

## 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

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					and award would be appealable to the VT.  <b>See attached appended advice note Council tax discretionary Discount</b>
	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	<b>See Appendix 2</b>
	CQC ratings of providers in the borough	Somen Banerjee Acting Corporate Director HASC	Cllr Bellal Uddin, HASSC Chair	03 September 2024	<b>See Appendix 3</b>
	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

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

### **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.

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

\*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
<b>Grand Total</b>	<b>65</b>

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 – 4<sup>th</sup> 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 15<sup>th</sup> and 16<sup>th</sup> 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:

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- 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 Health, 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



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- 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**

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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.

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	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
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### 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 \(cqc.org.uk\)](https://www.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 \(cqc.org.uk\)](https://www.cqc.org.uk)