Public Pack

Health & Adults Scrutiny Sub-Committee

Agenda

Tuesday, 3 September 2024 6.30 p.m.
Council Chamber - Town Hall, Whitechapel

Members:

Chair: Councillor Bellal Uddin

Vice Chair: Councillor Iqbal Hossain

Councillor Ahmodul Kabir, Councillor Kabir Hussain, Councillor Amy Lee, Councillor Marc Francis, Councillor Sabina Khan and Jessica Chiu

Co-opted Members:
Assan Ali ((Resident Co-optee))

Deputies: Councillor Leelu Ahmed, Councillor Asma Begum, Councillor Mohammad Chowdhury, Councillor Amin Rahman and Councillor Abdul Malik

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

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

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

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)

London Borough of Tower Hamlets

Health & Adults Scrutiny Sub-Committee

Tuesday, 3 September 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 - 18)

To confirm as a correct record the minutes of the meeting of the Health and Adults Scrutiny Sub-Committee held on 04 June 2024.

3. HASSC ACTION LOG

4. REPORTS FOR CONSIDERATION

4 .1 Adult Social Care, Care Quality Commission (CQC) Inspection Preparation (Pages 97 - 112)

4 .2 Sexual and Reproductive Health Services (Pages 113 - 144)

4 .3 Smoking Cessation Services at Tower Hamlets (Pages 145 - 190)

4 .4 Health and Adults Scrutiny Sub-Committee Work Programme (Pages 191 - 204)

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

For noting only.

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

Next Meeting of the Health & Adults Scrutiny Sub-Committee
Tuesday, 5 November 2024 at 6.30 p.m. to be held in Council Chamber - Town Hall, Whitechapel

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

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DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER

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

(i) Disclosable Pecuniary Interests (DPI)

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

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

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

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

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

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

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

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

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

Guidance on Predetermination and Bias

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

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

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

Further Advice contact: 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.

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 6.34 P.M. ON TUESDAY, 4 JUNE 2024

COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL

Members Present in Person:

Councillor Bellal Uddin (Chair)

Councillor Iqbal Hossain

Councillor Amy Lee

Councillor Marc Francis

Councillor Leelu Ahmed

Other Councillors Present in Person:

Councillor Gulam Kibria Choudhury

Councillor Ahmodur Khan

Co-optees In Attendance Virtually:

Matthew Adrien (Service Director at Healthwatch Tower Hamlets)

Apologies:

Councillor Ahmodul Kabir

Councillor Kabir Hussain

Assan Ali (Resident Co-optee)

Officers Present in Person:

Dr Somen Banerjee (Acting Corporate Director, Health and Adults Social Care)

Filuck Miah (Strategy and Policy Officer, Strategy, Improvement and Transformation Service)

Warwick Tomsett (Joint Director, Integrated Commissioning)

Justina Bridgeman (Democratic Services Officer (Committee))

Guests Present in Person:

Gareth Noble	(Deputy Director of Workforce Programmes, NEL)
Charlotte Pomery	(ICB, Chief Participation and Place Officer)
Dr Richard Fradgley	(Director of Integrated Care and Deputy CEO, East London NHS Foundation Trust)

Guests In Attendance Virtually:

Dr Roberto Tamsanguan	(GP and Tower Hamlets Place Clinical Director)
Dr Neil Ashman	(CEO, Royal London & Mile End Hospitals)
Zainab Arian	(CEO, GP Care Group)
Jo-Ann Sheldon	(Head of Primary Care Commissioning, NEL ICB)
Fiona Peskett	(Director of Strategy and Integration, BARTS NHS Health Trust)

1. DECLARATIONS OF INTERESTS

There were no declarations of disclosable pecuniary interest.

2. APPOINTMENT OF VICE CHAIR

The Chair requested nominations for the position of Vice-Chair of the Health and Adults Scrutiny Sub-Committee for the municipal year 2024/25. Councillor Harun Miah proposed Councillor Iqbal Hossain for the position. This was seconded by Councillor Bodrul Choudhury.

There were no further nominations received.

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

1. Elect Councillor Iqbal Hossain the Vice-Chair of the Health and Adults Scrutiny Sub-Committee for the municipal year 2024/25.

3. HEALTH AND ADULTS TERMS OF REFERENCE, MEMBERSHIP, QUORUM & DATES OF MEETING FOR 2024/25

Justina Bridgeman, Democratic Services Officer, requested members to note the Health and Adults Scrutiny Sub-Committee's terms of reference, membership, quorum and meeting dates for the municipal year 2024/25. The

terms of reference were agreed at the Overview and Scrutiny Committee meeting held on 21 May 2024.

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

1. Note it's terms of reference, quorum, membership and meeting dates as set out in appendices 1,2 and 3 of the report.

4. MINUTES OF THE PREVIOUS MEETING(S)

The minutes of the Sub-committee meeting held on 18 April 2024 were approved and signed by the Chair as a correct record of proceedings.

Chairs Update

- The Chair noted that Councillor Bellal Uddin, Councillor Harun Miah and Councillor Amy Lee were nominated as representatives for the Inner North East London Joint Health and Overview and Scrutiny (INEL JHOSC) at the Overview and Scrutiny Committee held on 21 May 2024.

5. REPORTS FOR CONSIDERATION

5.1 Tracking Recommendation: Service Action Plan response to Workforce Shortages across Health and Care Sector

Gareth Noble, Deputy Director of Workforce Programmes, NEL, gave a brief overview of the service action plan's recommendations. This included details on the implementation of the Career Ambassadors programme in North East London (NEL), to enable young people to enter the workforce and the Queen Marys University London (QNUL) to provide Medical education.

The work force strategy was approved in January and a delivery plan to attract and retain staff across the NEL will be implemented. An initiative is also underway to promote Health and care T levels studies as well as IT and Business support. A collaborative approach will be taken with Education institutions to establish demand and medical degree apprenticeships.

Further to questions from the sub-committee, Gareth Noble;

- Noted that further work is required to allocate housing for key workers. The objective is to recruit from the local population with multi-agency collaboration. Discussions with NEL colleagues will take place in due course.

- Confirmed that the strategies principals have been well received by stakeholders. Health Watch consultation data regarding Tower Hamlets figures will be presented to Members for review.

- Clarified that new models for work experience are being developed to combat the increasing demand and collaboration with NHS partners is ongoing.

Following questions from Officers, Members requested an update on the housing allocations for key workers within the last four years, as it is essential that they receive prioritised housing within the scheme. Further details on Council tax income stream figures were also requested.

The Health and Adults Sub-Committee **RESOLVED**;

1. That a written brief on the number of housing allocations reserved for key workers within the last four years be presented to Members.

2. That further details on Council tax income streams be presented to Members.

3. That Health Watch consultation data regarding Tower Hamlets figures be presented to the sub-committee for review.

4. That the presentation be noted.

5.2 Cabinet Member and Corporate Director Reflections and Achievements or 2023-24 and Priorities for 2024-25

Councillor Gulam Kibria Choudhury, Cabinet Member for Health, Wellbeing and Social Care, and Dr Somen Banerjee, Acting Corporate Director of Health, Adults and Social Care, provided reflections and achievements from last year and priorities for municipal year 2024/25.

Councillor Gulam Kibria Choudhury introduced the item and emphasised a commitment to prioritising health care for the borough. Preparations for the upcoming inspection of the Adult Social Care (ASC) service from the Care Quality Commission (CQC) are ongoing, as well as the Joint Strategic Needs Assessment (JSNA).

Dr Banerjee, then reflected on the Councils key achievements, including positive feedback from 86% of residents receiving domiciliary Home Care. A new model will be commissioned shortly to continue to meet resident's needs. Further details on a needs assessment conducted within the ASC Directorate, to understand increased demand were noted. Early findings indicate an increase in the under 65's, who require less support and more complex health issues for residents over the age of 65. The main priority is to tackle funding concerns and transform the ASC service.

Members were informed that revised data on Tower Hamlets Health and Wellbeing showed the borough has increased health disparities, substance misuse issues, lower healthy life expectancy rates, and issues with overcrowding, homelessness, and the highest population turnover in London.

Workforce pressures, gaps in the health care sector, recruitment issues and the impact of the pandemic are also challenging the service.

A Capital project is being developed for culturally sensitive care homes, and 'Housing with Care' to reduce the need for residential care and nursing homes whenever possible. An enhanced 'Technology Enabled Care' offer is also being utilised to assist in independent living and reduce unit expenses in the ASC sector.

Prevention initiatives include more promotion on the Vital Five to empower residents to improve physical and mental health. These include stopping smoking, reducing obesity, blood pressure and diabetes checks and reducing alcohol intake. It was noted that the borough has the highest admission rate for alcohol related issues, despite a large number of non-drinkers.

Further to questions from the sub-committee, Dr Banerjee and Katie O'Driscoll, Director of Adult Social Care;

- Explained that many residents, particularly men, are unaware they may have high blood pressure and do not go for check-ups. Further promotion is required to raise awareness.

- Noted that a needs assessment around substance misuse was undertaken in collaboration with the Combating Drugs Partnership. Findings indicated that Tower Hamlets has the highest levels of misuse, with synthetic substance use on the rise, such as fentanyl and high strength cannabis in vapes.

- Confirmed that substance misuse services will be recommissioned for both young and older residents to combat the increase.

- Clarified that a self-assessment has been completed in preparation for the CQC inspection. The recent ADASS Peer Review outlined current strengths and areas of development. A joint Quality and Improvement Board with ASC and Commissioning has been established to give an overview of performance and continually improve the quality of services.

The Sub-Committee thanked Officers for their presentation.

The Health and Adults Sub-Committee **RESOLVED**;

1. That the presentation be noted.

5.3 Tower Hamlets Together Board Partners Reflections for 2023-24 and Priorities for 2024-25

The Chair introduced the sub-committee to members of the THT Partnership and the Integrated Care Board, who provided reflections and achievements from last year and outlined the priorities for 2024/25.

Integrated Care Board (ICB)

Charlotte Pomery, Chief Participation and Place Officer, presented a brief overview of the service and noted the development for a financial strategy across the integrated care system. Residents will be encouraged to use primary and community services, such as GP's and pharmacies, rather than hospitals.

The main objective is to improve urgent and emergency care and implement the commissioning method to respond to health issues and improve resident's health. Details of the Integrated Neighbourhood Teams who assist in early intervention were noted.

Ms Pommery then touched on the Vital Five promotion within Primary Care, and the consideration being given to the model of care required, particularly with young people with Special Educational Needs and Disabilities (SEND) who may require a holistic approach. Finally Ms Pommery discussed the challenges with a growing population, high demand in services and limited funding.

Primary Care

Dr Roberto Tamsanguan, GP and Tower Hamlets Place Clinical Director, began with the achievements made last year, primarily the Pride and Practices scheme to support LGBT+ patients, cloud based telephony, which includes real time data monitoring of call waiting, the Respiratory Illness Hubs and extended Primary Care Access provision. Discussions are now underway to ensure a smoother transition for patients moving from different care settings.

Dr Tamsanguan acknowledged residents' concerns regarding accessing Primary Care and noted the transformation initiatives with the Primary Care Networks (PCN) to combat this. Priorities include the finalisation of the Same Day Urgent Care service, ensuring information events for all GP's are available for patients, continually informing children and young people of their healthcare rights and strengthening the primary and secondary Care services.

Acute Care

Fiona Peskett, Director of Strategy and Integration, BARTS NHS Health Trust, highlighted the Women's Hub and the Children's Hospital at Home services located in Mile End. Priorities for this year include a continuing commitment to reducing waiting lists, the implementation of the Diagnostics Centre, strengthening the workforce and enhancing pathways for mental health service users.

Ms Peskett lastly touched on Maternity Services, following the visit from patients who gave lived experiences at the meeting in February and the response given in April. BARTS NHS Health Trust and Partners will continue

the ongoing efforts to improve patient outcomes and welcome feedback from the community to enhance the service.

Mental Health

Dr Richard Fradgley, Director of Integrated Care and Deputy CEO, East London NHS Foundation Trust, (ELFT), outlined three areas of achievement within the service; the '111 Crisis Phone line', which supports residents to access care when required, the 'Children's Home Treatment' team, which is open 24hrs daily and the Talking Therapist services, who assist residents with anxiety and depression. The teams were praised for their quality of service.

Dr Fradgley then discussed the challenges, namely the severe pressure on staff and inpatient services, particularly for adults in the borough, due in part to the increase in homeless residents who are clinically ready for discharge. It was noted that the number of people waiting to be assessed within the neurodiversity service has increased. At present, there is no significant national policy or funding to address the issue. NEL partners are working to reduce this.

Tower Hamlets Together Partnership

Warwick Tomsett, Joint Director of Integrated Commissioning, presented a brief overview of the partnership and how frontline staff work collaboratively across organisations to support residents. Mr Tomsett discussed the outcomes framework developed with residents and the seven partnership priorities.

Further to questions from the sub-committee; ICB Health Partners and Officers;

- Confirmed that the 111 Crisis Line has a variety of services depending on the users' needs. This can range from assisting them to the community mental health team, the home treatment team or the emergency department. Face to face assessments are also available.

- Explained that the extended Access provision's budget is based on the number of registered patients on the list. The number of hours is calculated by the patient population for Saturdays and weekday evenings.

- Clarified that the Association of Directors for Adult Social Services (ADASS) Peer Review outlined areas for development which included, working across the service to ensure residents can access healthcare funding. Enhance the effectiveness of referrals to healthcare assessments and have a better understanding of user and carers service satisfaction.

- Confirmed that work is ongoing to address the above named issues including a new quality assurance framework, an increased level of

case work auditing, requesting feedback from service users and reflective work with practitioners to fully understand and improve the user experience. Further details on this and other improvement and transformation programmes can be brought back to the sub-committee if required.

- Acknowledged that the high proportion of residents in adult social care with long term conditions not accessing primary care is an issue, as well as linking data across systems, so residents do not have to continually repeat information. Data governance and a streamlined infrastructure can resolve these concerns.

- Confirmed that details on staff retention percentages compared to the national average, will be brought back to the sub-committee for review.

- Observed that recruitment campaigns are ongoing to promote career opportunities for both clinical and non-clinical roles in both Royal London and Mile End Hospital. Staff incentives include a Wellbeing Hub to provide respite, encouraging clinical staff to take time out when possible, as well as 'time to talk and listen' events for staff to raise any concerns.

- Clarified that the main objectives are to focus on early intervention prevention with the integrated neighbourhood teams, ensuring robust models of care for future demand are effective, enhancing infrastructure and service delivery. As well as lobbying for more capital funding, promoting immunisation and vaccinations for residents and reducing the level of variation between local authorities to ensure best practice.

Members requested a summary of the CQC findings on borough care placements, as well as ASC key performance indicators be brought back to the sub-committee for review.

[Clerk's Note – the CQC findings referenced are available here: Search Results - Care Quality Commission (cqc.org.uk)

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

The Health and Adults Sub-Committee **RESOLVED**;

1. That ASC key performance indicators be brought back to the sub-committee for review.

2. That details on staff retention percentages compared to national averages be brought back to the sub-committee for review.

3. That the presentation be noted.

5.4 Empowering Disabled Residents: Accessible Sports and Fitness Initiatives

Reasons for urgency on the late report were agreed by the sub-committee.

The Chair introduced Councillor Ahmodur Khan, former Health and Adults Scrutiny Chair, who provided an overview of the report he commissioned in the previous municipal year.

Members visited a number of leisure centres to consider how to provide better access to disabled residents or residents with long-term health issues. The Disabled People's Network and the Older Peoples Resident's Group attended engagement sessions and feedback was included in the six recommendations;

Recommendation 1: Disability representation.

The council should actively prioritise initiatives that will enhance visibility and representation of people with disabilities and or those living with long-term ill health conditions within the leisure sports and fitness centre workforce.

Recommendation 2: Better data driven evidence on disability access and usage.

The council should develop a comprehensive approach to the collection and analysis of disability access and usage led data that supports good governance and drives continuous improvements .

Recommendation 3: Developing trusted disability communication channels and campaigns.

The council should engage community disability groups to co-design and develop robust campaigns that promotes physical activity and sports for people with disabilities and long-term health conditions.

Recommendation 4: Create a sports and exercise disability forum that embeds a person-centred philosophy and empowers residents with disabilities and or those living with long-term health conditions to review provision and make recommendations for improvement.

The council should work with disability groups and establish a sports and exercise disability forum that empowers residents with disabilities or those living with long-term ill health conditions to undertake activities such as accessibility audits on facilities, customer service, equipment, programmes to deliver on improvements.

Recommendation 5: Collaboration with primary care, NHS and healthcare partners and voluntary and community sector.

The council's leisure service should establish joint working protocols with primary care, NHS, health partners and voluntary and community sector to support widening access and become a partner referral provider for people with disabilities and or long-term health conditions.

Recommendation 6: Creating transitional arrangements from specialised fitness gyms to mainstream leisure centre facilities.

The council should establish joint work protocols with community gyms (specialist in disability and long-term ill health condition) to support residents with disabilities and or those living with long-term ill health conditions to make the transition into mainstream leisure centre facilities.

The recommendations were approved by the Health and Adults Scrutiny Sub-Committee. The report will be submitted to the Mayor and Cabinet for an executive response to the recommendations.

The Health and Adults Sub-Committee **RESOLVED**;

1. That the report will be submitted to the Mayor and Cabinet for executive response to the recommendations.

2. That the presentation be noted and recommendations **APPROVED**.

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

The Chair informed Members that a work programme development workshop will be held on 19 June, to examine any topics for discussion. The Health and Adult Social Care Leadership Team will be available to provide a briefing on the current health inequalities data and requested sub-committee Members to attend.

The meeting ended at 8.20 p.m.

Chair, Councillor Bellal Uddin

Health & Adults Scrutiny Sub-Committee

Scrutiny Action Log 2024-25

Name of Committee: Health and Adults Scrutiny Sub-Committee
Municipal Year: 2024-25

Reference	Action	Assigned to	Scrutiny Lead	Due Date	Response
4 Jun 2024	Written brief on the number of housing allocations reserved for key workers within the last four years be presented to Members.	Rafiqul Hoque, Head of Housing Options	Cllr Bellal Uddin, HASSC Chair	03 September 2024	See Appendix 1 for response
	Further details on Council tax income streams be presented to Members.	Christopher Boylett Head of Revenues and Benefits Revenue Services	Cllr Bellal Uddin, HASSC Chair	03 September 2024	The cost of any discount or relief awarded would fall fully on the council's general fund. The council would have to pick up the tab for GLA loss etc. It can also only be applied to people resident in Tower hamlets so employees living outside TH would not benefit so you will have inequality within the scheme. Whilst it will not impact huge numbers it would require administration which will need to be resourced. The council could with appropriate governance introduce any scheme, but we would need to consider if this is fair to all tax payers as they are ultimately going to pick up the tab. The service would need to understand what they would be looking to do, and what they do when other incomes are being received within the household and make any scheme easy to administer. It should also be noted that any decision to refuse

					and award would be appealable to the VT. **See attached appended advice note Council tax discretionary Discount**
	Health Watch consultation data regarding Tower Hamlets figures be presented to the sub-committee for review.	Gareth Noble Deputy Director of Workforce Programmes NHS North East London Part of the North East London Health and Care Partnership	Cllr Bellal Uddin, HASSC Chair	03 September 2024	See attached PDF document
	Summary of findings from ADASS peer review and the LBTH ASC self-assessment	Somen Banerjee Acting Corporate Director HASC	Cllr Bellal Uddin, HASSC Chair	03 September 2024	**See Appendix 2**
	CQC ratings of providers in the borough	Somen Banerjee Acting Corporate Director HASC	Cllr Bellal Uddin, HASSC Chair	03 September 2024	**See Appendix 3**
	ASC key performance indicators be brought back to the sub-committee for review.	Somen Banerjee Acting Corporate Director HASC	Cllr Bellal Uddin, HASSC Chair	03 September 2024	See attached PDF document
	Details on staff retention percentages compared to national averages be brought	Fiona Peskett Director of Strategy and Integration	Cllr Bellal Uddin, HASSC Chair	03 September 2024	Awaiting Response

	back to the sub-committee for review.	Royal London and Mile End Hospitals Barts Health NHS Trust			
3 Sep 2024					
5 Nov 2024					
29 Feb 2024					
8 Apr 2024					

Appendix 1

Background information

Demand for social housing is currently more than 25,000 applicants. In contrast, last year the council only let 1,222 homes to applicants on the housing register. Therefore, the council must ensure it makes best use of the limited number of social housings available to offer to housing applicants.

Key Worker Scheme

There are many public sector jobs where it is hard to recruit and retain essential staff. Applicants employed full or part time on a permanent contract within the Local Authority area in one of the following categories will be considered for inclusion in a target group as part of the key worker scheme:

• ambulance staff who are paramedics;

• fully qualified nurses working in the Borough's NHS hospitals;

• fire fighters and police officers stationed in the Borough;

• teachers working in the Borough's LEA maintained schools

• social workers employed on a permanent contract by the Council

This scheme aims to help a small number of people in these occupations who do not currently have a social tenancy and/or do not currently live within a reasonable distance of their workplace. Each year the council accepts a maximum of 15 applications to be awarded enhance priority under the keyworker scheme. Those awarded priority are placed in Band 1B (highest band) under the Allocations scheme.

There is a serious shortage of homes with four or more bedrooms. Therefore, applicants requiring this size of accommodation will not normally be considered for this priority.
The tables below provide details of current demand and homes that have been let to keyworkers. Unfortunately, it is not possible report on individual key worker categories.

Keyworkers accepted and currently on the Housing List	
2012-20	17
2021	3
2022	3
2023	4
Total	27
Applications pending assessments in 2024	81 *
Total	**27**

*Majority of these applicants won't be eligible under the keywork scheme as they will not fall under the definition and criteria of Tower Hamlets Allocation scheme.

Keyworker Lets (based on Tenancy Start Date)

Year	**Number of keyworkers Rehoused**
2020	**9**
2021	**22**
2022	**11**
2023	**20**
2024	**3**
Grand Total	**65**

Note that it's possible that some key workers were accepted during this period and may have refused offers made but it has not been possible to capture this information.

Appendix 2

HASSC Action Response – 4th June 2024 meeting

A. Summary of findings from ADASS peer review and the LBTH ASC self-assessment

Background

1. London Borough of Tower Hamlets has a commitment to sector-led improvement and Peer Reviews of Adult Social Care have been a way in which we improve our practice and learn from others. These have generally taken place every three years.

2. From January 2024, all Councils across England will start to be inspected by the Care Quality Commission (CQC), in relation to Adult Social Care (ASC).

3. As part of our commitment to sector led improvement and as preparation for inspection, we undertook a Peer Review. Peer Reviews are not inspections and exist solely to improve local authority performance in accordance with principles of sector-led improvement. The Peer Review Team were here on the invitation of the council.

The Peer Review

4. The Peer Review was organised and conducted by London ADASS. London ADASS is an association that brings together the statutory Directors of Adult Social Services (DASS).

The peer review team consisted of colleagues *(peers)* from across ASC departments in other local authorities in London as well as a person with lived experience of ASC.

6. The Peer Review focused on the Care Quality Commission Draft Assessment Framework in relation to two of the four inspection themes - **how we work with people** and **leadership**. The selection of two themes is part of the methodology for ADASS Peer Reviews.

7. As part of the peer review, a case audit took place on the 15th and 16th of November 2023 by two Principal Social Workers (PSWs) and a Principal Occupational Therapist from other London Local Authorities. Fifty cases were selected from a list of 1141 clients who had had a Care Act assessment or review between April 2023 and October 2023, with the aim to have a broad representation of the population in Tower Hamlets, considering age, ethnicity, or gender for example and cases managed by various teams. Of these, ten cases were put forward to the peer reviewers, of which eight cases were audited. The audit tool was structured in various areas of intervention:

- Recording the narrative
- Assessment / Carers / Support planning
- Risk
- Practitioner Feedback

8. The on-site visit took place for 3 full days between **Monday 22 and Wednesday 24 January 2024**. During the visit, members of the Peer Review team met and talked with a cross-section of staff, particularly those in ASC, Integrated Commissioning and Public Health. They also spoke to people with lived experience of social care and their informal carers, key partners, commissioned providers and the Lead Member for Heath, Wellbeing and Social Care. The conversations took place through interviews, group discussions and visits. They visited the Independent Living Hub, Create Day Centre, Carers Centre Tower Hamlets and Tower Hamlets Connect.

9. A Core Inspection Team of council staff enabled the Council to prepare for the peer review, develop the self-assessment and facilitate the on-site visit. Wider support and contributions came from around 150 staff and partners that spent time with the peer review team as part of the on-site visit.

Peer Review Outcome

10. At the end of the last day of the peer review on-site visit, the Peer Review team fed back their conclusions . The feedback was presented to the Corporate Director, Lead Member and members of the Health and Adult Social Care Senior Management Team.

11. The report highlighted areas of good practice, as well as areas for further exploration or development. Overall, the Peer Review went very well – many strengths were fed back to us with the passion and commitment of our workforce a stand-out feature. Key headlines from the feedback are:

- Our committed and passionate workforce really stood out
- Strong partnerships with health and the community and voluntary sector
- A clear golden thread from the Strategic Plan into the services with clear political leadership

- Stable structure with embedded and dispersed leadership and supported staff
- We know our communities well.
- Knowledgeable and experienced staff
- Strong learning and development offer
- Good reflective culture of learning and improving
- Great services/resources such as the Carers' Centre and Independent Living Hub, JET employment support and Tower Hamlets Connect

12. The following are areas where the peer review report identified we have opportunities to develop further and/or provide more evidence for our future inspection:

- How we use data more effectively - telling our story using data
- Some service users and carers reported not being offered direct payments or carers' assessments
- Continuing Health Care (NHS funding) – how we work with partners to ensure residents can access this when they are entitled to do so
- Further ideas on how we ensure we don't create a dependency on social care when people have low needs
- A better understanding of user satisfaction as the views of service users and carers were mixed
- More work on our journey towards strengths-based practice

Next Steps and self-assessment

13. This feedback has assisted us in the work we are doing in preparation for inspection and is informing our action plans. It has helped us to refine and review our self-assessment document which provides a more detailed overview of our own perspective on our strengths and areas of focus as a Department and will be a key document the CQC assessors will require as part of their inspection.
14. Our self-assessment is structured around the CQC assessment framework. Key messages from the self-assessment are set out in the table below. We are regularly reviewing and updating these priorities as we await formal notification of inspection, working with staff and partners to do so.

Strengths

CQC Theme	Area of Strength
Working with People (Theme 1)	1.1 We take a personalised, strengths-based approach.
	1.2 Complexity impacts waiting lists, but we prioritise urgent and safeguarding cases.
	1.3 Our information and advice offer helps people get the right support
	1.4 We give wide access to reablement and have improved performance on outcomes
	1.5 We have a strong offer for carers
	1.6 We co-produce and involve the user voice
	1.7 We have a strong record on addressing inequalities for residents from black and global majority backgrounds
Providing Support (Theme 2)	2.1 Most people are positive about our provision, and we are working to achieve even more positive feedback
	2.2 Service design is shaped by intelligence and people who draw on care and support and their carers
	2.3 We have a committed and stable workforce
	2.4 We engage and support providers
	2.5 We work collaboratively with partners
Ensuring safety across the system (theme 3)	3.1 Safeguarding is our highest priority.
	3.2 We maintain no waiting list for safeguarding referrals, nor one for DOLS allocations to best interest assessors
	3.3 We are continually improving safeguarding practice including learning from audits and adverse events
	3.4 We work with partners to manage risk
	3.5 Safeguarding has a strong culture of learning, and comprehensive, tailored learning and development provision.
	3.6 People transitioning from child to adult services, from hospital or out of the borough are well supported to be safe.
	3.7 Safeguarding is core to commissioned provision
Leadership (theme 4)	4.1 We have ambitious leaders
	4.2 There is stability amongst our service managers.

	4.3 We have effective governance and are streamlining it further
	4.4 Our corporate plans make strong commitments on equalities, and we have a diverse workforce.
	4.5 We have a strong learning culture and offer.

Areas of Focus

CQC Theme	Area of focus
Working with People (Theme 1)	1.8 We are moving towards having more SMART outcomes as part of our support planning – see final reminders end slides for more info
	1.9 We are strengthening our technology enabled care (TEC) support even further
	1.10 We are improving our direct payment service model
	1.11 We're increasing opportunities for feedback and strengthening our approach to acting on the feedback we receive
Providing Support (Theme 2)	2.6 Our housing with care strategy will see us use comparatively more extra care and less residential care in future.
	2.7 We are developing our pan provider engagement
	2.8 We are developing our quality assurance mechanisms, and the quality of in borough commissioned provision is good
Ensuring safety across the system (theme 3)	3.8 We are working to improve Mental Capacity practice through training.
	3.9 Further embedding pathways and good practice in preparing for adulthood beyond our offer for young people with LD, for example, for those who experience ASD.
	3.10 We are committed to raising awareness of Safeguarding in our borough.
Leadership (theme 4)	4.6 There is change at senior levels and it has taken time to recruit a SAB Chair
	4.7 Delivering and embedding our new workforce strategy to ensure the range of development opportunities that we offer are understood and available to staff
	4.8 We are working closely with performance to use our data better.
	4.9 We are improving how we gather, learn and act on people's feedback.

	4.10 We are working with our partners to ensure residents can access the Continuing Health Care (NHS funding) they are entitled to in a timely way

Appendix 3

CQC ratings of providers in the borough

CQC inspections of providers are separate from inspections of the Local Authority ASC system and operate under a different assessment framework.

CQC provide a search function which allows the public to search providers and their ratings in their local area. Please see link here - Find and compare services - Care Quality Commission (cqc.org.uk)

Details of our regulated in house reablement service and shared lives schemes can be found on the CQC website here - The London Borough of Tower Hamlets - Services - Care Quality Commission (cqc.org.uk)

Advice Note – Council Tax- Discretionary Discount

HASSC Action Log Request

14/08/2024

Advice Note – Council Tax- Discretionary Discount

HASSC Action Log Request

From Alan Fayter, Council Tax Manager

Advice for Committee

I have compiled this note on the limited information I gleaned from webcast clip

Health & Adults Scrutiny Sub-Committee - Tuesday 4 June 2024, 6:30pm - Tower Hamlets Council webcasts (public-i.tv) (time frame 15:20 – 16:20)

I'm not aware of any further review of this matter.

The council have powers to grant a local discount against the council tax under Section 13a of the LGFA. Such a decision is a budgetary matter, that should be funded as part of the annual budget. It is not simply a loss to collection.

The financial implications, like all other discounts form part of the calculations and tax setting.

A discretionary discount under 13a should have a budget under distinct fund and the budgeted amount should be sufficient to meet all claims. If the fund was insufficient all claims could not be awarded.

A budget should also be set aside for all costs of administering the scheme. Whilst it may be web-based, there would be costs of administration any robotics and the cost of staff administration time. There is also administration time in respect of ensuring, the balancing of budgets and government returns that must be done. There would also be development costs in terms of our software supplier, to allow any discretionary discount only to be awarded against the appropriate LBTH council tax element and not the GLA element.

Using a discretionary scheme is never a simple matter and in the past schemes have not been progressed, including a scheme to assist foster carers. Other support may sometimes be more cost effective.

Consideration should also be made to the cost of administering such scheme as this would have to be manually administered based on an application process that needs to assess entitlement and minimise any potential overpayment of reliefs or fraud. There will be also additional costs that need to be factored in for advertising and operating a scheme as well as administration of the actual grants.

Council Tax

Council Tax has 3 Elements (Precepts).

The LBTH General Fund

The LBTH Adult Social Care Element (ASC)

The GLA Precept

The award of a discount cannot be claimed from our preceptor the GLA. Any discount we make as a discretionary scheme and cannot reduce the precept due for payment to the GLA.

The amount of council tax varies depending on the property band and individual assessment is in, A – H and any other relief that may be payable. This includes those with low income, benefiting from Council tax Reduction (CTRS) (Benefit).

The Sole Adult Occupier (25%) Discount is the most common reduction. There are various other disregards and discounts, that result in a discount. Those mandatory discounts are awarded before any discretionary discounts.

A discount will be variable based on the Band and any mandatory reductions or CTRS.

Consideration should be made to what mandatory support is available before any Discretionary relief.

Those on low pay could be entitled to council tax reduction (benefit) under this council generous scheme. This council operates a scheme where up to 100% relief can be awarded and it's one of the most generous national schemes.

There are also a disregard status that could result in a discount where, under the council tax regulations the applicant qualified as an apprentice.

To qualify as an apprentice, you must be:

- *Learning a recognised trade or profession*
- *Undertaking an NVQ or similar vocational qualification applicable to the role*
- *Earning no more than £195 per week (gross earnings)*

There are also other disregards in other circumstances such as where a full-time care giver is resident in an address.

There are also other important considerations to be thought off for the qualification under the scheme will affect the potential value and costing.

Current 13a Cost of Living Scheme (COLRF)

The current cost of living relief scheme is funded. The award is based on the small 2024-25 increase to Council Tax, to one of the council's precepts, the general fund.

The relief this year on the average property (Band D) is £34.11 a year. £25.81 if the resident is a sole adult.

The COLRF relief did not discount the ASC rise.

Scheme Considerations –

What Precepts are Discounted

The criteria of the scheme will be relevant to the potential costs.

If the Discount relevant to full Councl tax bill or just the 2 LBTH precepts or just 1 LBTH precepts,

If it is a Discount on the full bill, including The GLA Precept, this will be a separate cost, not just a reduction in income as we will have to make payment of the loss to them.

Criteria Considerations

Various factors should be considered, not limited to but including: -

- Level of relief where the is more than 1 resident liable for Council Tax and only 1 meets the criteria.
- Are Partners income considered/relevant and if so when?

This may be relevant where there is a house share or if the property is a house in multiple occupation.

There may be several people in different trades with different wealth's and salaries resident in a property.

A decision needs to be made, on how the discount operates and if the percentage of discount varies based on the percentage of the bill the applicant is liable to pay, where other residents are liable. And under what circumstances the criteria apply.

Budget Implications- Calculations.

To estimate the true cost, credible data would need to be used to allow the calculation of potential cost.

1) to estimated number of awards that would be possible based on the distinct criteria for the discount.
2) To estimate the potential number of dwellings in each band that could be subject to a discretion award.
3) the level of discount as a percentage being considered or the flat rate amount.
4) The Period of scheme, how many financial years it will operate over.

Additionally, where data allows, modified between Sole Adult households (who would have a 25% Discount already) those who are multi occupier households.

Depending on the period of the scheme, the loss of income based on annual rises should be factored in.

Any other factors that could affect the award and costing would need to be considered to get a good financial costing.

The Finance Team would be responsible for validating the potential costs over the relevant terms and then any proposal would form part of a budget passed by the Council.

NHS North East London

LOCAL VOICE in your community

healthwatch

What does good care look like to people in Tower Hamlets?

DRAFT Community Conversation Findings December 2023

Tower Hamlets Community Conversation

We asked local people open-ended questions about what good health and care means to them. At community events and in focus groups we helped local people to draw out what their own vision of good care would look like.

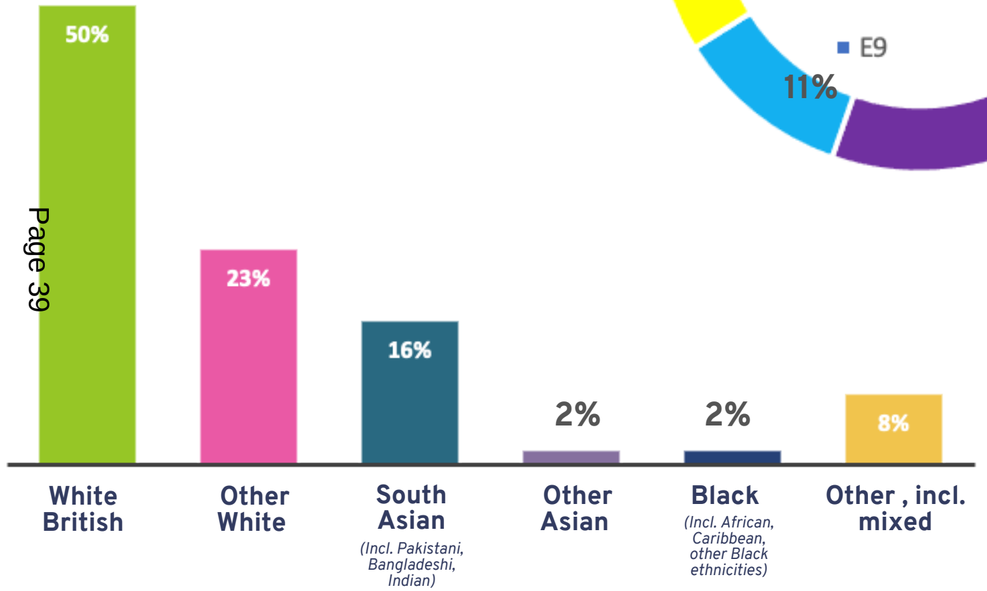
We took what they told us and and started to identify themes, these themes eventually developed into four pillars of good care, or four aspects of what makes the difference between good care and inadequate care. We also looked at the wider issues that impact good care at a society level- the wider determinants

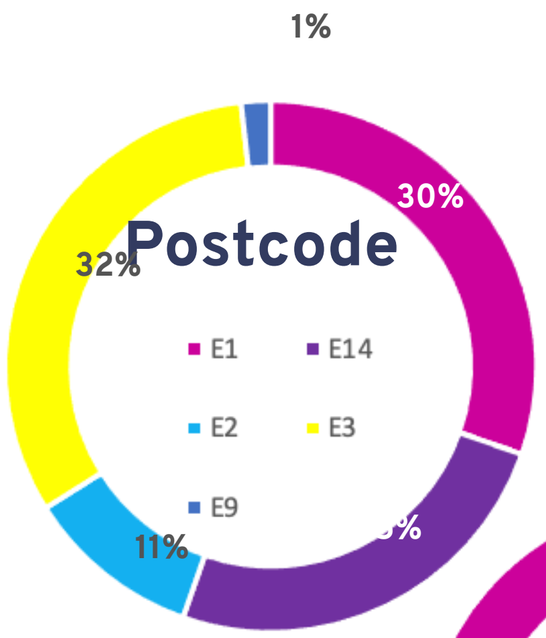
The resulting framework, informed by what local people said, can be used by stakeholders to develop their own success measures and evaluation tools.

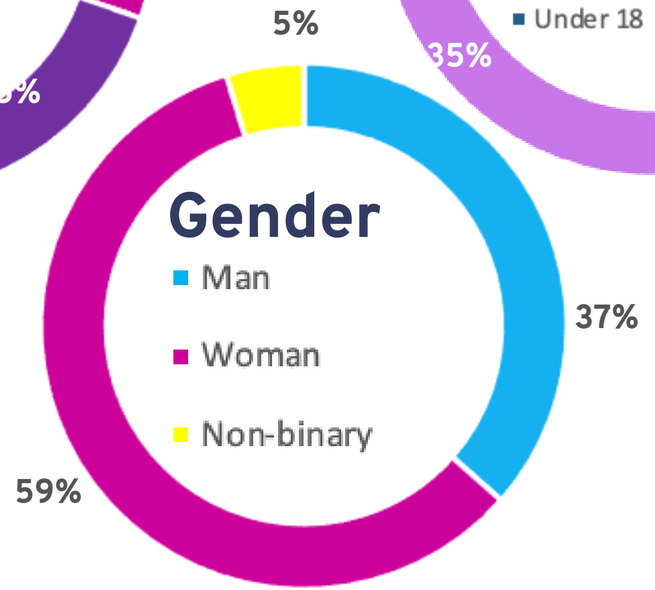
Demographics

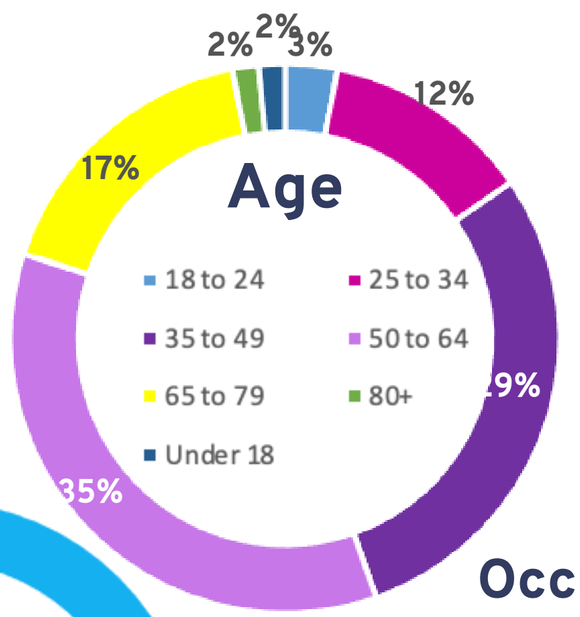
65 respondents

Ethnicity

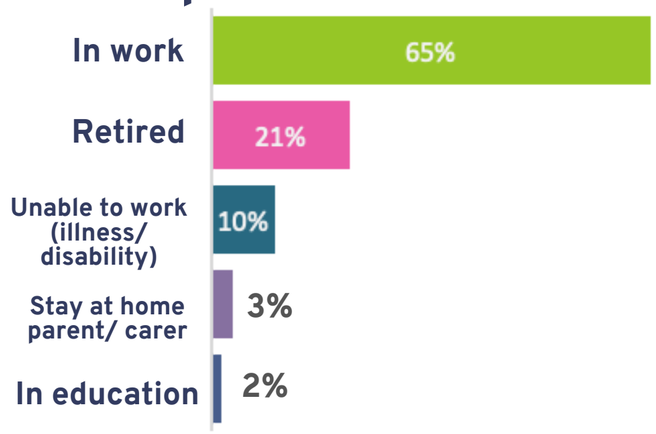








Occupational status



95% were registered with a GP

94% had used health or care services in the last 12 months

12% were parents of a child/ children aged under 18

18% were carers for an adult loved one or family member

14% were digitally excluded

18% were disabled

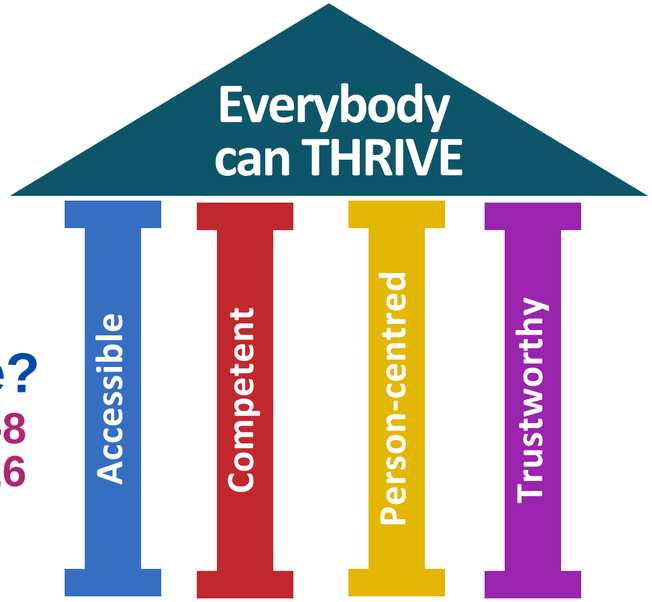
17% were neuro-divergent

48% had a long-term condition

15% were LGBT

31% were struggling financially or just getting by

Introduction to the framework



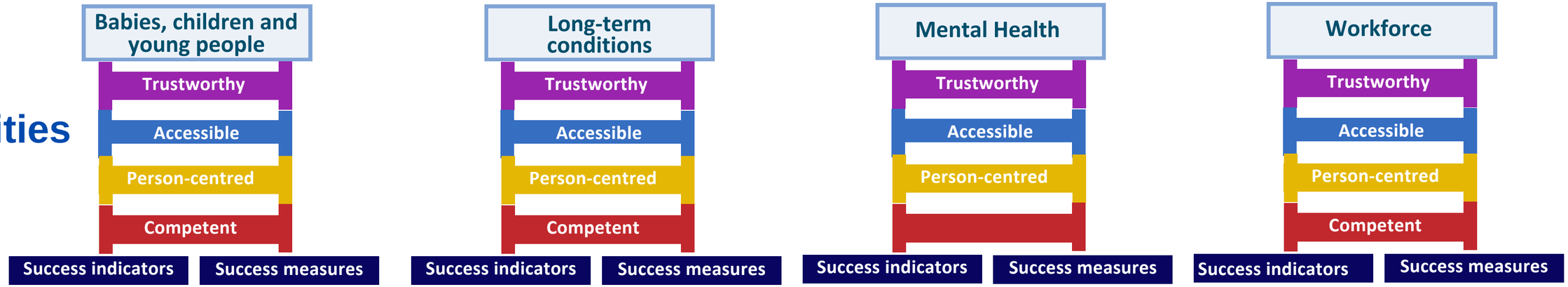
What does good care look like?

Pages 5-8
Pages 24-26

What people told us

Pages 9-10
Pages 11-12
Pages 13-19
Pages 20-23
Pages 27-33

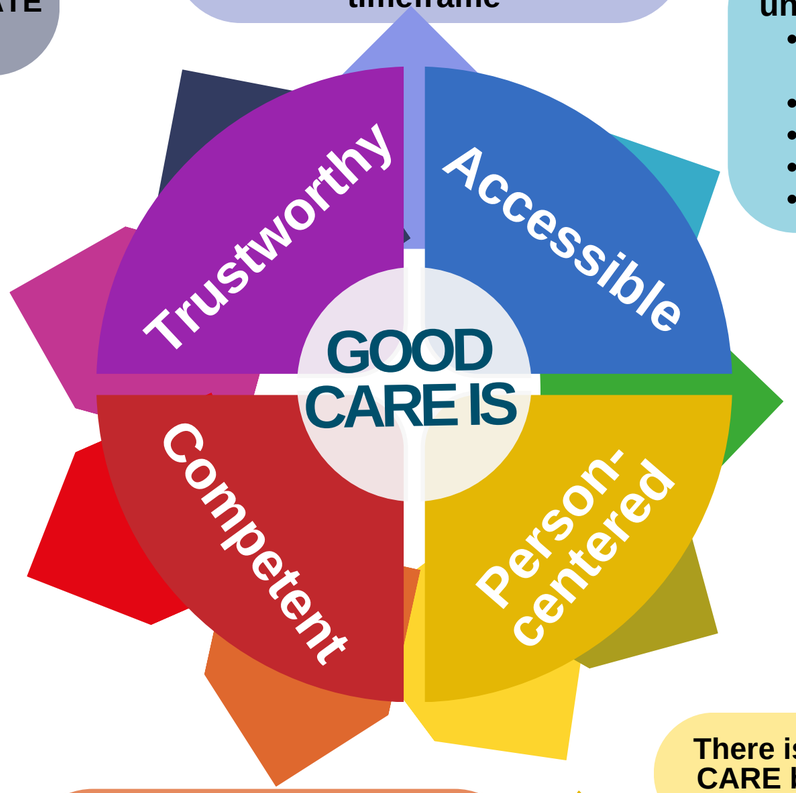
Priorities



Pages 34-40
Pages 41-45
Pages 46-49
Pages 50-53

We hope to make this report and the dataset as adaptable as possible; different sections of it can be used either separately, in conjunction with each other or with additional data. The aim is to use it as a framework from which people led success indicators and measures can be developed. There is still a lot of work to do.

What does good care look like?



Appointments for acute issues AND routine check-ups are available within a reasonable timeframe

Barriers to accessing care are understood and addressed:
- Disability (physical, sensory, or mental)
- Language barriers
- IT literacy
- Knowledge barriers
- Costs, including hidden costs

Patients get to make appointments and be seen in a way that works for them

Services are inter-connected around the patient, not just centred on a condition or specialism

Services work well with each other, at community level/ beyond just health and care

There is CONTINUITY OF CARE between services and within services

There is CONSISTENCY of care, quality of care does not vary based on individuals and staff turnover.

Patients understand how care decisions are taken and believe professionals are providing good treatment

CULTURAL DIFFERENCES in expectations of what care should look like are taken into account.

Patients' WORRIES and CONCERNS are understood and addressed.

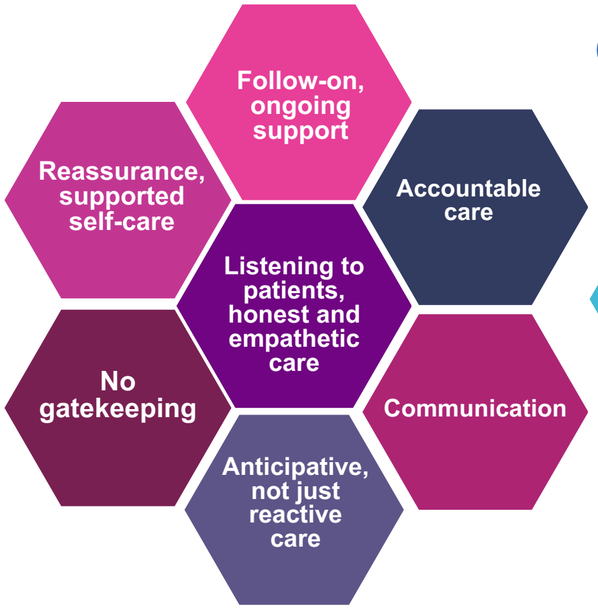
Health and care services are ACCOUNTABLE to patients and local people

Patients get REASSURANCE that they are well

Health and care services both RESPOND TO and ANTICIPATE people's needs

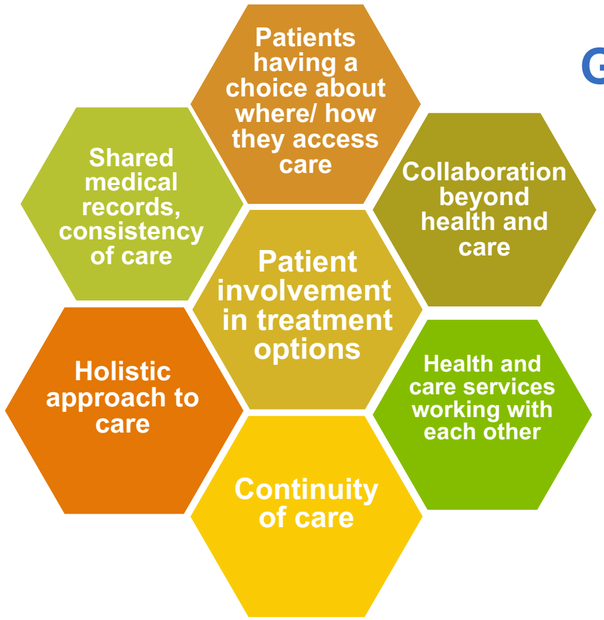
What does good care look like?

Good care is: trustworthy



Good care is: accessible

Good care is: person-centred

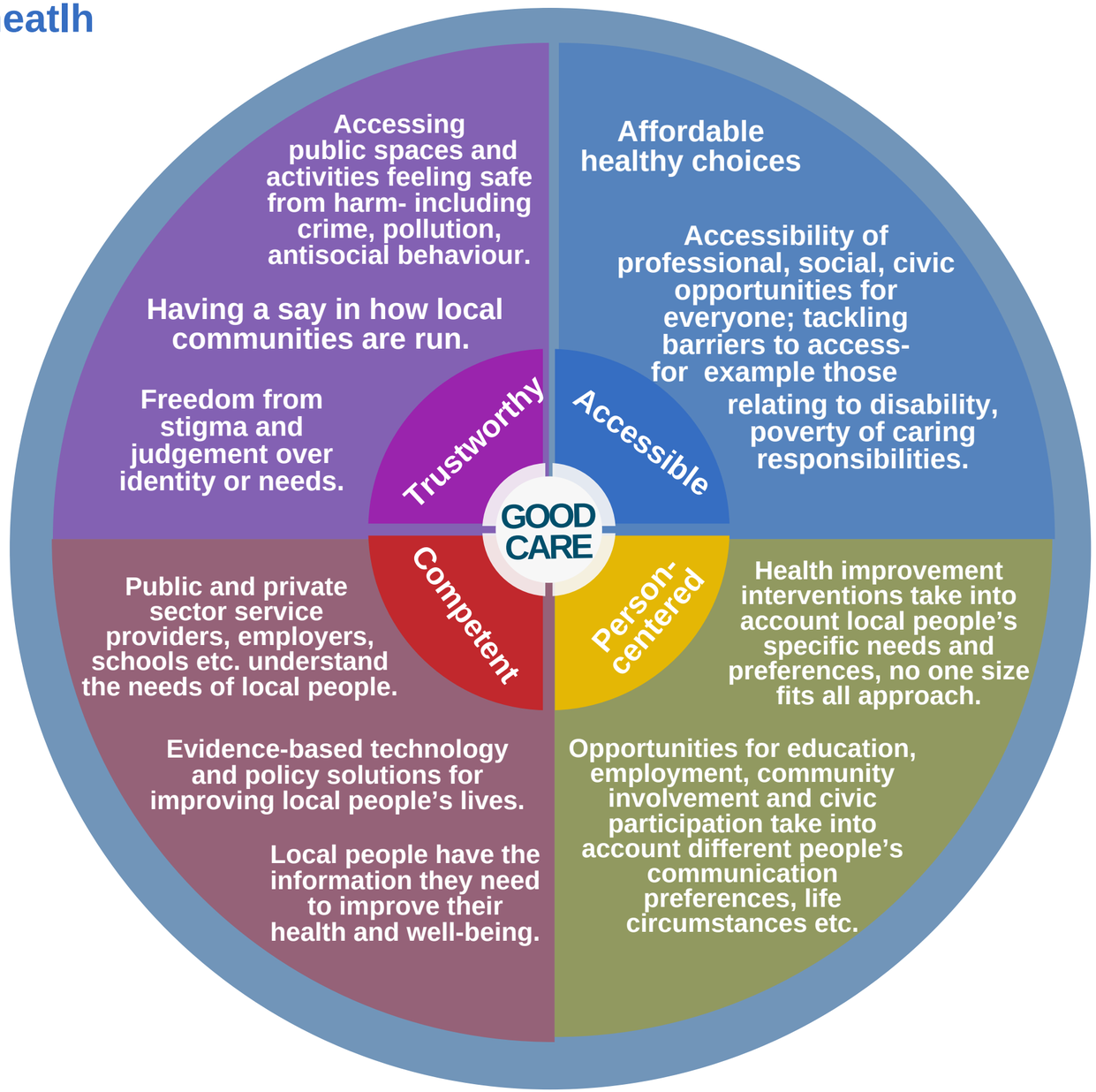


Good care is: competent

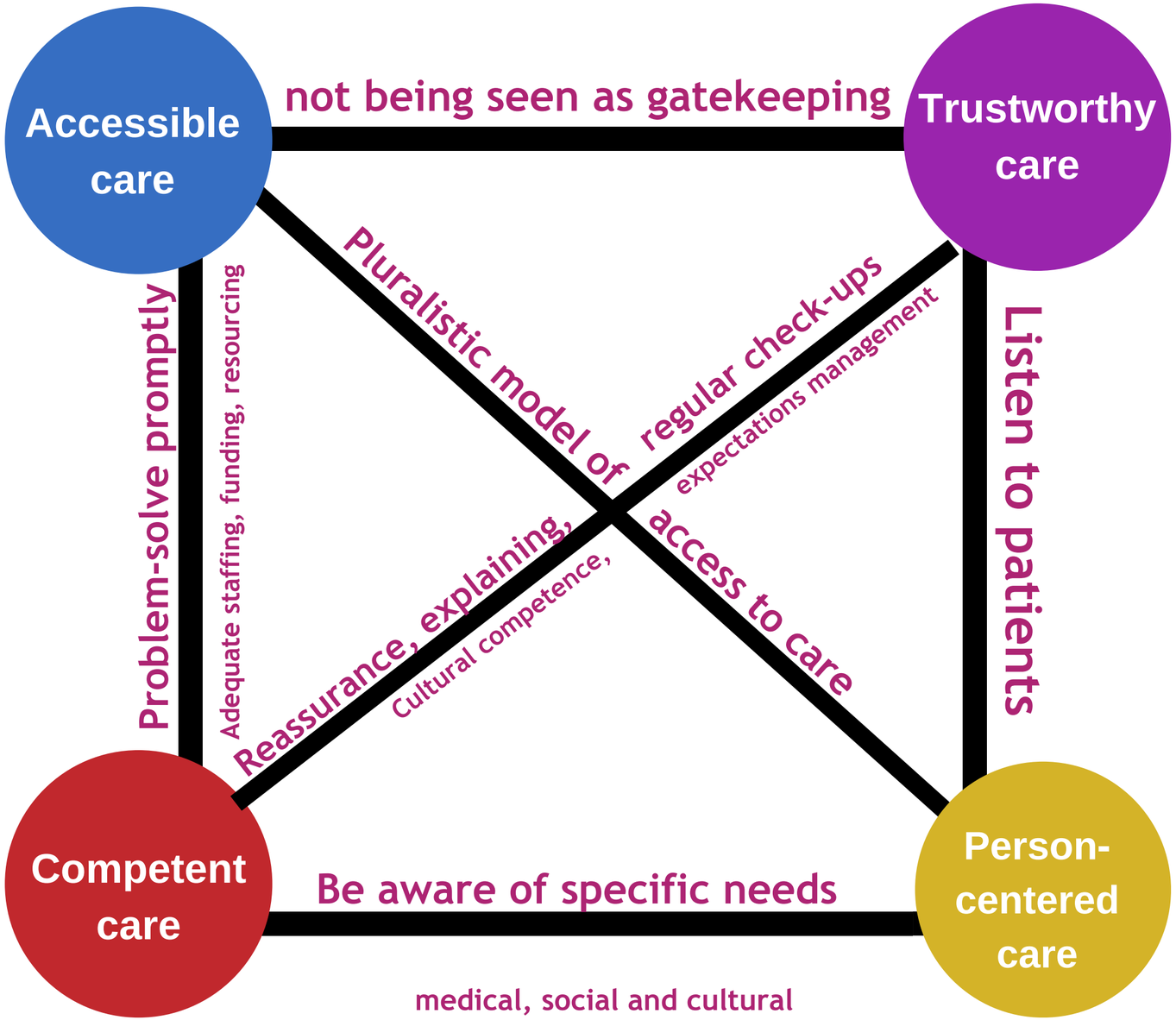
What does enabling everyone to thrive look like?

The wider determinats of heatlh

Everybody can THRIVE



The four pillars interconnect and impact each other.

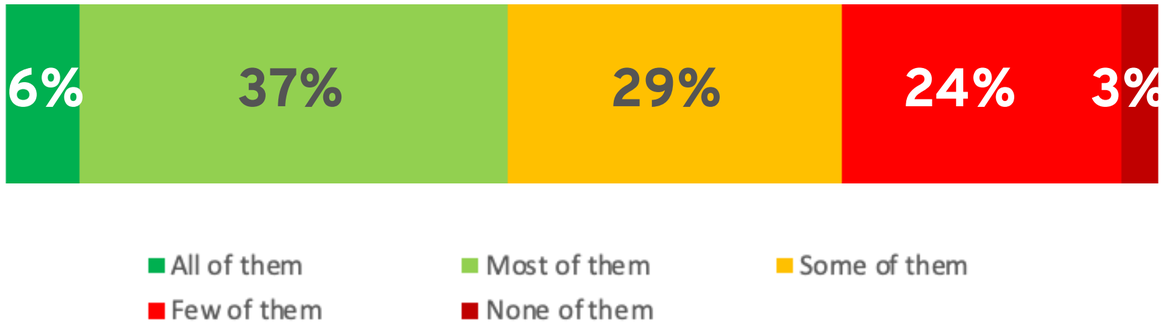


Accessible

117 mentions from 81 respondents

How important is it for you: Getting the care you need when you need it?

Professionals looking after me: are available to provide the care I need when I need it



Compared with North East London total, Tower Hamlets respondents were about as likely to find they can access the care they need, when they need it.

What would indicate accessible care?

Accessible

> *Better access to GP appointments, nothing more stressful than being on re-dial just to get into a queue. Plus on line appointments get taken so quickly.*

- Patients can reliably access both routine and urgent care within a reasonable time frame, commensurate with their clinical urgency.
- There are multiple equally reliable ways of booking appointments, taking into account both the needs of those who are most comfortable using online services and of those who are digitally excluded.
- Services are available locally or within reasonably commuting distance; the needs of patients who don't drive are taken into account; and at different times, to meet the needs of patients who work full-time, as well as those who work irregular shifts/ non-standard hours and those with caring responsibilities.
- All health and care services that patients need are free or affordable; no one has to go without necessary care because of the cost. Hidden costs of care are taken into account and minimised (for example: the cost of transport to healthcare facilities or of accessibility equipment).
- Services understand and accommodate the needs of disabled patients; including awareness of mental health-related disability, and of complex needs arising from multiple forms of disability; as well as understanding and taking steps to mitigate any other forms of barriers to accessing care (language barrier, digital exclusion, general literacy, knowledge of the system, cultural issues, domestic violence).
- Making healthy lifestyle choices is realistic for all; for example, people on low incomes and those who cannot cook for themselves still can have a healthy diet; exercise classes are available for those with limited mobility who can only handle gentle physical activity etc.

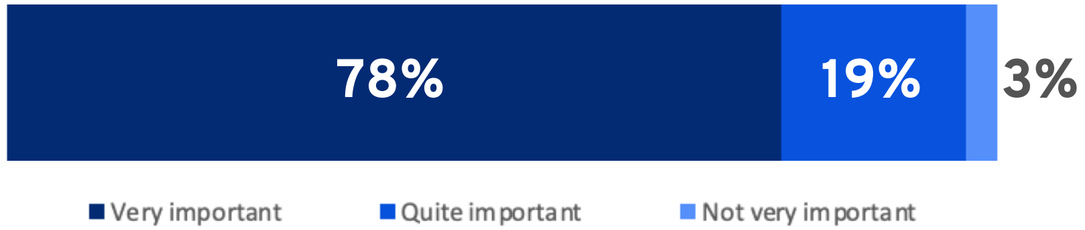
What would NOT happen?

- Patients going to A&E for issues that could have been dealt with by a GP or walk-in centre.
- Over-stretched telephone lines, associated with a one size fits all booking system.
- Patients paying for private healthcare they struggle to afford, because NHS care is too difficult to access.
- Patients going without the care they need (dental treatments, domiciliary care, etc.) because they cannot afford it, or because they struggle with the process of accessing it.
- People feeling that their personal circumstances (income, daily schedule, working conditions. physical limitations) force them to make unhealthy choices instead of healthier ones (for example making unhealthy diet choices because they can't afford healthier ones).

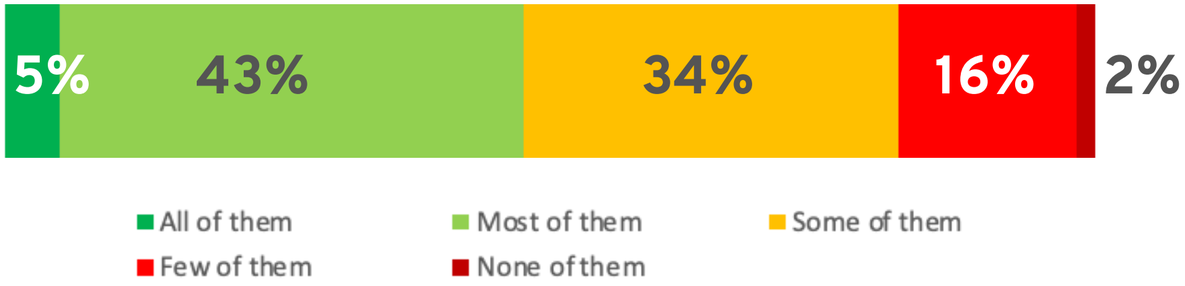
Competent

27 mentions from 23 respondents

How important is it for you: Being cared for by people who understand my specific needs



Professionals looking after me: Understand my specific needs



Compared with North East London total, Tower Hamlets respondents were about as likely to find they are looked after by professionals who understand their specific needs.

What would indicate competent care?

Competent

Professionals providing health and care services have up-to-date, in-depth knowledge of the conditions they are treating.

Professionals providing health and care services have a good working knowledge of patients' conditions, even outside their area of specialty, to the extent they impact patients' access to care, care needs and general wellbeing.

Professionals providing health and care services have a good working knowledge of health inequalities, social inequalities and cultural issues that may influence patients' access to care.

Patients are diagnosed accurately and within a reasonable timeframe; necessary investigations are available to ensure the accuracy of the diagnosis process.

Patients receiving treatment informed by the NICE guidelines, and by the latest evidence-based developments in medical science.

Local people having a good level of knowledge about keeping themselves healthy and well.

Employers, schools, public services and local businesses knowing how to ensure they provide a healthy environment.

You need expert information to be understood. You need to know what you're talking about. It's knowing where you are in the system, how long it will take and what's appropriate to do while you wait. Provide services according to NICE guidance. It seems they can't do that at the moment because of money, staff or lack of knowledge.

What would NOT happen?

Excessively long waiting times for diagnosis/ investigations.

Admin issues affecting the diagnosis process, e.g.: lost test results.

Misdiagnosis as a result of superficial consultations/ poor knowledge.

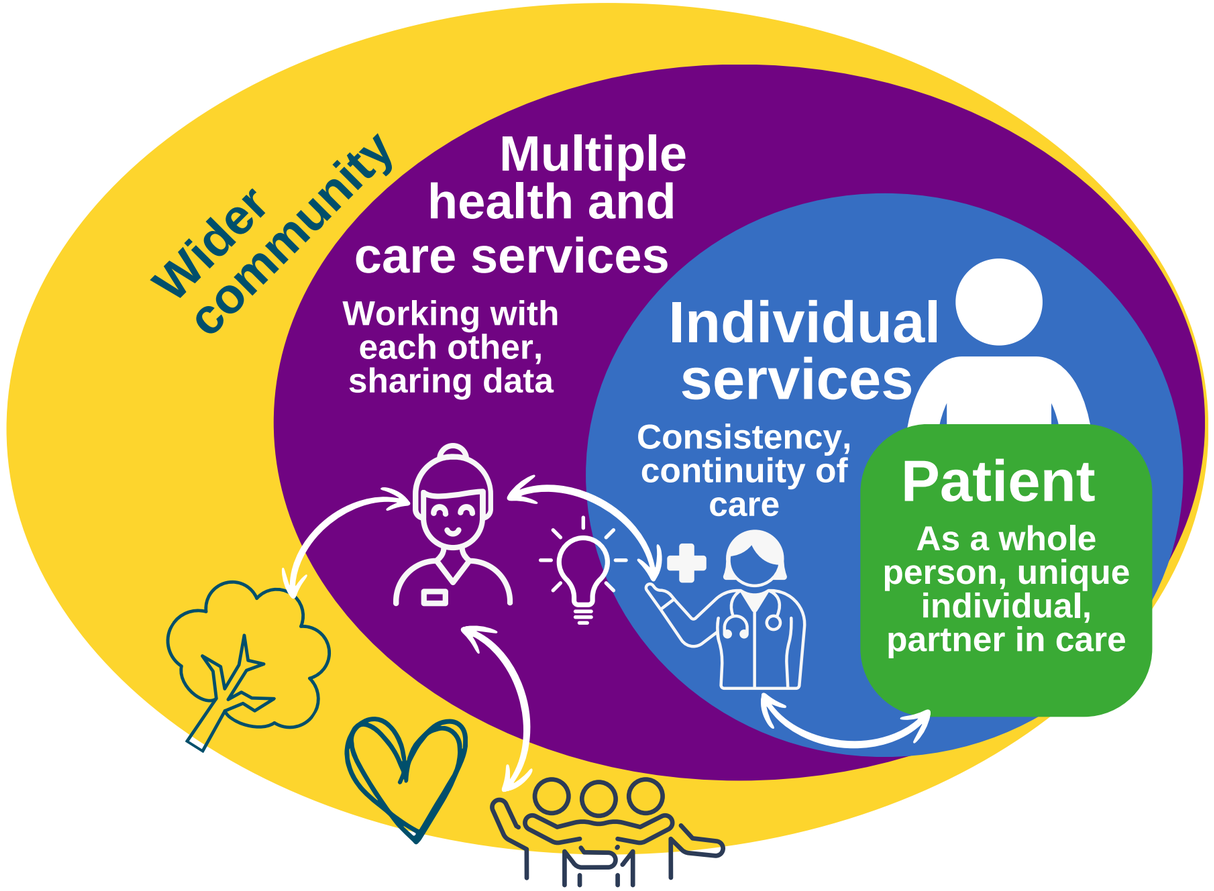
Lack of support with symptoms during an ongoing/ potentially long diagnosis process.

Clinical decisions being taken based on factors such as budget constraints or professionals' own cultural biases, rather than clinical need and scientific evidence.

Ineffective public health/ prevention interventions at a wider social level.

Local people making decisions about their own health based on incorrect information or pseudoscience.

Person-centred



42 mentions from 35 respondents

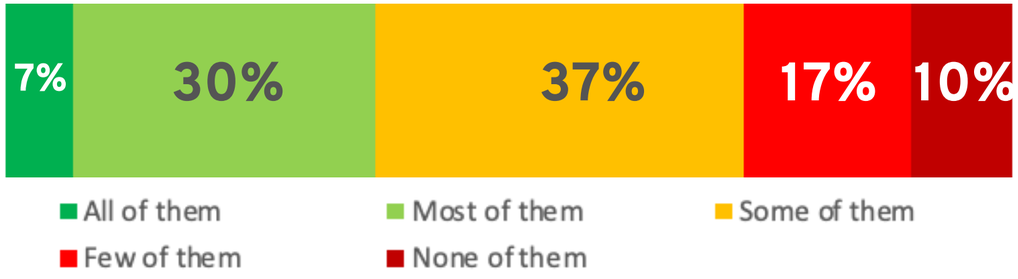
How important is it for you:

Person-centred

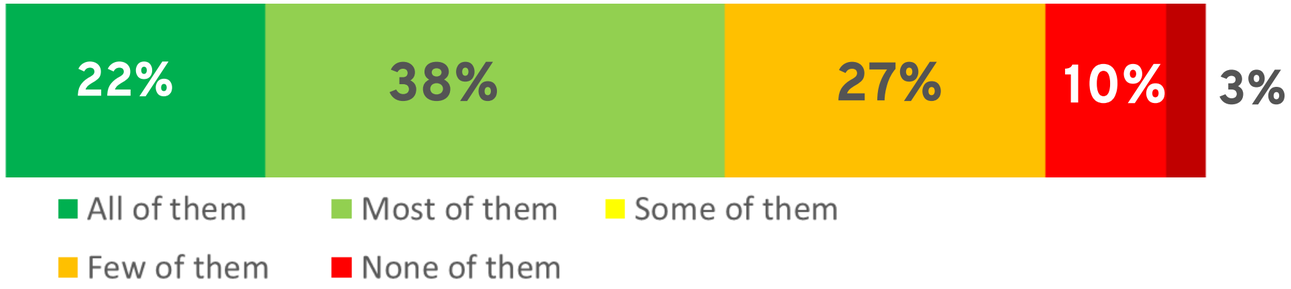
Knowing that different services supporting you work well together

Being involved in decisions about your own care

Professionals looking after me: Work well together



Professionals looking after me: Involve me in decisions about my own care



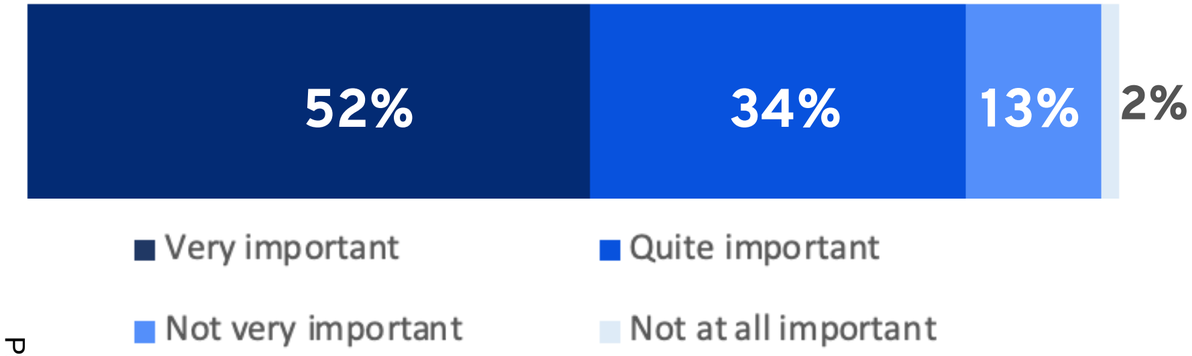
Compared with North East London total, Tower Hamlets respondents were as likely to find that professionals looking after them work well together.

Compared with North East London total, Tower Hamlets respondents were slightly more likely to find that professionals looking after them involve them in decisions about their own care.

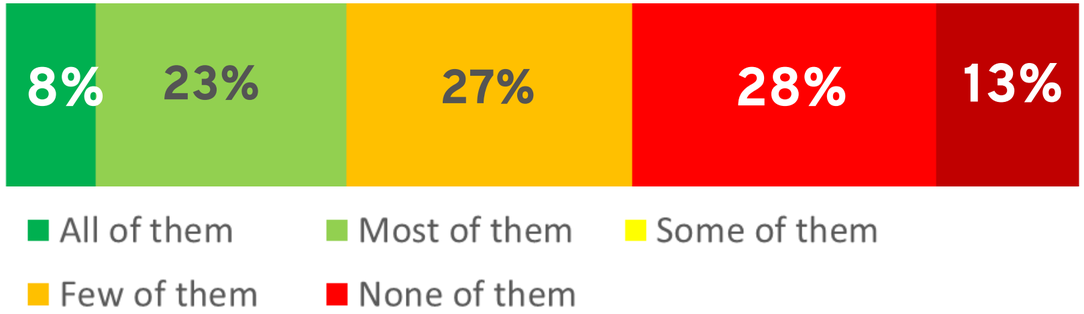
Person-centred

How important is it for you:

Not having to tell your story or explain the same issue lots of times to lots of different people.

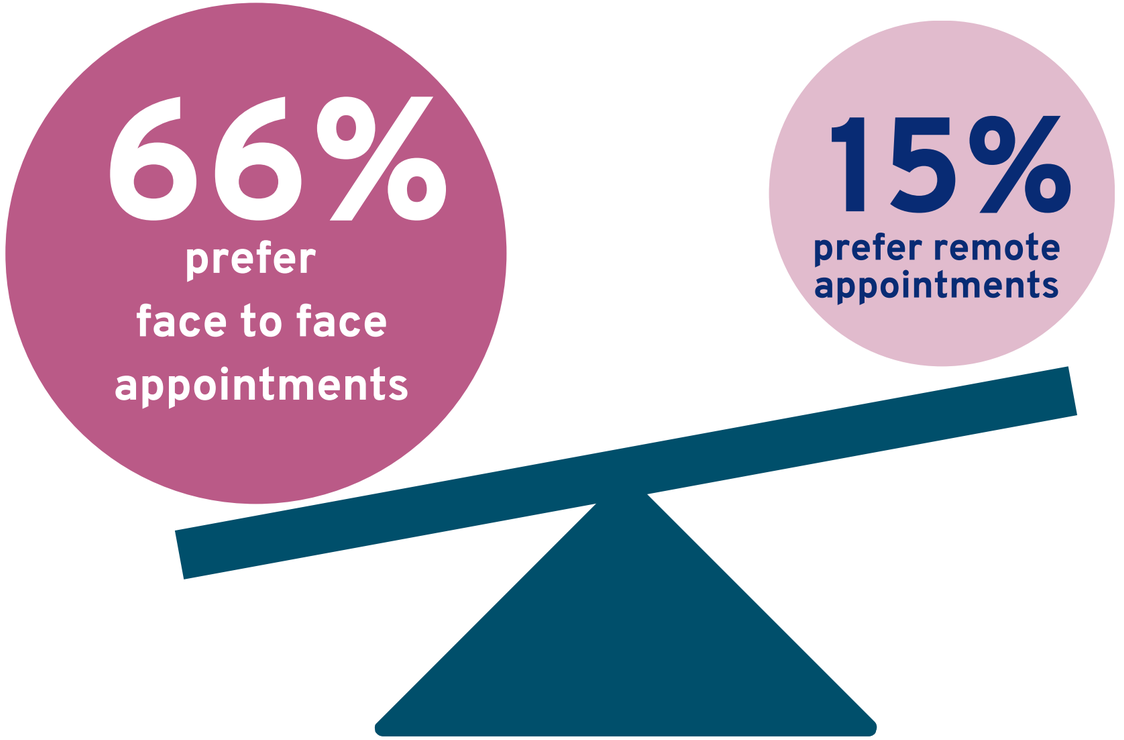


Professionals looking after me communicate with each other, so that I don't have to repeat myself



Compared with North East London total, Tower Hamlets respondents were slightly more likely to find that they can avoid repeating themselves.

Previously, in the GP Extended Hours Survey, we asked Tower Hamlets residents if they preferred face-to-face or remote appointments.



Person-centred

We have previously analysed data on where and how patients want to access GP appointments. Findings are consistent with the findings of this survey.

Patient Profiles

Prefers to be seen in person

Least flexible

Specifically needs in-person appointment within their local area

45% of respondents

The in-person patient

Highly values in person appointments and is willing to travel for them

26% of respondents

Only willing to travel up to 30 min

Willing to travel 30+ min

The virtual patient

Seeks to avoid travelling to see a GP, but willing to have remote appts

17% of respondents

Most flexible

Happy to have virtual appointments or to travel to a GP appointment

12% of respondents

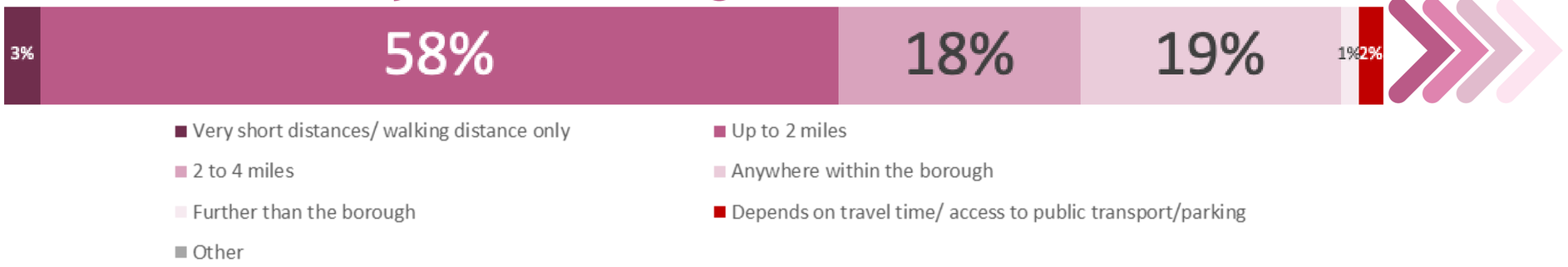
Prefers being seen remotely or doesn't mind

In this respect, Tower Hamlets respondents are similar with North East London total.

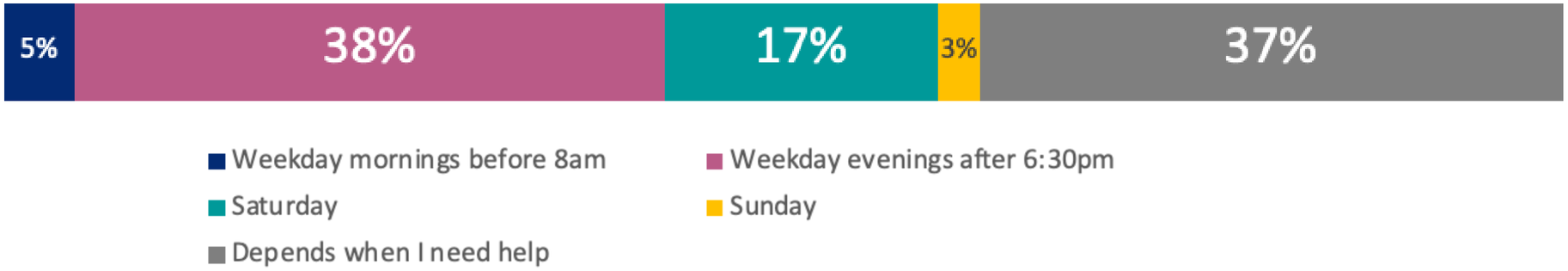
Extended hours survey

Person-centred

How far would you be willing to travel to see a GP?



When would you need out of hours appointments the most?



What would indicate person-centred care?

Person-centred

Patients get to see the same medical professional consistently (for example the same doctor or midwife), as much as it is practical. Otherwise, when patients see different medical professionals within the same service or there is a staff turnover, notes and patient records are passed down and read. Quality of care remains constant regardless of who is delivering the care.

Referrals between different services are issued as needed and processed promptly; services share medical records and information seamlessly.

Health and care services are actively working with the wider community to promote holistic patient health - social prescribers, the voluntary sector etc.

Health and care professionals give patients clear options for treatment or care, presented objectively with pros and cons; empowering them to make informed decisions. Patients feel treated as a partners in their own care; and like medical professionals are interested in their own desired health outcomes.

Health and care professionals take a holistic approach to patients' health rather than examining conditions and symptoms in isolation.

Patients get a choice about where and how they access care or public services (using online services, having remote consultations or doing everything in person).

Information is available in a variety of formats and outreach channels

Employers, recruiters and schools consider work-life balance and fitting around workers' and students lives; processes for workforce recruitment and career development look at the worker holistically.

> *Often health care providers give contradictory information which is frustratingly vague and confusing .*

What would NOT happen?

Patients receiving contradictory information from medical professionals.

Patients feeling like the level of care they receive is dependent on whom they get to see on any given day.

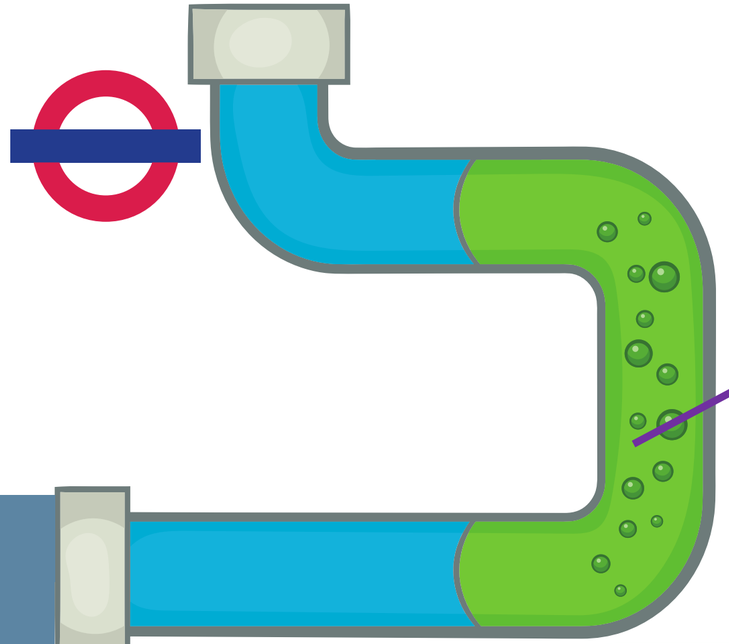
Patients having to repeat information that should be in their medical records or notes already.

Patients feeling like they are passed around between services with no actual help.

Patients only being allowed to discuss one symptom or condition per appointment.

Unblocking the pipeline

Person-centred



A radical new approach may be the answer

Emergency appointments, routine screening, able to refer to other services

Borough-wide GP service, near good transport links

Online services (booking, repeat prescriptions, etc)

Provide reassurance

Remote appointments, GP at Hand model

OWN GP

Better info on accessing the right GP service

In-person appointments -prioritising long term conditions and the most vulnerable

Social prescribing

Wider integration

Wider community

Health checks

Support groups

NHS 111 and other centralised services

Extend 111 remit with better skilled call handlers

Repeat prescriptions, specialist advice for long term conditions

AI and digital information

Advanced algorithms for diagnosis and reassurance, linking up to relevant services if needed

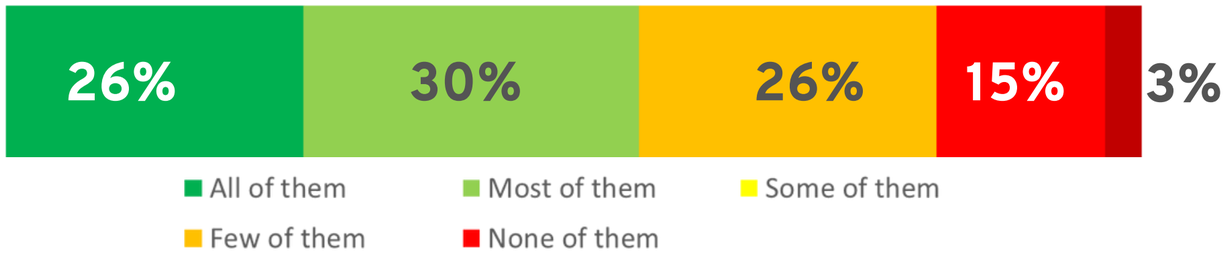
Info on prevalent conditions(Strep-A, Covid, flu) in multiple formats: written, audio, phone line etc.

Trustworthy

41 mentions from 46 respondents

How important is it for you: Receiving information in a way that's easy to understand

Professionals looking after me: give me information that's easy to understand

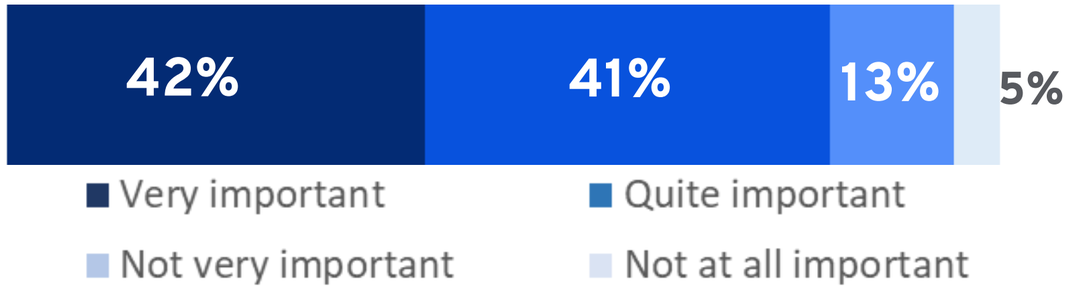


Compared with North East London total, Tower Hamlets respondents were about as likely to find that they receive information that's easy to understand.

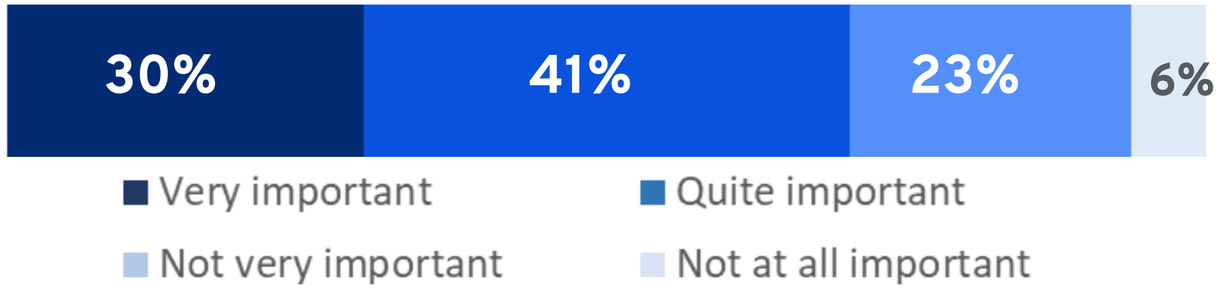
How important is it for you

Trustworthy

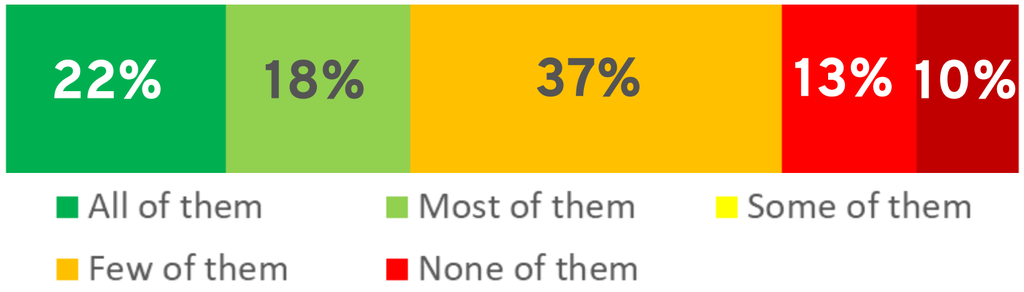
Being looked after by people who understand your beliefs and values.



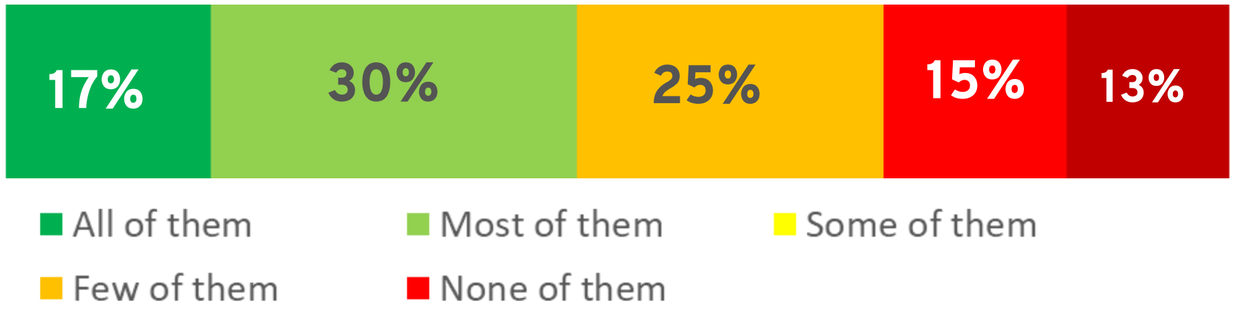
Being looked after by people who understand your culture.



Professionals looking after me: understand my beliefs and values



Professionals looking after me: understand my culture



Compared with North East London total, Tower Hamlets respondents were slightly less likely to find that they receive information that's easy to understand.

Compared with North East London total, Tower Hamlets respondents were slightly less likely to find that they receive information that's easy to understand.

What would indicate trustworthy care?

Trustworthy

> *Generally people are helpful, however what tends to be missing in hospital consultations is explanation: what might be wrong; what tests are being done and why; what the tests can tell you; and what the pathway then is.*

- Patients feel listened to and reassured that their problems are taken seriously by care professionals; they feel that they are given adequate time .
- Health and care services proactively engage with patients and ask about what is important to them.
- Patients communicate with professionals about their care, in a honest, straightforward manner; understanding why they are offered a certain course of action.
- Patients have someone they can turn to for competent advice, reassurance and prevention; they know whom they can turn to if they are worried about specific aspects of their health.
- There is a straightforward and transparent process for accessing care.
- Patients have access to routine check-ups in order to feel fully reassured that their health is good.
- Services demonstrate accountability and act upon feedback received from patients.
- In the family, workplace and community, local people feel comfortable talking about their health needs with no fear of judgement or stigma.
- Local people feel safe from harm in their local community; they are comfortable using local amenities/facilities and engaging with their neighbours.

What would NOT happen?

- Patients feeling like they are fobbed off or their concerns are dismissed.
- Patients feeling that they are treated like a burden; feeling discouraged from seeking care or asking questions.
- Consultations feeling more like a tick-box exercise than a consultation.
- Patients perceiving admin staff as gatekeepers or relating to them in an adversarial way.
- Workers feeling reluctant to ask for sick leave or necessary adaptations at work, fearing discrimination or judgement.

What about cultural competence?

A note on engaging with local people on their beliefs and values

Trustworthy

In some situations, rather than asking local people about their culture, beliefs and values in relation to health and care services, an alternative way of framing the question would be to address their expectations in relation to the care they receive. This could in turn inform culturally competent care.

Moral values

Lifestyle choices

Previous experiences of care

Experience of discrimination

Expectations of what receiving care should look like

Opinions and beliefs about medicine and medical science

Perception of own needs

Identity (gender, ethnicity, sexual orientation, etc.)

Cultural or religious restrictions/ taboos/ needs

Trust

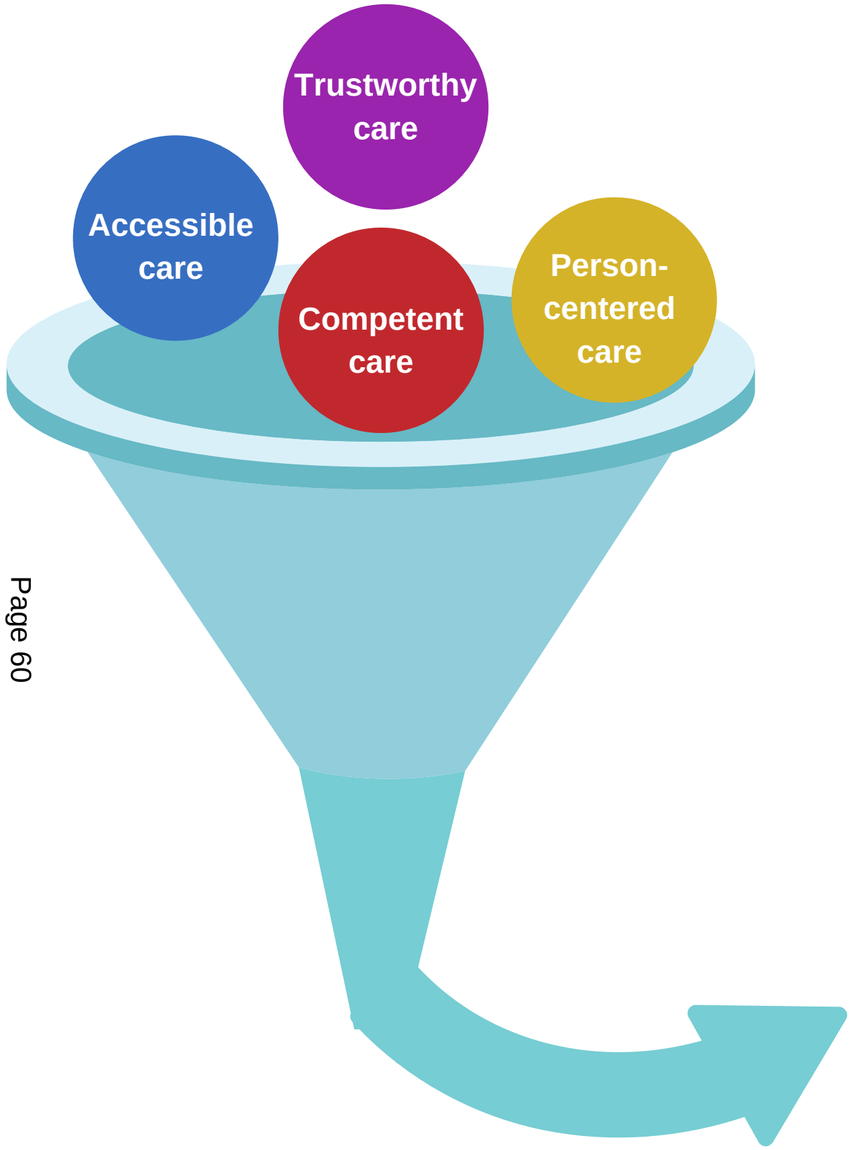
communication

culturally competent care

Evidence-based medicine

NICE guidelines

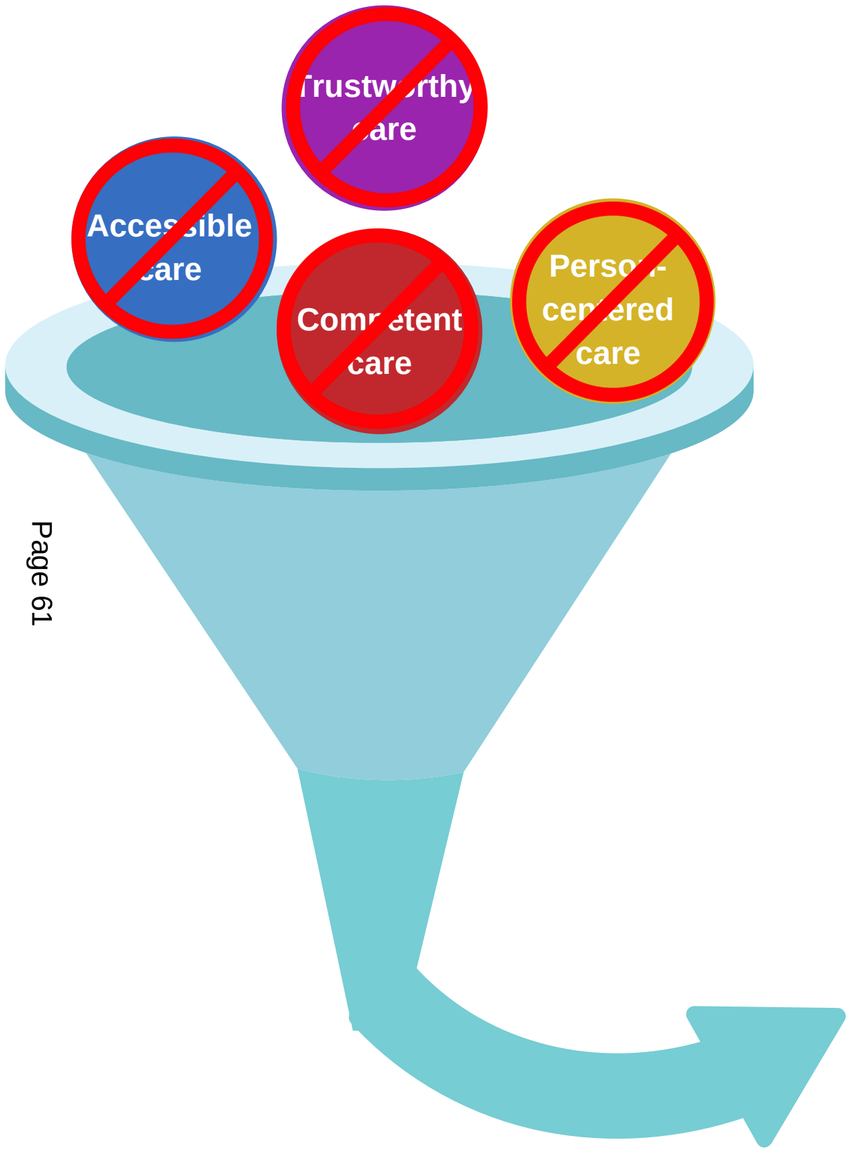
Access and budget constraints



What does good care look like?

Good care has good consequences

- Local people feel **empowered** to live full healthy lives, to look after themselves and families. They feel **heard** and **reassured**. They worry less about their own health.
- **Children and young people** have a good start in life.
- People with **long-term conditions** manage them well. They are able to work and/or contribute to society in other ways. They are able to engage with others and do things they enjoy.
- **Older people** stay healthy and active for longer. They maintain a goo level of independence.



What does good care look like?
Bad care has bad consequences

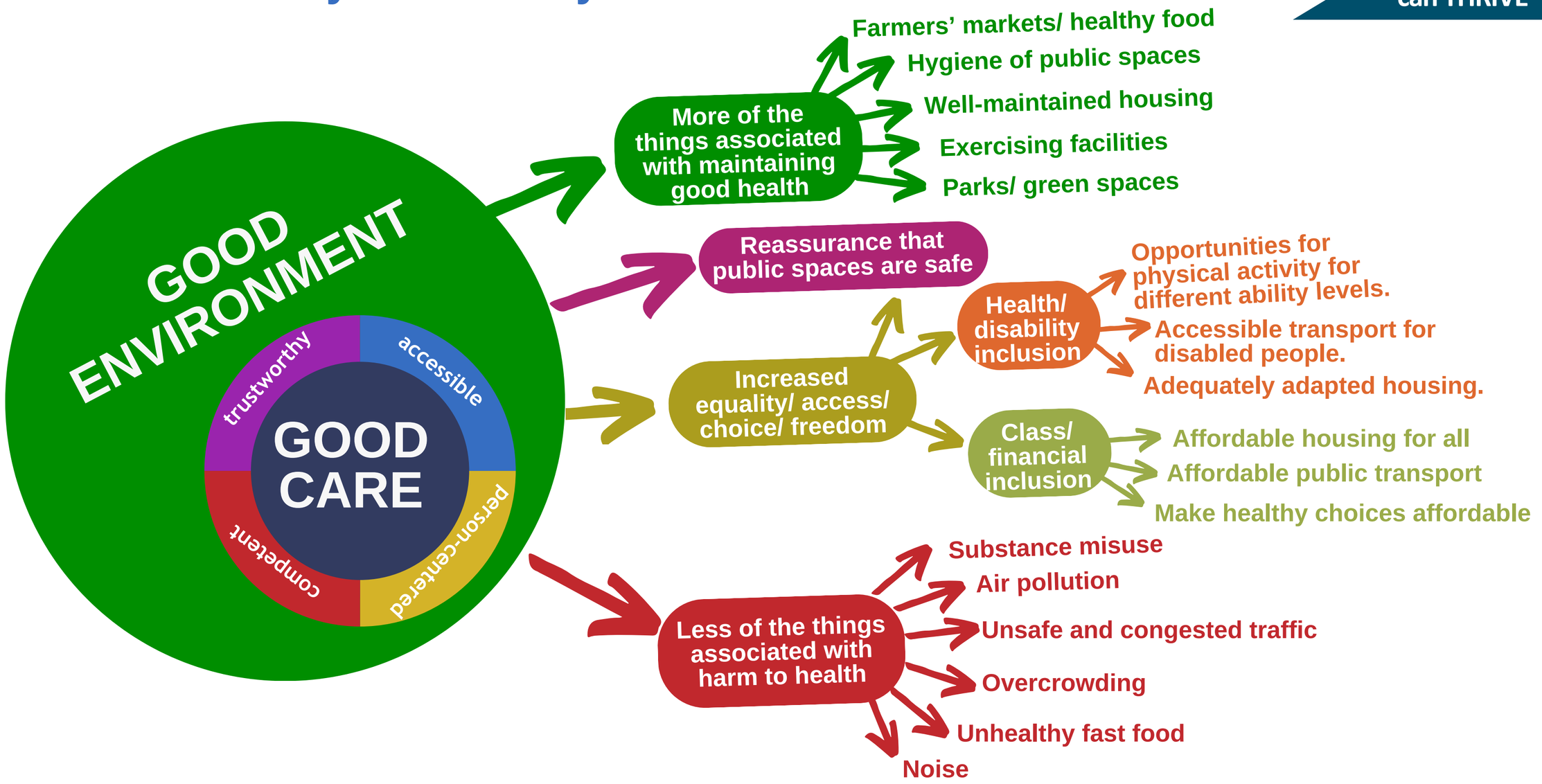
- People **worry about their health,** as they don‘t have the knowledge to assess their own level of health or deal with specific symptoms; and they don’t have a reliable source of advice.
- People **distrust** doctors and the treatments they prescribe; they may see the health and care system as defined by **gatekeeping** and doing the bare minimum. As a result, they may turn to alternative sources of care and/or reassurance, including those which may be pseudoscientific or harmful.
- Conditions that **would have been more easily treated** or controlled at an early stage worsen.
- People with **long-term conditions**, especially as they age, leave the workforce earlier and experience highter risks of social isolation.

What could make care accessible, competent, person-centred, trustworthy in Tower Hamlets

- Make primary care available on a non-appointment basis (through walk-in centres, urgent treatment centres etc.)
- Improve telephone and online booking in GP surgeries.
- Increase number of GP surgeries and extend their opening hours.
- Improve availability of appointments at the Royal London Hospital; reduce the number of appointment cancellations.
- Improve record-sharing between different NHS services, especially between GPs and all other services.
- Improve provision of social prescribers and links between GPs and community/ advice/ voluntary resources.
- Provide local residents with the opportunity to receive health checks and bring up questions and concerns about their health. These could be geared towards the general population or specific groups (older people, small children, long-term conditions etc.) and take place in GP surgeries or in a community-based setting.

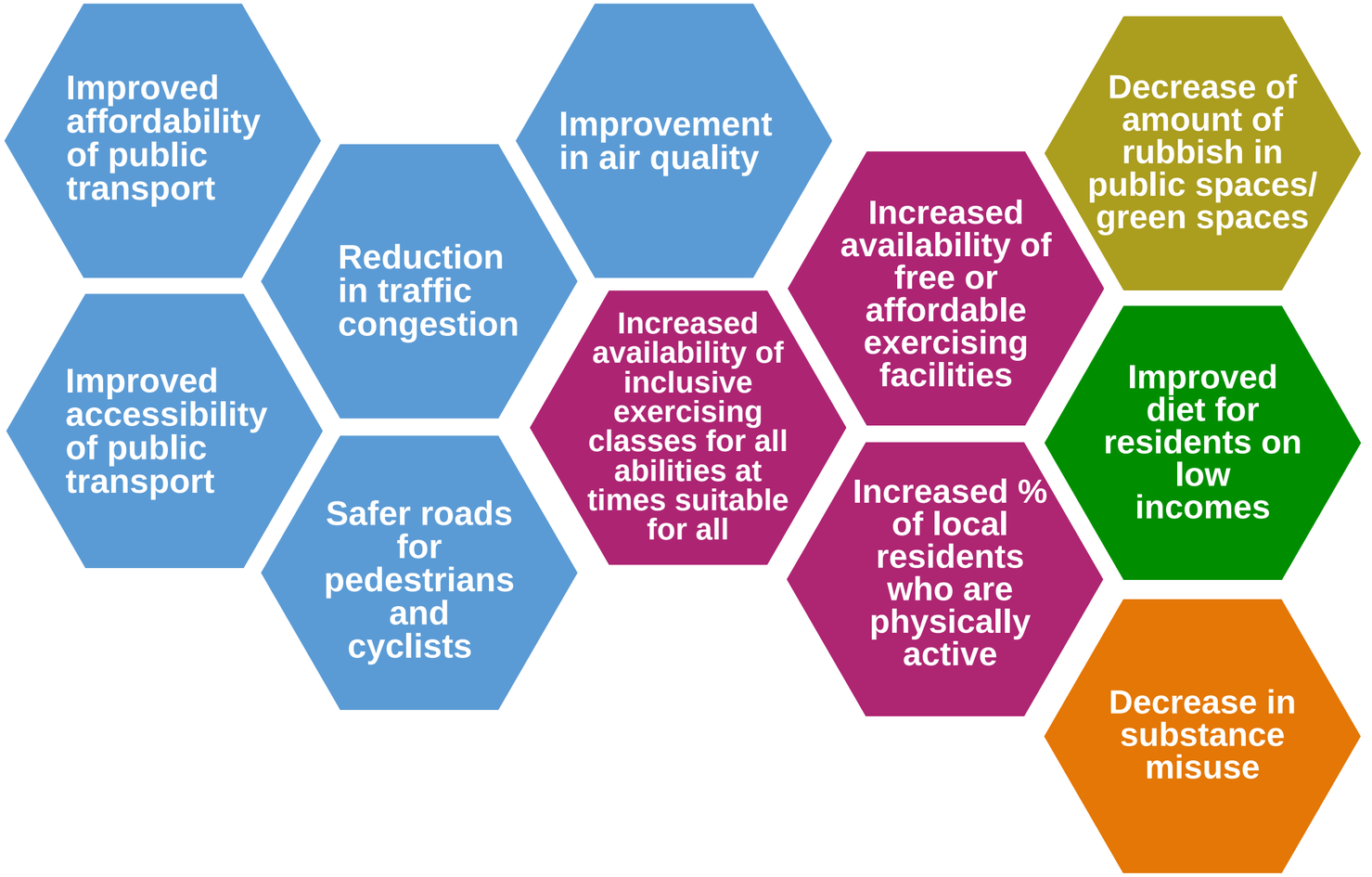
What does a healthy community look like?

Everybody can THRIVE



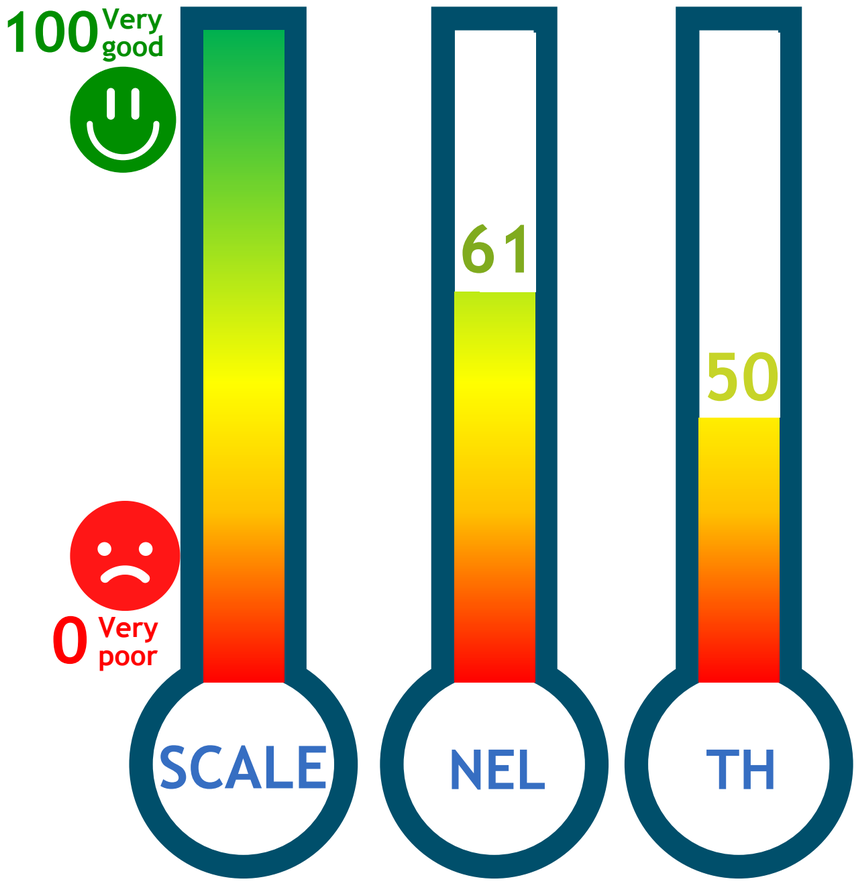
How to measure the health of the wider community based on what matters to local people

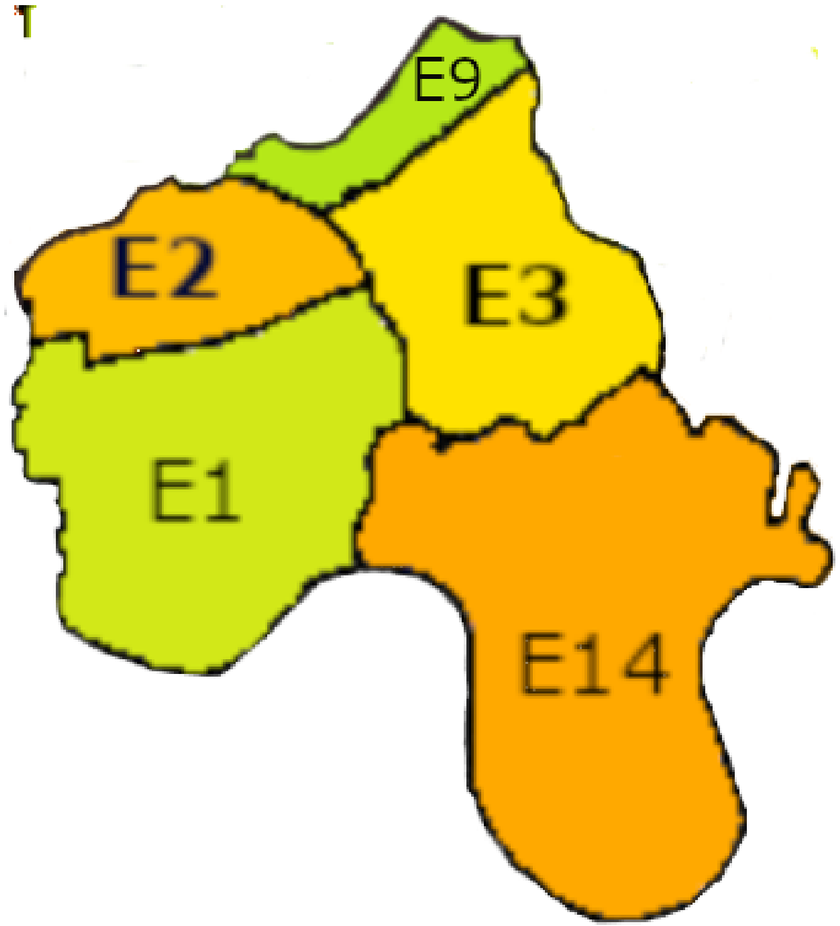
Everybody can THRIVE



My neighbourhood is a place where I can live a healthy life- *survey respondents*

Everybody can THRIVE



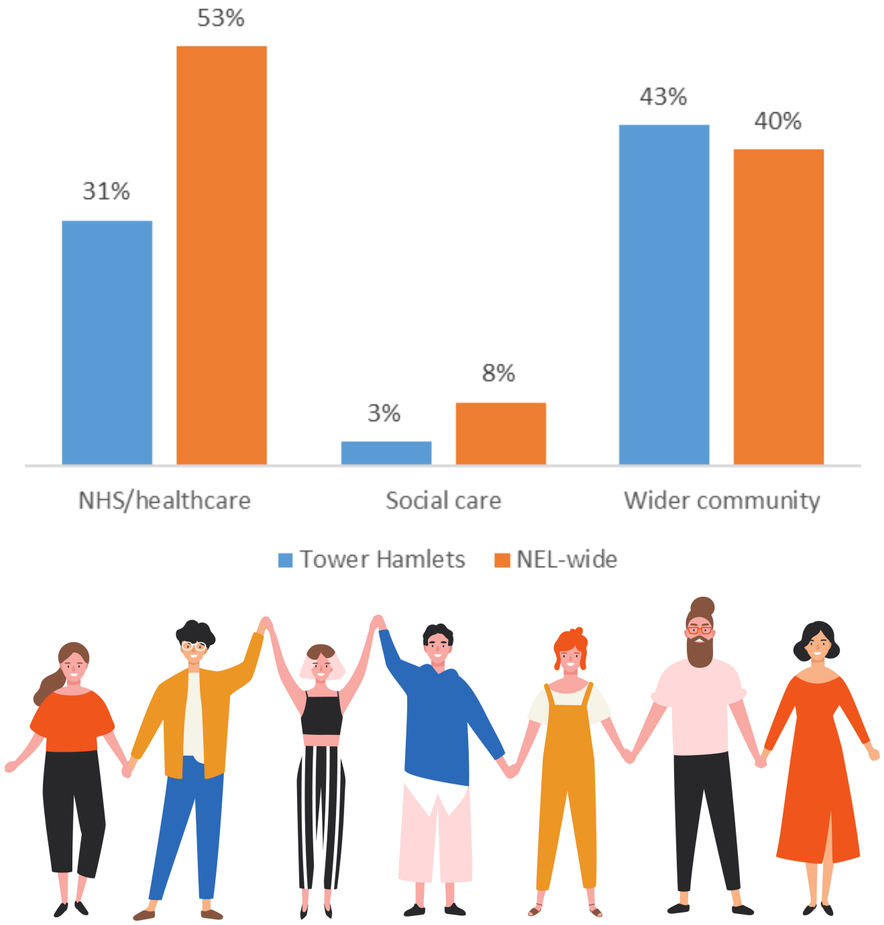


What could create healthier communities in Tower Hamlets

Everybody can THRIVE

- Make gyms and other exercising facilities accessible for more groups that currently don‘t use them; especially older people, those who cannot exercise strenuously or need gentler exercise; people on low incomes who would struggle to afford membership at the current market rates; and women who prefer to exercise in women-only spaces.
- Tackle road traffic gridlock and generally discourage unnecessary driving to reduce air pollution; impose low emission requirements on canal boats as well as cars.
- Improve walkability and cycling facilities.
- Improve availability of healthy and affordable ready meals/ cafes/takeaways.; reduce number of fast food outlets.
- Improve safety and cleanliness of parks; crack down on antisocial behaviour in public spaces.

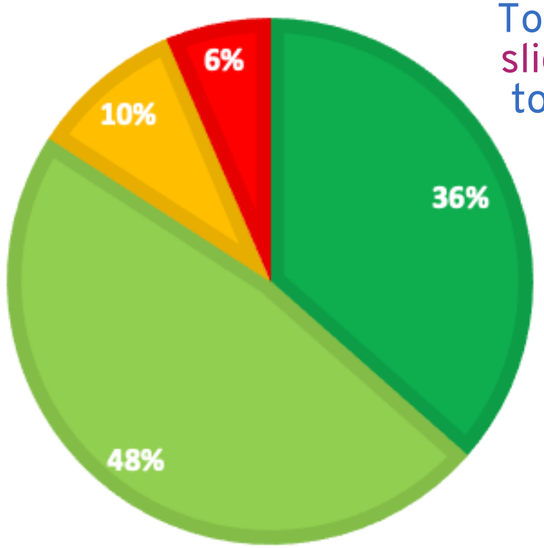
What changes would make an immediate positive difference to people's lives?



Most mentioned healthcare change: improve access to primary care, especially to GP appointments.

Most mentioned wider community change: tackle road traffic gridlock and air pollution

How interested would you be about having information available where you live about living a healthy life? - *survey respondents*

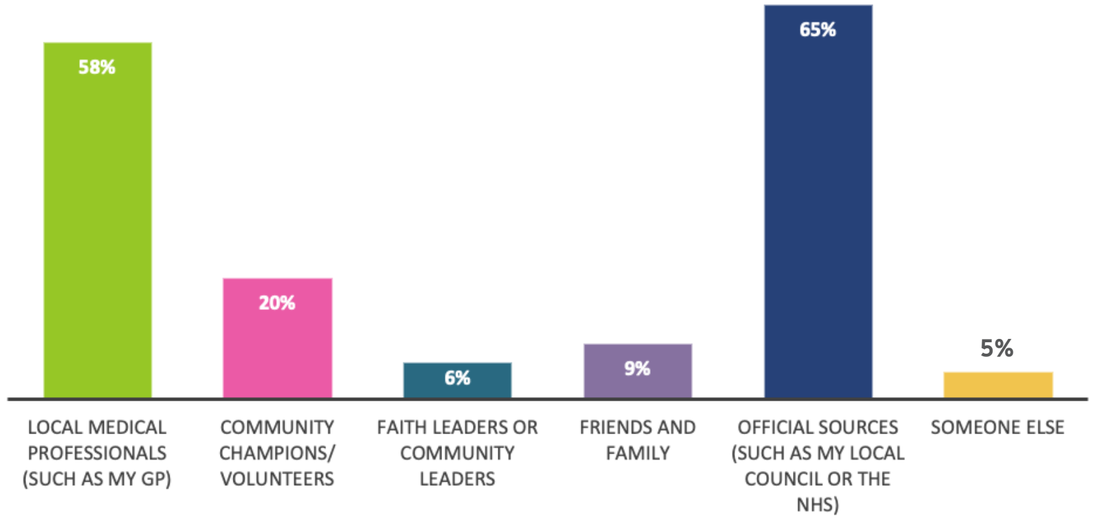


Tower Hamlets residents were a slightly more likely as NEL total to be interested in information about healthy living.

75%
of those not interested said they already had enough information.

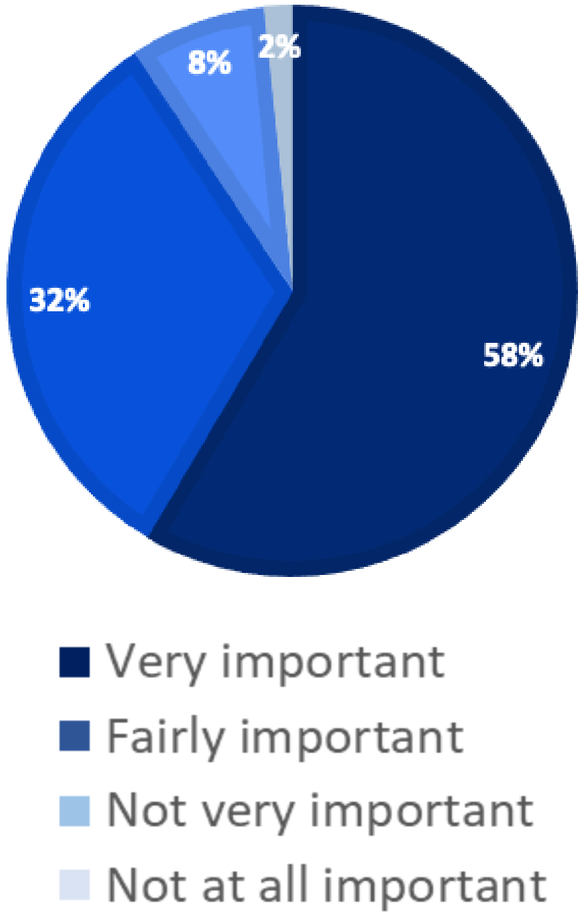
50%
of those not interested said the obstacles they face to living a healthier life cannot be tackled with just information.

Whom information should come from
according to those who would like to receive info



Tower Hamlets residents were less likely than NEL total to want information coming from local medical professionals or from faith or community leaders.

How important is it for you to have a say about how local health and social care services are run? - *survey respondents*



Compared with North East London total, Tower Hamlets respondents were slightly less likely to believe it is important to have a say.

What would help local people be more involved in shaping health and care services:

Inform local people about involvement opportunities

Be flexible in terms of dates/time and medium; consider accessibility

Accommodate those who prefer to take part in meetings and those who prefer to give feedback in writing; those who are digitally excluded and those who prefer online communication; those who work full-time and those with limited ability to travel.

Consider the specific expertise individuals can bring

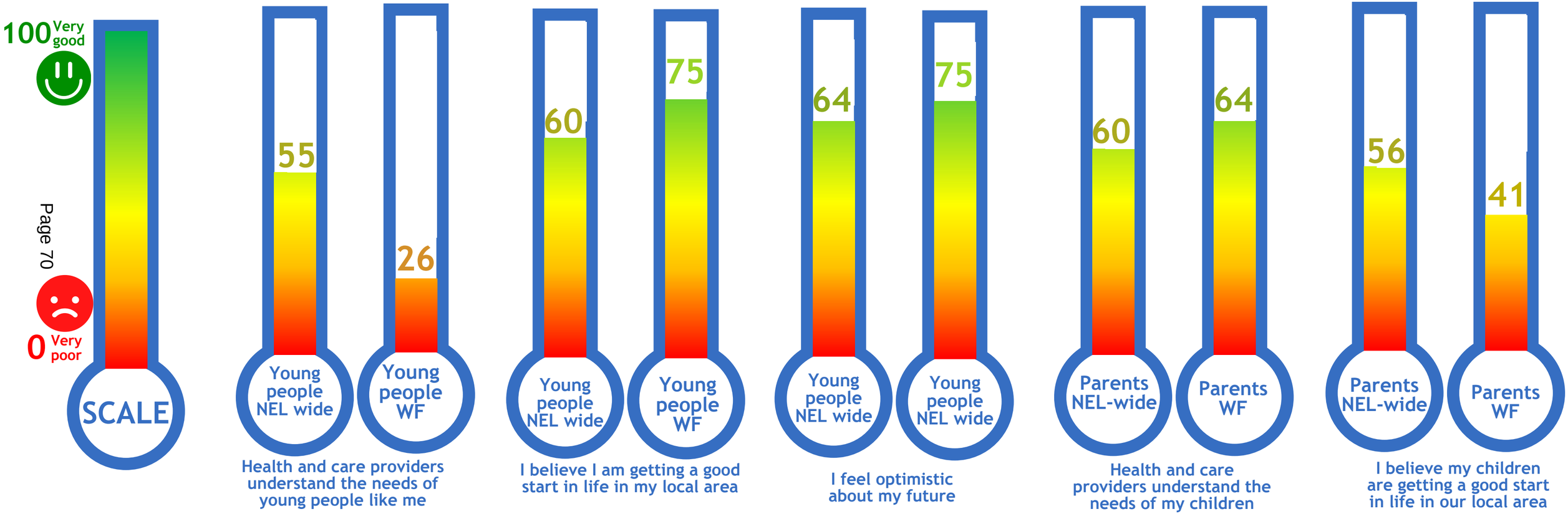
Professional experience, lived experience, transferrable skills.

Consider financial incentives/ paying for expertise

Show local people how their involvement is making a difference

Offer clarity on how their data will be used; demonstrate accountability; publicise "You Said/We Did" results

Priority: babies, children and young people



Priority: babies, children and young people

What young people want from health and care services

- Trustworthy sources of information about healthy lifestyles
- Routine check-ups/ screenings/ blood tests
- Mental health and wellbeing support; faster access to mental health services; holistic mental health support
- Awareness of mental health-related disability; signposting and integration
- Services that are easy to use (streamlined admin), with reasonable waiting lists; simplified access/paperwork
- Non-judgemental, empathetic professionals you can be open with; communicating sensitively
- Younger social workers and friendly space them can put them at ease
- Medical professionals that speak to them in an age apropriate way from as early as possible, not just to their parents
- Respect for their confidentiality and privacy
- Health professionals that do not dismiss young people’s concerns and symptoms, especially those that make them stressed or self-conscious; not having their concerns dismissed because of age.
- Social prescribing; working within the community
- Continuity and integration of care when transitioning from child/adolescent to adult health services; without a need for restarting the referral process.
- They place a high importance on health and care workers being fairly paid and having a good work environment

Priority: babies, children and young people

What young people want from schools

- Holistic/ interdisciplinary teaching
- Better security/ protection/ safe environment.
- School-based mental health support.
- Opportunities to learn about different career paths, including for those who are not academic over-achievers.
- Work experience. Opportunities to build employablity skills.

What young people want from their local communities

- A strategy to address poverty, especially food poverty and housing poverty/homelessness;
- Better awareness of the different types of abuse and support for abuse victims.
- More after-school clubs particularly aimed at young men, as a violence prevention strategy.
- Work experience. opportunities to build employable skills.
- Better promotion of community organisations/ charities offering relevant services.
- Safety from bullying, harassment, robberies and gangs.
- Connection, motivational community; encouragement to pursue dreams
- Open green spaces, spaces for physical activity and sports
- Disability inclusion

Priority: babies, children and young people

What parents want from health and care services

- Easily accessible/ availabilty of appointments
- Quick access to urgent primary care (same day or walk-in); a dedicated helpline for paediatrics advice/
- Single point of access for children's services
- Local children's hub providing health checks; for older ages (from primary school onwards) continue to provide routine health checks and health information in a regular basis, possibly in a different setting.
- Better continuity/ consistency of care in the provision of postnatal health visitors, especially for vulnerable families and those with mental health issues; better non-judgemental breastfeeding support; continuity of care/ support from birth to school age. Extend Home Start to older ages
- Nutrition, mental health and family education for parents and children; access to antenatal/ parenting classes, including for those on low incomes.
- Multicultural staff reflecting the diversity of local areas
- Signposting service connecting to community resources
- Holistic/ community-connected support for families with special needs or vulnerabilities.
- Better support for children with special educational needs in schools.
- Better, more accessible child and adolescent mental health services
- Mental health support and health education in schools.

50%

of parents didn't have anyone to turn to for advice on supporting their children to grow healthy and well.

Tower Hamlets parents were slightly more likely than NEL total to have someone.

Priority: babies, children and young people
The good care model

Accessible

Babies and children can get same-day GP appointments or be seen on a walk-in basis.

There is a single point of access for children's health services.

Health and care services for children and young people take into account school schedules when offering appointments.

Children's centres, family hubs and youth clubs are in every neighbourhood.

Mental health support and interventions/ activities to improve mental well-being are available in a school and community setting.

Parenting classes, activities for children, families and young people are free or affordable.

Healthy food options are convenient and affordable including for those who can't cook (children at school, students living in halls etc.)

Competent

Young people and new parents have access to impartial, evidence-based advice on living a healthy lifestyle.

All services working with new parents, babies, children and young people, including schools, nurseries, health and social care services, have a good awareness of mental health in the context of parenthood, childhood and youth; as well as of learning disabilities and neurodivergence.

Professionals don't assume young people's symptoms are less serious or that they can't have chronic conditions.

Person-centred

Transition between child and adult services is straightforward and happens without disrupting access to care for young adults; patients are not required to undergo complex bureaucratic processes or tell their story from the beginning all over.

Health services, social care, schools and community organisations work together and signpost to each other. Support for special needs/ vulnerable families (poverty, domestic violence etc.) is holistic and inter-connected.

Schools, universities and training providers work with employers to build skills and recruit young workers.

Teaching in schools is holistic/ interdisciplinary.

Trustworthy

Routine health checks for babies and children are available in hubs, children's centres or GP surgeries, providing reassurance to parents.

Young people get to access care and speak about their concerns to professionals that take them seriously, respect their dignity and their confidentiality; they get to ask about sensitive topics such as mental health or sexual health without fear of being judged.

Young people's health concerns are taken seriously, not dismissed.

Younger social workers and friendly spaces put vulnerable children at ease.

Children, young people and parents feel safe from harm in their local area and at school.

Community offers safe spaces for self-expression.

How to measure success for babies, children and young people based on what matters to local people

Pillar	Success indicator	How it could be measured
Accessible	Decrease in waiting times for GP appointments for babies and young children. Decrease in waiting times for children and young people accessing mental health/ neurodivergence services. Improved ease of accessing health services for children and young people- in terms of booking processes and flexibility. Improved provision of resources for promoting physical and mental health in schools and the wider community. Improved access to community resources for children and families on low incomes Improved access to affordable healthy food in schools; improved affordability of healthy food options that don't require cooking at home. Decrease in demand for food banks. Improved access to jobs with a career progression for young people, including for those from working class backgrounds and those who are not high academic achievers.	Data generated by health and social services providers: waiting times for appointments by age; % of patients who unsuccessfully try to make appointments by age; mapping booking and referral processes. Engaging with parents and young people on how easy or hard they find accessing services. Engaging with young people on their lifestyles and the incentives/ obstacles the experience for healthy or unhealthy behaviour; taking into account physical and mental health. % of parents on low incomes accessing parenting classes % of children and young people on low incomes taking part in extracurricular activities and youth clubs.
Competent	Improved knowledge of health lifestyles among parents, children and young people. Improved knowledge of mental health and of neurodivergence among health professionals working with children and young people, including those not specialised in neurodivergence or mental health. Improved knowledge of the wider determinants of health among professionals working with children; decrease in poverty-related preventable illness in children and young people. Presence of evidence-based, effective interventions and initiatives on public health (smoking/vaping cessation, healthy eating, physical activity, reduction of substance misuse) and wider determinants (crime reduction, violence prevention)	Monitoring and evaluation- success rate of public health and related initiatives (for example % of young people who give up smoking, reduction in of young people who take up vaping, reduction in violent crime locally, reduction in substance misuse) Measures of general well-being among children and young people. Engaging with young people on their lifestyles and knowledge levels, including ability to identify impartial vs biased advice, and evidence-based vs pseudoscientific Engaging with health and care professionals about their knowledge of mental health/ neurodivergence in young people/ wider dererminants of health and their training needs Engaging with young people who are experiencing mental health issues and/or are nurodivergent on the extent the feel understood,
Person-centred	Improved continuity of care for young people with long-term conditions (including mental health conditions) aging out of children's services Simplified/ single point of access health, care and social services for babies/ new parents/ vulnerable families Improved links between schools/ universities/ training providers and employers; including for those who are not high academic achievers.	Mapping referral and transition processes for young people with long-term conditions (for example, between CAMHS and a CMHT); engaging with patients to understand their experience. Mapping journeys of new parents or vulnerable families accessing care, with a focus on points of access/ how often do they have to tell their stories. Mapping journeys of young people into employment, in combination with anaysing statistics about education and employment (for example: what % of graduates have a job within a year/ within five years? Are the jobs they are getting in the field they trained for? Do they have career progression? How do they find out about jobs/ how are they recruited?
Trustworthy	Increased availability of health checks for young children; parents receiving reassurance and learning how to tell whether their children are well; decrease in rates of unnecessary children's A&E visits Young people feeling comfortable talking about mental health with health professionals; at school; and in community settings. Young people feeling safe at school and in communities.	% of children attending A&E not receiving treatment; % of children receiving health checks; mapping patient journeys. In-depth interviews with young people about worries, trust and emotions in various contexts.

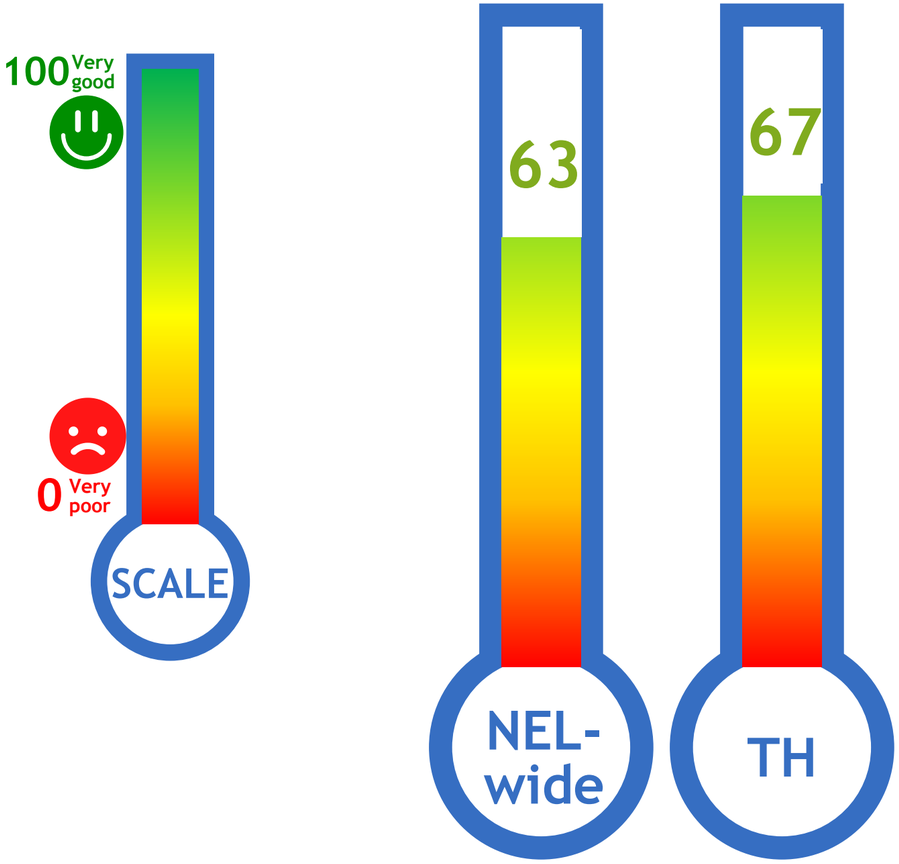
Recommendations for babies, children and young people in Tower Hamlets

- Improve access to community healthcare services, such as antenatal and postnatal nurses, family health visitors and youth mental health services; share knowledge and expertise on parenting challenges.
- Provide better support to families struggling financially (including with housing and employment that works around families); improve affordability of housing.
- Improve availability and affordability of childcare/ nurseries; bring back Sure Start.
- Improve access to support around SEND, neurodivergence and adverse childhood experiences.
- Involve young people in informal educational activities - including on healthy living topics; involve young people in volunteering; provide opportunities for them to socialise. Bring together young people from different ethnic groups and cultures.
- Provide spaces for unstructured play physical activity, such as parks, gyms, playgrounds and courts for playing sports; ensure they are safe from crime and antisocial behaviour.
- Improve availability of healthy food; reduce the amount of unhealthy fast food available in supermarkets and local takeaways.

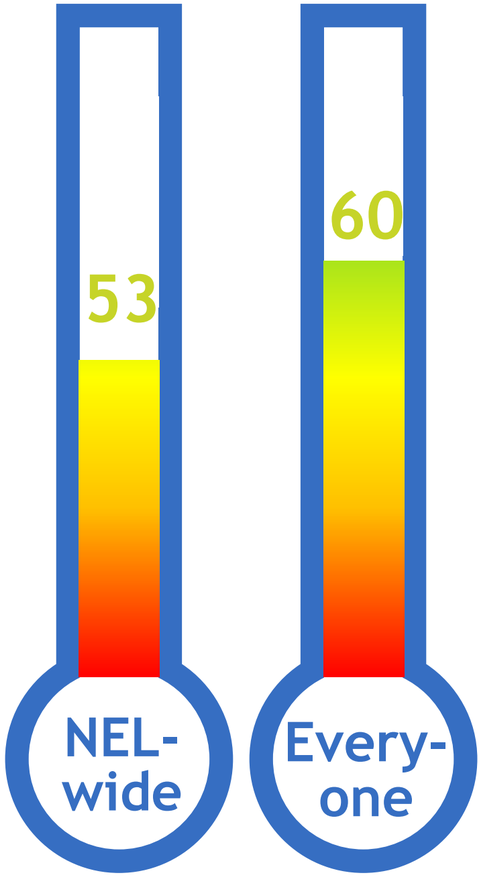
Priority: long-term conditions

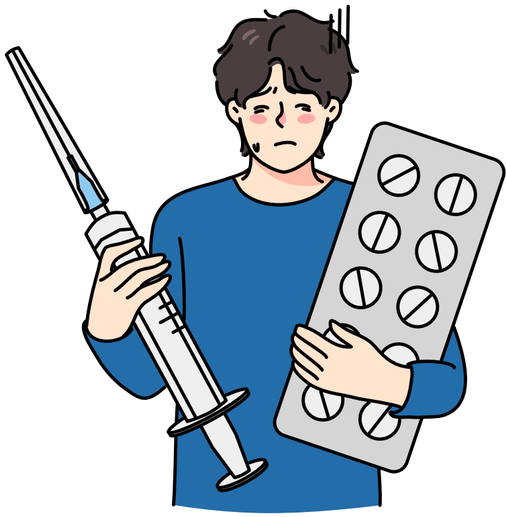
Survey respondents with long-term conditions

I am able to manage my long-term condition well



I am receiving good care for my long-term condition





Priority: long-term conditions
The good care model

Accessible

GP routine appointments are scheduled ahead of time and available.

Practical help solutions to empower people with long-term conditions to manage their lives and live well are available, including to those on low incomes.

People with long-term conditions have a reliable way of getting specialist advice when needed (for example: a helpline dedicated to their specific condition)

Exercising classes and physical activity are accessible for all levels, including those who need gentle exercise.

Workers with long-term conditions have the flexibility and accommodations the need to stay in work.

Competent

Health and care providers understand long-term conditions; including how different conditions and co-morbidities may impact each other.

Impartial, evidence-based advice on self-care and managing long-term conditions is available in the community.

Patients experiencing new symptoms are diagnosed promptly and reliably.

Person-centred

Primary care, specialist health services and wider community support are connected with each other.

Patient records are shared between services; referrals are processed smoothly and efficiently.

There is a single point of access for patients with a long-term condition (could be GP surgery, care navigator or community hub).

Patients are treated holistically, not each condition in isolation (especially for those with multiple conditions)

Trustworthy

Patients have access to routine check-ups and reviews, in order to understand the progress of their condition, make sure they are well and improve self-care ability.

Patients in the process of being diagnosed or those experiencing new symptoms are taken seriously, listened to and supported to manage in the meantime.

Workers feel safe disclosing their condition at work, taking sick leave or asking for accommodations.

Priority: long-term conditions

What makes the difference between those who manage there long-term condition well and those who manage them badly?

I have a good neurological team in secondary care, and as a doctor and someone who is nearly 50 I have learned how to manage my health issues without needing much input from others

Good access to major hospitals like Barts with excellent clinicians. GP is available and caring.

I am stuck on a waiting list with no idea when I will receive treatment.

During the pandemic, I became concerned that my diabetes was not being monitored. This now seems to be back on track.

I cannot manage osteo/arthritis, diverticulitis, psoriasis. Would need help which I am not getting

II don't access any services for my condition. I am managing it well so don't meet any thresholds. The system is quite pathologising where you have to meet a threshold of disability to have help. No early intervention or preventative initiatives. If my chronic pain deteriorates I've no access to support to nip this in the bud.

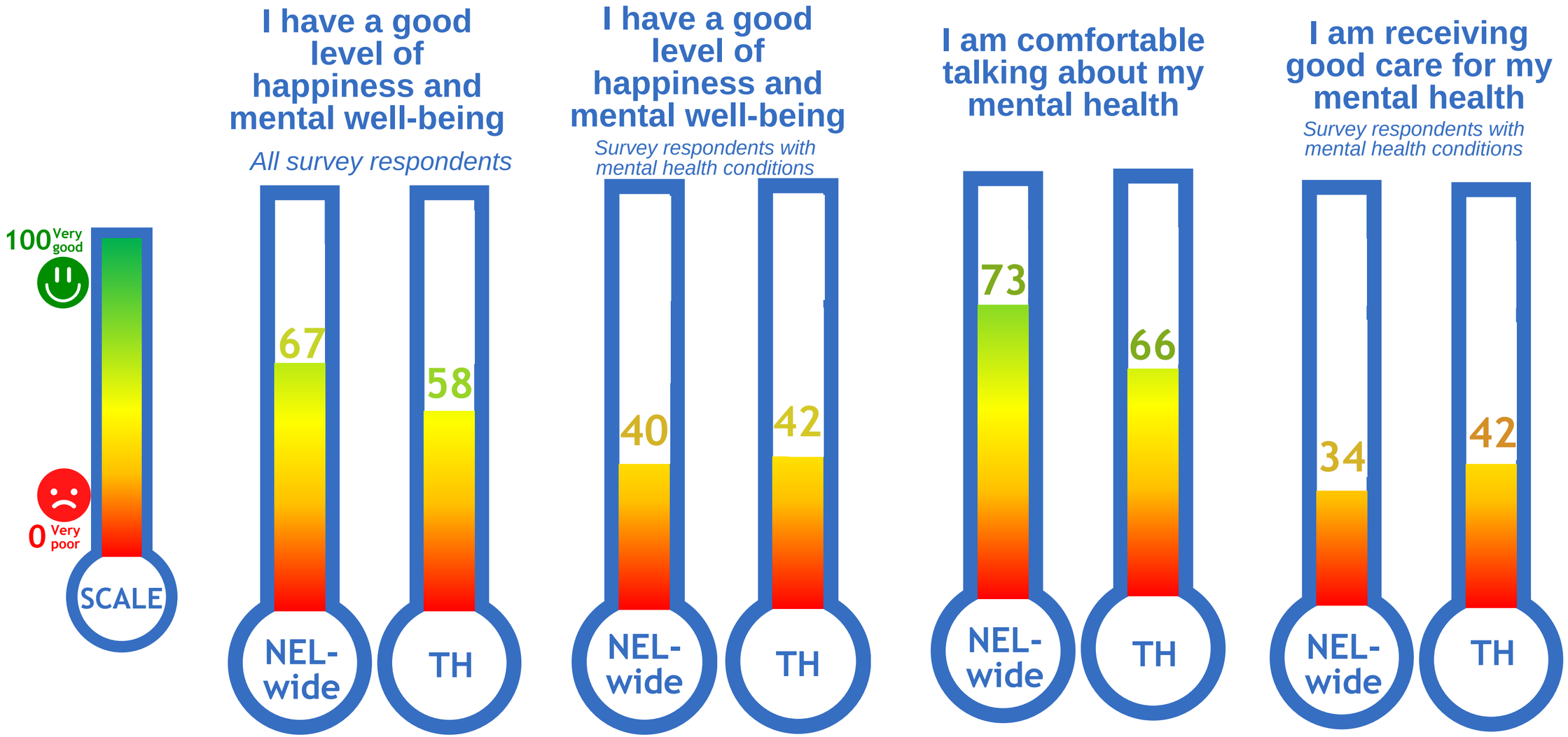
How to measure success for people with long-term conditions based on what matters to local people

Pillar	Success indicator	How it could be measured
Accessible	Increased availability of on-demand specialist advice for managing long-term conditions. Increased availability of routine check-ups for managing long-term conditions. Decrease in number of people accessing private services because of NHS waiting lists. Decrease in number of people leaving the workforce or limiting their career prospects because of long-term conditions. Decrease in number of people limiting their social lives because of long-term conditions. Increased uptake of physical activity among people with long-term conditions.	Audit of available resources (medical, patient and community) and mapping patient journeys in terms of accessing them. Engaging with patients about where they turn to for advice and care; and what obstacles they experience. Analysis of statistics about the employment status of people diagnosed with long-term conditions, in terms of type of jobs held, numbers of hours worked, career progression, rates of leaving the workforce before retirement age. In-depth interviews both with professionally successful people living with long-term conditions; and with people who have left jobs/ left the workforce entirely because of their long-term condition
Competent	Decrease in the amount of time it takes to get a diagnosis and receive appropriate treatment. Increased knowledge of co-morbidities and of how different long-term conditions impact each other among health and care professionals.	Mapping patients journeys; time passed from first symptoms to diagnosis and treatment. Engaging with health and care professionals about their knowledge of long-term conditions and their training needs.
Person-centred	Availability of specialist advice for managing long-term conditions in a variety of formats and settings (for example: phone helplines, online resources, community-based peer support groups etc. Decrease in the amount of time it takes to get a referral. Improvement in the sharing of data and records between services.	Mapping patients journeys; referral rate, time passed from first GP appointment to first specialist appointment, sharing of patients record and data Engaging with patients on whom they turn to for advice and their experience doing so.
Trustworthy	Increased availability of health checks; people with long-term conditions receiving reassurance and learning how to tell when they are well and when they need to be seen; decrease in rates of unnecessary A&E visits Workers feeling comfortable disclosing their long-term condition as work; asking for sick leave or adaptations as needed, with no fear of discrimination.	Audit of available resources in terms of routine checks and patient education. Monitoring of A&E attendance by patients with long-term conditions.

How care could be improved for people with long-term conditions in Tower Hamlets

- Improve access to primary and specialist care; avoid booking systems and processes that leave patients feeling like admin staff are gatekeeping their care.
- Improve access to GP appointments in person.
- Improve access to interventions that can prevent conditions from getting worse proactively; including physiotherapy and other allied health disciplines; as well as creating at a social levels the conditions people with long-term conditions need to live healthier lifestyles and prevent their conditions from getting worse.
- Improve cooperation between medical, social and community services in order to provide patients with necessary adaptations and other forms of support. Engage with patients on the specifics of what they need; work with employers, local business and public services for accessibility and inclusivity.
- Provide better self-management advice, on an ongoing/ as needed basis. This could include specialist helplines and peer support groups.
- Provide social care/financial support to people with long-term conditions experiencing poverty.

Priority: mental health and well-being



Priority: mental health and well-being
The good care model

Accessible

People can access therapy, specialist services (such as an ADHD diagnosis) or other forms of support (such as emotional support groups for mothers or grief counselling) within a reasonable time frame.

Health and care services understand stigma around mental health and difficulties some people may have in seeking help.

Therapy and counselling are available in a variety of community languages.

Mental health-related disability is taken into account when considering accessibility in healthcare, social care, community and workplace settings.

Competent

Health and care providers, including those not working directly in mental health, understand various mental health conditions and how they can impact access to care.

Health and care providers understand the link between physical and mental health.

Employers, school and community stakeholders have knowledge of how to promote well-being for all at a wider social level.

Person-centred

A variety of evidence-based treatment options are available (for example: multiple types of therapy rather than just CBT)

Health and care services work closely with the wider community to tackle issues such as poverty and social isolation, both for people experiencing mental health issues and for the wider community, as a prevention strategy.

Mental health is understood in a wider social context, not only from a strictly clinical point of view.

Trustworthy

Patients accessing services for mental health are supported ling-term in a proactive way; follow-on support is available and routinely offered.

Patients can talk to health and care professionals about their mental health needs without fear of stigma or being dismissed.

Routine health check-ups (for example: for new parents, for people with long-term conditions, for the elderly) include questions on mental health and well-being.

How to measure success for mental heath and well-being support based on what matters to local people

Pillar	Success indicator	How it could be measured
Accessible	Decrease in waiting times for services such as IAPT, CMHT, CAMHS, autism/ADHD assessments etc. Simplification of the process by which people access care for their mental health- improvement in user experience Decrease in social isolation among people living with mental health issues	Data generated by services- “hard data” on waiting times. Engagement with service users; specific questions about user experience when trying to access care, and to take part in the life of their community.
Competent	Improved understanding, among health and care professionals, of the link between physical and mental health; improved understanding on mental health among professionals not specialised in mental health (such as GPs or occupational therapists). Improved understanding among managers of HR professionals of how to support health and wellbeing in the workplace, and how to accommodate workers experiencing poor mental health. Increase in number of people who report having a good work-life balance.	Engagement with professionals; data on training available and undertaken. Engagement with service users to assess the extent the feel professionals treating them are aware of mental health issues. Engagement with workers on their experience of mental wellbeing at work.
Person-centred	Increased integration between primary care, specialist mental health services, social care services and the voluntary/ community service, Increased availability and awareness of community services supporting local people, including but not limited to those affected by mental health issues, with topics such as access to benefits, employment rights/ employability, tackling social isolation etc.	Data generated by services- mapping of referral systems and patient journeys. Audit/ stock-take of available community resources. Engagement with service users on their experience. Engagement with local people who may need support but are currently not accessing it
Trustworthy	Increased availability of follow-on appointments and routine check-ups for patients receiving mental health care. Patients feeling comfortable talking t about their mental health- to health and care professionals; to friends and family; in the workplace. Decrease in number of people who report feeling worried about issues such as poverty, housing or safety locally.	Data generated by services- availability and uptake of follow-on. Engagement with local people on their experience of communicating about mental health in various situations Hard data/ statistics: relation between mental health diagnosis and poverty/ deprivation; elation between mental health diagnosis and unemployment and/or leaving the workforce before retirement age

How care for mental health and well-being could be improved in Tower Hamlets

- Reduce waiting lists for diagnosis and therapy.
- Offer better access to long-term counselling and therapy, for those in need of more than six weeks of CBT; and therapy/counselling options other than only CBT.
- Improve flexibility and choice in terms of accessing mental health services (for example, some patients would feel safer accessing mental health support remotely, while others feel strongly about being seen in person)
- Offer drop-in, no appointment face to face mental health support; improve access to GPs for people experiencing mental health issues.
- Increase awareness of mental health among health and care professionals not specialised in mental health (such as GPs, GP reception admin staff, social workers, midwives, pharmacists etc.); including training on how to talk about it sensitively.
- Improve access to community social and leisure activities for people on low incomes and other excluded or disadvantaged groups; tackle loneliness and isolation.
- De-stigmatise mental health and neurodivergence at a society level; educate children in schools on mental health.
- Offer mental health support in the workplace/ through employers; EAPs.
- Improve work-life balance.

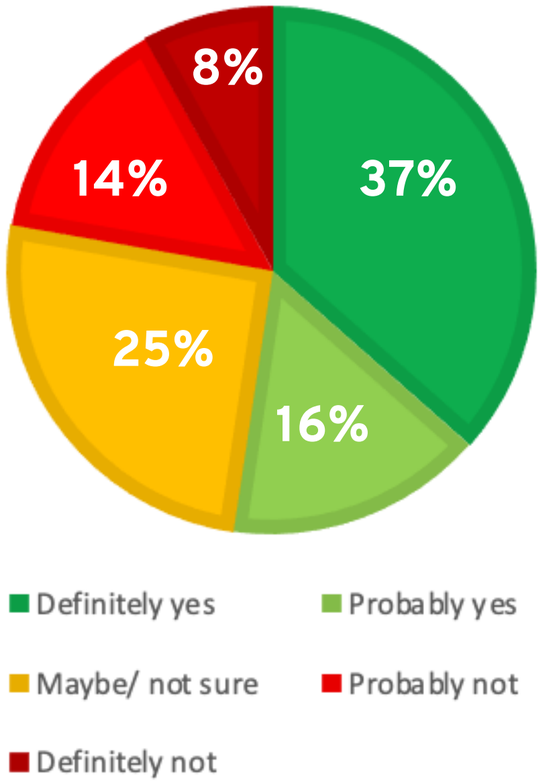
Priority: workforce and employment

What kind of support would people need for a health or social care career?

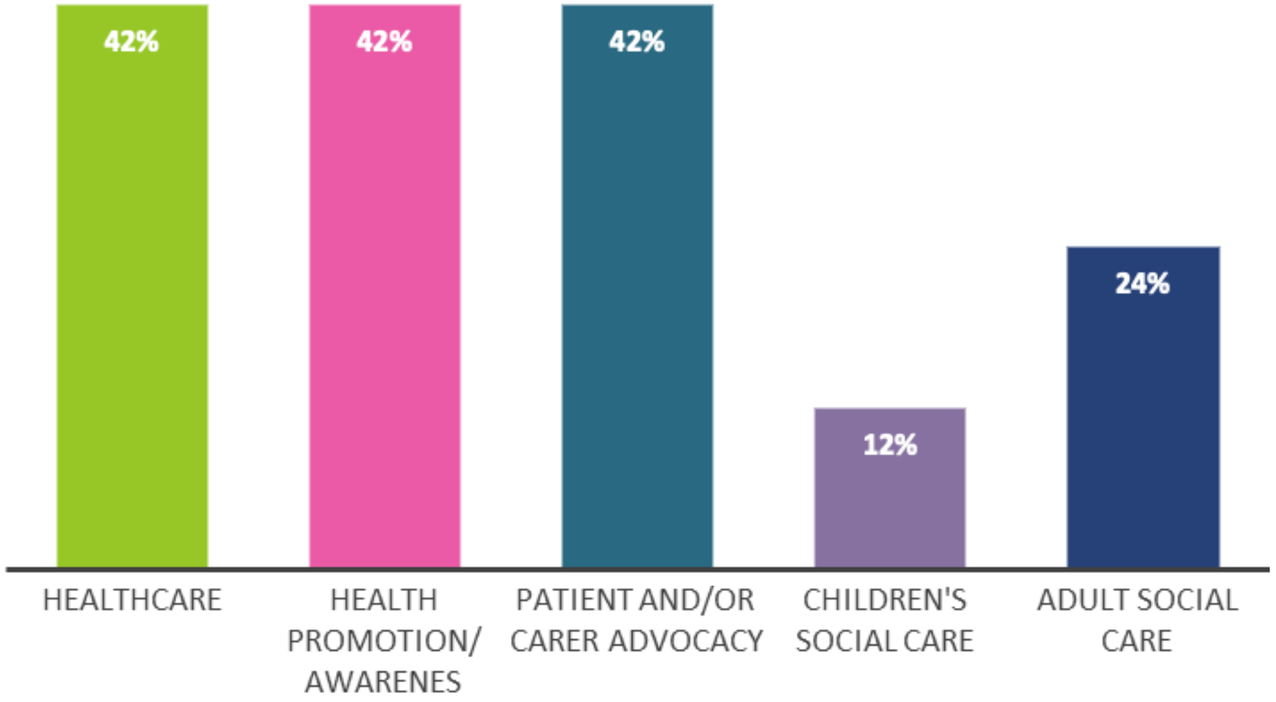
- Pathways to training while getting paid (such as apprenticeships); availability of free training; less reliance on volunteering/ unpaid work for gaining experience.
- Mentoring and shadowing opportunities from people with experience in the field; information on qualifications needed for specific jobs; support in matching existing or transferrable skills with job opportunities. Job cafes and open days.
- Work experience in partnership with schools; career advice in schools not exclusively focused on high academic achievers.
- A clear and realistic career progression path; a living wage at entry level.
- Workers having a say in how their workplace is run/' management accountability to workers.
- Better connections with the local community (shops, community centres, faith groups) for advertising jobs, training opportunities and mentoring.
- ESOL training for immigrants with health and care experience in their countries of origin.
- Disability-friendly workplaces, including for those with mental health related disabilities.
- Accomodations for working parents and carers, especially single parents.

Priority: workforce and employment
Volunteering

About half of survey respondents would potentially be interested in volunteering locally.



42% **of those interested in volunteering would be interested in health and care volunteer work.**



Priority: workforce
The good care model

Accessible

People can train/qualify professionally and earn at the same time; entry-level jobs pay a living wage.

Workplaces offer flexibility and adaptations for those who need it (disabled, parents, carers etc.); including those with mental health related disabilities.

ESOL classes are available for those with employable skills from abroad.

The job advertisement and recruitment process is designed with diversity in mind, tackling obstacles faced by under-represented groups.

Competent

Understanding of health inequalities/holistic approaches to health is built into training for all health and care professionals.

Health and care professionals feel supported and empowered to do their jobs to the highest possible standard of quality.

Knowledge is shared through mentoring and shadowing; ; support in matching existing or transferrable skills with job opportunities.

There are comprehensive guidelines about how to qualify for specific professions.

Person-centred

There is a good level of flexibility and work-life balance, to the full extent of what the nature of the job allows.

Schools, universities and training providers work together with employers to train local people in the right skills and connect skilled workers with relevant jobs.

Career advice in schools doesn't focus exclusively on academic high achievers.

Workplaces establish connections with the local community (shops, community centres, faith groups) for advertising jobs, training opportunities and mentoring; jobs are advertised where the community is rather than expecting jobseekers to know where jobs are.

Trustworthy

Workers have a good level of job stability.

There is a clear and realistic career progression path.

People can talk about their needs in the workplace, including their metal health needs, and ask for flexibility or adaptations without fear of discrimination or judgement.

Workers feel appreciated and believe the are making a difference

How to measure success for work force development based on what matters to local people

Pillar	Success indicator	How it could be measured
Accessible	Increase in opportunities to access health and care jobs among groups who would otherwise struggle to access this career path. Increase in workplace flexibility	% of workers who are from disadvantaged backgrounds/ have caring responsibilities/ are from any other under-represented groups, in junior and senior positions. Engagement with jobseekers and workers, to understand their career progression and experience.
Competent	Improved knowledge of issues such as health/ social inequalities and mental health among health and care professionals; and among managers in various fields. Increased number of professionals who feel confident and empowered to do their jobs well.	Engagement with health and care professionals; data on training available and undertaken. Assessment of training needs, monitoring of how they are being met. In-depth interviews on mentoing and knowledge-sharing.
Person-centred	Improved collaboration/ continuity between education/training and work; improved collaboration between workplaces and key community stakeholders. Culture of workplace flexibility, in which workers can have work-life balance and align their career goals with otherr aspects of their lives.	Mapping career journeys. Audit/ stock-take of available community resources in terms of education, training and employability advice. Engagement with workers on carreer rprogrression and work-life balance.
Trustworthy	Increased rate of success/ positive outcomes for working requesting flexibility or adaptations in the workplace (for example, as new parents or to accommodate a disability). Workers feeling comfortable talking about their mental health and well-being at work. Workers feeling optimistic about their career progression and job stability.	% of new parents, people with long-term conditions etc. continuing to work vs. leaving the workforce; Mapping/ monitoring career progression, including for groups such as parents and people with long-term conditions. Engagement with workers on communication and trust in the workplace.

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HASC Performance Report Cover Page

Meeting Date:	8th July 2024
Title of Report:	May Performance Report HASC

Please highlight the key points below;
full details should be in the body of your report.

Executive Summary

This report provides key highlights of the Health & Adults Social Care (HASC) performance scorecard to the Directorate Leadership Team (DLT) for the month ending May 2024. It also provides update on key activities undertaken by the Data & Performance Team over the last month.

Key issues

Highlights from the May HASC DLT Scorecard are provided in the section below.

Details of recommendations and timescales for decisions

Areas to highlight in the scorecard (for May):

Adult Social Care (ASC)

- **2A Proportion of new clients receiving short term service during the year where sequel to service was no ongoing support or support of a lower level:** A decrease can be seen in May (48.3%). However, the denominator has nearly doubled due to the growth in Reablement cohort size.

- **SAT 5: Percentage of closed section 42 enquiries where desired outcomes expressed were achieved** – An increase observed each month. However, figures are below regional (93.9%) and national (94.2%) averages from last year. We have flagged this with the service to discuss any extended plans and measures in place to reach the current minimum (80%) or stretch targets (90%). It would also be advisable to review the current targets against the benchmarking data from last year. Service highlighted that not meeting the desired outcomes within time is often recorded as outcomes not met or outcomes may be an action plan and sometimes further conversations hasn't taken place to conclude the attainable results. Supplementary analysis indicates that other boroughs may have a more generous approach to this measure.

- **FD3: Number of Contacts open for longer than 14 days –** May figure (75) displays that the trend has now stabilised after the spike in April (206) due to CLDS & CMHT data cleansing activity to reduce outstanding contacts, assessments, and reviews. This positively demonstrates the confirmed effects of the data cleansing activity. The same changes can be observed for FD3.1, AR3a, AR3b, AR4a & AR5.

- **FD8.2 Number of people with open short-term cases -** an abrupt plunge was recorded for May. However, the Data Team has informed that these figures would increase shortly after the next refresh, to continue a similar trend to previous months.

- **AR5: (Mean) Average length of days to complete assessment –** the overall mean has decreased from the initial upsurge in April, due to the CMHT data cleansing activity and the median of 27 days in May is an improvement from last month. It was remarked that completing old reviews instead of cancelling or rescheduling backlogged reviews, tends to harshly skew the figures and affect the mean.

- **R1a Number of service users starting Reablement in the Month –** May data revealed a sharp increase in new service users and discussions with the service highlighted the increased number of allocations in the month of May due to staff returning from AL and sick leave. Likewise, they have also introduced a maximum case load as part of the waiting list strategy to ensure allocations are more frequent and consistent within Reablement.

- **R3 % of service users with an outcome of 'NFA' or 'reduced long term package' at the end of Reablement Service -** Like R1a, unusually high denominator reported for this month as the typical denominator has been circa 50 to 90 for the last financial year. This was addressed by the service as they underlined that due to the recent parting of a Physiotherapist within team led to the prompt closure of all their cases before departure.

- **R5: % of service users with an outcome of 'increased long-term package' at the end of Reablement Service –** the reduction in May confirms the effects of data cleansing activities which has now stabilised. Reablement team manager has referred to the piloting of daily integrated triage with ELFT to ensure referrals are thoroughly screened. Furthermore, they have continued to hold workshops and interface meetings with IAT to support with optimal referrals into the Reablement services. This would act as an intervention to retain this indicator below the current stretch target (5%).

- **OT5 Average number of days to complete an OT Assessment / Reassessment:** (11 in May) lowest figure recorded since August 2021. Upon further inspection it was revealed that, the Housing Options OT (mean = 1) & South-West localities teams (mean = 10) had the lowest averages. From the engagement with the service, it was clearly highlighted that the assessments completed by the Housing Options OT teams were shorter one-off assessments completed within a day. This has accounted for the reduced mean recorded for this month. Additional resource within the South-West locality team has helped ease backlog and efficiently work through non-complex adaptations promptly.

Details on who has been consulted with on this paper to date and details of further plans for consultation.

- ASC/IC JSMT

Risk implications

NA

Budget/Legal Issues

NA

Equalities considerations

If DLT is required to make a decision about a strategy, policy or service change, they must be informed of the equalities implications. Please provide a summary of the key equalities implications below

As part of Phase 2, data monitoring on equalities will be developed and mainstreamed through our reporting.

Directorate of Health and Adult Social Care - Performance Indicator Report

May

Performance measure title and reference			Performance from previous financial year and last reported rolling year/snapshot				Performance monitoring			Performance for current period (either snapshot, YTD or rolling year depending on measure) - plus monthly performance outturns (where available)										Comparing local data statistical neighbours		
			Historic & Current Performance				Targets			Current Performance (May 2024-25)							Recent Trend Data				Bench Marking (2022-23)		
										Monthly Trend												
Measure Code	Performance Measure	Type / Frequency of measure	2022-23	2023-24	Total As At May 23	Total as at May-24	Minimum	Stretched	Indicator Num/Denom	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Ideal Trend	Trend Arrow	Difference	Trend Bar/Line	National	Regional / Stat Neighbour	Local (LBTH)
PART A: Adult Social Care - ASCOF & Other National Indicators - 2024-25																						
1. Enhancing Quality of Life for People with Care and Support Needs																						
ASCOF	3D Part 1a	Proportion of people using social care who receive self-directed support: (Adults aged 18 or over receiving self directed support in the year)	Monthly Snapshot	97.9%	99.2%	97.9%	99.4%	95%	97%	Num	2656	2683	2688	2670	2718	2750	2788	Higher is better	↑	0.2%		93.5%	96.1%	97.9%
										Outturn	99.1%	99.1%	99.2%	99.3%	99.2%	99.2%	99.4%							
										Denom	2680	2707	2710	2689	2739	2771	2804							
ASCOF	3D Part 2a	Proportion of people using social care who receive direct payments as part of self directed support	Monthly Snapshot	22.9%	23.2%	22.9%	23.0%	23%	24%	Num	638	637	631	636	636	635	644	Higher is better	↑	0.1%		22.9%	24.6%	22.9%
										Outturn	23.8%	23.5%	23.3%	23.7%	23.2%	22.9%	23%							
										Denom	2680	2707	2710	2689	2739	2771	2804							
ASCOF	2E	Proportion of adults with a learning disability who live in their own home or with their family	Monthly YTD	84.6%	86.5%	84.0%	88.2%	85%	90%	Num	645	652	657	685	711	644	663	Higher is better	↑	3.5%		84.5%	84.6%	84.6%
										Outturn	85.0%	85.2%	86.3%	86.4%	86.5%	84.7%	88.2%							
										Denom	759	765	761	793	822	760	752							
2. Delaying and Reducing the Need for Care and Support																						
ASCOF	2B	Permanent admissions to residential and nursing care homes (18-64) per 100,000 population	Monthly Cumulative (Rate)	10.0	10.6	1.3	1.6	8.5	9.0	Outturn	5.9	5.5	8.5	8.9	10.6	0.8	1.6	Lower is better	↔	1		14.6	11.7	10
										Number	14	13	20	21	25	2	4							
ASCOF	2C	Permanent admissions to residential and nursing care homes (65+) per 100,000 population (Strategic/BCF Indicator)	Monthly Cumulative (Rate)	346.5	372.1	105.6	97.8	315	315	Outturn	284.8	312.4	344.5	353.7	372.1	76.1	97.8	Lower is better	↔	22		560.8	433.1	346.5
										Num	62	68	75	77	81	14	18							
ASCOF	2A	Proportion of new clients receiving short term service during the year where sequel to service was no ongoing support or support of a lower level	Monthly YTD	48.0%	52.5%	44.8%	48.3%	50%	75%	Num	12	9	17	14	21	17	28	Higher is better	↓	-8.4%		77.5%	74.2%	48.0%
										Outturn	38.7%	42.9%	48.6%	48.3%	52.5%	56.7%	48.3%							
										Denom	31	21	35	29	40	30	58							
	EC1	Number of clients in extra care sheltered housing	Monthly Snapshot	176	216	209	216	N/A	N/A	Outturn	217	220	221	219	217	214	216	Neutral	↑	2				
	EC2	Number of new clients living in extra care sheltered housing	Monthly Analysis	7.5	11	6	12	N/A	N/A	Outturn	9	11	17	12	14	17	12	Neutral	↓	-5				
3. Safeguarding Adults whose circumstances make them vulnerable and Protecting from Avoidable Harm																						
	SAT1	Number of Safeguarding Concerns received	Monthly YTD	1362	1496	255	260	N/A	N/A	Outturn	122	118	138	118	132	138	122	Neutral	↓	-16				580
	SAT2	Number of Adult Safeguarding Concerns Contacted Within 1 Day	Monthly Analysis	68.8%	65.9%	63.8%	68.9%	65%	70%	Num	86	75	85	79	87	84	84	Higher is better	↑	8.0%				
										Outturn	70.5%	63.6%	61.6%	66.9%	65.9%	60.9%	68.9%							
										Denom	122	118	138	118	132	138	122							
	SAT3	Number of Adult Safeguarding Enquiries opened	Monthly Analysis	377	378	32	42	N/A	N/A	Outturn	36	34	29	38	28	50	42	Neutral	↓	-8		343		129
	SAT4	Percentage of Adult Safeguarding Enquiries completed within timescales	Monthly Analysis	35.3%	33.1%	28.1%	48.6%	40%	50%	Num	6	10	9	18	16	12	18	Higher is better	↑	7%				
										Outturn	22.2%	41.7%	24.3%	39.1%	44.4%	41.4%	48.6%							
										Denom	27	24	37	46	36	29	37							
	SAT5	% of closed section 42 enquiries where desired outcomes expressed were achieved. (Making Safeguarding Personal)	Monthly Analysis	77.0%	73.6%	83.3%	74.1%	80%	90%	Num	15	14	29	22	19	16	20	Higher is better	↑	1.4%				
										Outturn	60.0%	73.7%	90.6%	78.6%	59.4%	72.7%	74.1%							
										Denom	25	19	32	28	32	22	27							
ASCOF	4B (New)	The proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed	Monthly Analysis	87.2%	80.9%	83.3%	85.0%	N/A	N/A	Num	12	11	12	23	27	20	17	Higher is better	↓	-5.9%				
										Outturn	85.7%	68.8%	85.7%	92.0%	77.1%	90.9%	85.0%							
										Denom	14	16	14	25	35	22	20							
	FD2	Number of Contacts received in the period	Monthly YTD	14,083	14,638	2,371	2,585	N/A	N/A	Outturn	1229	1032	1391	1258	1263	1274	1311	Neutral	↑	37				
	FD2.1	for how many unique people?	Monthly YTD	10,990	11,813	1,907	2,098	N/A	N/A	Outturn	980	838	1102	1049	1026	1031	1067	Neutral	↑	36				

Directorate of Health and Adult Social Care - Performance Indicator Report

May

Performance measure title and reference			Performance from previous financial year and last reported rolling year/snapshot				Performance monitoring			Performance for current period (either snapshot, YTD or rolling year depending on measure) - plus monthly performance outturns (where available)											Comparing local data statistical neighbours		
			Historic & Current Performance				Targets			Current Performance (May 2024-25)							Recent Trend Data				Bench Marking (2022-23)		
										Monthly Trend													
Measure Code	Performance Measure	Type / Frequency of measure	2022-23	2023-24	Total As At May 23	Total as at May-24	Minimum	Stretched	Indicator Num/Denom	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Ideal Trend	Trend Arrow	Difference	Trend Bar/Line	National	Regional / Stat Neighbour	Local (LBTH)
FD3	Number of Contacts open for more than 14 days	Monthly YTD	933	826	108	281	N/A	N/A	Outturn	51	97	94	84	83	206	75	Neutral	↓	-131				
FD3.1	for how many unique people?	Monthly YTD	905	786	107	258	N/A	N/A	Outturn	50	90	90	75	81	187	71	Lower is better	↓	-116				
FD4	Contacts closed with outcome of Info & Advice or Sign-posting	Monthly YTD	2477	2811	472	572	N/A	N/A	Outturn	205	205	330	246	274	321	251	Higher is better	↓	-70				
FD4.1	Percentage	Monthly YTD	17.7%	19.2%	20.0%	19.1%	N/A	N/A	Outturn	16.7%	19.8%	23.7%	19.6%	21.7%	25.2%	19.1%	Higher is better	↓	-6.1%				
FD7	Number of Contacts that went to Reablement	Monthly YTD	780	836	108	139	N/A	N/A	Outturn	68	60	77	82	83	70	69	Neutral	↓	-1				
FD8.2	Number of people with open short term cases	Monthly Snapshot	310	554	445	503	450	500	Outturn	573	608	603	628	618	607	503	Lower is better	↓	-104				
4. Assessment and Reassessments																							
AR3a	Number of social care Assessments started in the period	Monthly YTD	851	697	117	160	N/A	N/A	Outturn	61	37	80	66	76	75	85	Neutral	↑	10				
AR3b	Number of Initial Assessments started in the period	Monthly YTD	1,054	1,447	198	287	N/A	N/A	Outturn	137	96	148	148	115	135	152	Neutral	↑	17				
AR4a	Number of social care Assessments completed in the period	Monthly YTD	768	719	118	204	N/A	N/A	Outturn	64	45	88	82	82	95	109	Neutral	↑	14				
AR4b	Number of Initial Assessments completed in the period	Monthly YTD	979	1394	180	285	N/A	N/A	Outturn	156	94	124	135	111	123	162	Neutral	↑	39				
AR5	Average length of time to complete Care and Support Assessments (in days)	Monthly YTD	36.8	60.8	49.0	122.5	28	28	Outturn	50	60	141	67	66	135	110	Lower is better	↓	-25				
AR7	Number of Clients in receipt of review under Care Act	Monthly YTD	1,497	2,358	391	454	N/A	N/A	Outturn	261	129	250	226	217	232	222	Higher is better	↓	-10				
AR8a	Percentage of annual reviews completed to timescales (review took place within 12 months)	Monthly Snapshot	1.3%	19.0%	22.2%	22.7%	N/A	N/A	Num	40	16	35	24	33	34	37	Higher is better	↑	3.4%				
									Outturn	20.2%	16.3%	19.6%	14.8%	19.6%	19.3%	23%							
									Denom	198	98	179	162	168	176	163							
AR8b	Percentage of annual reviews held late	Monthly Snapshot	73.6%	81.0%	77.8%	77.3%	N/A	N/A	Num	158	82	144	138	135	142	126	Lower is better	↓	-3.4%				
									Outturn	79.8%	83.7%	80.4%	85.2%	80.4%	80.7%	77.3%							
									Denom	198	98	179	162	168	176	163							
AR9	Number of all Annual Reviews still waiting to be completed	Monthly Snapshot	13323	10611	830	885	N/A	N/A	Outturn	899	935	890	874	894	884	885	Lower is better	↑	1				
AR10	Number of Reviews overdue (Less than 6 months)	Monthly Snapshot	52.6%	51.1%	42.5%	63.6%	N/A	N/A	Num	481	521	506	505	547	548	563	Lower is better	↑	1.6%				
									Outturn	53.5%	55.7%	56.9%	57.8%	61.2%	62.0%	63.6%							
									Denom	899	935	890	874	894	884	885							
AR11	Number of Reviews overdue (More than 6 months)	Monthly Snapshot	42.7%	48.9%	57.5%	36.4%	N/A	N/A	Num	418	414	384	369	347	336	322	Lower is better	↓	-1.6%				
									Outturn	46.5%	44.3%	43.1%	42.2%	38.8%	38.0%	36.4%							
									Denom	899	935	890	874	894	884	885							
AR12	Number of Carers Assessments completed in the period (ASC)	Monthly Analysis	756	586	94	118	N/A	N/A	Outturn	46	39	32	40	58	52	66	Higher is better	↑	14				
AR14	Number of Carers Reviews completed in the period (ASC)	Monthly Analysis	159	201	26	45	N/A	N/A	Outturn	18	20	19	12	16	25	20	Higher is better	↑	-5				
5. Reablement and Short Term Support																							
R1a	Number of service users starting Reablement in the Month	Monthly YTD	778	750	94	168	N/A	N/A	Outturn	62	51	84	65	92	77	91	Neutral	↑	14				
R1b	Number of service users with Reablement Services (Independence Plan) ended in the Month	Monthly YTD	779	701	86	177	N/A	N/A	Outturn	60	50	75	62	89	76	101	Neutral	↑	25				
R2	Average length of time service users are in Reablement Service (in weeks)	Monthly YTD	3.8	5.1	5.5	5.5	N/A	N/A	Outturn	4.7	5.8	4.2	5.4	5.6	5.3	5.7	Neutral	↑	0.4				
R3	% of service users with an outcome of 'NFA' or 'reduced long term package' at the end of Reablement Service	Monthly YTD	59.0%	57.9%	53.8%	56.7%	65%	70%	Num	37	35	46	39	55	44	56	Higher is better	↓	-2.4%				
									Outturn	61.7%	70.0%	61.3%	62.9%	61.8%	57.9%	55.4%							
									Denom	60	50	75	62	89	76	101							

Directorate of Health and Adult Social Care - Performance Indicator Report

May

Performance measure title and reference			Performance from previous financial year and last reported rolling year/snapshot				Performance monitoring			Performance for current period (either snapshot, YTD or rolling year depending on measure) - plus monthly performance outturns (where available)										Comparing local data statistical neighbours		
Measure Code	Performance Measure	Type / Frequency of measure	Historic & Current Performance				Targets		Indicator Num/Denom	Current Performance (May 2024-25)							Recent Trend Data			Trend Bar/Line	Bench Marking (2022-23)		
										Monthly Trend												
			2022-23	2023-24	Total As At May 23	Total as at May 24	Minimum	Stretched		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Ideal Trend	Trend Arrow	Difference		National	Regional / Stat Neighbour	Local (LBTH)
R4	% of service users with an outcome of 'new short or long term package' at the end of Reablement Service	Monthly YTD	35.6%	37.4%	39.4%	39.2%	20%	25%	Num	21	14	27	22	29	28	42	Lower is better	↑	4.7%				
									Outturn	35.0%	28.0%	36.0%	35.5%	32.6%	36.8%	41.6%							
									Denom	60	50	75	62	89	76	101							
R5	% of service users with an outcome of 'increased long term package' at the end of Reablement Service	Monthly YTD	5.4%	4.6%	6.8%	4.1%	4%	5%	Num	2	1	2	1	5	4	3	Lower is better	↓	-2.3%				
									Outturn	3.3%	2.0%	2.7%	1.6%	5.6%	5.3%	3.0%							
									Denom	60	50	75	62	89	76	101							
6. Long Term OT																							
OT1	Number of Service Users with a Long Term Service who had an OT Assessment / Reassessment	Monthly Analysis	301	409	89	69	700	800	Outturn	35	26	23	24	13	34	35	Higher is better	↑	1				
OT5	Average number of days to complete an OT Assessment / Reassessment	Monthly Snapshot	30.3	24.2	18.8	11	28	28	Outturn	29	27	20	16	33	17	11	Lower is better	↓	-6				
OT6	Number of residents being supported through assistive technology	Monthly Snapshot	2579	2765	2550	2657	N/A	N/A	Outturn	2727	2741	2725	2736	2765	2782	2657	Higher is better	↓	-125				

Key

Monthly - Year to date (YTD)	Monthly - YTD: Data includes all service users that has ever received a service within the period extending from the beginning of the financial year to the present (APR-24toMAY-24)
Monthly - Snapshot	Monthly - Snapshot: Data includes all current service users at a particular point in time (APR-24toMAY-24)
Monthly Analysis	Monthly - Analysis: Data includes all current service users within this current month only (May-24)
Quarterly - Year to date (YTD)	Quarterly - YTD: Data includes all service users that has ever received a service within the period extending from the beginning of the financial year to the end of the recent quarter (APR-24toMAY-24)
Quarterly -Snapshot	Quaterly - Snapshot: Data includes all current service users at a particular point in time
Quarterly Analysis	Quarterly - Analysis: Data includes all current service users within this current quarter only

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Non-Executive Report of the: **Health and Adult Scrutiny Sub-Committee** 3 September 2024	
Report of: Georgia Chimbani, Corporate Director for Health, and Adult Social Care	**Classification:** Unrestricted
Adult Social Care, Care Quality Commission (CQC) Inspection Preparation	

Originating Officer(s)	Emily Fieran-Reed, Improvement, Transformation and Assurance Lead, Adult Social Care
Wards affected	All wards

Summary

The presentation sets out details of the Care Quality Commission (CQC) Local Authority Adult Social Care (ASC) inspections which will take place in all boroughs nationally from January 2024 to the end of December 2025. We have no information about when we will be notified of inspection in Tower Hamlets, and this could take place at any time. CQC have published an assessment framework for these inspections which consists of 4 themes:

- Theme 1: working with people
- Theme 2: providing support
- Theme 3: ensuring safety
- Theme 4: leadership

The presentation sets out the different aspects of the inspection and timeframes for those, including

- Our self-assessment
- Our information return
- Our case tracking
- The on-site visit

We note various stakeholders that CQC will contact and speak to and that they will interview our **Mayor, Lead Member, Scrutiny Chair,** Chief Executive and others. We note that we will provide more detailed briefings for key stakeholders once we are notified of inspection. The LGA has also produced some useful guidance for lead members[1] specifically which is a helpful resource.

The presentation addresses the preparation we have been doing for inspection under the different levels of priority and the status of this. As well as getting the self-

[1] Care Quality Commission assessments for adult social care: Must know guide for lead members | Local Government Association

assessment, information return documents and cases ready, we have developed mobilisation and communication and engagement plans and have already taken a variety of communications and engagement already delivered, particularly with staff. As part of our preparations, we also hope to update and develop some of our wider documentation.

The presentation recaps on the outcome of the London Association of Directors of Adult Social Services (ADASS) peer review of Adult Social Care in Tower Hamlets that took place in January 2024. The peer review was very positive with many significant strengths identified and areas of focus which have been reflected in our self-assessment and improvement work.

The strengths and areas of focus that we have identified within our self-assessment for sharing with the Care Quality Commission are detailed against each of the four themes. This forms our narrative that we are sharing with staff, partners and stakeholders as part of the delivery of our communications and engagement plan. The areas of focus all have activity associated with them. We are keeping our self-assessment updated to reflect the changing picture of our biggest strengths and areas of focus.

And finally, the presentation outlines the ongoing arrangements for ensuring quality and continuous improvement in Adult Social Care. In addition to the work above which is dedicated to preparing for inspection, there is a wide range of work which can contribute to us achieving a positive inspection outcome. Ensuring the quality of adult social care in Tower Hamlets, and making improvements, is part of our ongoing work, for example, we have:

- An ASC Transformation Programme reporting to the ASC Transformation Board.
- Quality Assurance Board which receives data and reports and holds managers to account for services.
- Improvement plans, including the Safeguarding Improvement Plan and Practice Improvement Plan.

Recommendations:

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

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

Health and Adults Scrutiny Sub-Committee

3 September 2024

Adult Social Care, Care Quality Commission (CQC) Inspection Preparation

Emily Fieran-Reed

Adult Social Care Improvement, Transformation & Assurance Lead

CQC Inspection

- CQC – Care Quality Commission
- When??? Jan 24-Dec 25
- Published report
- Outstanding, Good, Requires Improvement, Inadequate

Care Quality Commission Assessment Framework

The CQC will assess local authorities under four themes. Each theme will include ‘We’ Statements that demonstrate the quality statements the local authority will deliver and ‘I’ Statements which provide the service user perspective on how the local authority should meet this theme.

1. How we **work with people**

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

2. How we **provide support**

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

3. How we **ensure safety within the system**

This includes safeguarding, safe systems and continuity of care

4. **Leadership**

This includes capable and compassionate leaders, learning, improvement, innovation and governance

Inspection Activity

Week 1	Weeks 2-3	Weeks 4-9	Weeks 10-26
• Published data • Website • Providers survey • Carers centre/carers • Advocacy • VCS	• Self-assessment • Information return • Structure charts/contacts for staff/partners.	• Case Tracking	• Senior management meeting • On-site visit including interviews with **Mayor, Lead Member, Scrutiny Chair, Chief Executive, statutory DASS**, Principal Social Worker, Principal Occupational Therapist

Our preparation: High Priority

Area	Description	Preparation to date
Self-Assessment	• Within 3 weeks • 20 pages • strengths and areas for development • against CQC Assessment Framework.	• Agreed May 2024. • Process in place for updating • Already reviewed: introduction, themes 1, 2 and 4.
Information Return	• Documents/evidence submission • Within 1 or 3 weeks • Specific areas specified by CQC	• 109 documents identified • 95 (86%) in place and 54% quality assured • New versions needed when notified
Case Tracking	• 50 cases, with case summaries • Range of service areas specified • Active within the last 6 months.	• 50 cases ready for sharing with CQC. • 27 people confirmed happy with services and to speak to CQC • Constantly requires updating.

Our preparation: Medium Priority

Area	Description	Preparation to date
Mobilisation Plan	• From notification • To report publication • Who will do what, when • Incl. comms with CLT, members and the mayor.	• Plan in place • Currently socialising • Developing templates

Comms and Engagement	• Staff
	• Partners
	• Members
	• Other stakeholders
	
	• Support to prepare
	• Shared narrative
		• Overarching communications and engagement plan
		  ○ Staff conference, webinar
		  ○ Written and live briefings (staff/partners)
		  ○ "Roadshow" at team meetings
		  ○ Resources for managers
		  ○ Lead Member briefings.
		• Developing mobilisation period comms plan

Our preparation: Lower Priority

Area	Description	Preparation to date
Documents	• Additional evidence • CQC may request *or* we may want to submit • E.g. policies and procedures	• Initial scoping complete • Publication of CQC Information return superseded, thus paused • Will be reviewed to identify any further work needed.

Peer Review

- Peer review is like a mock inspection by ASC leaders from other boroughs.
- We had a peer review at the end of January on Leadership and How we work with people.

Feedback

Strengths:

- Our committed and passionate workforce really stood out
- We have strong partnerships with health and the community and voluntary sector
- We know our communities well.
- Knowledgeable and experienced staff
- Strong learning and development offer
- Good reflective culture of learning and improving
- Great resources such as the Carers' Centre and Independence Living Hub

Areas of focus:

- How we use **data** more effectively
- Some people who draw on care and support and carers reported not being offered **direct payments or carers' assessments**
- **Continuing Health Care** – how we work with partners to ensure residents access this when they are entitled to do so
- Ideas on how we ensure we don't create a **dependency** on social care when people have low needs
- A better understanding of user **satisfaction**

Theme 1: Working with People

Strengths:

- Strengths based approach
- Prioritisation of safeguarding
- Getting the right support through info. & advice
- Access to reablement and improved outcomes
- Strong carers offer
- Coproduction and involving user voice
- Addressing inequalities for BME users

Areas of focus:

- Moving to SMART-er outcomes in support planning
- Strengthening Technology Enabled Care (TEC)
- Improving Direct Payments service model
- Increasing feedback and how we act on it.

Theme 2: Providing Support

Strengths:

- Most people are positive about our provision, and we are working for even better.
- Service design shaped by intelligence; users and carers
- Committed and stable workforce
- We engage and support providers
- Collaborative working with partners

Areas of focus:

- Delivering our housing with care strategy to better match need.
- Developing pan-provider engagement
- Developing quality assurance mechanisms for commissioned provision

Theme 3: Ensuring Safety

Strengths:

- Safeguarding is our top priority
- No safeguarding or DOLs waiting lists
- Continuous improvement including learning from audits and adverse events
- Work with partners to manage risk
- Strong safeguarding learning culture and offer
- People transitioning supported to be safe
- Safeguarding core to commissioned provision

Areas of focus:

- We are improving Mental Capacity practice through training
- Embedding transition practice and pathways beyond learning disabilities
- Continuing work to raise awareness

Theme 4: Leadership

Strengths:

- Ambitious leaders
- Stability in Service Managers
- Effective governance being streamlined further
- Strong corporate commitments on equalities and a diverse workforce
- Strong learning culture and offer

Areas of focus:

- Change at Senior levels and delay recruiting SAB Chair
- Delivering our new workforce strategy
- Using our data better
- Improving how we gather, learn and act on feedback
- Increasing access to Continuing Health Care (NHS funding)

Ensuring Quality in ASC

Ensuring quality and improvement in ASC is built into our ongoing and business as usual arrangements, led by the Director of ASC.

Key contributors:

- ASC Transformation Programme reporting to the ASC Transformation Board.
- Quality Assurance Board
- Improvement plans, including the Safeguarding Improvement Plan and Practice Improvement Plan.

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Non-Executive Report of the: **Health and Adult Scrutiny Sub-Committee** **3rd September 2024**	
Report of: Somen Banerjee, Director for Public Health	**Classification:** Unrestricted
Sexual and Reproductive Health services in Tower Hamlets	

Originating Officer(s)	Liam Crosby, Associate Director of Public Health (Healthy Adults)
Wards affected	All wards

Summary

This report provides an update on specialist Sexual and Reproductive Health services in Tower Hamlets. It focuses on the services available via our local Integrated Sexual and Reproductive Health service, “All East”, which is delivered by Barts Health from two sites within the Borough (Ambrose King Centre in Whitechapel, and Mile End Hospital). All East is one part of a sexual health system that includes delivery in primary care, pharmacies, and online e-service with support from the voluntary sector.

The report provides the Committee with an update on:

- Sexual and reproductive health need in Tower Hamlets
- Sexual and reproductive health services in place in Tower Hamlets
- Current planned areas for improvement: our NEL Sexual and Reproductive Health strategy, and local ac
- Detail of our local All East service including:
    - the services delivered,
    - the team that delivers it,
    - improvement activities that have taken place since service disruption during the Covid and Mpox pandemics
    - Work to address inequalities and improvement works moving forward.

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Recommendations:

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

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

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Sexual and Reproductive Health Services

Presentation for Health and Adults Scrutiny Sub-Committee

3rd September 2024

Liam Crosby – Associate Director Public Health (Healthy Adults)

Overview

- This report provides an update on specialist Sexual and Reproductive Health services in Tower Hamlets. It focuses on the services available via our local Integrated Sexual and Reproductive Health service, “All East”, which is delivered by Barts Health from two sites within the Borough (Ambrose King Centre in Whitechapel, and Mile End Hospital). All East is one part of a sexual health system that includes delivery in primary care, pharmacies, and online e-service with support from the voluntary sector.

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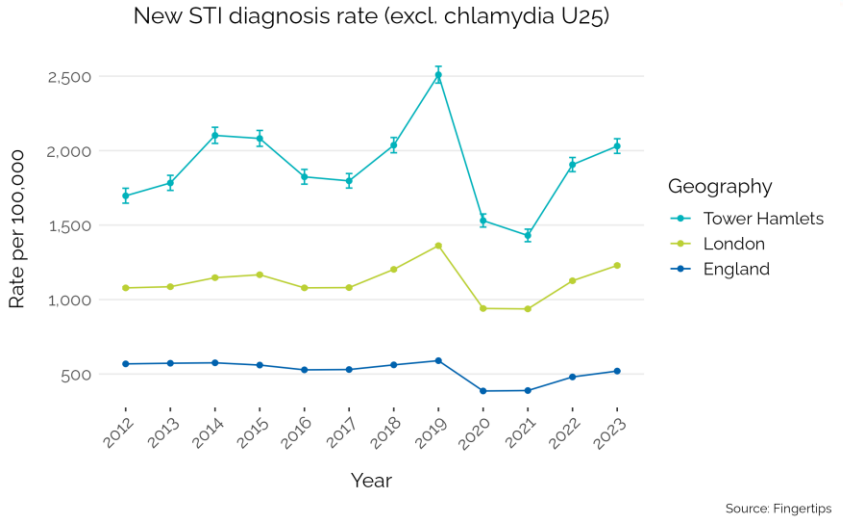
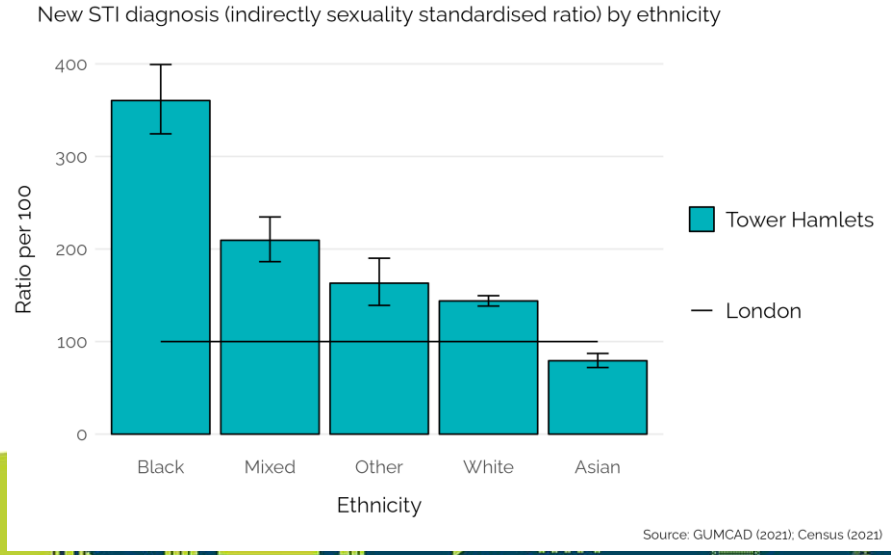
    - Work to address inequalities and improvement works moving forward.

Sexual and Reproductive Health Need in Tower Hamlets

Sexual and Reproductive Health Need in Tower Hamlets (1) - STI

- Tower Hamlets have higher rates of Sexually Transmitted infections (STI) than London. This is due largely to the make-up of our population (young, with large at-risk groups).
- Increase recently particularly in rates of Gonorrhoea and Syphillis; relating to changes in sexual behaviour.
- Gay, Bisexual and other Men who have sex with Men (GBMSM), young people and people of Black and Mixed ethnic groups have highest rates of STIs.



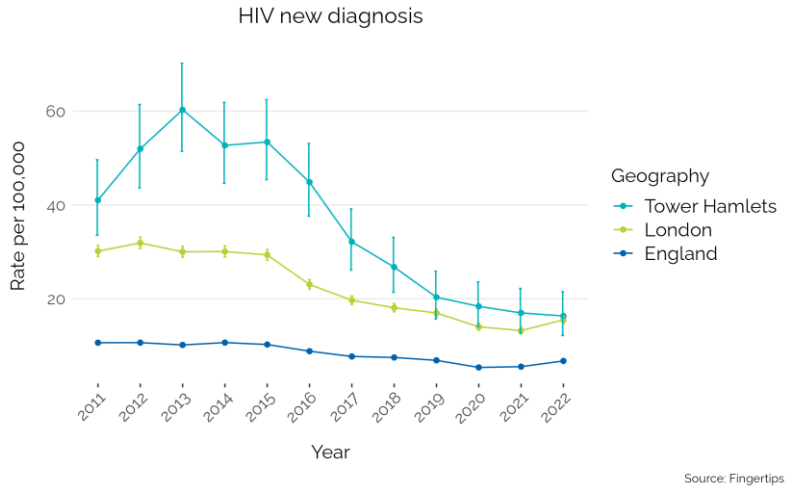


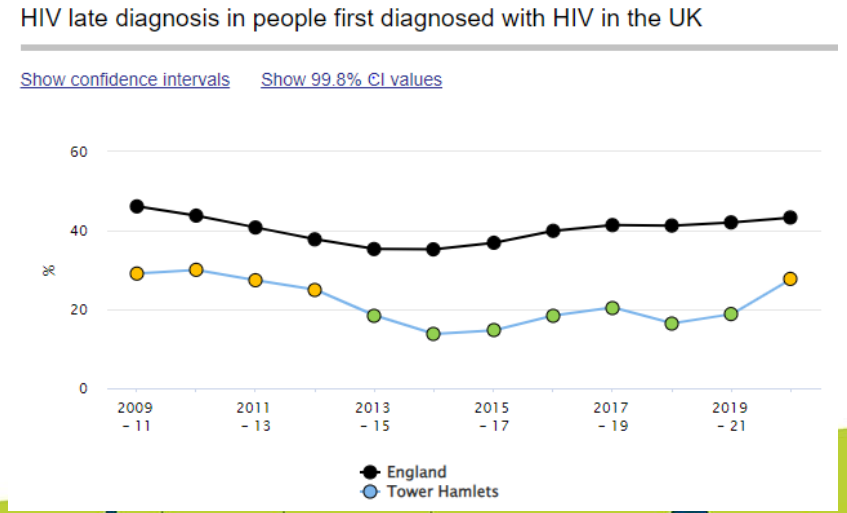
Sexual and Reproductive Health Need in Tower Hamlets (2) - HIV

- New HIV diagnoses have been falling, particularly for GBMSM (Gay, Bisexual and other Men who have sex with Men).

- However, latest data (2022) suggests an increase in HIV diagnosis, particularly among heterosexual transmission.

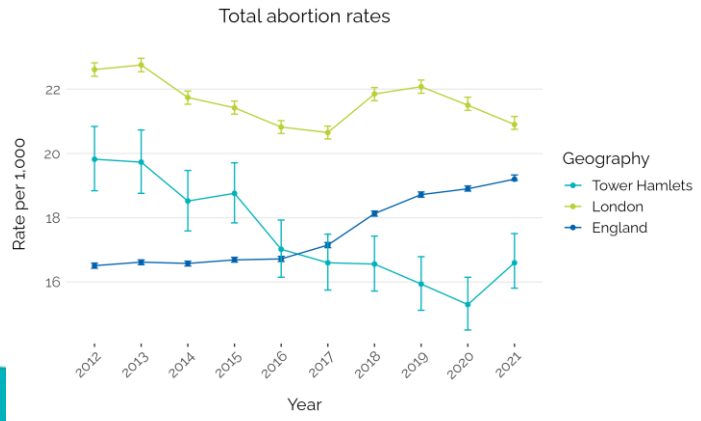
- In Tower Hamlets, a relatively low proportion of people who are diagnosed are diagnosed “late” – suggesting prompt diagnosis. However latest data suggests late diagnosis may have increased in 2022.

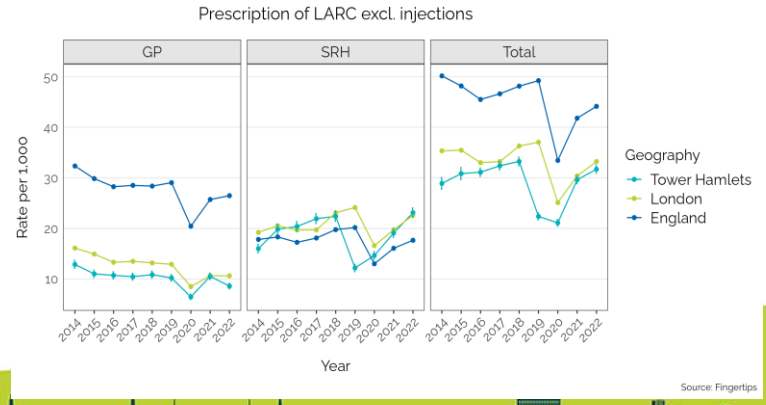




Sexual and Reproductive Health Need in Tower Hamlets (3) – Reproductive Health

- Total abortion rates in Tower Hamlets are generally lower than London and England and have **declined by 16%** over the last decade; particularly sharp decline among under 18s and 18-25s.
- Emergency hormonal contraception ('morning after pill') rates are highest among black residents; suggesting there may be under-provision of alternative forms of contraception in this group.
- Long-acting reversible contraception (i.e. coils and implants) are the most reliable and cost-effective form of contraception. Our rates of LARC are slightly below London, despite young population.





Sexual and Reproductive Health Services in Tower Hamlets

Sexual and Reproductive Health Services in Tower Hamlets

Sexual and reproductive health provision covers a wide range of services, including:

- Contraception,
- STI testing and treatment
- PrEP (Pre-exposure prophylaxis medication to reduce the risk of HIV),
- HIV testing, HIV treatment,
- vaccinations for hepatitis
- abortion services

Commissioning and funding for SRH services

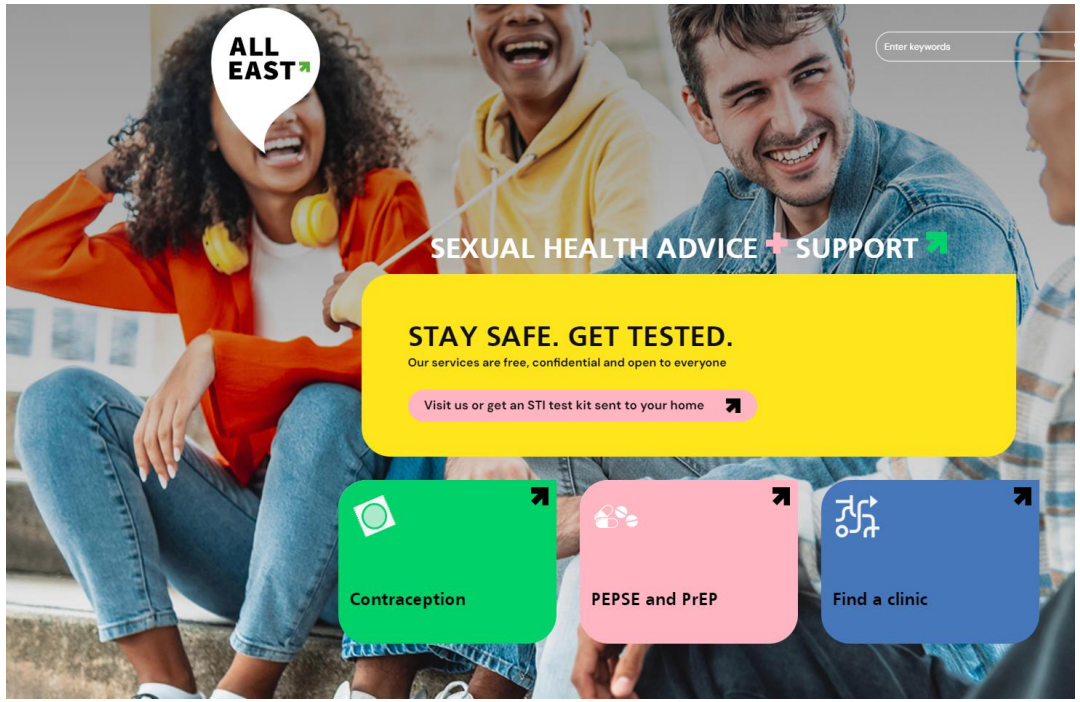
- Demand for SRH services has continued to increase, while funding available (via the Public Health Grant) has remained static. This means measures must be put in place to control costs.
- Tower Hamlets spends approximately **£6.8m** per year on sexual and reproductive health services. This is a substantial reduction over the last decade: in 2013, we spent approximately £8.9m. This reduction has occurred despite substantial population growth and increases in demand.
- Our spend can be broken down as:

All East in-clinic local services	£2,950k
In-clinic services elsewhere in London	£2,560k
Online e-service	£1,050k
GP enhanced services (STI & HIV testing, LARC)	£280k
Pharmacy	£150k

- Costs are contained via several measures:
  - Introduction of e-service in 2017, and continued ‘channel shift’ since then. It is estimated that the existence of the e-service saves approximately £1.6m-£2.4m to the Council, compared to if the same Activity (STI testing) took place in in-clinic services.
  - A ‘Modified Block’ payment model is in place for our in-clinic services. Under this arrangement, 20% of the contract value is held back, contingent on the achievement of performance-related KPIs.
  - Tariff payments for other London providers, and negotiations with clinic to limit costs of the London tariff.

Sexual and Reproductive Health Services – All East and our Centre of Excellence

- Activity has recovered to almost pre-pandemic levels; indicating improvements to access. 36,000 people accessed the service in 2022-23. In 2023-24, 1600 received LARC, and 560 started on PrEP.
- High quality provision – from patient satisfaction scores. A mystery shopping exercise at all NEL ISHS sites in December 2022 showed that participants highly rated the service
- Provision of the most effective forms of Long-Acting Reversible Contraception (LARC) increased by over 40% between 2017 and 2022.
- 55% increase in overall uptake of 'Pre-Exposure Prophylaxis' (PrEP) for the prevention of HIV between 2021-22 and 2022-23.
- Improved service access through the implementation of an online booking system and telephone call centre in 2022.



Sexual and Reproductive Health Services – Online and Primary Care services

- Online e-service:
  - On average 30,000 STI kits from Tower Hamlets residents are requested on a yearly basis.
  - Strong service user satisfaction (98% of users rate the service highly),
  - Integration of treatment for chlamydia
  - Pathways with clinics.

- Primary care (GP and pharmacy)
  - Sexual Health provision available in 26 pharmacies across the borough
  - All East support to primary care & sexual health and contraception training
  - LARC delivery in primary care has increased; GPCG implemented a ‘LARC Hub’ in 2022; now achieving targets of 850 LARC fittings in 2023, over 19% increase from 2022.

Areas of challenge / areas for improvement

- **Changing epidemiological picture**: Increasing levels of more serious forms of STIs among more vulnerable groups (e.g. syphilis and drug-resistant forms of gonorrhoea among Gay, Bisexual and other Men who have Sex with Men or ‘GBMSM’).
- **Resource limitations in SRH clinics, facing increasing complexity**:
- **Access, access, access**. Demand continues to exceed supply. National challenges around recruitment of NHS nurses. Access was highlighted in 2022 window shopping exercise (emerging from Mpox pressures). Currently walk-ins for emergency only. All East have implemented new call centre / booking process; and continue to address access via NEL SRH Strategy and Action Plan
- **Hepatitis A (Hep A) vaccine completion rates**: despite improvements in the overall uptake of Hep A vaccinations, there is still room for improvement in terms of the number of residents completing the full course of three doses: in 2023-24, completion rates were 55% against a target of 17%.

Tower Hamlets services provide well against best practice.

Main areas of focus are around access, outreach, meeting complex needs in the best place

	Best practice guidance – What Works	Target Population	What we have in place for residents in Tower Hamlets	Gaps and next steps in Tower Hamlets
Education	**Promote age appropriate Sex and Relationships Education in all schools and in a range of settings**	Young people	Primary & secondary schools have variable SRE programmes as part of their PSHE programme.	Continue to ensure strong Sex and Relationship Education offer across all schools
Education	**Promote an open and honest culture around sexual health & reproductive health , to reduce stigma and discrimination**	All Residents & target groups	SRH local service All East deliver open access services & dedicated clinics for specific groups i.e. trans and non binary clinic.	Ensure that health care staff are confident in promoting good SRH with residents.
Education	**Promote understanding of contraception options, testing , including effective LARC**	Females	SRH providers: ALL East , GPs community pharmacies and women's health hub promote the use of LARC and provide LARC.	Continue existing work to promote LARC through community engagement, and services. Focus on specific wards in the borough and particular groups: Black and Asian women.
Prevention	**Promote understanding of how to reduce STI & HIV risk, and how to access testing, PrEP and care.**	Universal/ targeted in high risk groups	SRH providers: ALL East , GPs community pharmacies and Positive East (community HIV prevention service), SHL (online testing) promote STI testing.	Continue to ensure prevention messages meet need among specific groups with high rates of STIs (GBMSM) and with low levels of STI testing (Black, Asian and specific wards in the borough).
Prevention	**Establish and maintain appropriate condom distribution**	Young people	Community pharmacy, young people's service and youth settings are outlets for condom distribution.	Work with pharmacies and sexual health providers to increase condom distribution which has decreased over the last 3 years
Prevention	**Routine offer of chlamydia tests for young people**	Young people	Young people service: Safe East, ALL East , Community pharmacy and GP offer chlamydia testing.	Chlamydia detection rate is below national target (like most places). Encourage more young people to get tested, and promote available options including e-service.
Prevention	**Routine offer of HIV test in hospital and GPs and HIV self-sampling**	All residents	HIV testing is offered in E&D and GPs	Ensure continued funding for HIV testing in emergency departments. Pilot HIV testing in other settings
Prevention	**Provide contraception advice in abortion, pregnancy loss and in maternity services**	Females	Contraception is provided in TOPs and maternity services.	Maintain existing strong links between SRH and TOPS and maternity services.
Prevention	**Ensure access to emergency contraception and subsequent contraception**	Females	Community Pharmacies provide emergency contraception and oral contraception.	High use of emergency contraception in some areas – need for system wide approaches to support the use of more suitable forms of contraception.
Services	**Increase accessibility of HIV and STI services for key risk groups**	High risk groups	Positive East and All East provide community outreach on HIV and STI testing to high risk groups.	Work with All East to implement improvements to access (website, booking system). More frequent outreach in hostels and hotel venues to support migrant populations. Need to understand the needs in migrant and asylum population.
Services	**Increase access to PrEP**	High risk groups		Need to understand access or Prep by demographics. Explore options to increase PrEP via outreach clinics in primary care, and e-service, and possible digital option
Services	**Rapid referral into care after HIV or STI diagnosis, management of partners**	Universal	All East and Grahame Hayton co-location and joint working. ALL East service manage partner notification. Positive East provide wider support	Ensure co-location of Positive East support workers into AKC and GHU.
Services	**Treatment and retention in care of people living with HIV**	Targeted/ Universal	Positive East work with Graham Hayton unit.	Lower than London and England use of antiretroviral therapy, but still meeting 95% target

Strategy and improvement

NEL Sexual and Reproductive Health strategy

A joint SRH strategy across North East London has been developed – covering councils and NHS. This will be launched in October 2024.

The NEL Strategy has been developed via extensive consultation over 1,600 residents and service users via surveys, groups and 1:1 interviews, and Clinicians and other professional stakeholders from across the SRH system

Structured around 4 Priority areas (see right)

Priority 1:
Healthy and fullfilling sexual relationships

Priority 2:
Good reproductive health across the life course

Priority 3:
High quality and innovative STI testing and treatment

Priority 4:
HIV - towards zero and living well

NEL Sexual and Reproductive Health strategy

The Vision of the strategy is to: ***Empower residents to lead healthy and fulfilling lives, in which they have the knowledge and agency to make informed choices about their sexual and reproductive health, with timely access to high quality, equitable services***

High-level five-year aims for SRH that have been agreed for the NEL system are:

- Reverse the trend of increasing STI diagnoses by preventing and reducing the onward transmission of STIs through effective testing and treatment.
- Improved prevention and early diagnosis of HIV, with a focus on increasing the uptake of PrEP in all high risk communities
- Increase knowledge and choice around reproductive health for NEL residents, with increased uptake of the most reliable forms of contraception, especially LARC
- Reduce the number of unplanned and teenage conceptions.
- Reduce the number of abortions and repeat abortions, learning from models seen in Tower Hamlets and City & Hackney.
- Reduce demographic inequities in sexual health access and outcomes where they are known or identified in the future.
- Ensure that principles of ‘Universal Proportionalism’ run through all of our work on SRH over the next five years, prioritising our most vulnerable and high risk residents wherever possible.

Priority 1:
Healthy and fullfilling sexual relationships

Priority 2:
Good reproductive health across the life course

Priority 3:
High quality and innovative STI testing and treatment

Priority 4:
HIV - towards zero and living well

Sexual and reproductive health strategy
A summary of the Tower Hamlets action plan for 2024-25

Priority1 Health fulfilling relationships

- Conduct a sexual and reproductive health needs survey with young people
- Map relationship, sex and health education delivered in secondary schools
- Young people's stakeholder event
- Frontline staff working with young people receive training/ refresher training on sexual violence and abuse

Priority 2: Good reproductive health across the life course

- Engagement /co-production community on contraception options
- Increased GP LARC provision
- Increasing awareness about contraception methods among BAME communities
- Training community champions
- Evaluation of Tower Hamlets women's health hub service

Priority 3: high quality and innovative STI testing & treatment

- Communications messaging is developed that targets population with high burden of STIs
- Resident engagement plan is developed with outreach partners and delivered to support high risk resents that don't engage with services
- Increase PrEP use in high-risk groups

Priority 4: HIV towards zero transmission & living well with HIV

- Increase PrEP use in high-risk groups
- HIV training sessions delivered for GPs and other primary care staff.
- Continuation of HIV testing service in emergency departments
- Develop a plan for implementing the new HIV Confident Charter to tackle stigma

Cross cutting priorities:

- Sexual and reproductive health needs assessment to review local and make recommendations for action
- Review the SRH support needs of underserved communities (GBMSM groups, asylum seeks, people living in hostels & sex workers)
- Reducing sexual and reproductive health stigma events/training
- Annual resident feedback on accessibility of the sexual health service

- The Tower Hamlets action plan has been developed by the Sexual and reproductive health *Tower Hamlets Partnership Group*, made up of key partners:
  - CVS, HIV Prevention & wellbeing service and other charity organisations that work with local communities
  - Health Lives Team (schools)
  - Public health
  - Sexual health service & young people's service
  - Youth service
  - VAWG
  - Learning disabilities
  - Community pharmacy representative
  - Primary care representatives

  The partnership group will oversee the implementation of the local action plan on a quarterly basis.

- Resident engagement took place in April/May 2024: focus groups to check that these were the right actions for 2024-2025.

Our approach to quality assurance and improvement

Best practice, evidence-based delivery:

- Clinical delivery based on sexual and reproductive health national standards, guidance and best practice
- Pathways in place for residents requiring specialist support e.g. sex workers and psychosexual support

Continuous service improvement

- Continued service improvement and transformation through internal quality improvement practice (e.g. reviewing partner notification process to reduce onward transmission of STIs)
- External audit – such as mystery shopping exercises undertaken at regular intervals.
- Monitoring incidents and learning in sexual health services

Contract structure and management

- Modified block improves quality and outcomes by incentivising the most beneficial types of activity; this enables us to improve prevention and reduce sexual and reproductive health inequalities (e.g. LARC and PrEP).
- Specific work packages to deliver improvements and innovation.
- Regular, joint contract monitoring with other NEL commissioners (including patient satisfaction review).
- Annual service equity audit & review to address inequalities in service provision.

All East presentation

Integrated Sexual Health Services
Tower Hamlets Health and Adults Scrutiny Sub-Committee

Dr Andy Williams

Clinical Lead - Sexual Health Barts Health NHS Trust

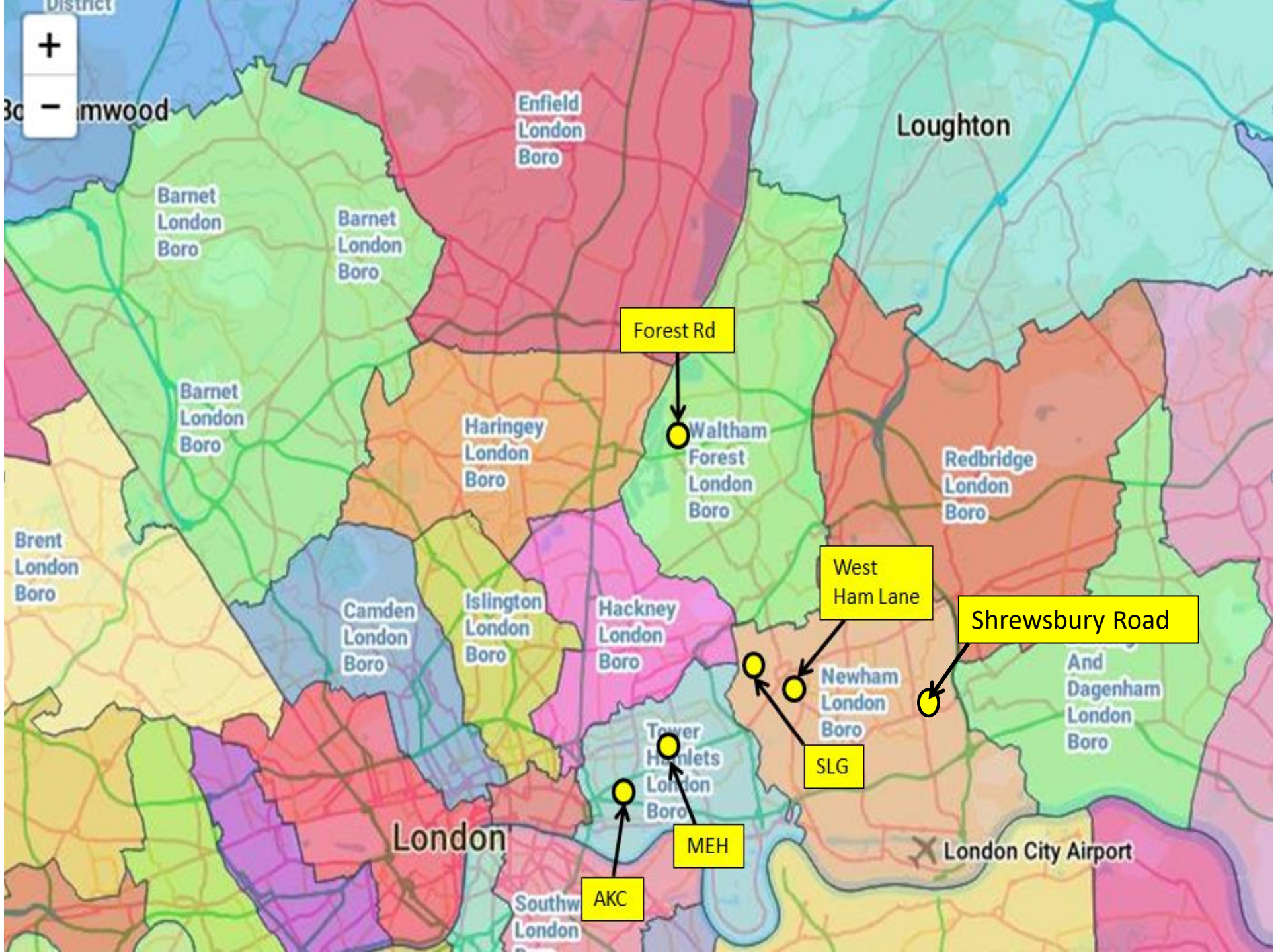
Specification: Work Packages

- 1 - Integrated sexual health services
- 2 - Leadership for the system, training for primary care and other professional and provision of PGDs
- 3 - Enhanced partner notification, whole system STI management
- 4 - Sexual Health Promotion and Targeted Outreach Provision Boroughs
- 5 - Children and Young People's Additional (non-clinical) services (Newham)
- 6 - Chlamydia and Gonorrhoea self sampling kits for community and primary care

Separate contract for Community Women's Health Services – menopause, termination of pregnancy, FGM and also the Women's health hub pilot

Our Sexual Health services, in brief…

- Appointments made online, via the call centre or walk-in
- A full range of consultant led level 3 sexual and reproductive health services – STI screening & treatment, simple and complex contraception, PrEP, PEP, referral clinics for complex cases plus male and female sexual wellbeing and a service for sex workers
- Routinely offer screening for all STIs (CT, GC, STS, HIV Hepatitis A,B&C, HSV, Mgen, TV) and vaccination Hepatitis A&B, HPV and Mpox
- Treatment for STIs – oral and injectable, follow up, partner notification through health advisors
- LARC and complex contraception
- PrEP/PEP
- Complemented by phone appointments for repeat contraception and online postal STI testing services for asymptomatic patients
- Peripatetic offer (co-location with other services, LARC in maternity)
- Good and improving links with primary care and community pharmacies
- Website is translatable, full range of interpreters available via language line and some in-house expertise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Loughton
Barnet London Boro
Barnet London Boro
Barnet London Boro
Forest Rd
Haringey London Boro
Waltham Forest London Boro
Redbridge London Boro
Brent London Boro
West Ham Lane
Shrewsbury Road
Camden London Boro
Islington London Boro
Hackney London Boro
Newham London Boro
And Dagenham London Boro
SLG
MEH
AKC
London
London City Airport

AKC Centre of Excellence

- Monday to Saturday

- Sexual health operate over ground and first floors
- HIV care in basement

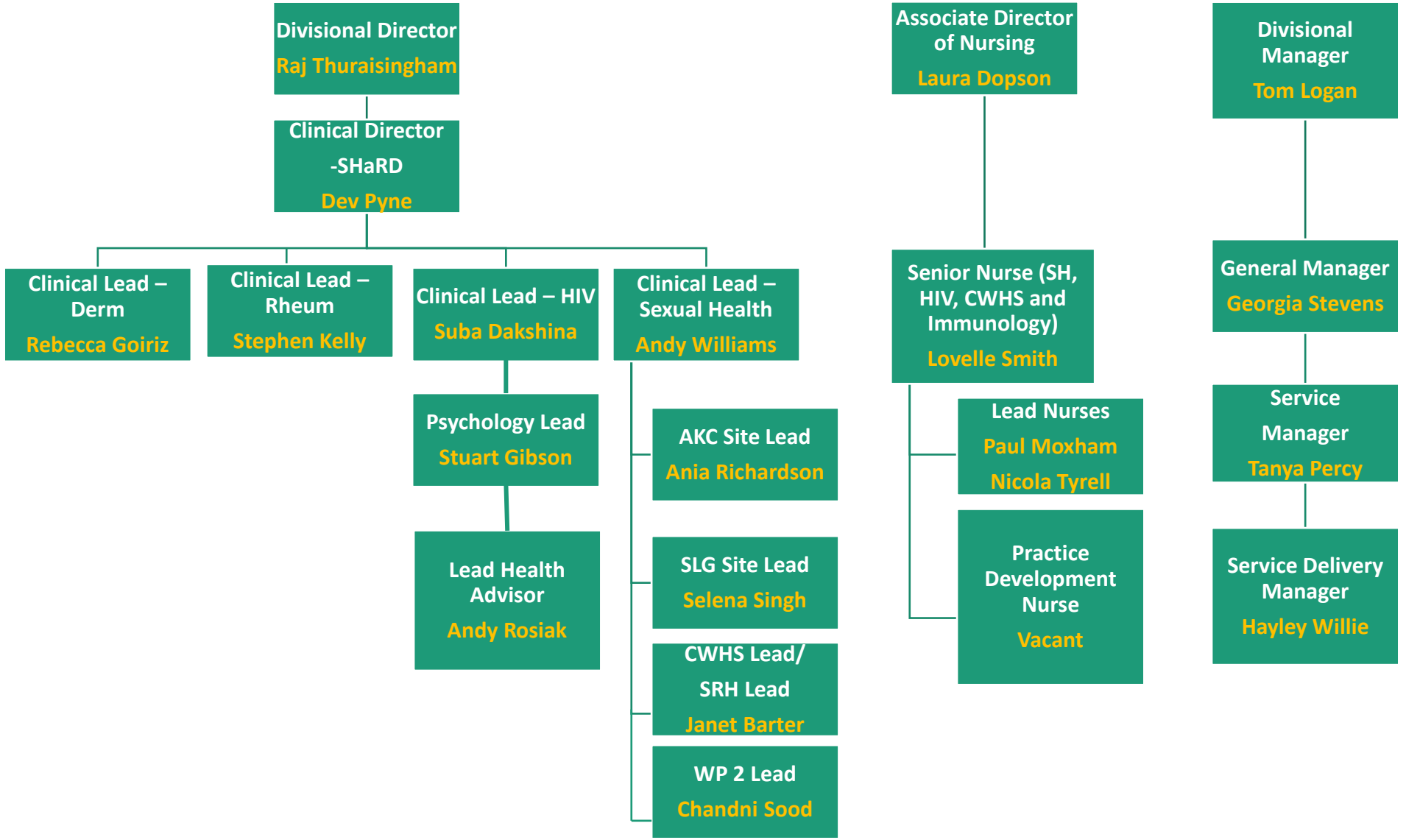
- Booked online & via call centre if unable to access online

- Urgent appointments triaged (young people prioritised)

Within the team

- Senior and junior doctors
- Health Advisors
- Nurses
- Clinical Psychologists
- Healthcare assistants (HCAs)
- Reception staff
- Admin staff

SEXUAL HEALTH NETWORK ORGANOGRAM



Improving access for patients post COVID-19 and Mpox

- Weekly activity planning meetings
- Clinical provision based on demand modelling
- Workforce optimisation – recruitment, sickness, job planning
- Call centre
- Access review including re-opening to walk-ins
- Leadership consistency and presence
- Website update
- Mystery shopper input

Case Study

- Shanique is a 17yo female who attended following testing with an online testing service, with whom she had tested positive for Chlamydia, Gonorrhoea and Trichomonas vaginalis.
- Shanique also disclosed she was pregnant (6/52) and was being seen at North Middlesex. Shanique has a Social Worker who was unaware of the pregnancy. She was currently staying temporarily at her sister's house, as her mother had recently had a mental health breakdown following a miscarriage.
- She described a rather difficult relationship, she was with her 19yo regular male partner but they had recently broken up as he wanted her to terminate the pregnancy, and she was did not want to do this.
- The Health Advisor discussed with the Sexual Health Safeguarding Lead and we assessed a number of concerns;
    - She is pregnant and has not discussed with her social worker. Shanique had also not been clear about the reasons as to why she had a social worker (possibly wishing to conceal further concerns)
    - She had been diagnosed with multiple STIs which is concerning for her health, particularly whilst pregnant.
    - We were very concerned about the insecure support networks Shanique had. Her mum was not able to provide much support due to her own health issues, and her RMP had recently ended the relationship in difficult circumstances.
- We agreed that it was important to inform the Social Worker of the pregnancy, which Shanique agreed too. There were a number of conversations with the Social Worker, and further issues arose, which included a history of Shanique 'going missing' and concerns about her ability to raise a child.
- Within Sexual Health, we have been able to keep engaging Shanique in terms of attending for treatment and Test Of Cure (TOC) appointments. This is important as it helps show that Shanique is looking after her health, and now the Social Worker is aware, she has been able to help Shanique attend all of her ante-natal appointments.

Reducing Inequalities in sexual health services and reaching those who are less represented in services

- Embedded in service offer:

Statutory and mandatory training in equality, diversity and human rights for all staff, a diverse workforce and staff skilled/trained in engaging with different communities.

Examples of specific additional work to reduce inequalities include:

- Projects focused on specific under-represented communities e.g. Women 4 Women, training women from black ethnicities as community sexual health champions to understand community barriers to PrEP and support their community to increase uptake of PreP, working with voluntary sector (Positive East)
- Focused key performance indicators on reducing inequalities relating to long acting reversible contraception (LARC) among under represented ethnic groups
- Annual equity report to review those attending the service and any areas for improvement
- Specific clinics for groups with additional needs e.g. E1 clinic (chemsex), sex workers etc
- Outreach sexual health promotion to increase awareness of service, including among under represented groups
- Support/leadership/clinical governance to wider community sexual health services (e.g. pharmacy/GP), which provide another access point for services

What next?

- Optimisation and transformation work
- Enhance all work packages
- Continue to review locations of services (including co-location with other services) to ensure efficient offer whilst meeting needs of local people
- 3rd sector working - MECC
- Working together across NEL - monthly meetings with Hackney and BHR for shared strategy work

Non-Executive Report of the: **Health and Adult Scrutiny Sub-Committee** **3rd September 2024**	TOWER HAMLETS
Report of: Somen Banerjee, Director for Public Health	**Classification:** Unrestricted
Smoking cessation services in Tower Hamlets	

Originating Officer(s)	Liam Crosby, Associate Director of Public Health (Healthy Adults)
Wards affected	All wards

Summary

This report provides an update on Smoking Cessation services available in the Community, and in secondary health services at both Barts (Royal London Hospital) and ELFT (community mental health services).

Smoking remains a leading cause of death and disease in Tower Hamlets and its unequal distribution is a key reason why our poorer residents have shorter life expectancy. Evidence-based smoking cessation support makes it more likely that people will successfully quit smoking. Tower Hamlets has highly-performing, culturally-tailored smoking cessation services both in the community and within our local health settings. Our community service QuitRight Tower Hamlets provides a range of evidence-based support, via a Prime Provider model which sub-contracts delivery in local pharmacies, and provides outreach clinics in target settings. Our services see the highest numbers of quits across London, and provide good value for money compared to London. We plan to use additional funding from DHSC to extend this model to more smokers, and with a focus on vulnerable groups with high rates of smoking.

Recommendations:

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

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

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Smoking Cessation Tower Hamlets

Presentation for Health and Adults Scrutiny Sub-Committee

3rd September 2024

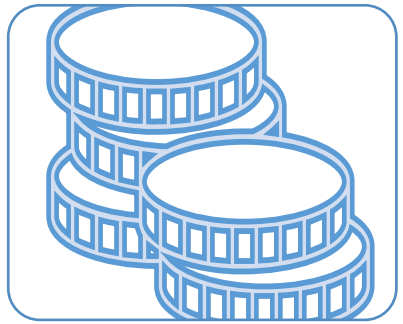
Liam Crosby – Associate Director Public Health (Healthy Adults)

Shamsia Foreman Begum, Specialist Stop Smoking Service Manager, (QuitRight Tower Hamlets, QMUL)

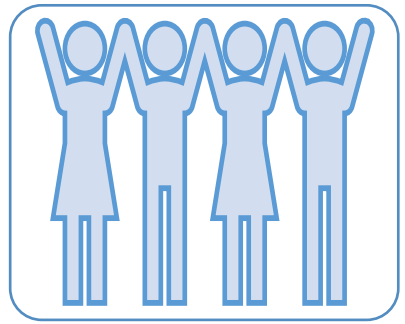
Syeda Begum, Community Tobacco Dependency Lead – East London Foundation Trust

Why is smoking cessation important?

Smoking remains the leading cause of preventable illness and death, and still kills almost **75,000** people every year in England alone.



Smoking costs individuals and families, and costs society billions of pounds every year, with significant costs being borne by local councils and NHS, and other services.



The public overwhelmingly support action to address smoking.

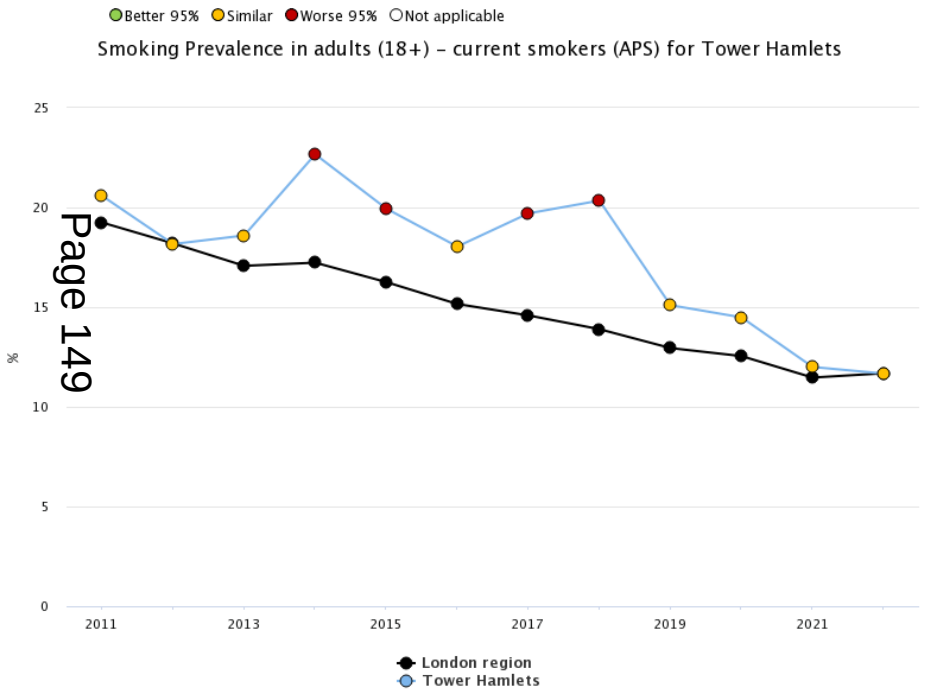
In the last decade adult smoking prevalence has been reduced by over a quarter to its lowest ever recorded level of **12.7%** in England (2022), saving thousands of lives and years lived with disability.

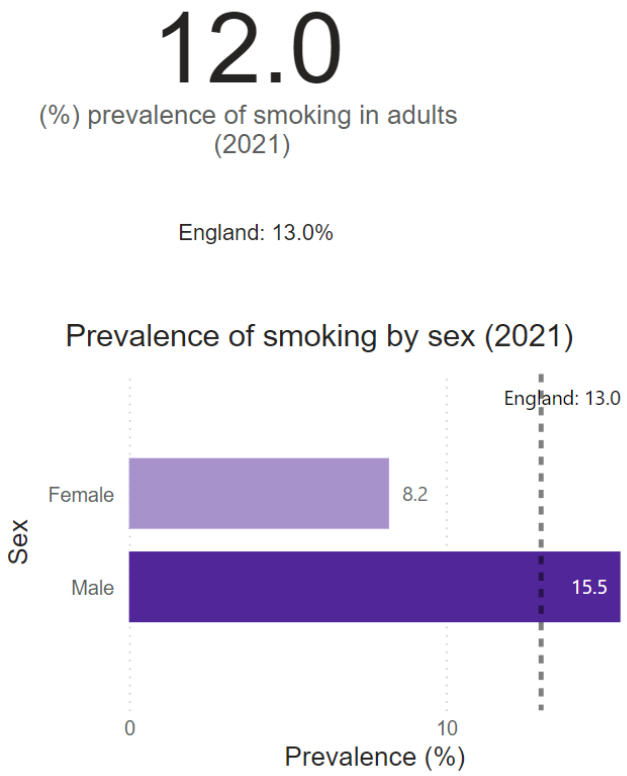
Benefits of reducing smoking:

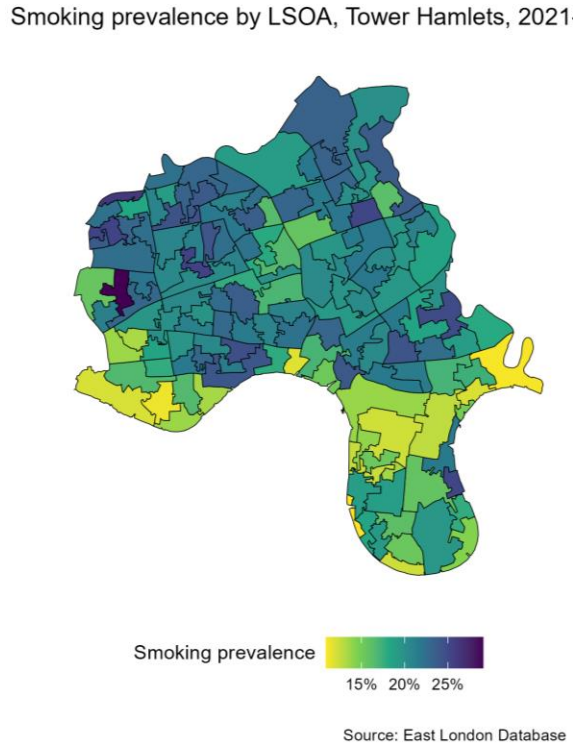
- save lives each year
- lift households out of poverty
- increase local productivity and economic prosperity
- reduce inequalities
- reduce burden on the NHS
- improve quality of life
- protect children from harm

Locally, we have seen big improvements

Overall, rates of smoking have fallen sharply in Tower Hamlets, from over 20% a decade ago, to 12% today. Tower Hamlets rates are now similar to London average





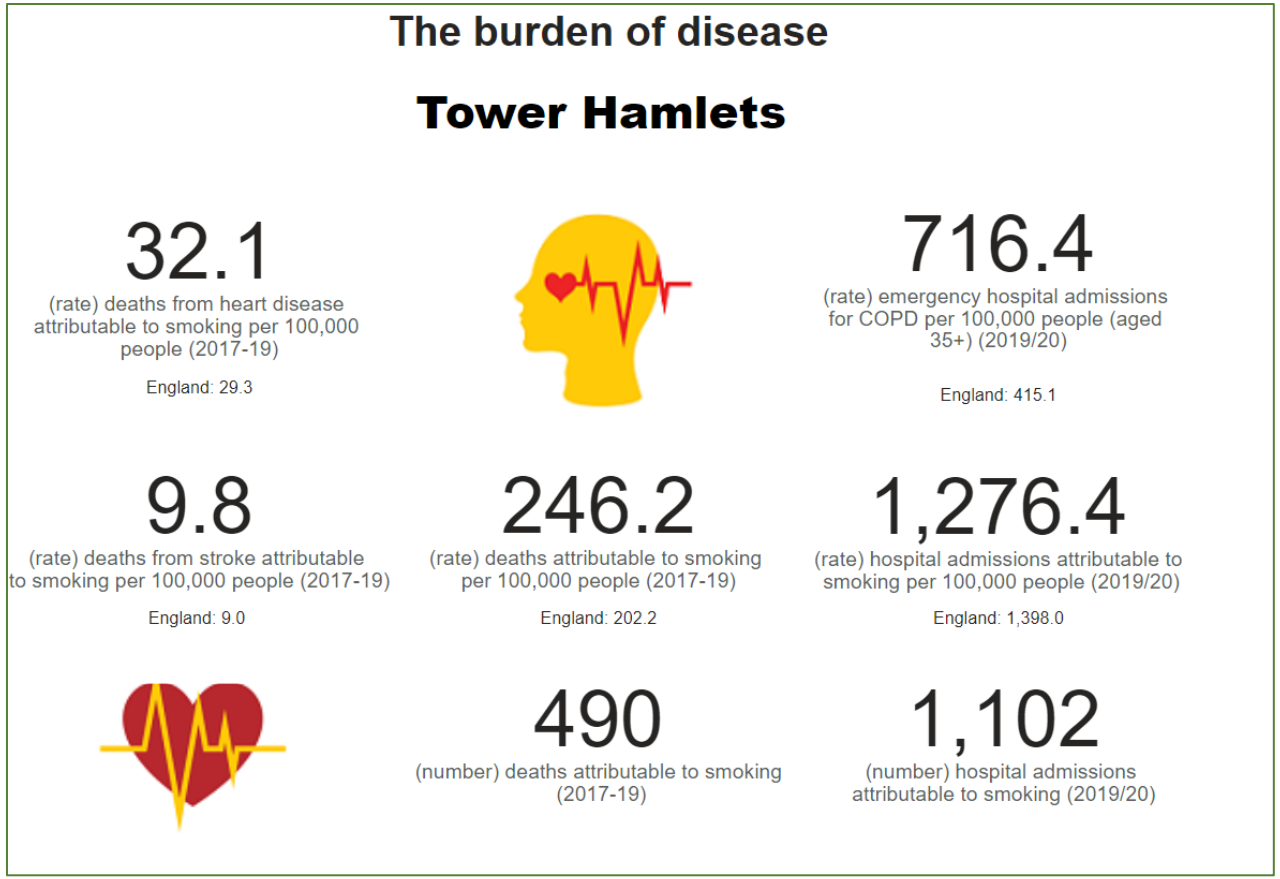


Source: Fingertips | Public health data

But smoking continues to be a substantial cause of death and disease in Tower Hamlets

- Smoking-related mortality per 100,000 has fallen, from a rate of **300**, to a rate of **246** (2017-19). This remains higher than London average.

- Rates of COPD admissions per 100,000 have fallen from over 900, to 716 (2019/20) – this is the highest in London.



Source: Fingertips, Tobacco Control Dashboard

In priority groups, smoking rates remain very high, with associated health harms

TOWER HAMLETS

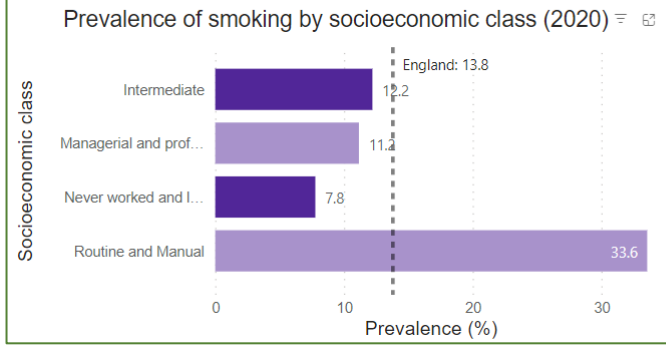
Routine / Manual workers

- Rates of smoking are 3x higher than in the general TH population.
- At 33%, rates are higher than London average.

33.6

(%) smoking prevalence in routine and manual occupations (2020)

England: 24.5%



Mental health

- Adults with registered long-term MH condition are 1.8 times more likely to smoke (28.2%) – this has declined over time
- Smoking among those with depression / anxiety is second-highest in London (33.4%)

33.4

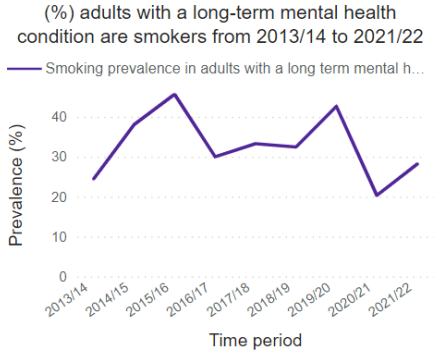
(%) adults with anxiety or depression who are smokers (2016/17)

England: 25.8%

43.2

(%) adults with a serious mental illness are smokers (2014/15)

England: 40.5%



1,094

(number) adults with a serious mental illness are smokers (2014/15)

28.2

(%) adults with a long-term mental health condition are smokers (2021/22)

England: 25.2%

Substance misuse

- Rates of smoking for those admitted to treatment are very high, and are higher than London averages.

53.3

(%) adults admitted to treatment for alcohol misuse are smokers (2019/20)

England: 43.9%

71.3

(%) adults admitted to treatment for alcohol and non-opiate misuse are smokers (2019/20)

England: 64.6%

80.3

(%) adults admitted to treatment for all opiate misuse are smokers (2019/20)

England: 70.2%

90

(number) adults admitted to treatment for alcohol misuse are smokers (2019/20)

107

(number) adults admitted to treatment for alcohol and non-opiate misuse are smok…

208

(number) adults admitted to treatment for all opiate misuse are smokers (2019/20)

Source: Tobacco Control Dashboard

Policy context, evidence base and funding sources

Liam Crosby, Associate Director Public Health (LBTH)

National policy: the Khan Review set recommendations for an ambitious agenda to make smoking obsolete

[The Khan review: making smoking obsolete](#) (Independent review into Smokefree 2030, by Dr Javed Khan OBE; published in June 2022)

Four critical recommendations are boxed in red. These are 'must dos' for the government to achieve a smokefree England by 2030 , around which all other interventions are based.

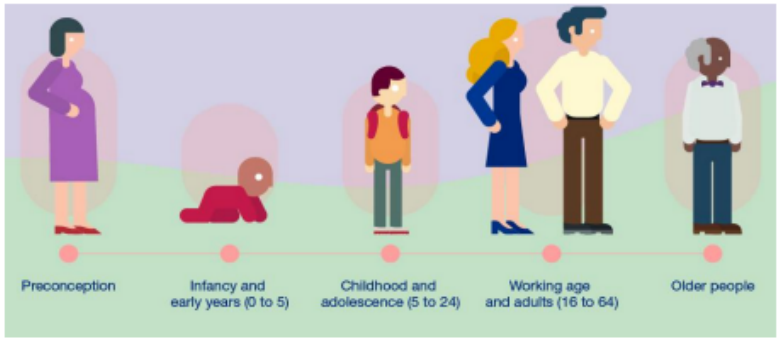
Part 1: Invest Now

REC 1: Urgently invest £125m per year in interventions to reach smokefree 2030.

Option 1: Additional funding from within government
Option 2: A 'polluter pays' industry levy
Option 3: A corporation tax surcharge

Part 2: Stop the Start

REC 2: Raise age of sale of tobacco by one year, every year.



The image above shows **the lifecycle of a smoker**. From smoking in pregnancy and the impact on the unborn baby, to old age, where 2/3 lifetime smokers will likely die from smoking. Interventions are needed at all stages of a person's life.

REC 3: Substantially raise the cost of tobacco duties (more than 30%) across all tobacco products, immediately. Abolish all duty free entry of tobacco products at our borders.

REC 4: Introduce a tobacco licence for retailers to limit where tobacco is available.

REC 5: Enhance local illicit tobacco enforcement by dedicating an additional funding of £15 million per year to local trading standards.

REC 6: Reduce the appeal of smoking by radically rethinking how cigarette sticks and packets look, closing regulatory gaps and tackling portrayals of smoking in the media.

REC 7: Increase smokefree places to de-normalise smoking and protect young people from second-hand smoke.

Part 3: Quit for Good

REC 8: Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.

REC 9: Invest an additional £70 million per year into 'stop smoking services', ringfenced for this purpose.

REC 10: Invest £15 million per year in a well-designed national mass media campaign, supported by targeted regional media.

Part 4: System Change

REC 11: The NHS needs to prioritise prevention, with further action to stop people smoking, providing support and treatment across all its services, including primary care

REC 12: Invest £15m per year to support pregnant women to quit smoking in all parts of the country.

REC 13: Tackle the issue of smoking and mental health.

REC 14: Invest £8m to ensure regional and local prioritisation of stop smoking interventions through ICS leadership.

REC 15: Invest £2 million per year in new research and data, including investing £2 million in an innovation fund.

Evidence base for smoking cessation services

- People are most likely to quit smoking if they by use specialist help and stop smoking treatments (medication) together.
- Research shows that you're **around three times more likely to quit if you use treatments alongside stop smoking support**. For example, using a local stop smoking service and using nicotine replacement therapy (NRT) or e-cigarettes.

Funding and recent initiatives for Specialist Stop Smoking Services

Funding for community Stop Smoking Services comes from the Public Health Grant: we routinely invest £529,000 (additional funding has more recently been made available).

The NHS also fund Specialist Stop Smoking Services as part of the NHS Long-Term Plan which highlights that:

- By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
- Model will also be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.
- A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services

Local smoking cessation services

1. Quit Right Tower Hamlets (local community smoking cessation service)
2. Barts Health – Royal London Hospital
3. East London NHS Foundation Trust

1. Quit Right Tower Hamlets

Shamsia Foreman Begum, Specialist Stop Smoking Service Manager, (Quit Right Tower Hamlets, QMUL)

Quit Right Tower Hamlets provides specialist, integrated Stop Smoking Services

- Prime Supplier model, with **Queen Mary University of London (QMUL)** providing the overall leadership, coordination and accountability for the full service.
- QMUL is expected to achieve ambitious 4-week quit targets (minimum: **1,275**, desirable:**1,500** per year).
- **Culturally tailored intervention**: free expert advice and behavioural support, along with stop smoking aids (a full range of free nicotine replacement products including patches, gums and e-cigarettes)
- **Eligibility**: smokers or smokeless tobacco users who are Tower Hamlets residents or those registered with a Tower Hamlets GP, or those who study or work in Tower Hamlets

Social marketing and training

Key campaigns: New Year, No Smoking Day, Ramadan, Stoptober

Very brief advice and stop smoking advisor training

Subcontracting

A minimum of three community pharmacies per locality subcontracted to deliver 15% of the corporate's quit targets

Specialist tobacco cessation service

KPIs set for priority groups: BAMEs, pregnant women, young people, people living with MH/SMI, people living with COPD, routine and manual workers, smokeless tobacco users

Service management

Service leadership, partnership working Inc. primary and secondary care, services or community groups supporting priority groups, other public health commissioned services, LBTH enforcement team, social housing suppliers etc.

Specialist Tobacco Cessation Service

Specialist Advisors and community Pharmacy provide,

- 8 week treatment and support
- Weekly telephone, text and face and face contact with an Advisor
- Combination NRT, Vape, Varenicline or Cytisine is offered
- Client focused tips, techniques and coaching offered
- Carbon monoxide testing
- Smokers can sign up to receive a free vape kit bundle and ‘light touch’ support from Quit Right Tower Hamlets
- Paan or Smokeless tobacco cessation also support by providing culturally sensitive approaches like language and same gender support.

Quit Right clinics and location details

- In person sessions based at 2 Stayners Road London E1 4AH
  - Open Monday to Friday from 9.00am to 5.00pm
- Regular face to face or telephone support offered at 15 GP Practices
  - in person at Mission, Limehouse Practice, Blithhale and Gough Walk
- 14 Community Pharmacy sites in Tower Hamlets
- Monday and Thursday Royal London Hospital / Smoking in Pregnancy partnership with Barts Health
- Town Hall – every Wednesday from 2.00pm to 4.30pm

Stoptober Campaign 2024

- We will be running Stoptober 2024 to promote the importance of quitting and how to access support.

- We are planning a targeted campaign to address the high smoking prevalence seen in some groups (Asian ethnicity, 35-54 olds, Males, E2/E3 postcodes, routine/manual workers, Females in White and Mixed ethnic groups)

Stoptober Planned Activities 2024

- 5 outreach stalls in East London Mosque, local markets and Blackwall Depot
- Targeted online training session for professionals to provide very brief advice (VBA)
- Digital communications (social media, bus stops, leisure centres)
- Text messages for registered smokers with SMI/MH needs from GP practices
- Case study videos/posters
- Utilizing behaviour change informed messaging

Swap to Stop Scheme

Evidence: Use of e-cigarettes as a treatment option has risen from 11% in 2019 to 67% in 2023.

Tower Hamlets has been successful with a tri-borough bid alongside the London Boroughs of Newham and Waltham Forest to bid for the government free vape scheme.

The scheme will encourage thousands of smokers in Tower Hamlets to swap cigarettes for vapes under the new ‘swap to stop’ scheme designed to cut smoking rates.

The Swap to Stop will be widely promoted during Stoptober and other national campaigns

2. Smoking cessation services at Royal London Hospital

Liam Crosby, on behalf of Katie Gallagher, Barts Health
head of Health Improvement

Tobacco Dependence Services at Barts Health

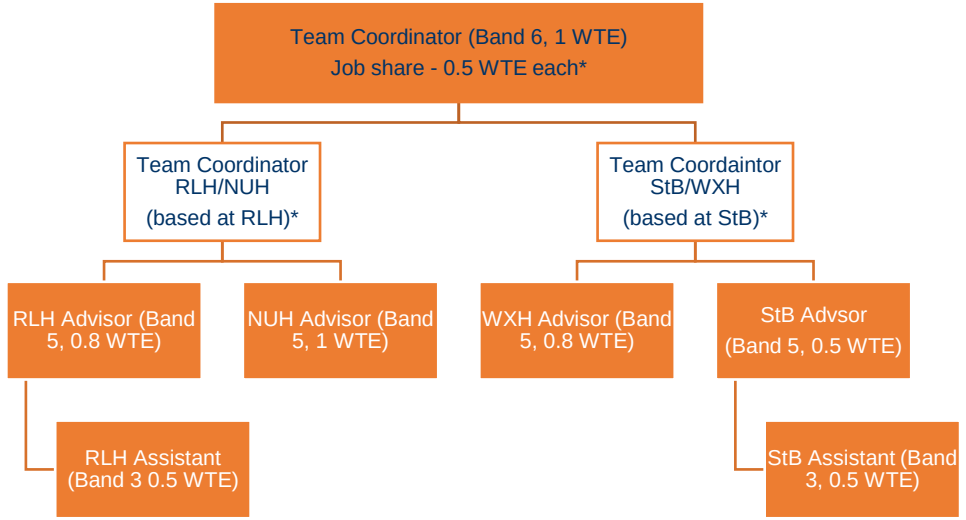
Overview:

- '*All acute Trusts should have an inhouse tobacco dependence service for hospital **inpatients** and **maternity***' (NHS Long Term Plan). Barts Health set up inhouse services in 2022, these are integrated into patient care, and work in partnership with QuitRight and local pharmacies. Interim service evaluations were complete, and work is underway to address recommendations.

Staffing: There is 1 full time midwife for each hospital site working with an Advisor from Quitright. The inpatient team structure is shown visually on the right-hand side.

100% of pregnant women who are referred to the service are seen, and approx. 60% of hospital inpatients.

Inpatient Tobacco Dependence Service staff structure



- **Challenges:**

1. National funding stops in March 2025 and there is a risk that staff will leave due to lack of job security unless a long-term sustainable solution is agreed.
2. Small team, so annual leave & other absence is not covered leaving gaps in service provision.
3. The inpatient service also do not have enough capacity to see all patients referred.

Inpatient Tobacco Dependence Patient

Admitting team

During patient admission

ASK
the patient if they smoke and record smoking status
If the patient does smoke then…

ADVISE
the patient that the best way to stop is with a combination of specialist support and medication, and both are available at the hospital

ACT
an ***opt-out*** **electronic referral** to the local hospital tobacco dependence service and stop smoking medications prescribed / provided (ideally, **NRT** is provided within 2 hours of admission, as per trust protocol)

Tobacco dependence service

In-depth behavioural support

Tobacco dependence adviser attends to patient within 24 hours to provide **an in-depth opt-out stop smoking consultation** that includes:

- CO test and assessment of nicotine dependence (ideal scenario)
- Assessment of patient's readiness and ability to quit
- Informing the patient what support is available to quit
- Informing the patient about withdrawal symptoms
- Offer and recording of support to the patient
- Where agreed, prompting commitment from the patient
- Discussing preparations and providing a summary
- Where appropriate, revisit the patient to provide ongoing support or to review temporary abstinence to see if a full quit attempt can be started

Ensure ongoing support upon discharge

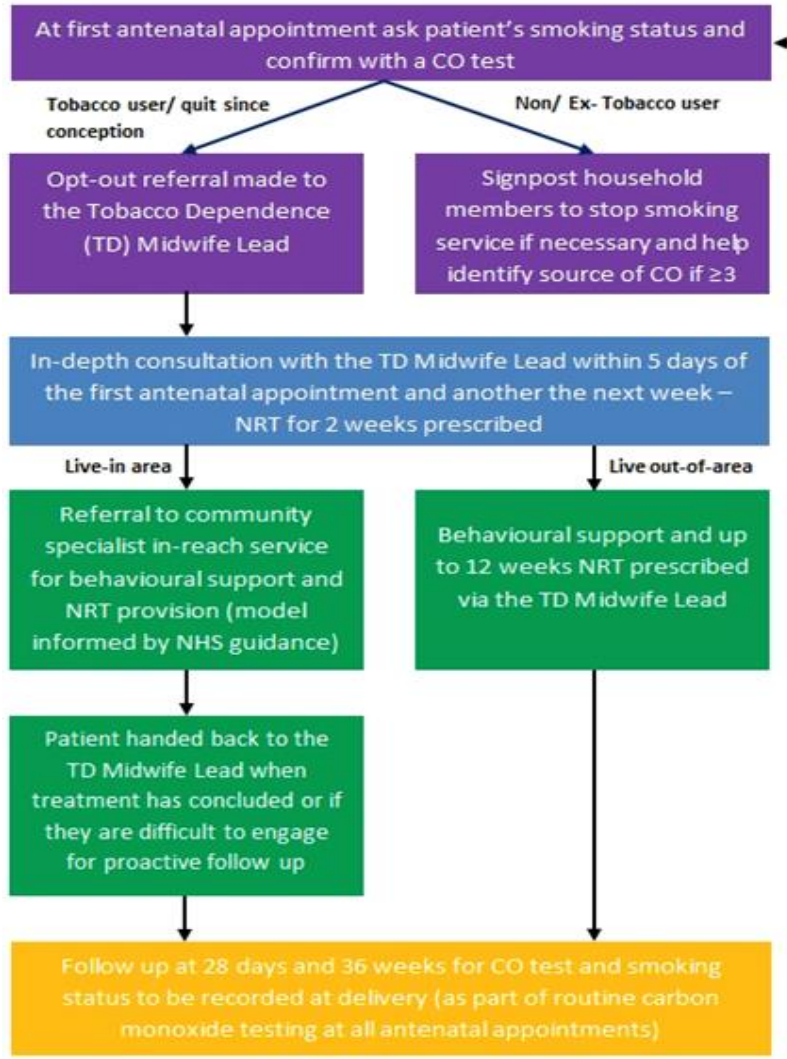
Offer **referral to ongoing stop smoking support** in the community and, ideally, to a local authority Stop Smoking Service
+ provide one week's (minimum) worth of NRT
+ **communicate progress** with the patient's GP
+ ensure continuation of medication.

Provide follow-up call at 1 to 2 weeks post-discharge

Book and provide face-to-face follow-up appointment

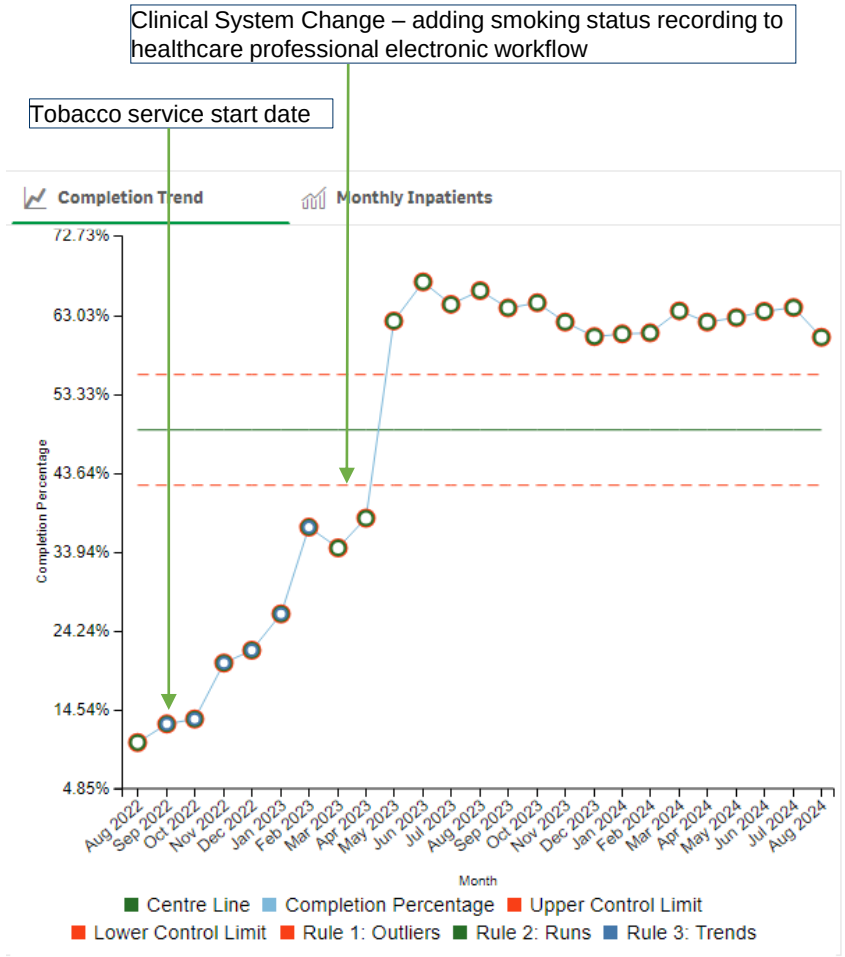
Tobacco dependence adviser books and delivers a **28 day follow-up**, ideally face to face, where smoking status is verified with a CO test or self-reported status is recorded over the phone

Smoking in Pregnancy Patient Pathway



Performance – Inpatient Service 23/24

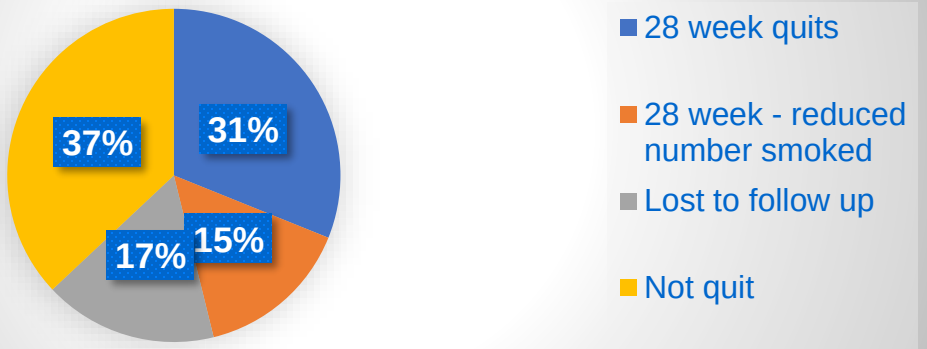
Proportion of inpatients with smoking status documented



Since the service start date we have seen an increase in documentation of smoking status on admission showing the service is integrated into routine care.

In 2023/24, the service received over 1500 referrals. Of which, 356 remained tobacco free post-discharge and 153 reduced the amount they smoked for harm reduction. This is a 20% conversion to quit rate for all referrals, and 31% for those who accept support, and can be compared to Manchester CURE (21% and 42%) which we use as a secondary care tobacco service to benchmark. There is work underway to reduce the number of 'lost to follow ups.'

28 day quit outcome

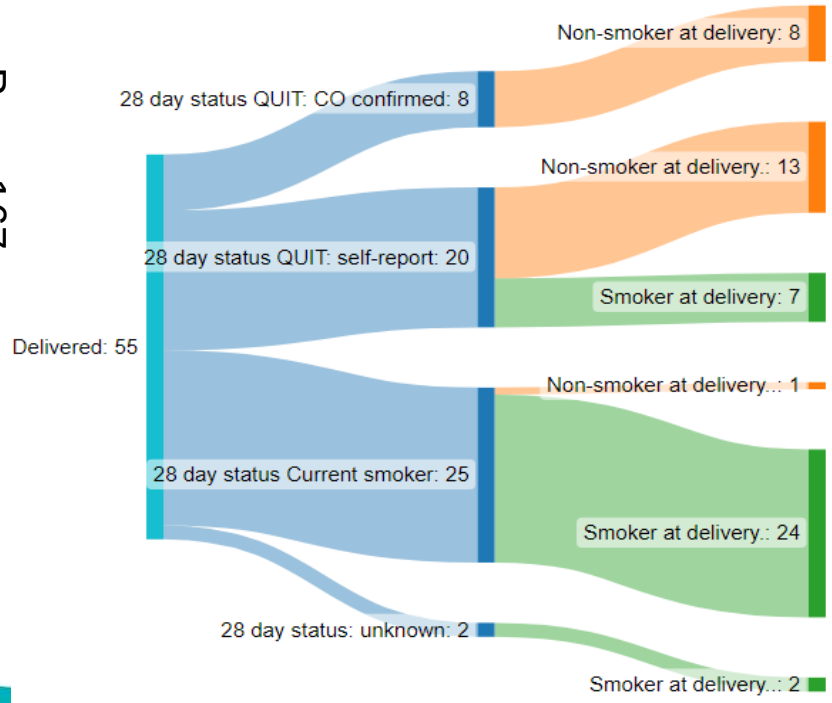


Performance – Smoking in Pregnancy

Findings from the interim service evaluation (16/11/2022 from service initiation to 31/8/2023) for the smoking in pregnancy service at Royal London Hospital:

% of booked individuals (1/10/22-30/9/23)	RLH
recorded as: - current smoker - ex-smokers	2.6% (187) 7.7% (543)

Quit outcomes 28 day and at delivery



1 in 3 individuals referred to the service were recorded as a non-smoker at delivery.

Carbon Monoxide (CO) monitoring is an essential part of antenatal care and a case audit of 60 individuals who were 34-38 weeks' gestation found 98% of pregnant individuals had their CO measurement recorded at first booking appointment and 95% had their CO recorded at 36 weeks (any antenatal appointment between 34- and 38-weeks' gestation).

Following findings from the interim service evaluation there is work underway to bring the service in line with national pathway recommendations.

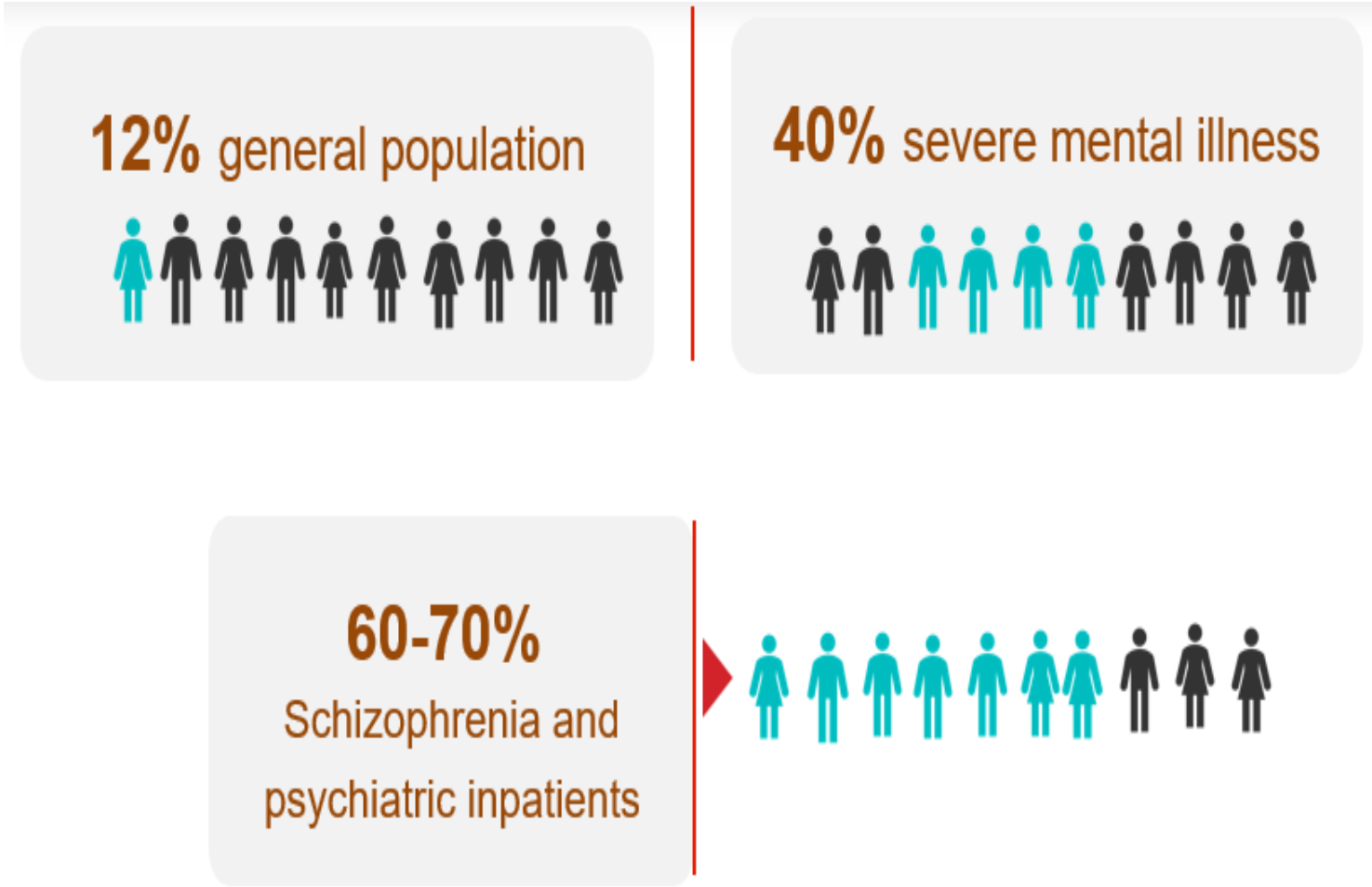
3. Smoking cessation services in East London NHS Foundation Trust

Syeda Begum

Community Tobacco Dependency Lead – East London Foundation Trust

SMI Population Group

- There is a striking difference in the proportion of people who smoke in those who live with Severe Mental Illness (SMI) compared to the general population.
- Smoking trends for the general population show an overall decline since 2014/15, but the rates tend to be higher for people with more complex mental illness (UKHSA, 2020).
- In 2020/21 around 40% of those living with SMI smoke tobacco compared to 12% of the general population.

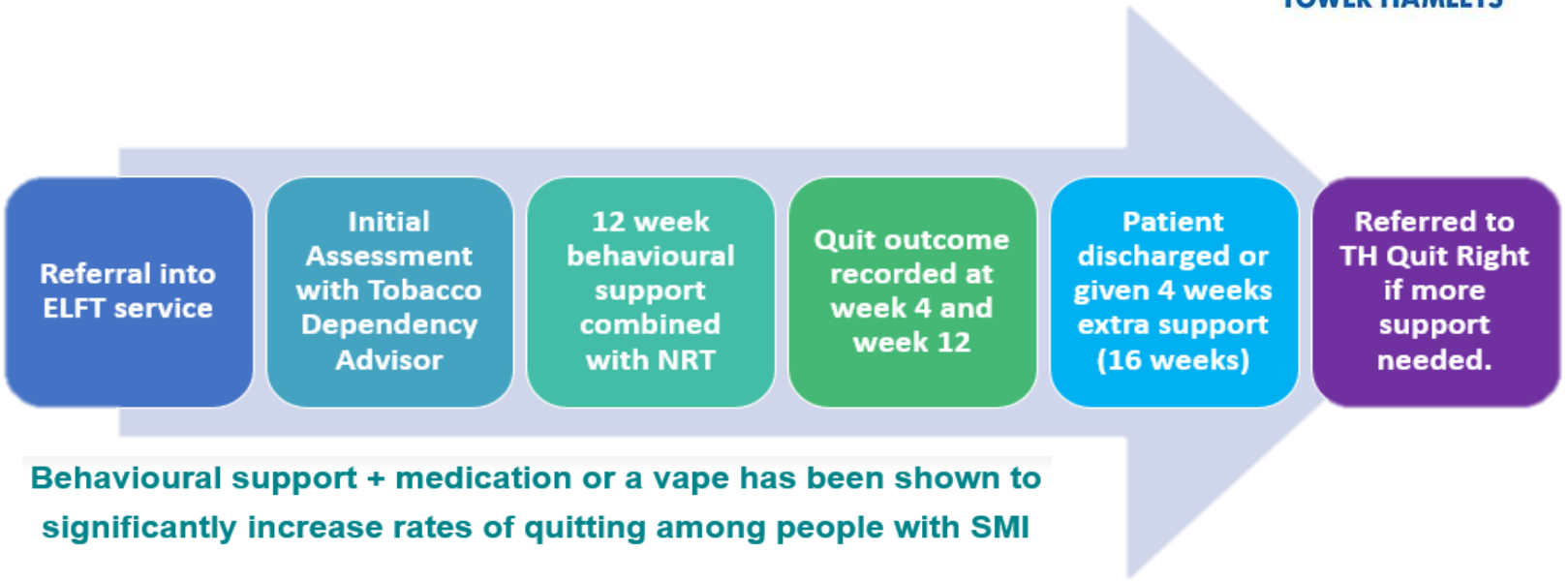


Services offered

ELFT Smoking Clinic
Tuesdays
12:00 – 16:00 pm
86 Old Montague Street
London E1 5NN

Wednesdays
12:00 – 16:00 pm
2 Stayners Road London E1 4AH

Thursdays
10:00 – 13:00 pm
Virtual Clinic
MS Teams/ Telephone



Behavioural support + medication or a vape has been shown to significantly increase rates of quitting among people with SMI

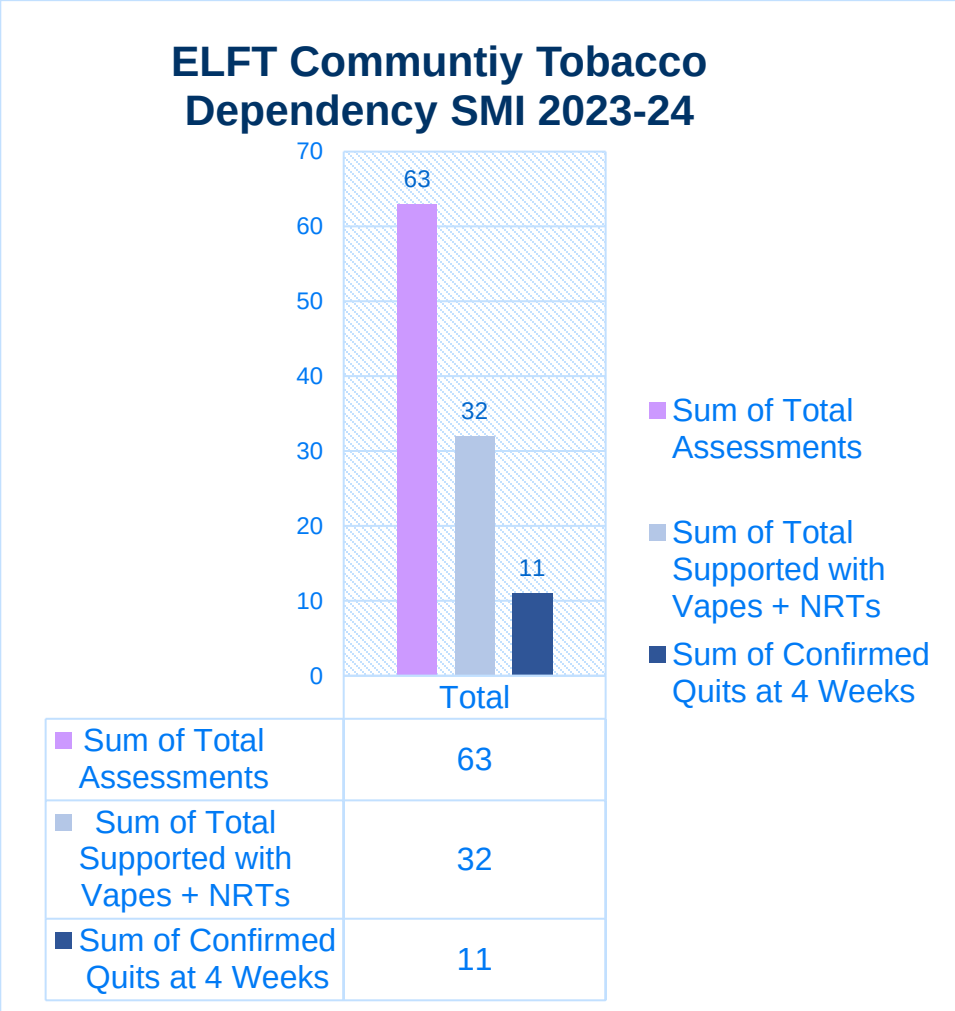
Behavioural support from a trained professional

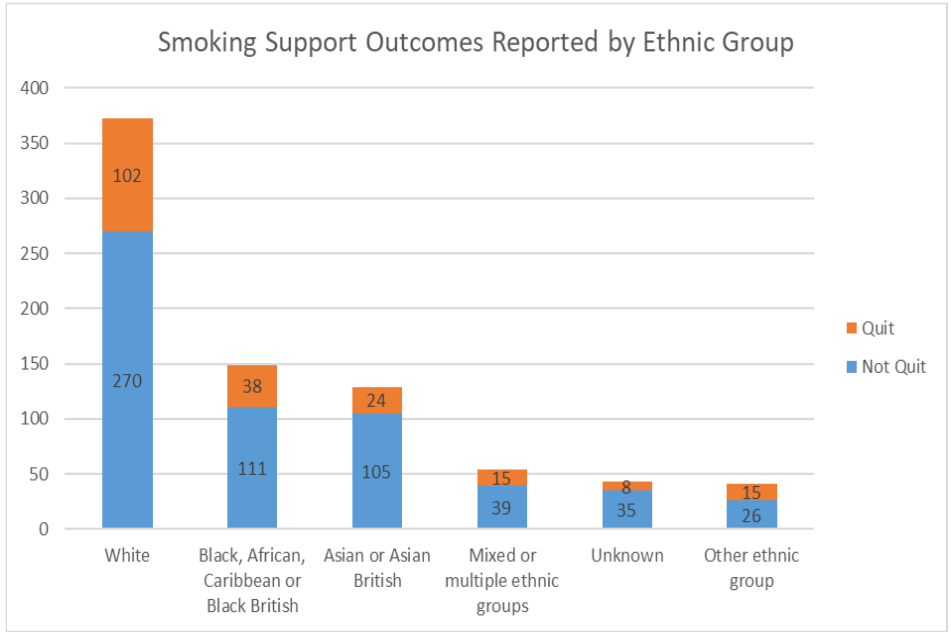
Stop smoking medication or nicotine containing vape

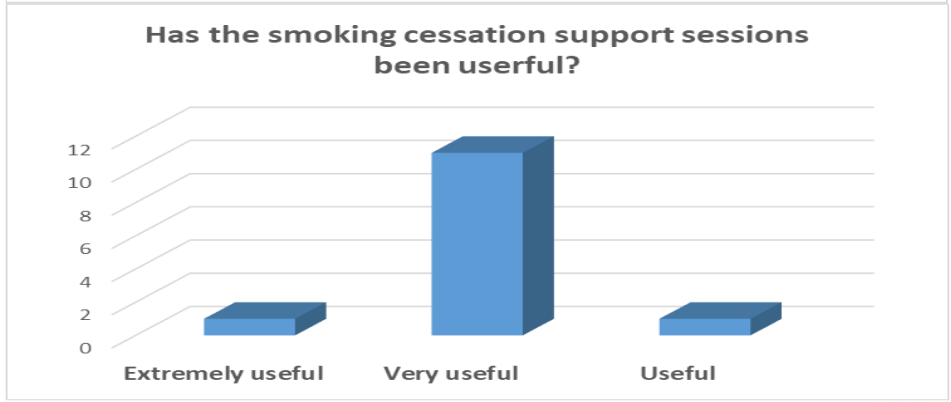
Bespoke smoking cessation interventions can further increases engagement with treatment and outcomes

Source: Spanakis P, et al. 2021

Outreach 2023 to 2024







ELFT Innovative Ideas

- ELFT delivers bespoke specialist training to community Staff in Level 1 and Level 2 Tobacco Dependency with the SMI population.
- ELFT has now added a virtual clinic on Thursdays for SMI patients who are physically unable to attend in person or have work commitments.
- ‘Just Ask’ campaign created to gain more referrals by encouraging staff to screen all patients they come into contact with.

Outcomes of our community smoking cessation services (QRTH), and future developments.

Liam Crosby, Associate Director Public Health (LBTH)

Quit Right Tower Hamlets - Service performance

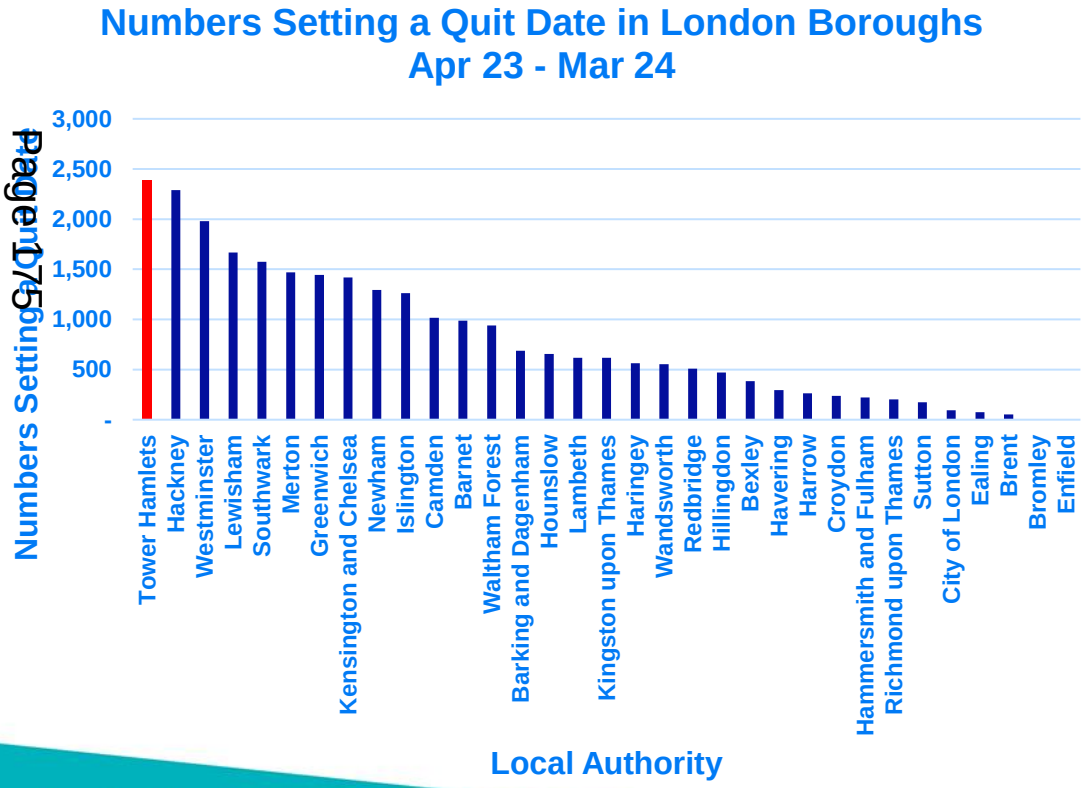
- QRTH has strong performance against our targets set in our specification.
- The service achieves positive impacts for our residents at a higher rate than across London.
  - The rate of people setting a quit date is 57 per 1,000 smokers: significantly higher than the London and England average.
  - The rate of achieving 4-week quit (37 per 1,000 smokers) is also significantly higher that the London and England average

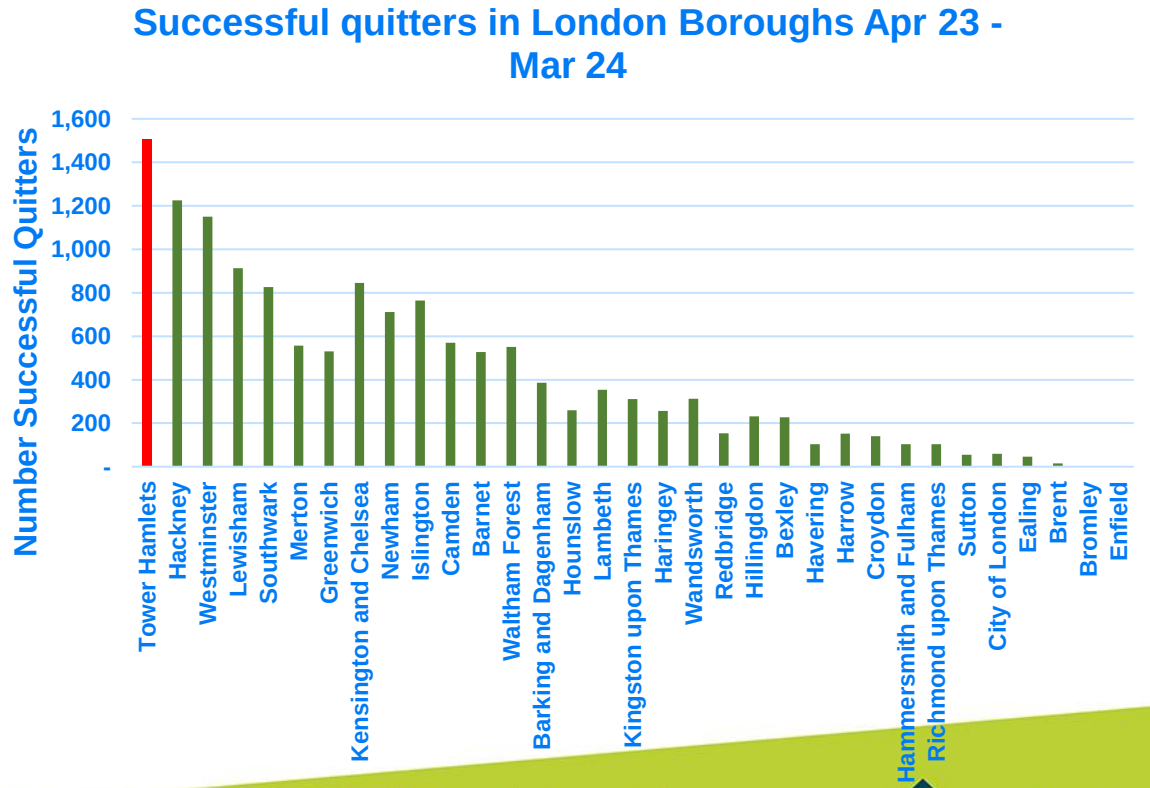
QMUL – QRTH 2023-24 data

	Set quit date	Successfully quit at 4 weeks	Quit rate
Total number of people access smoking cessation service	2378	1510	63%
Black, Asian and Minority Ethnic Groups (BAMEs)	1177	744	63%
Pregnant women	66	51	77%
MH/SMI	453	254	56%
Routine and manual workers	503	324	64%

Tower Hamlets - Service performance – compared with other Boroughs

- In 2023-24, Tower Hamlets had greater number of smokers setting a quit date, and a greater number successfully quitting at 4 weeks, compared to other London Boroughs

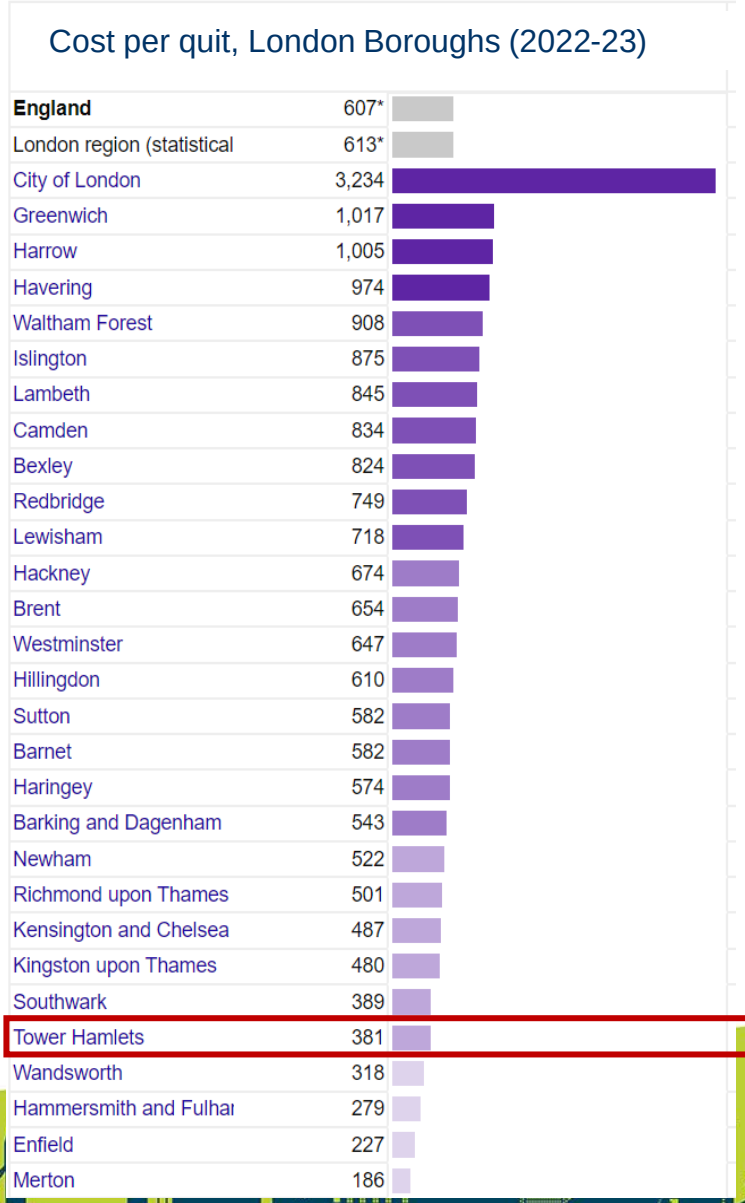




The best of London in one borough

Investment and value for money on Stop Smoking Services

- Our investment in smoking cessation services totals £529,000 per annum.
- Achieving 1,510 quits last year (2023-24); this equates to **£353 cost-per-quit**. Public data shows Tower Hamlets achieves one of the most cost-effective cost-per-quit.
- Return on investment for smoking cessation services – benefits include:
  - Health benefits, reduction in mortality, lives transformed
  - Reduction in costs to economy (nationally smoking costs £17bn)
  - Reduction in costs to NHS (nationally smoking costs NHS £2.4bn)
  - Reduction in costs to LA services – eg Adult Social Care
  - Reduction in poverty (nationally 2.6m adults and 1m children would be lifted out of poverty)
  - Reduction in costs to other service – eg smoking was leading cause of LFB call-outs



Additional funding – Local Stop Smoking Grant

UK government have provided additional funding for local stop smoking services and support over the next five financial years until 2028/29 ('Stopping the start: our new plan to create a smokefree generation'). Tower Hamlets have received additional grant funding of **£375,067** for local stop smoking services and support.

The additional funding is currently being used to help:

- Increase internal leadership, oversight and commissioning capacity under Healthy Adults Team.
- Contribute to the Pan-London digital pilot via London Tobacco Alliance/Stop Smoking London.
- Increase service capacity (Quit Right by QMUL) to help 990 more local smokers set a quit date in 2024/25, of which 150 will be from various disadvantaged groups e.g. service users of drug and alcohol treatment services, homeless hostels residents and rough sleepers, unemployed residents or people accessing Council's employment support services, social housing residents.
- Improve the knowledge and skills of non-specialist staff including frontline workers by providing training.
- Improve established or establish new referral pathways to drive demand.
- Improve marketing and promoting local stop smoking services.
- Increase outreach provision through setting up co-located clinics in the RESET Drug and Alcohol support service, and in homeless and rough sleeper hostels.

Appendix 1 – further details on current performance of QRTH.

Social marketing and training / communication

Quit Right Tower Hamlets – specification/model	Current performance 23/24	Priorities to address going forward
○ Digital platform (service website) ○ Service branded public facing promotional materials. ○ Minimum four campaigns per annum ○ Support for promotion of smoke-free initiatives and health and wellbeing initiatives. ○ A comprehensive training programme (minimum two sessions per quarter)	○ Relaunched the service, with brand new designed website/ service promotional materials. ○ Ran Stoptober, New Year, No Smoking Day, Ramadan campaigns. ○ Outreach activities upon requests from stakeholders ○ Training delivered to social prescribers.	○ Work with provider to improve website to capture more external events. ○ A pre-scheduled training programme, being promoted to wider stakeholders

Specialist tobacco cessation service, with a focus on priority groups

Quit Right Tower Hamlets – specification/model	Current performance 23/24	Priorities to address going forward
○ An easy to access specialist tobacco cessation services for all smokers and smokeless tobacco users, providing support for those from priority groups: BAMEs, pregnant women, MH/SMI, COPD, young people, LGBT+, substance misusers, routine and manual workers. ○ Delivering 85% of the corporate's quit targets i.e. between 1,084 and 1,275 quits per annum	○ High performance on KPIs – over 1,500 quits achieved ○ Targets for BAME are achieved, and delivery specific for Pregnant women, MH/SMI.	○ Engagement with groups under set quit targets: smokeless tobacco users, young people. ○ Ensure regular delivery of co-located clinics within key community locations.

Sub-contracting community pharmacies

Quit Right Tower Hamlets – specification/model	Current performance 23/24	Priorities to address going forward
○ Sub-contracting community pharmacies (minimum three per locality), to deliver 15% of the corporate's quit targets i.e. between 191 and 225 quits per annum	○ 14 community pharmacies sub-contracted	○ Strengthen sub-contracting of pharmacies to ensure access within each Locality

Service management and pathways

Quit Right Tower Hamlets – specification	Current performance 23/24	Priorities to address going forward
○ Full range of pharmacotherapy products and vapes available and accessible. ○ Establishing efficient referral pathways ○ Establishing and maintaining effective partnership working with stakeholders ○ Implementing re-engagement and service discharge pathways	○ Direct referrals from GPs, and established referral pathways with ELFT and Barts Health, as well as InHealth for TLHC programme ○ EMIS (primary care data system) direct referrals mechanism ○ Discharge pathway to tier 2 weight management service. ○ Established self-referral process in place ○ Established recruitment from advisors, and outreach events e.g. campaign activities	○ Engaging with other potential partners such as RESET, rough sleepers / housing

Appendix 2 – Wider tobacco control

Whole-systems approach

- Addressing smoking requires a whole-systems approach and the following slides highlight other areas of work that are important to preventing illnesses from smoking.

- The following slides are additional to support understanding around what else happens in this area.

Enforcement

Public Health funds and works in collaboration with Trading Standards who conduct:

- Underage sales operations
- Illicit tobacco operations

Public Health has worked with Environmental Health in the past to create, support and enforce:

- Smoke free spaces

Smoke Free

- It has been illegal to smoke in enclosed public spaces since 2007 and Tower Hamlets has done significant work with small business owners to ensure compliance.

- From June 2015 all council managed children's playgrounds are considered smoke free spaces.

- From October 2015, under UK law, all private vehicles carrying passengers under 18 years old must be free from smoke.

- The council has historically run a smoke free pledge – encouraging people to keep cars and homes smoke free.

Underage Sales

- Trading Standards conduct underage sales test purchases each quarter.
- These include tobacco and vape sales, as well as alcohol.
- These operations are in collaboration with the police and are vital action against youth vaping.

Fines worth £1,500 issued after vape sold to a 14 year old

East London shop slapped with huge fine after sting operation catches worker selling £5 vape to child

The shop owner was ordered to pay a total of £1,600 in fines and court costs

Illicit Tobacco

- Operation Stromboli is Tower Hamlets' Trading Standards' operation to reduce the volume of illicit tobacco being sold in the borough.

- It also serves as a warning to shop owners that laws around the sale of tobacco are being enforced.

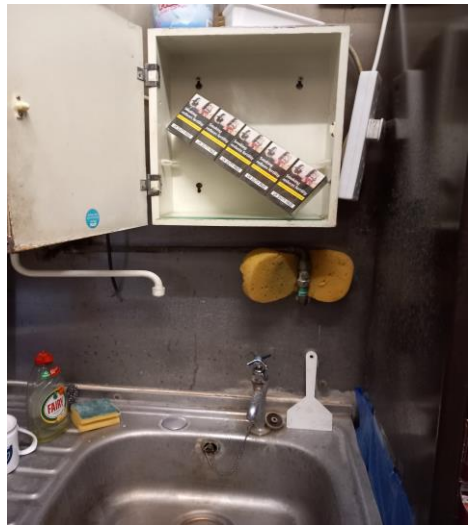
- The most recent operation seized:
  - 825 e-liquids
  - 5,731 cigarettes
  - 1,350g hand rolling tobacco
  - 259 sachets/packs Smokeless Tobacco

Pictures:

1. Large volume of non-compliant disposable vapes: over-sized tanks and potential harmful contents (LBTH TS)
2. Counterfeit cigarettes hidden in washroom area of premises (LBTH TS)
3. Illicit tobacco hidden behind a fake fuse board (West Yorkshire TS)

1

2



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Thank you all for your time

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Non- Executive Report of the: Health and Adult Scrutiny Sub-Committee 03 September 2024	TOWER HAMLETS
Report of: Afazul Hoque, Head of Strategy & Communities	**Classification:** Unrestricted
Health and Adult Scrutiny Sub-Committee Work Programme 2024-25	

Originating Officer(s)	Filuck Miah, Senior Strategy and Policy Officer
Wards affected	All wards
Key Decision?	No
Reason for Key Decision	Significant impact on wards
Strategic Plan Priority / Outcome	Strategic Plan 2022-26 1. Investing in public services 2. A council that listens and works for everyone

Executive Summary

This report sets out the Scrutiny Work Programme 2024-25 for:

- Health & Adults Scrutiny Sub-Committee;

The work programme has been informed by a scrutiny members workshop, discussion at committee meetings and in consultation with senior officers and partner agencies. The work programme is informed by intelligence from a range of sources including council performance reports, annual complaints data, DLTs feedback, and horizon scanning of key national, regional and local issues that scrutiny may want to engage with. The work programme is intended to be flexible to allow scrutiny to address any emerging issues as and when they arise throughout the year.

Recommendations:

HASSC is recommended to:

1. Note the HASSC Scrutiny Work Programme 2024-25 as set in Appendices 1

1 REASONS FOR THE DECISIONS

1.1 The work programme of Health and Adults Scrutiny Sub-Committee (HASSC) and the chair of the committee set out evidence-based focus areas that scrutiny members have identified as important to scrutinise over this municipal year.

2 ALTERNATIVE OPTIONS

2.1 The scrutiny work programme is delivered on an ad hoc basis. This is not recommended as it is unfocused and is not an efficient use of members and officers time and will not have an impact on improving outcomes for residents or adding value to the council's key strategic priorities.

3 DETAILS OF THE REPORT

3.1 The scrutiny function in Tower Hamlets is led by main body Overview and Scrutiny Committee and supported two scrutiny lead areas by three scrutiny sub-committees including Health and Adults Scrutiny Sub-Committee

3.2 The terms of reference for HASSC were agreed at the first meeting of each committee.

3.3 The work programming process that was conducted for each scrutiny committee and scrutiny lead ensures that it targets work in areas which will add real value, improve outcomes for residents, and support the council to achieve its strategic aims.

Developing the work programme

3.4 Members across the scrutiny committees including the HASSC lead, held a workshop on 19 June 2024 to discuss the work programme for 2024-25. This was a joint workshop across all scrutiny committees to develop a coordinated approach to delivering scrutiny in 2024/25.

3.5 In preparation for the workshop, HASC Directorate Leadership Team (DLT) were engaged and asked to highlight areas where health scrutiny will add value to their work, identify key challenges, areas of policy development and key decisions. This included a consideration of the timing of items and how to engage partners or independent experts. There was a specific focus on items where scrutiny could help shape policy development and allow input into strategies and key decisions whilst in their drafting stages. This will provide scrutiny with an opportunity to add value and ensure the robustness and transparency of key policies and decisions. Scrutiny Members and supporting officers will prioritise early and regular engagement with DLTs to ensure the strategic focus of the work programme is maintained throughout the year.

3.6 A workshop was also held with 21 residents in May to understand the issues they would like included in the work programme for 2024/25. Their feedback was shared with Members as part of the work programme workshop.

3.7 Scrutiny Leads have also met with Corporate Directors, Divisional Directors, and Cabinet Members to discuss their portfolios, consider how they can best work with each other, and understand where the efforts of scrutiny can be put to best use. Scrutiny Leads will continue to meet with Corporate Directors and Cabinet Members every quarter to help embed scrutiny as a tool for continuous improvement. It will also provide a space outside of formal committee meetings to discuss key issues and prioritise, scope, and agree the format of scrutiny activities throughout the year.

3.8 The first meeting of each Sub-Committee is framed as a Members induction and provides members across all Committees with an opportunity to feed into the development of the work programme. This includes a brief overview of the portfolio from services, with officers given the opportunity to sign post members to areas where they can support their work through scrutiny. This was followed by a members discussion to put forward topics they would like to see considered and included in the work programme.

Overview and Scrutiny Work Programme Workshop

3.8. To identify areas of focus for the committee, the workshop considered:

- Scrutiny values;
- Prioritisation methods and tools;
- Council priorities, performance information and horizon scan information;
- How to engage residents and partners more effectively;
- Priorities and outcomes the committees wish to achieve.

3.9 Scrutiny members also considered what makes an effective work plan and held discussions to explore how scrutiny can add value to service delivery and what scrutiny members understood to be the key priorities for the council. Members also discussed the Scrutiny Improvement Plan and considered the actions needed to enhance the scrutiny function.

3.10 Using a prioritisation tool set out in the scrutiny toolkit, scrutiny members discussed and voted on their priorities for each committee and produced a list of key areas to cover. In developing the work programme, Members were keen to ensure scrutiny covered fewer issues in more depth. They also want to be clear about the outcomes they want to achieve and make more effective recommendations.

Agreeing the work programme

3.11 Following the workshop, discussions were held with the Scrutiny Leads to prioritise, scope and agree the format of scrutiny activities for the year. Scrutiny leads agreed and specified the priorities in their area, developed an understanding of main body OSC priority outcomes, and defined how scrutiny can add value. This was presented back to the OSC on 9 July 2024 for

discussion. Further work and engagement with key stakeholders will be undertaken in August and a final version of the work programme will be agreed at the September OSC meeting.

4 EQUALITIES IMPLICATIONS

4.1 In developing the scrutiny work programme, the committee affirmed its commitment to addressing equality concerns including the significance of promoting fairness, inclusivity, and tackling disparities among diverse groups within the borough.

4.2 The Committee were provided with the Borough Equality Assessment (BEA) and the latest census data, which guided them on key equality issues to consider as topics for scrutiny. The data-driven approach allowed members to consider the unique challenges and requirements of various communities in the borough. The committee considered matters related to gender, ethnicity, age, disability, and socio-economic status. This enabled them to identify areas where particular communities might be at a disadvantage or experiencing underrepresentation.

4.3 For example, feedback from local data and commissioned equality hub provision, including the disabled people's network and women's network, helped to inform the committee's considerations of gender related concerns in access to health services and outcomes for different communities. Evidence highlighted the stark need for maternity care to be reviewed, specifically for BAME women. Moreover, the committee's focus on public health data and engagement with senior council officers revealed disparities in outcomes for older people and this issue is incorporated into the committee's work programme to explore support for those aged 55 and above.

4.4 Integrating equality considerations into the scrutiny work programme will enable the committee to embrace the diverse needs and aspirations of residents and contribute to building a more cohesive and robust community in Tower Hamlets.

5 OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

5.2 [Report authors should identify any other specific issues relevant to consideration of this report. Including, but not limited to, the issues noted above. This section of the report can also be used to re-emphasise particular issues that Members must have considered before taking the decision (for example issues that may come up if an objection was taken to court). Note – Paragraph 5.1 MUST NOT be deleted.]

6 COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 This report sets out the proposed Health and Adults Scrutiny Sub-Committee work programme for the Municipal Year 2024-25.

6.2 It is envisaged that the work programme will be delivered through existing resources and therefore there are no additional financial implications arising from the recommendations within this report. However, in the event that additional resources may be required to deliver particular aspects of the work programme, these will need to be considered in accordance with the Council's financial framework.

7 COMMENTS OF LEGAL SERVICES

7.1 Section 9F of the Local Government Act 2000 requires authorities to set up an Overview and Scrutiny Committee. The Overview and Scrutiny Committee has a strategic and co-ordinating role over the Council's scrutiny function and in that regard, the Committee sets its own work programme.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- Appendix 1: Health & Adults Scrutiny Sub-committee work programme 2024/25

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

- List any background documents not already in the public domain including officer contact information.
- These must be sent to Democratic Services with the report
- State NONE if none.

Officer contact details for documents:
Or state N/A

Meeting Date	Scrutiny Activity	Subject	Description	Speakers
4 Jun 2024	Appointments and Terms of Reference (TOR)	Vice chair appointment, TOR	Confirm Committee vice chair, agreed TOR for HASSC and confirm JHSOC Membership representative	**Cllr Muhammad Bellal Uddin** HASSC Chair
	Spotlight	Cabinet Member and Corporate Director reflections, achievements 23-24 and priorities 2024-25	Cabinet Member for Health Wellbeing and Social Care and Corporate Director for Health Adults and Communities to provide reflections, achievements 23-24 and outline priorities for 2024-25	**Cllr Gulam Kibria Choudhury,** Cabinet Member for Health, Wellbeing and Social Care **Somen Banerjee**, Acting Corporate Director, Health Wellbeing and Social Care **Katie O'Driscoll**, Director for Adult Social Care
	Spotlight	Tower Hamlet Together board partners reflections 23-24 and priorities 2024-25	Provide reflections and achievements for 23-24 and outline priorities for 2024-25	**Charlotte Pomery**, North East London Integrated Care Board (NEL ICB) Chief Participation and Place officer Neil Ashman (Acute Care), Chief Exec, BARTS NHS Trust, Royal London and Mile End Hospitals and Place Lead **Roberto Tamsanguan**, Clinical Director, Primary Care **Zainab Arian**, CEO GP Care Group

				Jo-Ann Sheldon, Head of Primary Care (Commissioning) **Richard Fradgley**, Executive Director of Integrated Care and Deputy Chief Exec, East London Foundation Trust (ELFT) **Warwick Tomsett,** Joint Director of Integrated Commissioning (LBTH)
	Tracking Recommendation	Service Action Plan response to Workforce Shortages across Health and Care Sector	Track the implementation of recommendations from the scrutiny challenge session on Workforce Shortages across Health and Care Sector	**Gareth Noble**, Deputy Director of Workforce Programmes, NHS North East London, Part of NEL Health & Care Partnership
	Scrutiny Review Report	Scrutiny Review Report on Empowering Disabled residents: Accessible Sports and Fitness Initiatives	Agree the Scrutiny Review Report on Empowering Disabled residents: Accessible Sports and Fitness Initiatives	**Cllr Muhammad Bellal Uddin** HASSC Chair **Cllr Ahmodur Khan** Scrutiny Lead for Finance and Resources (Former HASSC Chair)
	Spotlight	Adult Social Care, Care Quality Commission (CQC) Inspection Preparation	Apply critical friend approach and ascertain readiness for the CQC inspection preparation.	**Cllr Gulam Kibria Choudhury**, Cabinet Member for Health, Wellbeing and Social Care

				Georgia Chimbani Corporate Director, Health and Adults Social Care **Margaret Young**, (Interim), Director of Adult Social Care **Emily Fieran Reed,** Programme Manager ASC Improvement
3 Sep 2024	Spotlight	Sexual Health Services	Review and apply critical friend approach to the effectiveness of sexual health services in the borough and identify any areas of improvement	**Cllr Gulam Kibria Choudhury,** Cabinet Member for Health, Wellbeing and Social Care **Somen Banerjee,** Director of Public Health **Liam Crosby**, Associate Director of Public Health, Healthy Adults **Andy Williams**, Consultant in HIV & Sexual Health, All East Sexual Health service (Barts Health NHS Trust)
	Spotlight	Smoking cessation	Apply critical friend approach and review the effectiveness and performance of Smoke free by 2030 policy	**Cllr Gulam Kibria Choudhury,** Cabinet Member for Health, Wellbeing and Social Care

				Georgia Chimbani, Corporate Director, Health and Adults Social Care **Somen Banerjee,** Director of Public Health **Liam Crosby**, Associate Director of Public Health - Healthy Adults **Shamsia Begum- Foreman**, Specialist Stop Smoking Service Manage, Quit Right Hamlets (QMUL) **Syeda Begum**, Community Tobacco Dependency (ELFT)
5 Nov 2024	Spotlight	Adult Social Care Charging Policy and Community Care	Apply critical friend approach and review the implementation (approach) and mobilisation of the new policy	**Cllr Gulam Kibria Choudhury**, Cabinet Member for Health, Wellbeing and Social Care **Georgia Chimbani**, Corporate Director, Health and Adults Social Care **Margaret Young**, (Interim) Director of Adult Social Care

	Spotlight	Support for Over 55s Preventative Care	Apply critical friend and review support for those over 55 and above with preventative care	**Cllr Gulam Kibria Choudhury**, Cabinet Member for Health, Wellbeing and Social Care **Georgia Chimbani**, Corporate Director, Health and Adults Social Care **Margaret Young**, (Interim) Director of Adult Social Care
	Spotlight	Winter Planning Update	Review preparation for Winter Planning and support for vulnerable residents	**Cllr Gulam Kibria Choudhury**, Cabinet Member for Health, Wellbeing and Social Care **Georgia Chimbani**, Corporate Director, Health and Adults Social Care **Margaret Young**, (Interim), Director of Adult Social Care
3 Feb 2025	Spotlight	Urgent Treatment Care (Same Day)/ AE	Apply critical friend approach and review the performance and effectiveness of urgent treatment care service	**Neil Ashman**, CEO Barts NHS Trust, RLH and MEH **Fiona Peskett**,

				Barts NHS Trust, Director of Strategy and Integration. RLH & MEH **Roberto Tamsanguan,** Clinical Director, Primary Care **Jo-Ann Sheldon**, Head of Primary Care (Commissioning) **Zainab Arian**, CEO GP Care Group
	Spotlight	Hospital Discharging Service	Apply critical friend approach and review the performance and effectiveness of Hospital Discharging Service	**Cllr Gulam Kibria Choudhury,** Cabinet Member for Health, Wellbeing and Social Care **Georgia Chimbani,** Corporate Director, Health and Adults Social Care **Neil Ashman**, CEO Barts NHS Trust, RLH and MEH
	Spotlight	Vital 5 Strategy	Apply critical friend role and review and comment on proposed Vital 5 strategy	**Cllr Gulam Kibria Choudhury,** Cabinet Member for Health, Wellbeing and Social Care **Liam Crosby,** Associate Director of Public Health - Healthy Adults

8 Apr 2025	Tracking Recommendation	Service Action Plan Response on Improving Disability Access to Sports and Exercise	Track the implementation of recommendations from the scrutiny challenge session on Improving Disability Access to Sports and Exercise	**Cllr Kamrul Hussain**, Cabinet Member for Culture and Recreation **Simon Baxter**, Corporate Director for Communities
	Spotlight	Learning Disability & Strategy	Apply critical friend approach to the proposed learning disability Strategy	**Cllr Gulam Kibria Choudhury**, Cabinet Member for Health, Wellbeing and Social Care **Richard Fradgley**, Executive Director of Integrated Care and Deputy Chief Exec, East London Foundation Trust (ELFT) **Georgia Chimbani**, Corporate Director, Health and Adults Social Care
	Spotlight	Mental Health Strategy	Apply critical friend approach on the proposed mental health strategy	**Cllr Gulam Kibria Choudhury**, Cabinet Member for Health, Wellbeing and Social Care **Georgia Chimbani**, Corporate Director, Health and Adults Social Care **Ricard Fradgley,**

				Executive Director of Integrated Care and Deputy Chief Exec, East London Foundation Trust (ELFT) **Carrie Kilpatrick,** Deputy Director Mental Health and Commissioning
Scrutiny Review / Challenge Session				
Tbc	Scrutiny Review	Maternity Offer and Support for New Mothers	To undertake a deep dive on maternity offer to the residents of Tower Hamlets	**Fiona Peskett**, Barts NHS Trust, Director of Strategy and Integration. RLH & MEH **Steve Reddy,** Corporate Director, Children Services **James Courtney,** Senior Programme Manager for Children, Young People and Maternity Maternity Matters

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