Chair;

- Noted that a written response is still pending from ICB officers on the 30% reduction to the ICB budget, where this will be and if this will have any implications for Tower Hamlets.

3. REPORTS FOR CONSIDERATION

3.1 Hospital Waiting Times for Elective Surgery and Accident and Emergency Services

Kat Davidson, Chief Operating Officer, Royal London & Mile End Hospitals and Tom Cornwell, Divisional Director of Operations, Emergency Care & Trauma Division (RL & ME Hospitals), gave an overview of the Urgent and Emergency Care service for the sub-committee. This included the changing demands of the service, A&E department and Urgent Treatment Centres (UTC) performance summaries, system wide challenges, the referral to treatment process and cancer and diagnostics KPI's.

Healthwatch Tower Hamlets also submitted a report on patient feedback for waiting times for elective surgery and accident and emergency procedures.

Mr. Cornwell explained that the four hour performance level for A&E in April 2019 was around a 75% which has dropped to about 58% since August 2023. This equates to around 1000 per month. The UTC are managed by the GP Care Group, this departments four hour performance level was around 98% in April 2019. This dropped to 76.9% for August 2023. Overall attendance has risen by around 80% at around 3 to 4000 per month.

There are numerous reasons, such as the decline of the pandemic, the increase in transport links with the Elizabeth line opening, enabling access to neighbouring borough UTC's and system wide changes to Primary Care. Discussions are taking place with Primary Care around access and supporting colleagues with the high turnover in patients.

Sub-committee members were informed of NHS challenges regarding the number of mental health referrals and the lack of beds for patients, as waiting times in the department have risen from 6 hrs to 12 since July 19 at an 11% increase. The levels of patients from outside the borough are causing considerable pressure on staff and patients and there can be delays in discharging patients from other areas who are medically fit but require care packages and community assistance to remain at home.

Kat Davison noted that waiting times for elective surgeries were also impacted by the pandemic, although steady progress to reduce this has been made. High Volume Low Complexity (HVLC) recovery of elective care services at Whipps Cross and Newham hospitals has enabled Royal London and Mile End Hospitals to focus on more complex procedures. The 78 week wait has decreased significantly and progress towards a 65 week clearance is underway.

A major challenge is addressing the inequalities data and access to elective and dermatology services, which paused in the borough and contributed to significant waiting times. Discussions are ongoing to develop a recovery plan now the service has been reactivated. Ms Davison then explained that achievements in cancer diagnostics recovery plan.

Further to questions from the sub-committee, Tom Cornwell and Kat Davison;

- Explained that details of mental health referrals requiring ongoing assistance noted in the presentation relate to adults. Figures for children are lower, as East London Foundation Trust (ELF) would usually provide assistance to children and adolescents and hold data. Ongoing work with 'Care Navigators' takes place to offer community assistance.
- Noted that around 65 to 75 patients who are classed as medical fit, require a community bed, nursing home or their own home with a package of care prior to discharge. The levels of patients from outside the borough has increased the pressure on services and equipment, as has the rise in homeless residents. Current work with partners is ongoing to support patients within the borough and address those challenges.
- Conceded that the industrial action has impacted services and waiting times. Derogation with regard to staff will be put in place, in the event of further action and plans for winter health concerns will be made in collaboration with NHS North East London. Priority will always be given to emergency services in these cases and discussions with unions are ongoing
- Confirmed that UTC accounts for around 50%-55% overall performance and the good relationship between A&E and UTC means joint meetings to support performance and effective commissioning to

ensure a sustainable workforce are in place. All patients are assessed in terms of severity to safeguard urgent treatment.

- Clarified that the 76% target equates to an approximate 4hr waiting time, and with around 600 to 700 patients a day, this is challenging especially at weekends. The transformation plan for unplanned care will classify those requiring urgent care to those less urgent and assist in reaching the target. Other solutions include managing patients' expectations at the front door, scheduling appointments for patients with less critical needs to reduce the numbers. 100% of our Paediatrics patients were seen within target last week.
- Observed that ongoing discussions are taking place with neighbouring hospitals to redirect patients to access hubs closer to home, rather than the Royal London or Mile End Hospitals to reduce the new demand.
- Explained that trails on iPads for patients whose first language is not English to assist in translation have been promising and there are plans to offer this in other departments. A&E attendance waiting times and UTC are monitored separately, although performance figures presented still contribute to the overall target of 76%. Additional work is required to ensure new staff members are more understanding to patients during busy and demanding times.
- Clarified that a Theatre Improvement Programme has been created to reduce waiting times for Children. Ongoing work with local hospitals is taking place to address this, particularly in audiology and audiology departments due to a national shortage of staff in that speciality.

RESOLVED that:

1. The presentation be noted.

3.2 Diagnostic Services

Angela Wong, Director for Applied Health Diagnostics, Pharmacy & Cancer Services and Nabeel Hussain, Programme Director, Community Diagnostics Centre, NHS North East London, sent apologies. They will attend the next meeting scheduled for 12 December 2023.

3.3 Cancer Health Screening Programme

Femi Odewale, Managing Director NEL Alliance, and Caroline Cook, NEL Early Diagnostics Programme Lead, gave a brief overview of the cancer screening programmes available responsibilities, targeted checks inequalities and improvements in uptakes. Mr. Odewale informed the sub-committee that the Cancer Alliance is one of 21 in the country who provide transformational programmes affiliated with the national programme. They focus on four main

areas: early diagnosis, diagnostics and treatment, personalised care and operational recovery, working alongside provider organisations.

Caroline Cook then discussed the cancer screening programme, commissioned by NHS England, and holds contracts for screening providers overseeing both local and regional teams. The four main services discussed were breast, bowel, lung and cervical screenings. GP registration is required to access breast, bowel and cervical screenings. Cancer Alliance provides funding for transformational services and seeks to understand the signs and symptoms for early diagnosis by enhancing screening uptake.

Ms Cook then updated the members on the service coverage within the borough and went through the performance figures. It was noted that bowel cancer screening targets in Tower Hamlets are lower than the rest of North East London (NEL). Breast cancer screenings have not recovered since the pandemic and are also below target.

Sub-committee members were informed that Council Alliance will be implementing lung health checks as a screening programme over the next three years. Over the last year, this has been phased into the borough and is currently available for over 55 year old males who have smoked at some point. Since July 2023 approximately 1000 patients have received the recommended Low Dose Computed Tomography scan (LDCT)

Details of the inequalities data for residents unable to access screening by ethnicity or deprivation were outlined. These are triangulated as GPS system may not record all information and not all details are currently accessible. Work to improve this is ongoing. The information gathered shows barriers to participating in screening are due to location, a lack of trust in the health service, accessibility issues, misconceptions around screenings, or language barriers which prevent attending appointments or effective communication.

Ms Cook went on to discuss improvement measures to support the uptake. This included Primary Care Networks (PCN) cancer co-ordinators to support delivery of a direct enhanced service (DES), GP screening guides to assist in uptake levels of breast and cervical screening, promotional campaigns to spread awareness of symptoms and bowel screening reminders calls to patients, who have not returned screening kits after six months.

Ms Cook lastly touched on the projects currently in development. These include the Eclipse text reminder pilot now in five practices. Contacted patients fill out a questionnaire to receive a kit. The pilot will be expanded to more practices if successful. Further engagement to support residents from Polish, Lithuanian, Turkish, Romani and Gypsy communities is ongoing, as language barriers may prevent screenings.

Further to questions from the sub-committee, Femi Odewale and Caroline Cook;

- Explained that any resident over the cut over age of 75 can request a bowel screening kit or receive one from their GP. Equally, anyone over the age of 71 can call the breast screening service for an appointment. Younger residents who may be high risk due to genetics, should also contact the service.
- Confirmed that there are campaigns spreading awareness on bowel cancer screenings and potential signs and symptoms, and residents should seek assistance from a GP as soon as possible for early detection.
- Clarified that self-swab cervical cancers tests were available in Tower Hamlets and NHS England conducted a self-sampling study called 'HP Validate' and aim to eliminate cervical cancer by 2030, There are plans to make self-swabs and self-screening be made more widely available in the near future.
- Explained that a communication strategy is ongoing and the use of social media, specifically Podcasts discussing cancer will be included. Further work to target youth centres and You Tube advertising will also be considered.
- Noted that ongoing work with Pharmacists within NEL is taking place to advise residents to contact their GP for check-ups, if they are concerned that symptoms perceived as long Covid could be a sign of cancer. Leaflets with specific questions to ask the GP are also available. Residents can also use the Non-Specific Symptoms Clinic for further details.
- Confirmed that Cancer Alliance project visited 6 different mosques, including East London Mosque, to hold free sessions on bowel cancer. This was in collaboration with the British Islamic Medical Association. Residents received advice from local doctors on how to take a test and dispelled any misconceptions about the service. The attendance was good in the majority of mosques and a wide range of ages joined. Queen Mary's University conducted an evaluation although details are pending.
- Explained that the procurement based service is provided by NHS England and bids are required to expand to other areas of NEL. Discussions are ongoing around expansion.
- Confirmed that this is not a one size fits all approach, as projects require tailored campaigns to ensure all residents are aware of screening services available.

RESOLVED that:

1. The presentation be noted.

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

The Cold and Flu update was noted.

The Chair also informed sub-committee members of the Safeguarding Briefing Session scheduled for 7th November in the Council Chamber.

The Chair also noted a site visit scheduled for 15th January 2024 to Independent East, at the PDC in Bethnal Green. Members were urged to attend both events.

The meeting ended at 8.14 p.m.

Chair, Councillor Ahmodur Khan

Health & Adults Scrutiny Sub-Committee

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Scrutiny Action Log 23-24

Name of Committee: Health and Adults Scrutiny Sub-Committee

Municipal Year: 2023-24

Reference	Action	Assigned to	Scrutiny Lead	Due Date	Response
27.07.2023	Provide the committee with a written response on 30% reduction of NEL ICB budget and the implications for Tower Hamlets	Charlotte Pomery ICB chief participation and place officer	Cllr Ahmodur Khan	06 Sep 2023	<p>The ICB is not being asked to make 30% reduction to its budget overall but to a designated part of our budget – the running cost allowance.</p> <p>The ICB has along with all other ICBs in the country been required by NHS England to make, by the start of the financial year 2025/2026, a 30% reduction in its running cost allowance. This is the funding for designated staff within the ICB. It is not the funding for all staff within the organisation nor is it a commissioning budget and does not fund direct services to local residents.</p> <p>We were anyway undertaking a reorganisation in order to ensure that the shape of our organisation meets our new role as an integrated care board enabling us to carry out the system and place functions for which we are responsible. In order to achieve the required reductions in our running cost allowance, we have used the reorganisation process to ensure that our organisation is both the right shape and the right size for the future. We are excited about the opportunity to continue to work in integrated ways at Place, and indeed within neighbourhoods, to improve outcomes for local residents and communities. We remain committed to prevention, early intervention and community provision and our restructure is an</p>


Scrutiny Action Log 23-24

					<p>enabler to continuing to make progress in these areas.</p> <p>In Tower Hamlets, we continue to support a fully integrated commissioning team with the local authority structured across the life course. This team will in the future work even more closely with a primary care team as well as with finance, contracting and engagement support for example from within the ICB. We have had to make a number of redundancies across the organisation mostly in areas such as finance and contracting and the Tower Hamlets Team remains the same overall in number terms although some of the roles have changed.</p>
<p>2.12.2023</p>					

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Insert attachments as appendices where applicable

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<p>Non-Executive Report of the:</p> <p>Health and Adult Scrutiny Sub-Committee</p> <p>12.12. 2023</p>	
<p>Report of: NEL Community Diagnostic Services (NHS)</p>	<p>Classification: Unrestricted</p>
<p>Spotlight: Mile End Hospital 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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Mile End Hospital Community Diagnostic Centre

Health and Adults Scrutiny Sub Committee Meeting

12th December 2023

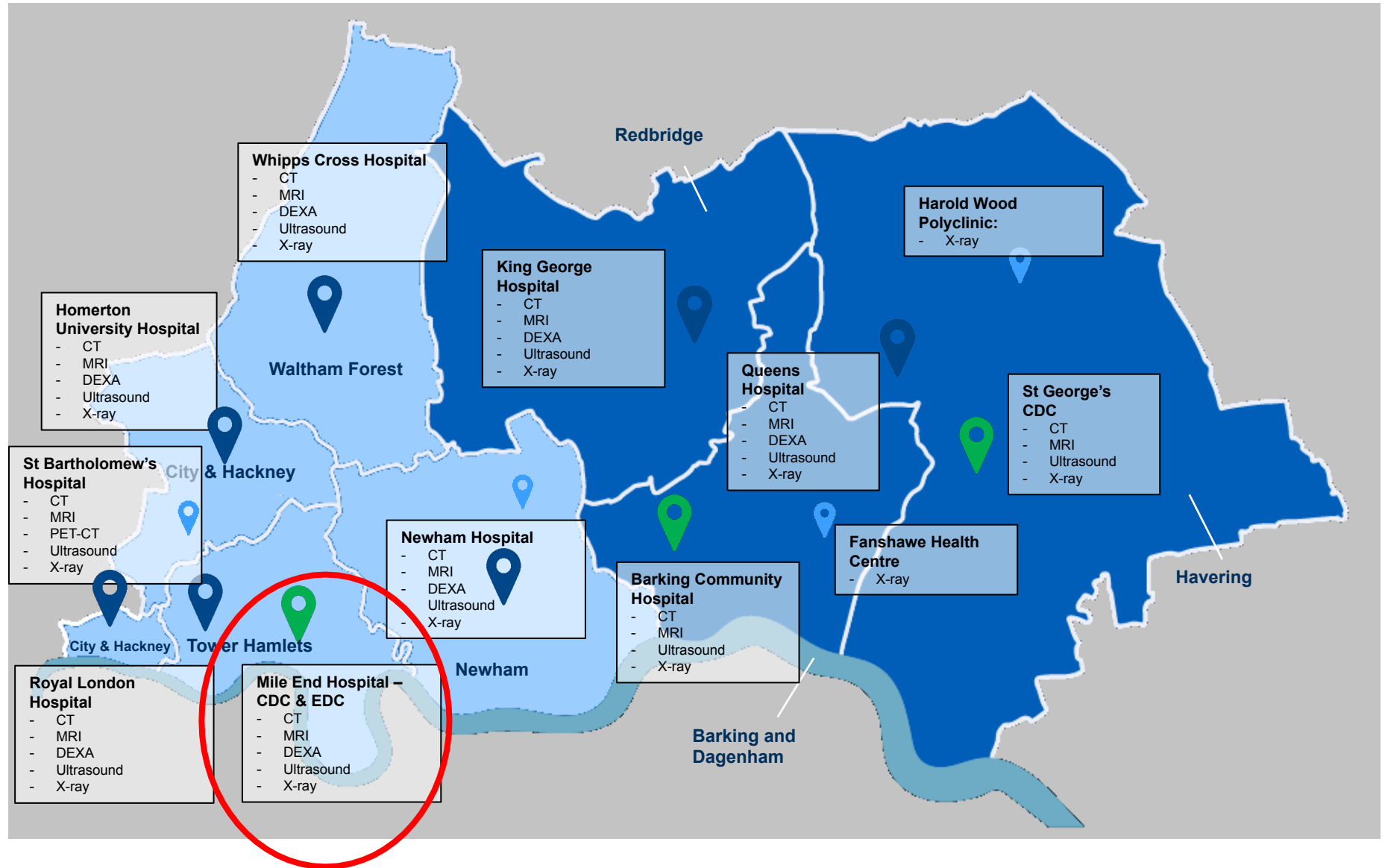
National Context

- ❑ Since the pandemic, diagnostics has achieved a much greater level of focus and exposure at the national and ministerial level.
- ❑ Over £50m capital and c. £20m pa revenue has been provided to NEL which has supported the creation of multiple Community Diagnostic Centres within NEL to deal with COVID backlogs, and work towards restoring the 6WW performance targets.
- ❑ NEL is currently performing well compared to other systems, however, there remain issues and challenges to be resolved.

NEL Local Context

- Annual revenue cost over £200m
- c.1500 Imaging staff in acute settings
- 7 acute hospital sites, 3 community CDCs, multiple smaller community locations
- GP Direct Access contracts with community IS providers, in excess of £12m pa
- Services split between acute, community and primary care settings
- Serving a split of planned, unplanned and cancer patients & priorities

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Mile End CDC Overview



Mile End Hospital CDC

Core Modalities: CT, MRI, X-ray, Cystoscopy, Hysteroscopy, Echo/ ECG, Ultrasound, Phlebotomy, Respiratory testing

Funding: £15m capital, revenue support till end of 2025 (c. £9.5m this year)

Opening Date: MRI, CT, Ultrasound already operational, with Thames Ward renovation opening late 2024

Key Challenge: Ensuring the renovation works don't fall behind schedule so opening of CDC is not delayed

Mitigation: Close management of the building works to prevent any delays

Success Stories

- ❑ Between April – October 2023, MEH CDC has delivered:
 - ❑ Over 7,000 MRI
 - ❑ Over 7,000 CT
 - ❑ Over 6,000 X-Ray
 - ❑ Over 5,000 Ultrasound

 - ❑ This has been instrumental in helping the Royal London Hospital clear the backlog of patients, and ensuring that at least 95% of MRI & CT patients have their scan within 6-weeks from referral (MRI was 44%, CT was 41%)
- Page 25
- After helping to clear the Royal London MRI & CT backlog, we have collaborated with Newham hospital to help them clear their MRI backlog, and will shortly be doing the same for Homerton University Hospital
- ❑ Thames Ward will be ready in late 2024. In the meantime, we will continue to undertake diagnostic activity at other Barts Health sites using CDC workforce and funding to ensure patients are seen in a timely & equitable manner

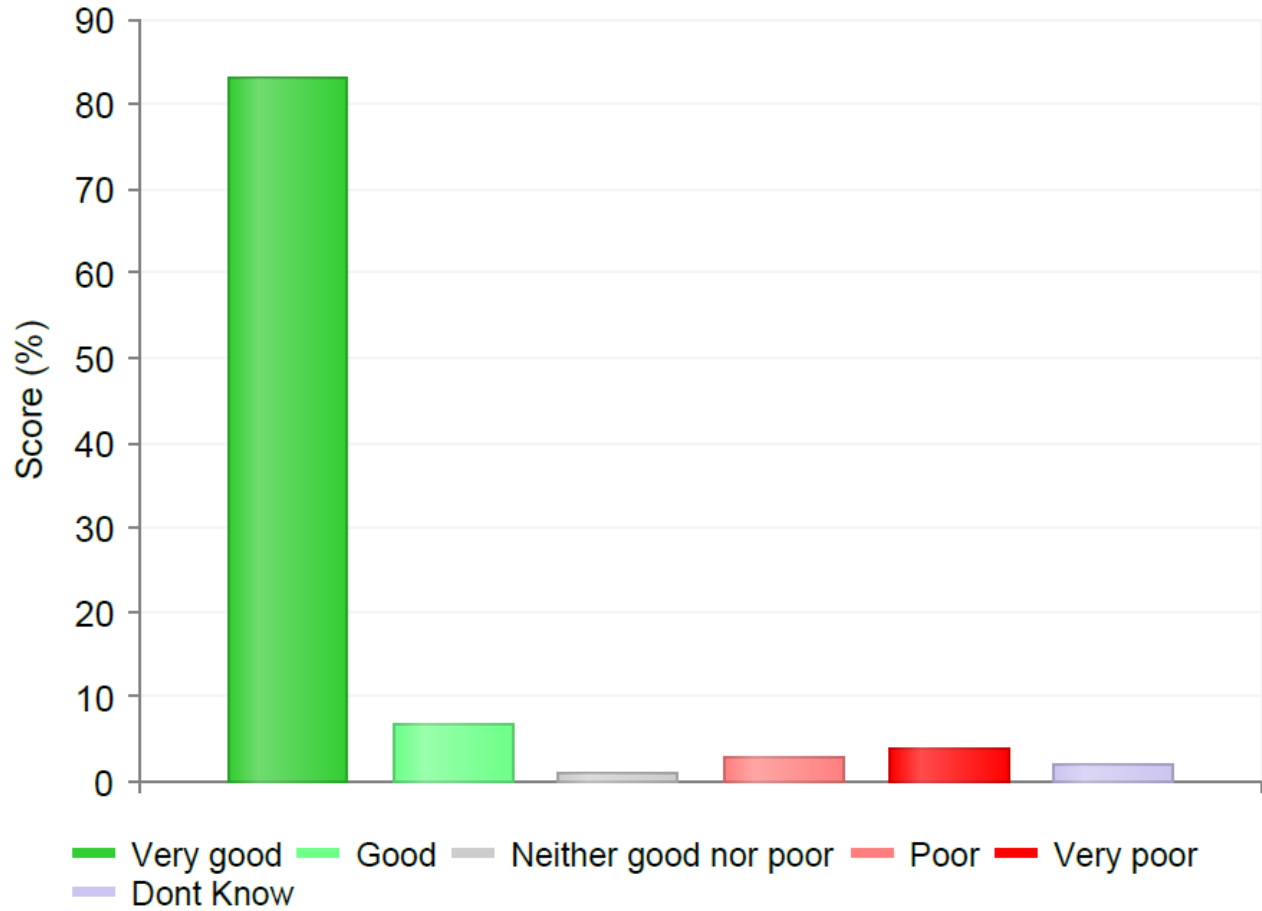
 - ❑ Extremely positive patient feedback – they like coming to a quieter and calmer environment for their scans as it is a more pleasant experience, as well as the increased flexibility offered for appointments (evening and weekend slots)

 - ❑ The 1-stop-shop model means access to multiple diagnostics on the same day, reducing repeat patient visits

 - ❑ By providing and advocating for greater access to diagnostic services, the MEH CDC is assisting in reducing inequalities, alongside addressing some of the wider determinants of health to create a more equitable diagnostic landscape

Patient FFT Responses


Mile End Hospital - 01/07/2023 to 30/09/2023
All Questions (FFT Survey ☐Adult - Standard)



Thank you
We welcome any
questions



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<p>Non-Executive Report of the:</p> <p>Health and Adult Scrutiny Sub-Committee</p> <p>12.12.2023</p>	 <p>TOWER HAMLETS</p>
<p>Report of: Primary Care Services and NHS BARTS Trust</p>	<p>Classification: Unrestricted</p>
<p>Spotlight: Improving health care service access for disabled residents</p>	

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

Summary

This cover report accompanies the presentation slide deck: Improving health care service access for disabled residents

The content of the slide deck include:

- Accessible health care – general practice
- Royal London and Mile End Hospital Access

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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North East London

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Accessible Health Care – General Practice

December 2023

Tower Hamlets

Care Quality Commission (CQC) – Requirements of General Practice

- R2.4 Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others?
- R1.4 How does the service identify and meet the information and communication needs of people with a disability or sensory loss?
- S1.9 Do the design, maintenance and use of facilities and premises keep people safe?
- S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved?
- S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act
- E1.2 What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions?
- R1.2 Where people's needs and choices are not being met, is this identified and used to inform how services are improved and developed?
- R1.3 Are the facilities and premises appropriate for the services that are delivered?
- C2.2 Do staff seek accessible ways to communicate with people when their protected equality or other characteristics make this necessary?

Physical Infrastructure of Primary Care Facilities & Assisted Technologies

- All GP Practices must be Disability Discrimination Act (DDA) compliant – this makes it mandatory for all service providers that are open to the public to take reasonable steps to provide access for disabled people
- There are new builds in Tower Hamlets, built since the DDA legislation (Wellington Way, Barkantine, Blithehale, Wood Wharf, Suttons Wharf), which are all DDA compliant and built from the Department of Health Building Notes, which take into account access issues
- Some of the older buildings predating the Disabilities Act face challenges. Older premises must make 'reasonable adjustments' to be DDA compliant but can't move the bricks and mortar of the building to widen corridors for example.
- Older premises are on a longer term plan for regeneration within the Borough
- S106 funding has been made available for DDA compliant newbuilds in TH and refurbishments for older buildings
- Assisted Technologies, such as hearing loops, are paid for and installed by practices
- A practice can apply for a London Improvement Grant (LIG) to improve premises that are not compliant, for example – to redesign a waiting area where fixed chairs are making access more difficult. Funding is limited and not guaranteed

Systems to identify and address unique needs of patients with cognitive or development disabilities

- All General Practice staff in North East London have access to a Portal that hosts 'Learning Disability pages', which provide many different examples of accessible information developed for people with learning disabilities pertaining to different health needs
- A 'Learning Disability Quality Checker' service has been set up to review access to health services for people with learning disabilities [NHS England » NHS Quality Checkers toolkits](#)
- The 'Reasonable Adjustment Flag' on Practice Medical Information Systems should be mandatory early 2024, which allows all healthcare staff to immediately see key information about the patients access needs. [Reasonable Adjustment Flag - NHS Digital](#)
- The Universal Care Plan (UCP) can be digitally accessed by many parts of the health care system, particularly urgent care services, to ensure that it reflects the needs of people with learning disabilities. This can be used as a way of communicating people's support needs and adjustments required when accessing health care services [About – Universal Care Plan \(onelondon.online\)](#)
- Tower Hamlets has a Learning Disabilities Clinical Lead for x1 session a week to support primary care

Resources to assist patients in navigating administrative process

Every Practice in Tower Hamlets has a Policy for Digitally Excluded Patients, with processes in place to manage appointments for patients who do not have digital access. These policies are updated annually and have been reviewed by the Digital Transformation Clinical Lead and LBTH Digital Exclusion Lead

Below are extracts taken from practice policies in TH:

- To register digitally excluded patients, the practices will complete these registrations with patients in paper form
- All contact numbers are input correctly on the patient's record. Admin and reception teams will regularly check this
- Digitally excluded patients are asked how they would like to be contacted. This will be done through 'make every contact count', letters, emails, Patient Participation Groups, and innovative/opportunistic ways of engaging with patients such as community events
- Those that walk in and book an appointment receive an appointment slip as they won't receive reminder texts
- Practice information can be accessed by coming to the practice and seeking information face to face. During this encounter, residents may also have access to printed material subject to the nature of their enquiry and the availability of material

Accessible Formats – working example in primary care

- From April 2023 Practices in TH are required to send young people a letter with leaflet when turning aged 14 years on how they can access primary care and other services

Page 36 Development of the leaflet included:

- **Factual** – based on NHS reputable sources
- **Co-produced** – involved patient voice
- **Culturally appropriate** – used toolkit from LBTH
- **Accessible** – easy read – visuals and text size/font, audio version via QR code – Speech Language Therapy (SLT) and others input
- **Digital version** – hosted by spotlight [Know Your Rights – Health Care | Spotlight \(wearespotlight.com\)](https://wearespotlight.com)

Tower Hamlets “YP health rights” leaflet



Are you under 18? - Know your Rights!

Did you know that the way you can get health care will start changing.

This includes how you can:

- Get appointments with a health professional.**
 Someone who is paid to look after your health - like a doctor, nurse or therapist.
- Get a repeat prescription.**
 A letter from the doctor saying you need more of the medicine you had before.
- See your medical records**
 What the health professional writes about you.
- Health care is private.**
 You decide:
 - If you want, your parent or carer can still come with you to appointments.
 - You can also talk to us without anyone else knowing.
 - It is important that adults in your life know that this is OK.

Contacting your GP

Check the letter from your GP to find:

- Phone Number
- Email
- Website

Contact them to find out more about making your own appointments.

Important

We need to check with you how you want to be contacted and will ask you at your next appointment.

We look forward to listening to you and supporting you.

**Hear this Leaflet out loud
And get links to support:**

www.wearespotlight.com/your-rights

SCAN ME

please get in touch with your GP if you need this leaflet in a bigger font.

Some other places you can contact for your health care in Tower Hamlets:

- Health Spot**
 A young people's GP Clinic in Spotlight. See a Doctor or specialist Nurse for free.
www.wearespotlight.com/health-spot
 Contact Treaser: treaser@wearespotlight.com
 Call: 07734 346 127
- Safe East Sexual Health and Substance Misuse support**
 Call: 020 3954 0091
 Email: compass.towerhamletsyphws@nhs.net
- Barnardo's Young People's Mental Health support / counselling**
 Call: 0203 988 4706
 Email: emotionalwb-lh@barnados.org.uk
- Kooth Online Counselling and Support**
www.kooth.com
- CAMHS (Children and Adolescent Mental Health Service)**
 Call: 0207 426 2375
- 24 hour Mental Health Crisis Line**
 Call: 0800 073 003
- The NHS App**
- From the age of 13 you can use the NHS APP to manage appointments and order repeat prescriptions.
<https://www.nhs.uk/nhs-app/>



More information

Here is a great website.
 It tells you more about your rights in healthcare and how to see a doctor:

<https://www.seeingthegp.co.uk/>



We are Spotlight

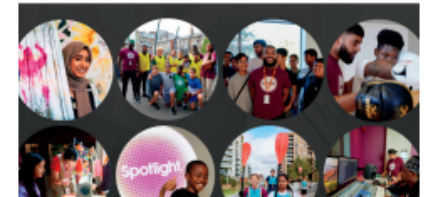
Health Spot is part of Spotlight - Tower Hamlet's number one youth destination.

Open to Inspire. Get involved in arts, music, sports, empowerment, work pathways and much more.

Also, it's all free!

www.wearespotlight.com

@weare_spotlight



Training for Healthcare staff

- The Tower Hamlets Training Hub are holding an awareness session for all practice staff on the Disabilities Competency Programme, with training delivery to commence in January 2024
- Public Health Embedding Disability Awareness Pilot (EDAP) training for practices – seeking expressions of interest
- Oliver McGowan Mandatory training is being rolled out across health services. [The Oliver McGowan Mandatory Training on Learning Disability and Autism | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/learning-disability-and-autism)

Embedding Disability Awareness Pilot (EDAP) – hosted by Tower hamlets Public Health

- Two TH practices have taken part in the EDAP so far, with others expressing interest

Practice participation includes:

- Training - upskill staff and build awareness for how they can make their services equal at the point of entry, and adjust their behaviours, actions and services to meet different people's access needs
- Enter and View – Assessing access from finding a GP to personalised care plans
- Making reasonable adjustments (furniture layout, desk height)

Feedback mechanism for patients to report any challenges they face in accessing health care services and how feedback is used to improve services

All complaints are processed through the ICB, unless made directly to the GP Practice. The ICB complaints team is currently reviewing the complaints process to ensure it is accessible itself to all patients and residents by addressing the following concerns:

- Can we send residents complaint leaflets to explain what we do and how patients can access us
- What do we have in place for patients with the following disabilities – hard of hearing, deaf, learning disabilities or visual impaired, blind – how do patients know how to access these additional services if they need support
- How do we request interpreter services if we need them or need leaflets or letters or consent translated
- Patient leaflet and consent forms to be in easy read format
- The ICB complaints team is available to meet with individual practices for support
- Practices routinely carry out patient surveys. Specific questions regarding accessibility could be considered

Healthwatch

Healthwatch has highlighted the following:

- Residents with disabilities told us that it is important to have GP services near home
- Disabled residents are less likely to think that they have good access to spaces for play and recreation compared to residents with no disabilities – creating health inequalities
- Autism has prevented some residents from accessing GP services

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The Royal London Hospital - Access



Mile End Hospital - Access



Access to the RLH and MEH for our communities with disabilities

We know we have more work to do at the RLH and MEH to ensure all our communities with disabilities are well served. We would welcome the opportunity to work with the Local Authority in understanding how we collaborate on these improvements to ensure Tower Hamlets becomes recognised as a disability friendly London Borough.

Access to the RLH and MEH for our communities with disabilities

We have been asked to answer the following questions for the committee. To provide details/ clarity on the scope of the disabled people's access to health care:

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What's the physical infrastructure of our health care facilities?

- All our newly refurbished areas and all new builds have to conform to Part M Building Regulations. Barts Health employs Clinical Planners who sign off all new areas in terms of accessibility.

Access to the RLH and MEH for our communities with disabilities

What are the communication channels catering for individuals with hearing and visual impairment, how is the information presented in alternative formats?

- We at the RLH have designed an email address for Deaf and Hard of Hearing Patients. We now need to ensure uptake is monitored. Our Outpatients Team have also devised a webchat function. All staff have access to BSL services. All departments have access to a hearing loop and it is linked to the Part M Building Regulation for reception desks to have them (therefore requiring all our reception staff to understand the use).

What is the level and quality of training received for healthcare staff in terms of engagement with the needs of various disabilities?

- All our staff are obliged to do Equality & Diversity Training as part of Statutory & Mandatory. Staff are also offered specific dementia and deafness training. We will review uptake.

Access to the RLH and MEH for our communities with disabilities

What's the availability and use of assisted technologies and how they are maintained to ensure patients with disabilities can access health care services?

- In respect of the built environment, all refurbishments and new builds have this to pass Building Regulations – Part M. However, we need to ensure our sites are compliant.

What's the waiting areas design i.e. seating, signage, and navigation aids?

- This comes under Part M building regulations. We also had until recently a specifically trained person in Vital Arts who led on interior design.

Are there systems in place to identify and address unique needs of patients with cognitive or development disabilities when interacting with healthcare services?

- As mentioned above we have systems in place with building regulations but we recognise we need to review what is in place, utilisation and to identify any gaps.

Access to the RLH and MEH for our communities with disabilities

What efforts are made to ensure medical information and instructions are in accessible formats, suitable for patients with different disabilities?

- Barts Health is working towards compliance with the Accessible Information Standards.

What's the use of designated staff or resources to assist patients with disabilities in navigating administrative process i.e. appointment scheduling and paperwork?

- Each of our hospital sites has an LD nurse. We will review our capacity to meet the needs of our community.


How are the healthcare services proactively promoting awareness about disability access and inclusivity amongst staff and wider community?

- Barts Health works with a trusted partner, AccessAble, to map every patient accessible area on all 5 hospital sites with the specific target group being people with disabilities /different abilities. These access maps are available as a direct link via both the Trust website and the intranet.

Access to the RLH and MEH for our communities with disabilities

What feedback mechanism is used for patients with disability to report any challenges they face in accessing in health care services and how is this feedback used to improve services?

- We primarily use the Friends and Family Test, however we recognise we need to do more and would welcome the opportunity to work collaboratively on how to capture feedback more meaningfully.

<p>Non-Executive Report of the:</p> <p>Health and Adult Scrutiny Sub-Committee</p> <p>12.12.2023</p>	 <p>TOWER HAMLETS</p>
<p>Report of: Ben Gladstone, Interim Deputy Director of Commissioning Age Well</p>	<p>Classification: Unrestricted</p>
<p>Spotlight: Housing with Care Strategy</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 include **Housing with Care Strategy (draft)**

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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Housing with Care Strategy

Health and Adults Scrutiny Sub Committee

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12 December 2023



Housing with Care

Context

- Tower Hamlets are in the process of transforming the delivery of Adult Social Care and have established a bold new vision and strategy – “Improving Care Together”.
- One of the primary aims of this strategy is to support people to be able to stay in their own homes as far as possible and to ensure there is a range of high-quality housing with care options for people who need them.
- Our “own home is best” position is supported by a wealth of evidence that the vast majority of people prefer to be in their own home wherever possible

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Challenges

- There are projected to be further significant population increases in Tower Hamlets over the next 10 years in the 18- 64 population (@15% by 2033) and more significantly in the 65+ population (@54% by 2033).
- This is likely to bring very significant increases in demand for Adult Social Care.
- The Council currently have limited in-Borough provision to meet existing demand with significant numbers of people currently being placed Out of Borough.



Housing with Care Strategy



Evidence

Modelling using both national and local data sources demonstrates the need for significant additional extra capacity over the coming years – in particular for Nursing care and Extra Care Housing. There are already some new Supported Living schemes in the pipeline for people with Learning Disabilities.

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Analysis suggests that there are significant benefits to be realised through the further development of housing with care:

- more choice and control for people receiving Care;
- increased independence; and
- better value for money.



Housing with Care Strategy



Main Findings and Recommendations

- An additional 240 Extra Care flats by 2033.
- An over reliance on residential care beds outside of the Borough (approx. half of the total)
- A reduction in the use of out of borough residential care should be managed with a corresponding incremental increase in Extra Care flats.
- Increase in Nursing care home beds
- Increase in Supported Living for those with LD and MH
- Growth in Shared Lives placements



Existing Housing with Care settings in Tower Hamlets



- **Homecare-** approx. 2,000 people supported at home , approx. £40 million pa.
- **Extra Care Housing-** 6 schemes in the borough, with total of 214 flats. Spend of approx. £3.5 million p.a.
- **Supported Living-** 67 people within 9 supported living settings providing care and support for those with LD, 233 people within 14 settings for MH Spend is approx. £9.8 million p.a.
- **Residential care homes-** 6 Older Adults homes in Borough, total 350 people supported (50% in Borough: 50% outside Borough), spend is £24.4 million p.a.
- **Nursing care homes-** 2 homes in Borough, total 162 people supported, spend is £4.6 million p.a. (excluding NHS contribution)
- **Shared Lives-** total 12 people supported, spend is £128k p.a.



Housing with Care Settings



Housing	Tenure	Type of Support
Own Home	Homeowner Rented	Assessed Homecare
Extra Care Housing	Rented Leasehold - Purchase	Care and support provided as part of tenure, 24 hours, 7 days Adults 18+ Self-contained flat - Live independently, own front door Shared facilities include laundry rooms, communal living areas, guest rooms and gardens Security and safety features e.g., CCTV Choice of Planned activities on a regular basis
Sheltered Housing	Rented Leasehold - Purchase	Warden/Scheme Manager Community Alarm/Assistive Technology Assessed Homecare Some shared facilities include laundry rooms, communal living areas, guest rooms and gardens



Housing with Care Settings



Housing	Tenure	Type of Support
Nursing Care Home	Occupancy Agreement	24 hours, 7 days, Personal care and emotional support Nursing healthcare (Registered Nurses) Catered Meals Leisure activities Laundry, cleaning
Residential Care Home	Occupancy Agreement	24 hours, 7 days, Personal care and emotional support Catered Meals Leisure activities Laundry, cleaning



Why Extra Care Housing and not residential care homes?



- Residents are tenants and have housing rights
- Enablement and independence is maintained- e.g., own kitchen, washing machine
- Residents can maintain connections living as part of the community
- Culturally specific provision e.g., Sonali Gardens
- Prevents spread of infections – much better outcomes during COVID
- Purpose built dementia friendly design
- Adult Social Care pays for the care and support but NOT the accommodation costs – significant savings for LBTH (ASC budget)



Benefits of Extra Care Housing for residents

- Increased sense of autonomy and security
- Fewer falls
- Reduced loneliness and depression
- Higher perceived mental health and quality of life
- Lower death rate in the period following moving in

Evidence base is from Housing LIN at www.housinglin.org.uk



Benefits of Extra Care Housing for residents

- Fewer GP visits
- Fewer community nurse appointments
- Fewer ambulance call-outs
- Fewer and shorter unplanned hospital admissions
- Delayed moves to a residential or nursing care setting (home for life)
- Lower overall health costs
- Less costly social care packages (especially for those with higher care needs)



Nursing care/ complex dementia care



- Strategy highlights the need for between 25-30 additional nursing care beds over 10-year period to 2033
- Development of a nursing home for those with complex dementias would allow for greater control of quality and price in the marketplace
- Other Local Authorities are now building care homes e.g., Cambridgeshire County Council, Central Bedfordshire, Southend City Council
- Local Authorities are also developing new ECH schemes e.g. Newham
- Care operations are usually the responsibility of Local Authority Trading Companies (LATCOs) e.g., Care is Central, Southend Care



Shared Lives (Adult Placement)

- Strategy highlights need for growth in carers and Shared Lives placements particularly for those with Mental Health conditions and Older Adults
- Business case needs refreshing (completed over two years ago)
- Targeted communications and development plan
- Based on experience from other Councils these services grow organically and at a slow pace
- Strategy points to the need for an additional 110 places over the next ten years
- Carers almost all female and high percentage from BAME population
- Great source of local, flexible employment and can tackle deprivation



Housing with Care Delivery Plan- what have we already delivered?



- Established monthly Housing with Care Strategy Delivery Group – membership from Housing Supply, ASC operations, Commissioning, Planning and Capital Programme and Asset Management
- Begun work on site searches and feasibility for new Extra Care Housing development in the Borough (Mayors Capital Project Priorities)
- Updated the Infrastructure Delivery Plan (IDP) to set out high level needs
- Met with Tower Hamlets Housing Forum to begin dialogue with Housing Providers re: private investment required for housing with care developments
- Fed into Local Plan Policy statements on specialised housing developments
- Established North East London (NEL) Commissioning network to share intelligence and plans for Housing with Care
- Retendered the Extra Care Housing care and support contract to strengthen the support for those with complex needs reducing the need for them to move on to care homes



Housing and Care Delivery Plan- what is still to be delivered?



- Develop a Market Position Statement (MPS)/ Investment Prospectus
- Input and influence Capital and Local Planning policies for Housing with Care
- Implement pre – planning application consultation process to influence future housing with care developments
- Further engagement with Housing providers to explore potential development opportunities
- Progress to development of a PID for new Housing with Care schemes
- Develop a Provider Quality & Performance Framework
- NEL Sub-regional Accommodation & Support Strategy
- Improvements to business intelligence to more accurately project future demand and track supply of housing with care
- Refresh business case for Shared Lives Service

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Housing with Care- next steps

- Formally adopt Strategy at Cabinet in 2024
- Further develop and approve the annual delivery (action) plan
- Finalise communications and engagement plan
- Progress with Mayors Capital project priorities (development of PID, options appraisal and feasibility studies)
- Develop partnerships with Housing providers to secure additional Housing with Care developments
- Consider this strategy as part of Mayoral Housing strategy and targets



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Briefing Note for:	Health and Adults Scrutiny Sub Committee
Subject:	Housing with Care Strategy
Author:	Hibo Mohamed, Senior Commissioning Manager-Housing with Care, Ageing Well-Integrated Commissioning
Date:	27 th November 2023

1. Purpose

To provide the Committee Members with an update on the proposed Housing with Care Strategy which sets out the range of high-quality housing with care options that the Council needs to deliver over the next ten years to meet the care and support needs of residents whilst continuing to promote their independence and wellbeing.

2. Decision Required

The Committee Members are asked to note the content of this briefing and provide feedback and comment on the plans.

3. Background

Housing with care is accommodation which has been adapted or built to facilitate the care and support needs that a resident may have or develop in the future, this includes Extra Care Housing, Nursing Homes, Shared Lives, Supported Living and Residential Care. Currently, Tower Hamlets has six extra care housing schemes, 2 care homes, 12 residents being supported in shared lives arrangements, 9 supported living settings and six older adult care homes in the borough.

There is currently limited in borough provision to meet existing demand with half of all placements being Out of Borough. Due to the projected population growth over the next years for those between the ages of 16-64 at 15%, as well as those over 65 at 54%, there is likely to be a significant increase in demand for Adult Social Care.

The Housing with Care Strategy reflects the significance of the interlink between housing and social care. The Strategy aims to ensure that all residents have a home that promotes their independence, aids their health and wellbeing and enhances their quality of life. Research and evidence have shown that Extra Care Housing settings provide greater choice, help to maintain relationships and community connections and improved health outcomes for residents. With Extra Care Housing provides residents with their own accommodation where they receive personalised care and support that meets their individual needs.

To meet future need, the Strategy identifies the need an additional 240 Extra Care units by 2033. This would likely equate to 2 to 4 additional schemes consisting of 60 to 120 units each. This increased provision of Extra Care Housing would extend the offer to a wider range of vulnerable adults including people with Learning Disabilities and Mental Health who at the moment are being placed in residential care placements. Also, through the development of purpose-built Extra Care Housing the London Borough of Tower Hamlets can make its residents a long term and sustainable offer of accommodation with the right care and support they need, preventing the situation where residents need to move more than once as their needs change and/or increase.

There are also considerable financial benefits from investing in development of additional Extra Care Housing provision as Adult Social Care is only responsible for paying for the care and support element but not the accommodation costs.

There is also a need for an additional 20-25 Nursing Home beds, 110 shared lives arrangements and 25 supported living units by 2023.

4. Next steps

A report on the Housing with Care Strategy will be taken to Cabinet with the aim of the Strategy being formally adopted. Following this there will be further development and approval of the annual delivery plan. This programme of work will be led by Integrated Commissioning but continue in close partnership working with the Housing, Capital Programme and Planning teams, as well as Housing providers to successfully secure Housing with Care developments.

Tower Hamlets Housing with Care Strategy 2023-2033



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1. The Purpose of this Strategy

What is Housing with Care

Housing with care is accommodation which has been adapted or built to facilitate the care and support needs that a resident may have or develop in the future.

Housing with Care includes:

- Extra Care Housing
- Nursing Homes
- Shared Lives
- Supported Living
- Residential Care

Shared Lives is when someone who needs social care gets support from an approved carer in their local community, in the carer's home.

The housing with care models above provide differing levels of care and support to residents.

Tower Hamlets are in the process of transforming the delivery of Adult Social Care with the aim of ensuring better outcomes for residents. To achieve this, they have established a bold new vision and strategy – "Improving Care Together".

This strategy is built in recognition of the importance of housing to social care. The primary aim of this strategy is to support people to remain within their own homes as far as possible and to ensure there is a range of high-quality housing with care options for people who need them.

A central objective is to depart from the current situation where too often residents are placed in a residential care setting, by

exploring the opportunities to substantially develop modern extra care housing units that offer greater choice whilst more effectively meeting the complex and evolving needs of a wider range of Tower Hamlet residents throughout their lifetime.

This Housing with Care strategy and annually reviewed delivery plan will serve as the foundation to support future procurement and the delivery of a range of housing with care options including Extra-Care Sheltered Housing, Supported Living and Shared Lives. Whilst this strategy forms the initial planning process for Housing with Care further detailed work on demand, co-production, care estate planning and procurement delivery is required.

Given the strategic nature of this work, a multi-stakeholder Steering Group was established to oversee the work. (The membership of this Group is included at Appendix 1.) This was to ensure broad "buy-in" to the strategy and give relevant stakeholders a clear voice. A Strategy development group has now been established that will now oversee the delivery of plan.

The approach to developing this strategy and roadmap involved work to:

- **Baseline provision and future demand**
- needs analysis to gain a clear view of the baseline position and the future demand for Housing and Care;
- **Conduct a strategic analysis** - a strategic analysis of current housing and care provision by conducting a

political, economic, social, technical and environmental (PESTE) strategic analysis of current and possible future provision arrangements;

- **Set out aims, principles & future citizen journeys** - developing a range of principles that support the development of a Housing with Care strategy and plan;
- **A high-level Care Setting Strategy** – identifying the key actions, activities and developments required to deliver the right Housing with Care options to meet future demands in Tower Hamlets.



2. Background

National Context

The Social Care Reform White Paper recognises that people's homes are crucial to their well-being. There is a greater emphasis on co-ordinated planning, with the ultimate intention to make 'every decision about care also a decision about housing'.

It is recognised that residents and their families/carers often face multiple challenges at the same time, by taking a holistic approach it is possible to address both their housing needs and their care and support needs.

The report of the **Commission on the Role of Housing in the Future of Care and Support** A place we can call home: A vision and a roadmap for providing more options for housing with care and support for older people calls on local authorities to build partnerships and plans to embed housing as part of the local health and care system, to extend choice, and to make it easier for everyone to adapt their home to enable them to live independently and safely.

They set out recommendations to...

- do as much as is feasible enable people to live in their own homes if they choose to;
- develop a diverse range of different housing with care and support options for older people, broadening choice at all levels of affordability;
- create local partnerships to produce a single co-produced plan for improving housing for older (and Disabled) people within a local place;

- ensure plans include a long-term strategy for shifting investment into innovative, preventative models of housing with care and support;
- include the Housing our Ageing Population Panel (HAPPI) design principles along with building accessibility regulations in design;
- establish and resource local co-production forums to influence planning, commissioning and design of housing;

Individual Service Funds (ISFs) allow for a care and support provider or organisation to manage an individual's personal budget on their behalf. Expanding the use of ISFs would help many more people to access innovative forms of supported living;

develop local information, advice and advocacy hubs that have skills in housing;

address the challenges in adopting the use of new technologies.

These recommendations should help to address the specific needs of diverse communities who often find it more difficult than others to access high-quality housing that facilitates their care and support.

Tower Hamlets: Current Position

Current Use of Beds

As seen in the tables below there is a heavy reliance on Residential Care especially for the 65+ population.

Residents 18-64	Nursing	Residential	Extra Care	Supported Living	Shared Lives
Learning Disability	0%	43%	13%	42%	2%
Mental Health	2%	22%	5%	71%	0%

Residents 65+	Nursing	Residential	Extra Care	Supported Living	Shared Lives
Learning Disability	4%	64%	18%	14%	2%
Mental Health	13%	46%	29%	12%	0%
Elderly	28%	44%	27%	1%	0%

In addition, there is also a high reliance on out of Borough placements to support Residential and Nursing Care and Supported Living arrangements whereas in Borough capacity is better matched for other care settings.

This is directly in contradiction to the vision and other objectives set out in the in the Adult Social Care Vision and Strategy, 2021 "Improving Care Together" which commits to outcome-based support for people to live well at home and to increase the choice and quality of housing and care for people who need it.

Strengths

We conducted meetings and interviews with over 30 key stakeholders and residents. This showed that Tower Hamlets has some positive work underway and there are some

strong foundations on which to build. These include:

- Many care and housing arrangements are working well – there is a lot to be proud about!
- There is enthusiasm amongst many Council Officers and across the system for change and improvement;
- There were a number of examples where Officers demonstrated great local and understanding of the forward agenda;
- A number of stakeholders recognised the need for the development of a clearer strategy for Housing with Care and a more developed forward plan;

- Many stakeholders interviewed during the review welcomed this work and felt it would be valuable to help frame further thinking about the Housing with Care Estate;
- There is a Shared Lives scheme in place, that whilst small in scale, is delivering great outcomes. A Shared Lives business case & and growth modelling for adults with learning disabilities has been completed;
- During the review we noted a number of examples of good practice...
 - Mental Health service enabling people to move back to Tower Hamlets from out of borough;
 - Co-ordinated support and interventions for people with Mental Health support needs to sustain tenancies, avoid crisis and achieve positive outcomes;
 - Learning Disability needs analysis and some recent capital developments. There are also plans to introduce individual service funds (ISFs) to increase individual choice and control in supported living arrangements.
- more significantly in the 65+ population by 54% by 2033;
- A rise in demand will mean a significant increase in demand for Adult Social Care over the coming years.
- Services must be able to appropriately meet the needs of a culturally diverse community. There are changing expectations and practice within some communities. For instance, more women being the main wage earners and sustaining careers, so not able to sustain full-time caring of relatives, plus more acceptance of services were noted as factors resulting in greater demand for housing with care services;
- There is a lack of evidence of individual outcomes and impact of support;
- There are funding challenges related to cost pressures in services and these will be further exacerbated by the Fair Cost of Care developments to introduce a more sustainable market rates for services;
- There are limited cross-service relationships (for example with Housing; Planning; Capital developments);

Challenges

There are some significant challenges that this strategy and future plans will need to address. These include:

- Significant population growth and ageing is projected in the next 10 years and beyond. The population in Tower Hamlets is forecasted to grow significantly over the next 10 years, with an increase in the 18- 64 population by 15% and even
- There are significant number of "Out of Borough" placements and conversely there are people from other boroughs using care settings in Tower Hamlets which places pressure on local health services and Safeguarding teams ;
- There is limited focus on future market planning;

3. Vision

This Housing with Care Strategy intends to ensure that residents have a home that promotes their independence, aids their health and wellbeing and enhances their quality of life.

Currently, it is too often the case that residents are placed into residential care due a lack of alternative options available. As a result, more than half of all residential placements are outside of the borough. This is not unique to the London Borough of Tower Hamlets with local authorities across London experiencing the same residential bed shortages. However, what this does mean for residents is being away from their homes, their family and friends and wider community.

Research and evidence have shown that Extra Care Housing positively impact the lives of residents by increasing their autonomy, reducing loneliness and depression. The result of this being higher perceived levels of mental health and quality of life. Overall, Extra Care Housing provides better outcomes for residents through promoting and maintaining their independence within a supportive environment whilst receiving care and support tailored to them.

This strategy seeks to depart from the current situation where a high number of residents with care and support needs are placed in a residential care setting due to a lack of supply of other housing with care options, by exploring the opportunities to substantially develop modern Extra Care Housing and Supported Living that offers real choice by effectively meeting the evolving and increasingly complex needs of residents throughout their lifetime.

Through the development of purpose-built Extra Care Housing the London Borough of Tower Hamlets can make its residents a long term and sustainable offer of accommodation with the right care and support they need, preventing the situation where residents need to move more than once as their needs change and/or increase. This is in line with the Council's community-based approach whereby support and services are delivered within the resident's home as far as possible.

The aim of the Strategy is to increase the amount of Extra Care Housing and Supported Living available and in turn significantly reduce the need for residential care and consequently improve outcomes for residents. By doing this, the offer can be extended to a wider range of vulnerable adults including people with Learning Disabilities and Mental Health.

To achieve this there is an opportunity to "change the shape" of future demand and move to a more sustainable position.

Delivering the required changes will need a cross-service transformation effort within and beyond Adult Social Care. This will involve closer working with the Housing, Planning and Capital Development services in Tower Hamlets and with Providers and other Partners. It will also require effective joint working with other neighbouring local authorities to manage and mitigate the risks in the development of different Council owned Housing with Care settings.

The Council is committed to co-production so that services are designed and improved with residents, making sure services are valued by and relevant to local people.

The Strategy is set in the context of the Council's core commitment to valuing diversity and promoting equality, therefore recognising the Borough's diversity as one of its greatest strengths and assets.



4. Where are we now?

Extra Care Housing

There are currently 6 extra care schemes providing affordable accommodation in the borough which offer 214 beds, with 4 of these being step down units primarily for those discharged from hospital settings.

Residents have self-contained flats and hold an assured tenancy – it's their home. They have shared facilities including laundry rooms, communal living areas, guest rooms and gardens. There is a choice of planned activities on a regular basis.

There is currently one provider that is responsible for all 6 schemes, care and support is provided as part of the tenure, 24 hours, 7 days a week with a minimum of 3 hours of care per week.

Nursing care homes

There are 75 nursing beds in Tower Hamlets at the moment. There are two nursing care homes where residents receive nursing healthcare, as well as personal and emotional support over 24 hours, 7 days a week. Residents also receive catered meals, laundry and cleaning services and are able to take part in leisure activities.

The NHS contributes the Free Nursing Care Contribution (FNC) element to Nursing Care placements. Despite this, there should still be options for people with Nursing needs to live in other settings or in their own homes.

Shared Lives

In a shared lives arrangement, a person

with care and support needs is matched to live with a vetted shared lives carer as part of the Carer's household. The scheme is currently small scale, focusing on people with Learning Disabilities and has just four live in arrangements.

Supported Living

We currently have 7 commissioned supported accommodation services, 1 residential respite service and 9 non-commissioned supported accommodation services in Tower Hamlets. There are pipeline schemes for several new units/beds for people with a Learning Disabilities, but expansion of capacity is needed to extend choice, divert people from residential care and address options for people currently Out of Borough.

Residential care homes

This is a 24 hours, 7 days a week placement where residents receive personal and emotional support. Residents also receive catered meals, laundry and cleaning services and can take part in leisure activities.

COVID highlighted the limitations of residential homes nationally to uphold resident freedoms, family relationships, quality of life whilst prioritising infection control.

There are currently nearly 45% of adults with Learning Disabilities and over 20% of adults with Mental Health support needs aged between 18 to 64 in Housing with Care settings in residential care.

5. Where do we want to be?

There will continue to be increased demand and complexity of needs over the coming decade, this will result in an unsustainable position and runs contrary to the Adult Social Care Strategy going forward if nothing is done.

Instead, this Strategy sets out an alternative path which offers a viable model of Housing with Care, that empowers residents to remain as independent as possible by keeping their own front door and arranging the care and support they require to do so around them.

The Strategy puts forward a local plan that will see Tower Hamlets leading the way with substantial development of specialist housing through partnership working with local developers and investors in designing and developing transformative accommodation for residents with care and support needs. These plans will involve the continued use of assisted technology to create safer environments, assist independence, offer more choice and support the maintenance of social connections for residents.

Why Extra Care Housing

Extra Care offers residents greater choice of support and the ability to maintain connections as part of their community whilst having rights of tenure.

It provides a better outcome focused approach which includes support and approaches to:

- Enabling people to gain and maintain skills including maintaining their tenancy;

- Enabling people to move on to more independent arrangements where appropriate and providing holistic support to ensure the success of this (building on existing models in Tower Hamlets Mental Health service);
- Support to build and maintain relationships and community connections, share support;
- Support for people with substance misuse needs;
- Provide appropriate support around anxiety and hoarding;
- Improve the voice of residents via co-production, tenant forums and peer support.

Research for the Extra Care Charitable Trust and for Southampton City Council identified the positive impact particularly for healthcare partners, with an estimated financial benefit of approximately £2,000 per person per annum for each person living in a housing with care setting resulting from:

- Reductions in the number of GP visits;
- Reductions in the number of community health nurse visits;
- Reductions in the number of non-elective admissions to hospital;
- Reductions in the length of stay and delayed discharges from hospital;
- Reductions in ambulance call outs, typically linked to reduced incidence of falls

The Housing with Care strategy identifies a need for an additional **240 Extra Care units** by 2033. The borough has an overprovision of residential care beds, this coupled with the changing demography and level of care and support needs of Tower Hamlets residents a reduction in residential care should be managed with a corresponding incremental increase in Extra Care Housing units.

This would likely equate to 2 to 4 additional schemes consisting of 60 to 120 units each.

Currently, significant numbers of people with Learning Disabilities and Mental Health tend to have considerable additional packages of one-to-one support compared to the core Extra-Care offer. This could be more efficiently arranged and managed within Extra Care Housing schemes utilising more opportunities for shared support around shared interests.

Enhancing skills and training in supporting people with Dementia, Learning Disabilities or Mental Health needs, along with health services could have a substantial impact on resident experiences. It would also reduce the scale of additional individual support that is purchased in addition to the core Extra Care support.

Increasing the provision of Extra Care Housing would also provide an opportunity to reduce the proportion of 18-64 year olds being placed in residential care to 10% over 10 years.

To be able to reverse the historical over reliance on Residential Care within the Borough it is critical to get the Extra Care

model right to achieve this. Achieving the development of new Extra Care Housing facilities and delivering them within the context of a new, better and more flexible Extra Care Housing model is the key solution to deliver on the new ASC strategy – Improving Care Together.

Shared Lives

The Tower Hamlets Adult Social Care Strategy cites the ambition to grow the existing Shared Lives scheme. Shared Lives arrangements are the highest rated form of care by CQC and can deliver great outcomes for individuals as well as their host Carers.

Given this, the aim would be to have 10% of residents aged 18-64 and 5% of residents over 65 who need housing with care making use of Shared Lives. This aim is ambitious and for this to be possible modelling has indicated that an additional 110 Shared Lives arrangements are need by 2033.

Nursing Homes

Population increases and the complexity of people's needs, and healthcare requirements means that more nursing beds are required.

Modelling suggests that by 2033 there will need to be an additional 20 to 25 new nursing beds.

New Nursing Homes tend to be very high specification and usually charge a significant premium. Therefore, use of any new capacity needs to be closely planned with providers and neighbouring Boroughs

to avoid an imbalance of 'importing' people from other placing authorities.

Shared Lives

The Tower Hamlets Adult Social Care Strategy cites the ambition to grow the existing Shared Lives scheme. Shared Lives arrangements are the highest rated form of care by CQC and can deliver great outcomes for individuals as well as their host Carers.

Given this, the aim would be to have 10% of residents aged 18-64 and 5% of residents over 65 who need housing with care making use of Shared Lives. This aim is ambitious and for this to be possible modelling has indicated that an additional 110 Shared Lives arrangements are need by 2033.

Supported Living

There needs to be a marginal increase of 25 supported living units to meet demand over the next 10 years.

Although there are several new schemes for people with Learning Disabilities underway, there does need to be an expansion of the capacity to extend choice away from residential care and address options for people currently "Out of Borough".

Mental Health services have invested in Supported Living capacity, and this has helped the return of people from "Out of Borough".



6. Financial Considerations and opportunities

It is important that the Council now adopts a strategic and structured approach to addressing the increase in population and complexity of needs of Tower Hamlets residents.

It is imperative that going forward the strategy is driven by tackling the current pattern of Care arrangements to effectively meet future demand.

Analysis suggests that there are significant cost saving opportunities available through further development of the different Council owned Housing with Care settings. There are likely to be significant benefits arising from this development, including:

- more choice and control for individuals receiving Care;
- increased independence; and
- better value for money.

It is important to note that Adult Social Care pays for the care and support but NOT the accommodation costs resulting in significant savings for Tower Hamlets.



7. Recommendations

The growth statistics suggest there is a "window of opportunity" over the next 3 years to make these investment choices before the demand increases forecasted start to have a significant impact.

There are a number of recommendations proposed by this Strategy, comprising of the following:

- Develop and "Super-Charge" the Support at Home offer by better streamlining preventative and early intervention support to have a more clearly defined, designed and promoted Support at Home offer. This Support at Home Offer would enable people to live independently and/or with low levels of support at home for as long as possible therefore preventing, reducing and/or delaying Care needs and "dampening" the future demand arising from projected population increases.
- Develop approaches in ASC to ensure that housing considerations are fully integrated with care and support functions and so are properly addressed through assessments, support plans and reviews;
- Develop a clear plan for how to embed reablement and enablement approaches across all the services – so that gaining or maintaining skills and function is integral to the support in all care settings;
- Agree the supporting Governance arrangements that will lead, support and oversee the delivery of the Housing with Care strategy;
- Continue to enhance and develop a complete and consistent data set for bed-based care to enable performance tracking and to aid decision making; needs and "dampening" the future demand arising from projected population increases;
- Complete additional modelling and analysis to demonstrate qualitative and quantitative benefits that will be available as new developments are delivered;
- Further develop strategic plans for each different population cohort – to enable better Care Setting planning for the future (building on the good work already completed for Learning Disabilities and Mental Health populations);
- Develop the Adult Social Care Operating Model to ensure the potential for greater integration between ASC Care decisions and the Commissioning forward strategy;
- Develop closer working relationships with Housing and Planning Services both operationally and strategically to inform the Local Plan and Capital Programme;

8. Delivery Plan

To be able to implement the Housing with Care Strategy and successfully “change the shape” of future demand and move to a more sustainable position, the following key areas of work have been identified:

1. Market Position Statement (MPS) for Housing with Care

- Reviewing the status of any current individual MPS
- Establishing a task and finish group to develop MPS client groups
- Updating/validating Public Health data

2. Market Investment Plan

- Inputting into and influencing the housing market and Local Planning stimulating private investment for new with Care developments including Extra Care Housing, Nursing Care Home and Supported Living
- Engaging with Registered Social Landlords (RSLs) to explore potential development opportunities Establishing a task and finish group to develop the Market Investment Plan

3. Provider Quality & Performance

- A quality assurance framework
- Contract monitoring Key Performance Indicators (KPI)s for commissioned services
- Outcomes Monitoring Framework

- Share good practice, training and staff development opportunities

4. Capital Programme Development

- Developing high level briefs for required schemes
- Identifying potential sites
- Developing PID inc. Financial costings & contingency
- Engaging with a consultant to conduct Feasibility studies
- Tender Build contract
- Commence Build
- Develop service model
- Commission support services

5. Sub-regional Accommodation & Support Strategy

- Map current sector meetings
- Explore opportunities e.g. Extra Care, Residential Care at Sub-regional North East London (NEL) joint work

6. Business Intelligence

- Census interactive maps
- Power BI function to update demographic changes, enable forecast
- demand and needs by cohort

7. 'Shared Lives'

- Developing Business Case for investment into current 'shared Lives' offer
- Financial analysis
- Developing carers networks, recruitment and support

A detailed delivery plan for this strategy will be completed and agreed by all stakeholders.

This plan will then be reviewed annually.



Appendices

Appendix 1. Membership of the Housing and Care Steering Group

The project has reported to the Adult Social Care Transformation Board submitting monthly highlight reports and presenting updates at the Board meetings. The Steering Group included representatives from the following teams...

- Commissioning;
- Adult Social Care;
- Brokerage;
- Finance; Performance/Business Intelligence;
- Strategy, Transformation; Housing; Health
 - East London Foundation Trust

Appendix 2. Who we saw

Co-production / Engagement with Services

- Beaumont Court Care Home Residents
- Tower Hamlets Carers Forum
- Adam Butler – Older People's Reference Group
- Mike Smith – REAL (Disabled People's Organisation)
- Extra Care Schemes & Silk Court residents
- Mahip Singh, Service Director, Extra Care Services

Operations

- Christine Oates – Adult Social Care
- Mary Marcus – Adult Social Care
- Brendan Dove – Adult Social Care
- Busayo Olokode – Adult Social Care
- Helen Sims – Adult Social Care
- Maryam Rouf – ASC, Shared Lives
- Rachel Irvine - Safeguarding
- James Wakefield – Safeguarding
- Natasha Hack – Reablement - Independent Living Hub
- Anastasia Boulis – Reablement
- Georgina Birch – ELFT
- Shaun Last – Mental Health
- Emma Robinson – Community Health Teams – scheduled
- Mental Health Neighbourhood teams – scheduled

Commissioning / Brokerage

- Carrie Kilpatrick - Commissioning
- Ben Gladstone - Commissioning
- Eleea Islam – Learning Disabilities
- Dawn Clarke – Mental Health
- Sophia-Maria Andreas – Mental health
- Nasim Ahmed – Brokerage

Strategic Commissioning (including front door, carers and equipment) & Telecare

- Akbal Ahmed – Strategic Commissioning
- Jamie Bird – Strategic Commissioning –
- Shohidul Islam – Strategic Commissioning
- Parvez Hussein – Telecare manager

Housing

- John Harkin – Housing Options
- Rafiqul Hoque – Housing
- Riad Akbar - Housing

Strategic Housing, Capital and Planning

- Jane Abraham – Capital Delivery
- Rupert Brandon – Housing & Regeneration
- Jennifer Peters - Planning and Building Control

Appendix 3. References and documents reviewed

Tower Hamlets Strategies

- Improving care together - Our vision and strategy for adult social care in Tower Hamlets, 2021
- LIVING WELL IN TOWER HAMLETS – The Adult Learning Disability Strategy 2017-2020
- Adult Mental Health Strategy 2019 – 2024 - Working together to improve the mental health and wellbeing of Tower Hamlets residents
- Tower Hamlets Partnership Substance Misuse Strategy 2020-2025
- Tower Hamlets Together Outcomes Framework – Outcomes Statements, 2018
- Health and Wellbeing Strategy 2021-25
- Tower Hamlets 2016 – 2021 Housing Strategy
- Tower Hamlets Council Strategic Plan 2022 –2026

National reports / policy documents

- A place we can call home: A vision and a roadmap for providing more options for housing with care and support for older people. Report of The Commission on the Role of Housing in the Future of Care and Support (2021).
- <https://www.scie.org.uk/housing/role-of-housing/place-we-can-call-home>
- Design Principles for Extra Care Housing (3rd edition), Housing LIN, 2020
- https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Factsheets/Design-Principles-For-Extra-CareHousing-3rdEdition.pdf
- HAPPI - Housing Our Ageing Population Panel for Innovation, Housing LIN
- <https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/>
- TAPPI- Technology for our Ageing Population: Panel for Innovation, Housing LIN
- <https://www.housinglin.org.uk/Topics/browse/Design-building/tappi/>

Potential Savings/or Cost Avoided over 10 years.

			Nursing	Residential	Extra-Care	Supported Living	Shared lives	Total
LD	18-64	2033 (Do Nothing)	£-	£8,934,120	£ 918,528	£4,855,760	£138,736	£14,847,144
		2033	£-	£2,029,108	£2,164,381	£5,720,956	£653,824	£10,568,269
	"Saving"			£6,905,012	-£1,245,853	-£865,196	-£515,088	£4,278,875
	65+	2033 (Do Nothing)	£46,280	£2,591,222	£255,923	£324,703	£-	£3,218,128
		2033	£96,164	£972,448	£553,215	£438,682	£125,338	£2,185,847
	"Saving"		-£49,884	£1,618,774	-£297,292	-£113,979	-£125,338	£1,032,281
MH	18-64	2033 (Do Nothing)	£221,260	£4,401,998	£602,784	£10,885,992	£-	£16,112,034
		2033		£3,904,480	£2,287,143	£7,555,740	£1,184,413	£14,931,777
	"Saving"		£221,260	£497,518	-£1,684,359	£3,330,252	-£1,184,413	£1,180,257
	65+	2033 (Do Nothing)	£1,183,645	£5,275,537	£1,925,822	£1,065,280	£-	£9,450,284
		2033		£2,766,846	£2,917,344	£1,713,360	£671,452	£8,069,002
	"Saving"		£1,183,645	£2,508,691	-£991,522	-£648,080	-£671,452	£1,381,282
Older People	65+	2033 (Do Nothing)	£6,070,178	£8,053,583	£2,599,220	£179,946	£193,050	£17,095,978
		2033	£6,188,936	£2,672,495	£4,219,729	£703,288	£543,876	£14,328,324
	"Saving"		-£118,758	£5,381,088	-£1,620,509	-£523,342	-£350,826	£2,767,654
Total "Saving"			£1,236,263	£16,911,083	-£5,839,535	£1,179,654	-£2,847,117	£10,640,349

The table above shows the savings or avoided costs (at today's prices) in 2033 compared with a do-nothing scenario over the same period.

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