

Health & Adults Scrutiny Sub-Committee

Agenda

Thursday, 18 April 2024 6.30 p.m.
Committee Room - Tower Hamlets Town Hall,
160 Whitechapel Road, London E1 1BJ

Members:

Chair: Councillor Ahmodur Khan

Vice Chair: Councillor Bodrul Choudhury

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: Councillor Maisha Begum, Councillor Faroque Ahmed, Councillor Rebaka
Sultana, Councillor Harun Miah, Councillor Abdul Malik and Councillor Bellal Uddin

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

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020 7364 4854

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

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



Public Information

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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

Thursday, 18 April 2024

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

Further Advice contact: Linda Walker, Interim Director of Legal and Monitoring Officer,
Tel: 0207 364 4348

2. MINUTES OF THE PREVIOUS MEETING(S) (PAGES 9 - 16)

To confirm as a correct record the minutes of the meeting of the Health Scrutiny Panel held on 20 February 2024.

3. ACTION LOG

4. REPORTS FOR CONSIDERATION

4.1 Action Plan Response Update on Workforce Shortages Across the Health and Care sector (Pages 23 - 34)

4.2 Maternity Services in Tower Hamlets (Pages 35 - 36)

TO FOLLOW



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

Next Meeting of the Health & Adults Scrutiny Sub-Committee

Tuesday, 4 June 2024 at 6.30 p.m. to be held in Committee Room - 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.

responsibility without adequate clinical handovers and expect mothers to wait for day staff assistance.

Karen Wint, Chief Executive of Sister Circle, presented an overview of the charity that supports women with challenging experiences and complex issues and advocates for more investment in women's services. Many of the women have experienced gender violence and are more likely to experience poor health care.

Ms Wint informed the sub-committee that around 10 years ago, the borough assisted in funding the 'Maternity Mates' programme, to support women who experienced similar issues. Local women residents are recruited and trained by the program to support pregnant women, referred by BARTS Health, ensuring they receive adequate care and support. Although this has improved health care in many cases, poor care concerns are still being addressed.

BARTS were highly commended for the ongoing learning and education programs for health professionals and welcome this in practice on the wards. Although some women receive positive care, the service requires improvement, as all women should experience the same quality service. Members were also informed of a UK midwife shortage which exacerbates the issue.

Irantzu Perez Arribas, Head of Programmes at Sister Circle then presented an overview of issues faced by 13 women who gave lived experiences of maternity services. The main concerns were around resources, culture and care. They also recommended improvements, which included having one midwife, better clinical handovers, and a holistic approach to pregnant patients, to significantly improve the experience.

Other recommendations included, reducing request to induce labour rather than allowing a natural birth, more effective post-natal care, to reduce the need for urgent care, breast feeding support, more kindness and empathy given to mothers by staff, and a reduced use of technical terminology which can be frightening or confusing, particularly for women who do not speak English as a first language or have disabilities such as hearing impairments. Although BARTS is increasing the language support, pregnant women should be informed that this is available.

Further to questions from the sub-committee, Momina Begum, Farhana Anjuman, Karen Wint and Irantzu Perez Arribas;

- **Observed** that services should not be affected despite any staff shortages and regardless of the shift pattern and time of birth, a level of compassion towards mothers should be shown.
- **Noted** that a lack of funding and professionalism has caused disproportionate maternity provision. More recruitment and training for midwives and nursing staff is needed to understand the anxiety women who give birth can experience.

- **Encouraged** mothers to express any concerns they have at the earliest opportunity.
- **Observed** that maternity services are not culturally sensitive or responsive to BAME mothers, particularly with those who do not speak English as a first language. A culture change to treat women of all races and religions is also required to improve services. Cultural awareness training should be undertaken on an annual basis for health professionals.
- **Explained** that continuity of care is crucial to improve services, to ensure that pregnant women's complex needs are met.
- **Clarified** that the feedback on women with disabilities received from Sister Circle relates primarily to women with hearing impairments and has received mixed responses.

Further to questions from the sub-committee, Lisa Dinh, External Relations Manager, BARTS Health NHS Trust;

- **Confirmed** that colleagues from BARTS Health NHS Trust will be attending the sub-committee on 18 April 2024 to discuss clinical concerns raised at the meeting. A written brief will also be submitted highlighting specific measures to address service delivery and patient concerns.

RESOLVED that;

1. A written brief highlighting specific measures to address service delivery and patient concerns be brought back to the sub-committee at the next meeting scheduled for 18 April 2024.
2. The presentation be noted.

3.2 GP - Out of Hours Service

Update on Primary Care

Dr Roberto Tamsanguan, Tower Hamlets Primary Care & Clinical Lead, and Jo-Ann Sheldon, Head of Primary Care, Tower Hamlets, returned to the sub-committee presented an update on improving access to Primary Care. Dr Khyati Bakhai, GP and Tower Hamlets Primary Care Development Lead, also discussed the current initiatives implemented within the service.

Dr Tamsanguan reminded sub-committee members of the current challenges within the service which include a rapid population growth, high patient turnover, a workforce shortage, long hospital waiting lists, telephony queues and face to face services affected since the pandemic. Performance feedback from the GP Appointments Data Dashboard (GPAD) on booked

appointments from January to November 2023 was provided for both in borough and North East London statistics. This included a breakdown on the mode of contact to services from home visits, telephone or video consultations and face to face visits, which showed a significant increase in numbers.

Sub-committee members were also given an overview of various delivery plans to improve access, such as encouraging patients to use the NHS app to view test results and their position on the waiting list, increasing patient self-referrals to bypass GP's and promoting the 'Pharmacy First' initiative, which enables community pharmacists to supply prescriptions and antibiotics to patients for common conditions.

Other plans include a move to modern telephony with call-back services, more staff training, less time liaising with hospitals to improve primary and secondary care links and improved support for GP practices through a National General Practice Improvement Programme. Increasing the Additional Roles Reimbursement Scheme (ARRS) in the service, with physician associates providing additional assistance for patients.

Dr Khyati Bakhai, then updated members on the 'Improvement Week' which took place last October on patient survey feedback, to better understand residents' experiences. Interviews were conducted with 151 patients that week, across one of the five practices within the N6 borough. Staff interaction was reported by patients as the best part of the practice, Along with using e-consult to obtain appointments, the locality of the practice and familiarity with the clinicians. In contrast, lengthy waiting times for telephone bookings, difficulties with online access to appointments and admin staff appearing overwhelmed were considered the most difficult.

The general consensus seemed to be that making appointments and e-consult were both the most positive and the most unpleasant. Further work is required to reduce telephone waiting times, as data received showed the longest times marked at over 30 minutes, with many patients hanging up before they got through to reception staff. Although satisfaction figures received were generally satisfactory, more support in listening to patients' concerns, a holistic approach to patient needs and more flexibility is required to improve the service for the community. Further efforts to improve patient concerns are ongoing.

Further to questions from the sub-committee, Dr Tamsanguan, Dr Khyati Bakhai and Jo-Ann Sheldon;

- **Explained** that further awareness is necessary to alter the perceptions of physician associates, as they can ease the pressure and shortage of GP's within the service.
- **Clarified** that the N6 is one of the largest networks in the borough supporting around 70,000 residents. Adequate levels of service are being provided with appointments, despite the overcrowded population.

- **Confirmed** that there are plans to open more practices. A building program for practices in the borough will be submitted to the sub-committee for review.
- **Explained** that the patient survey emphasised the importance of a holistic approach to patient modes of contact to improve resident's experience. An overview on the number of surveys conducted in borough practices will be brought to the sub-committee
- **Confirmed** that patient feedback revealed that good access to the services is paramount. Priority will always be given to vulnerable patients who require home visits.
- **Acknowledged** that resource and workforce constraints mean that a face to face only approach is not feasible for the entire community who require different methods of access.
- **Noted** that all Tower Hamlets practices hold details on the most vulnerable patients to ensure they are supported via the Integrated Care initiative. Further work to improve this is ongoing. Residents and councillors advocating for vulnerable residents were advised to contact the practice management team of that specific practice for face to face access issues or to the NHS North East London Complaints team.
- **Requested** the council inform the community via the website that the GP's in the borough are comprised of a number of trained clinicians who can assist them and not just doctors.

GP Out of Hours Service

Malcolm Thomson, Chief Operating Officer, Tower Hamlets GP Care Group, presented a summary of the Out of Hours service (OOH), providing around 1500 patients monthly from the Urgent Treatment Centre (UTC) at the Royal London Hospital. The Care Quality Commission (CQC) rated the service last September as good. Sub-committee members were informed of the service accessibility, methods of contact and the comprehensive directory of services, which also includes home visits, face to face and telephone consultations.

The independent GP's working in the service undertake clinical 'tool kit' audits to review note taking and safeguarding and monthly training sessions. Pharmacists also undertake monthly audits on prescribed medications to ensure individual performance levels remain high.

Performance and patient satisfaction are reviewed on a constant basis and patients are encouraged to give feedback on the service. Leaflets and QR codes are displayed in the UTC for patients who wish to make a complaint. The Patient Experience Team will conduct patient surveys to better understand residents' experiences of the OOH service this year. This was

initially conducted in 2018 and feedback received by a patient with impaired hearing who returned to the department, ensured rectifications were made with communication equipment. Further learning and education are ongoing with both staff and patients with different access requirements.

Sub-committee members were informed that access to various Care Plans are available using 'Adastra' the clinical patient management software. This allows OOH GP's to send "event messaging" to notify the patient's registered practice, ensuring complete integration with Primary Care. Discharge notes are electronically sent to the patient within 2 hours of closing a consultation. All urgent outcomes are sent directly to the surgery.

Mr Thompson informed members that the department has sufficient resources allocated to facilities and staff and on weekends, there is usually a 41-hour headcount with two GP's managing at peak times. All staff have access to DATIX, the incident reporting software, which highlights service alerts or incidents related to complaints. Staff are fully trained on OOH procedures at induction and reviews on policies are conducted annually. Senior staff investigate all incidents and these are added to the risk register, which the Service Manager reviews monthly.

Further to questions from the sub-committee, Malcolm Thompson;

- **Observed** that an instance of a misdiagnosis by a clinician would be reported through the governance system. The Clinical Director, and the Chief Operating Officer would conduct a full investigation to determine if the patient was harmed, any lessons learned and or any policy changes required. A Duty of Candour discussion would also take place with the patient.
- **Acknowledged** that a 2 hour response time can be difficult for patients who require swift access to OOH services. The task of balancing effective clinical triage in order of need and reducing over capacity within the department can be challenging.
- **Explained** that further efforts to identify a lack of empathy or compassion by staff is necessary to enhance the patient's experience with more training and development.
- **Confirmed** that providing an effective service requires qualified, competent and compassionate staff. Recruiting OOH GP's can be challenging, although ensuring the needs and concerns of the patients are at the forefront is paramount to quality service provision

The Chair thanked Mr Thompson as well as the Primary Care team for organising sub-committee visits to local GP services, which were beneficial.

RESOLVED that;

1. A written brief from Primary Care on the building program for practices in the borough be submitted to the sub-committee.
 2. A brief overview from Primary Care on the number of surveys conducted in borough practices be brought to the sub-committee.
 3. The presentation be noted.
4. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT**

None.

The meeting ended at 8.44 p.m.

Chair, Councillor Ahmodur Khan

Health & Adults Scrutiny Sub-Committee

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.</p> <p>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</p>

Scrutiny Action Log 23-24

					<p>restructure is an enabler to continuing to make progress in these areas. 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 style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 18</p> <p>19.12.2023</p>	<p>HASSC requested the following:</p> <ol style="list-style-type: none"> 1. Confirm the uptake for the webchat in outpatients 2. Update on what training is available for staff and the uptake is 3. What happens in out of hours for patients who require BSL? 4. Confirmation that the RLH/MEH has compliance with Accessible Information Standards. 	<p>Fiona Peskett Director of Strategy and Integration RLH&MEH Barts Health NHS Trust</p>	<p>Cllr Ahmodur Khan</p>	<p>19.02.2024</p>	<p>Please note for a month's update - Central Appts: Jan 2024 34,305 total pt interactions (telephone + webchat) 4343 webchat conversations = 12% of total pt interactions</p> <p>There is mandatory training for all staff - Oliver McGowan Mandatory Training</p> <p>Staff will assist wherever possible in engaging an interpreter.</p> <p>The RLH/MEH are committed to compliance with Accessible Information Standards</p>

Scrutiny Action Log 23-24


Page 19	5. Confirmation that RLH/MEH has easy reading to assist with visual aids.				The RLH/MEH are committed to assisting service users who require visual aids and wherever possible will provide easy reading
	6. Is there any specific support for visually impaired people to access the hospitals (both physically and in terms of getting information and navigating the health services that they are using)?				We have a team of volunteers who will assist with access and navigating services
	7. Are there any more specific details on access to BSL services - for example, what happens when the interpreter is busy or not working (including after hours)?				We don't collect this specific information but available to discuss on how they might prospectively collect this information.
	8. Is there any other training on supporting disabled people to access and use health services, or are there plans to look at expanding the offer/requirements beyond dementia and Deaf training (e.g., the Oliver McGowan Mandatory Training on Learning Disability and Autism)?				The Oliver McGowan Mandatory Training
	9. What is the plan to achieve compliance with the Accessible Information Standards?				Work is ongoing in achieving compliance.
	10. When is the Learning Disability nurse available, and when will the review of capacity be completed? Are there any resources in Easy Read to support access for people with learning disabilities?				
	11. Did the mapping done by Access Able only focus on access for people with physical disabilities, or on invisible				The review covered access for physical disability, however we would welcome the

Scrutiny Action Log 23-24

	disabilities as well? And did the work only cover the physical environment, or look at how someone would access and use the service? If not, is there any work planned to look at how disabled people access and use the service, so that areas of challenge can be identified and addressed?				opportunity to discuss how to assess invisible disabilities and the environment.	
Page 20	20.02.2024	Primary Care A written brief on the building program for practices in the borough	Jo-Ann Sheldon Head of primary care commissioning	Cllr Ahmodur Khan	10.04.2024	
		Primary Care A brief overview of the number of surveys conducted in borough practices	Jo-Ann Sheldon Head of primary care commissioning	Cllr Ahmodur Khan	10.04.2024	
18.04.2024						

Insert attachments as appendices where applicable

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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;">18.04.2024</p>	 <p style="text-align: center;">TOWER HAMLETS</p>
<p>Report of: Francesca Okosi chief people and culture officer</p>	<p>Classification: Unrestricted</p>
<p>Action Plan response update on Workforce Shortages across health and care sector</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 Action Plan Response update on Workforce Shortages across health and care sector

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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Tower Hamlets Health Centre Build Programme

-response to HASSC Action Log request April 2024

Since 2011, the Tower Hamlets Healthy Building Programme has opened five new health centres, undertaken a significant GP Practice extension and refurbishment and a sixth new health centre will open in May 2024

- St Pauls Way Health Centre – 2017
- Wellington Way Health Centre – 2020
- Goodman’s Fields Health Centre – 2021
- Island Medical Centre - 2021
- Suttons Wharf Health Centre – 2022
- Wood Wharf Health Centre – 2023
- Aberfeldy Health Centre will open this year in May 2024

Additional to this were a series of minor projects across several practices that ran under the maximising health infrastructure (MHI) programme, which completed in 2021.

Prior to 2011 four new health centres opened, designed to include growth well into the 2010s:

- St Andrews Health Centre - 2012
- Newby Place Health Centre – 2010
- Blithedale Medical Practice – 2010
- Barkantine Health Centre – 2005

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RAG Status	Completed Action	On target but with minor issues	Missed target requires action
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Workforce Shortages Across the Health and Social Care Sector Action Plan Update

Recommendation 1

The Integrated Care Board (ICB) is recommended to collaborate with Tower Hamlets Together (THT) Board to develop robust and dynamic workforce intelligence for the health and care sector.

Comments from Service:

Action	Owner(s)	Completion Date	Comments	RAG Status
<p>Stage 1: To develop a core data set and reporting template from existing available data sets (NHSE and Skills for Care) across health and care for discussion.</p>	<p>Francesca Okosi – Chief People and Culture Officer</p>	<p>Stage 1: Q4 2023-24 Stage 2: TBC</p>	<p>Insert any relevant comments</p>	<p>Add colour for RAG status</p>
<p>Stage 2: To develop a system-wide high-level data set to be provided at Place level. This piece of work is to be part of an agreed uniform approach by all partners within Northeast London (NEL) and will be led from Q3 in 2023-24 by the newly created role of Head of ICS Workforce Planning and Systems following our ICB internal restructure</p>	<p>Head of ICS Workforce Planning and Systems</p>	<p>TBC</p>		

Recommendation 2

The ICB is recommended to collaborate with the THT Board (System) and the local authority's Health and Wellbeing Board (Place), to undertake investment in developing shared communications and ongoing engagement with the borough's residents

Comments from Service:

WFS Action Plan Update

Action	Owner(s)	Completion Date	Comments	RAG Status
As part of our ongoing careers ambassador programme across the ICS hosted by Care City to link in and also promote Tower Hamlets' engagement and to support local activity	Francesca Okosi – Chief People and Culture Officer	Ongoing	Insert any relevant comments	Add colour for RAG status
<p>Recommendation 3</p> <p>The ICB and LBTH is recommended to incorporate integration when planning, developing and implementing its health and care workforce strategy such as service, financial and workforce plans.</p> <p>Comments from Service:</p>				
Action	Owner(s)	Completion Date	Comments	RAG Status
ICB to ensure place representation in developing our integrated workforce strategy and forward plan.	Francesca Okosi - Chief People and Culture Officer	Q2 and Q3 2023-24	Insert any relevant comments	Add colour for RAG status
For overall planning ICB developing with all partners an approach to the planning cycle with an initial workshop in July to start to co-design the process.	Joanna Moss, Chief Strategy and Transformation Officer	Q4 2023-24		

<p>Recommendation 4</p> <p>The ICB and THT Board to partner with the borough's wider Health and Care employer stakeholders to review and co-design job roles required to support the demand for health and care services.</p>				
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WFS Action Plan Update

Comments from Service:				
Action	Owner(s)	Completion Date	Comments	RAG Status
The ICB to share good practice in this area. THT to determine the co-design process and agree this as part of service development and specifications	TBC	Ongoing	Insert any relevant comments	Add colour for RAG status
<p>Recommendation 5</p> <p>The ICB and THT Board is recommended to partner up with LBTH's Education and Careers Service, Adult Social Care service, Primary Care commissioning and BARTS NHS to develop experiential learning opportunities for young people in secondary education.</p>				
Comments from Service:				
Action	Owner(s)	Completion Date	Comments	RAG Status
<p>The ICB to foster support for this initiative by engaging with Barts Health to access existing programmes and work with the Tower Hamlets training hub to develop the offer in Primary Care.</p> <p>To feed in and make connections across NEL through the Building and Accessing Careers Group to share and implement good practice and where appropriate partner up.</p>	Francesca Okosi – Chief People and Culture Officer	Ongoing	Insert any relevant comments	Add colour for RAG status
<p>Recommendation 6</p> <p>London Borough of Tower Hamlets (LBTH) is recommended to incentivise key worker accommodation status, council tax reductions and parking provision for health and care professionals.</p>				

Comments from Service:

The council has carried out policies to support individuals and families, especially those with lower income, and protect them from the cost-of-living crisis. These policies can benefit those in need, including key workers – for example, our social housing Allocations Scheme includes the provision to prioritise key workers and a small number of cases are accepted each year. The council has also identified strategic priorities in the strategic plan to prioritise our focus and resources for residents.

Housing - Our strategic priorities are to work with developers and builders to deliver a minimum of 1,000 homes per year, tackle overcrowding, homelessness and rough sleeping among other critical housing priorities. We will encourage RPs and developers to promote Intermediate Housing products targeting and encouraging key workers to utilise this route to affordable home ownership.

Council tax - As the Strategic Plan envisages, the council has frozen council tax for 2023-24 and we have one of the lowest rates in London. The council also plan to continue to operate a 100% council tax support scheme. Any qualifying low-income households already receive assistance from the council’s council tax reduction scheme. We will ensure that the information on the council tax support scheme is widely available.

Parking - The council will be refreshing its existing parking enforcement plan in the next 12-18 months. As part of this work, it could be possible to consider how the council can support key workers who need to use their vehicles for work. However, that would need careful consideration, especially when there is severe parking stress in the borough (an average resident bays to permit ratio - 0.99) and poor air quality is a serious public health emergency.

Action	Owner(s)	Completion Date	Comments	RAG Status
Encourage developers and RPs to promote more widely any intermediate housing schemes among key workers (through discussion and meetings held with developers and RPs).	Rupert Brandon	March 2024	Developers and RPs are encouraged to use the Council’s Intermediate Housing Register of Interest that is open to all workers either living in the borough or have worked in Tower Hamlets for at least six months. They do not have to be on the	Add colour for RAG status

			Council's main housing register (permanent affordable rented homes). However, on the main register there is a category for key workers to be banded.	
Ensure that information related to the council's Council Tax Reduction Scheme is updated and widely available to all residents, including those key workers who may be on low incomes	Chris Boylett	March 2024		
Consider the feasibility of introducing reduced parking fees for health and care professionals as part of the parking enforcement plan, including benchmarking other local authority's approach.	Michael Darby	March 2024		
Not applicable for the ICB but would want to support and share the development of incentives to other places across the ICB				
<p>Recommendation 7</p> <p>The ICB is recommended to work with the local Higher Education Institutions and develop grant top up funding streams that can support medicine students in the last two year of their study.</p>				
Comments from Service:				
Action	Owner(s)	Completion Date	Comments	RAG Status
The ICB to broker a conversation between Barts Health and Queen Mary University London to explore options	Francesca Okosi – Chief People and Culture Officer	Q3 2023-24	Insert any relevant comments	Add colour for RAG status

Recommendation 8
 The ICB is recommended to collaborate with local FE and HE education institutions with a view to supporting investment for piloting Degree Apprenticeships, and T- level placements to help increase much needed capacity.

Comments from Service:

Action	Owner(s)	Completion Date	Comments	RAG Status
<p>The ICB has won a bid with the Department of Education hosted by Barking Havering and Redbridge to employ a T Level co-ordinator for 22 months that will support Education and employers to increase capacity and develop any investment requirements to meet placement capacity across health and social care employers.</p> <p>For degree apprentices to build on existing progress identifying barriers and local solutions to support degree take up through direct entry courses and employer-led apprentice schemes</p>	Francesca Okosi – Chief People and Culture Officer	Q2 -2024-25 to increase placements	Insert any relevant comments	Add colour for RAG status

Recommendation 9
 The ICB and LBTH is recommended to draw on international recruitment options to meet the immediate shortfall for health and care demand whilst developing its growth model from local labour for future demand.


Comments from Service:

Action	Owner(s)	Completion Date	Comments	RAG Status

WFS Action Plan Update

ICB to link into existing programmes from Capital Nurse and Social Care to share learning	Francesca Okosi – Chief People and Culture Officer	TBC	Insert any relevant comments	Add colour for RAG status

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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;">18.04.2024</p>	 <p style="text-align: center;">TOWER HAMLETS</p>
<p>Report of:</p> <p>Shereen Nimmo, Group Director of Midwifery, Barts Health NHS Trust</p> <p>Fiona Peskett, Director of Strategy and Integration, Royal London and Mile End Hospitals, Barts Health NHS Trust</p> <p>Dr Rachel Parker, GP at The Tredegar Practice, TH Maternity and Early Years Clinical Lead</p> <p>James Courtney, Senior Programme Manager for Children, Young People and Maternity</p>	<p>Classification: Unrestricted</p>
<p>Spotlight: Maternity 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 Maternity 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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