

Responses for Health Adults and Community

Item 6.2 The Council's 2021-22 Budget Report and Medium-Term Financial Strategy 2021-24

Questions	Response
Question 3. Section 3.5.37 - 0-5 Specialist Community Public Health Nursing (Health Visiting) - in contract efficiency saving: could you outline what would be included in the contract efficiency saving and why this is considered a one-off cost for 20/21 only.	We have discussed this with the provider and the saving will be made primarily through savings from estates efficiencies (e.g. exploring colocation with Children's Centres). This will be a recurrent saving.
Question 7 - As part of the budget note to cabinet could the EIA for the SAV / HAC 004 / 21-22, Integrated Commissioning Staffing Reductions be circulated?	The integrated commissioning staffing reductions have already been made and were delivered through a combination of vacant posts and voluntary redundancies. The EIA is attached.
Question 13 - Could you confirm the amount of Improved Better Care Fund for 2021-22 in 6.2.3A Appendix 3 - Draft New Growth Proposals Summary?	iBCF in 2020-21 is £16.32M. This includes Winter Pressures Money which was paid separately in 2019-20.
SAV /HAC 015 - £105k to close Health E1 Homelessness Drug and Alcohol Service What alternative pathways are available for these service users? are they appropriate to their needs?	<p>The Reset Homelessness Drug and Alcohol Service (RHDAS) caters for individuals with identified substance misuse needs, who are street-homeless or in unstable accommodation, and is delivered within the Health E1 primary care service commissioned by Integrated Commissioning. It is an enhanced service for this cohort in that it allows service users to access substance misuse treatment and have primary health care needs met within a 'one stop' treatment setting.</p> <p>Following the decommissioning of RHDAS, the cohort will continue to have their general primary health care needs met within Health E1 Primary Care Service. Substance misuse needs/treatment will be met within the Tower Hamlets generic substance misuse pathway delivered within Reset (Tower Hamlets Adult Treatment Service).</p> <p>The cohort are amongst those most difficult to engage and retain in treatment. The enhanced service that this cohort currently receive, within RHDAS is designed to</p>

	<p>support both the engagement and retention of these service users. To mitigate the impact of not having a specialist pathway, the Reset service will deliver more ‘flexibility’ for this group of service users as part of its delivery of an appropriate level of evidence-based substance misuse treatment for adults in Tower Hamlets. The recent success of the Tower Hamlets bid for funding from the PHE Rough Sleeping Substance Misuse Treatment Fund will further allow for an enhanced treatment pathway for this cohort. This will further mitigate risks from the decommissioning of this service.</p>
Can we have more details of the bid for Reset Enhanced Rough Sleeping Pathway for women. What is the size of the grant bid for, how does it differ from the service currently on offer and when will LBTH know whether the bid has been successful?	<p>We were informed at the end of December 2020 that Tower Hamlets Council were successful in our bid for funding from the Rough Sleeping Drug and Alcohol Treatment Grant. We were awarded a grant of £615,285 in year one, and funding is guaranteed for at least two years.</p> <p>Our trauma informed model of delivery for this new pathway will include a ‘ring fenced’ resource for those sleeping rough or at risk of sleeping rough. The pathway will include:</p> <ul style="list-style-type: none"> • ‘ring fenced’ clinical access • Specialised ‘rough sleeper’ engagement and retention workers. These will offer end to end engagement with the cohort. • Assertive Outreach • Specialised Rough Sleeper Navigators. Women that sleep rough have specific needs due to risks of violence/abuse and mental health. We will mitigate against this lack of specific support through a dedicated Women’s Navigator role within the pathway. • Clinical Psychologist to offer case work and to develop the wider workforce in delivery of a trauma informed approach.
SAV HAC 009 -Please can we have a list of all the programmes this funds and their measured outcomes?	From the evaluation by the University of East London (UEL) – activity

	from October 2018 to September 2020				
Activity category	Types of activities	Number of resident-led activities	Minimum number of occasions activities were held	Minimum number of attendances	
1. Physical wellbeing	37	15	572	4,420	
2. Connecting local communities and partnerships	79	29	277	2,169	
3. Food security	6	4	10	40	
4. Wider experiences/tasters	75	23	83	4,350	
5. Environmental improvements	8	7	43	123	
6. Project governance	43	29	263	625	
7. Arts and craft activities	9	5	63	483	
8. Knowledge exchange	43	13	167	1,260	
9. Emotional	6	2	87	737	

wellbeing support				
TOTALS	306	127	1,565	14,167

Data from Jan 2020 to Dec 2020 (from March re-deployment to Covid related activities)

	Grand Total
Number of registered contacts with the programme (Total contacts)	8994
Number of unique participants	4017
Number of Repeat contacts	2471
Total number of volunteers	291
Registrations	664
People involved in steering groups	50

Evaluation findings

The draft evaluation by University of East London has highlighted that the programme has supported 300 types of activities with over 1500 sessions that have been run by, for and with residents with 14,000 attendances across the most deprived neighbourhoods in the borough. The evaluation is shaped around systematically measuring indicators in relation to Outcomes 3, 4, 6, 8 and 9 of the strategic plan. It demonstrates the link between resident driven activities linked to their express needs around community opportunities, cohesion, security, open space, children and young people, cleanliness and communications. The programme has particularly engaged Bangladeshi women aged 25-44 (unwaged,

	<p>likely to be a carer). Participants have reported positive shifts in health and wellbeing based on validated measures from the Tower Hamlets Together I Statement frameworks. The evaluation concludes that the programme 'has effectively served to build shared understanding of 'place', 'safety' and 'belonging' in residents. Focus group work with residents around the next phase of CDC has identified four themes of focus – practical support, community involvement, information needs and self-development.</p>
<p>SAV HAC 008 - What are the targets and achieved outcomes for all these services over their life so far? What are the anticipated targets and outcomes post saving?</p> <p>How is the contract for Reset expected to be changed?</p>	<p>The current Reset service commenced following a procurement exercise in November 2019. The new service then underwent a period of mobilisation prior to the outbreak of Covid in March 2020. The treatment system reports on a number of key performance and outcome measures. There is a detailed performance management outcomes framework. Below are the performance highlights for Q4 2019 – 2020:</p> <ul style="list-style-type: none"> • Proportion who successfully completed treatment <ul style="list-style-type: none"> Opiate 6.5% (slightly above national average) Non-opiate 36.3% (slightly above national average) Alcohol 43.0% (above national average) <p>The impact of the re- procurement and resulting change of provider in Q3 2019/20 impacted on the successful completion measures in Q1 and Q2 2020/21. While alcohol and non-opiate outcomes remain above the national average, opiate treatment outcomes decreased below the national average of 5.5%. The latest rate in TH was 4.3%. While this impact was expected, the subsequent impact of Covid on the substance misuse landscape and the significant increase in new referrals into services will impact further on the opiate measure as the service did not discharge clients between April and July to mitigate the risks of Covid to service users.</p> <p>The transfer of the Reset Homelessness Drug and Alcohol Service (RHDAS) opiate cohort (around 60 clients) will have some impact on the overall opiate successful completions target. While Reset Treatment has around 1,200 opiate clients on their case load, an additional 60 opiate clients will make the target more challenging to</p>

achieve.

The current Reset contract includes a Payment by Results (PBR) element which equates to approximately 10% of contract value. Initial negotiations with the provider have concentrated on reducing the PBR payment, to achieve the saving, limiting service impact. The PBR does incentivise providers to achieve a number of key performance indicators, so the DAAT will monitor closely the impact in the reduction in PBR to ensure that performance is not impacted. Discussions with the provider are ongoing