



Tower Hamlets Together Board

Tower Hamlets Together (THT) is a partnership of health and care commissioners and providers who are working together to deliver integrated health and care services for the population of Tower Hamlets. Building on our understanding of the local community and our experience of delivering local services and initiatives, THT partners are committed to improving the health of the local population, improving the quality of services and effectively managing the Tower Hamlets health and care pound. This is a meeting in common, also incorporating the Tower Hamlets Integrated Care Board Sub Committee.

Meeting in public on Thursday 1 June 2023, 0900-1100

Committee Room 1, Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ and by MS

Chair: Amy Gibbs

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.	Welcome, introductions and apologies: a. Declaration of conflicts of interest b. Minutes of the meeting held on 4 May 2023 c. Action log	0900 (10 mins)	Chair	Papers Pages 3-5 Pages 6-10 Pages 11	Note Approve Discuss
2.	Questions from the public		Chair	Verbal	Discuss
3.	Chair's updates		Chair	Verbal	Note
4.	Update from Operational Management Group		Roberto Tamsangan	Verbal	Note
5.	User Voice: • GP access	0910 (30 mins)	Matthew Adrien	Papers Pages 12-40	Discuss
6.	Deep Dive: • GP access	0940 (30 min)	Khyati Bakhai/ JoAnn Sheldon	Verbal	Discuss



7.	The Big Conversation	1010 (10 min)	Jo Triggs	Papers Pages 41-46	Note/ Discuss
8.	Health Inequalities Funding update	1020 (25 min)	Roberto Tamsanguan	Papers to follow	Discuss / Approval
9.	SEND improvement plan & inspection preparation	1045 (10 min)	Layla Richards/ Matthew Eady	Papers Pages 47-58	Note
10.	Any Other Business	1055 (5 mins)	Chair	Verbal	Note

Date of next meeting: Thursday 6 July 2023, 0900-1100 – Committee Room 1 – Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ



- Declared Interests as at 23/05/2023

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Chetan Vyas	Director of Quality	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indirect Interest	North East London CCG	Spouse is an employee of the CCG	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Some GP practices across NEL	Family members are registered patients - all practices not known nor are their registration dates	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Redbridge Gujarati Welfare Association - registered charity in London Borough of Redbridge	Family member is a Committee member.	2014-04-01		Declarations to be made at the beginning of meetings
James Thomas	Member of the Tower Hamlets Together Board and Place ICB Sub-Committee	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Non-Financial Professional Interest	Innovation Unit & Tower Hamlets Education Partnership	Non-Executive Director	2022-09-01		Declarations to be made at the beginning of meetings
Khyati Bakhai	Primary care clinical lead and LTC lead	Primary Care Collaborative sub-committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Financial Interest	bbbhp	Gp Partner	2012-09-03		
			Financial Interest	Greenlight@GP	Director for the education and training arm	2021-07-01		

			Non-Financial Professional Interest	RCGP	Author and review for clinical material	2021-03-01		
Roberto Tamsangan	Clinical Lead	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Non-Financial Professional Interest	Bromley By Bow Health Centre	Salaried GP	2018-09-01		
			Non-Financial Professional Interest	Medical Practitioner Tribunal Service	Sit as a medical fitness to practice tribunal member	2020-07-01		
			Non-Financial Professional Interest	NHSX/ NHS ENGLAND/IMPROVEMENT	Clinical lead	2020-05-01		

- Nil Interests Declared as of 23/05/2023

Name	Position/Relationship with ICB	Committees	Declared Interest
William Cunningham-Davis	Director of Primary Care Transformation, TNW ICP	Newham Health and Care Partnership Newham ICB Sub-committee Primary care contracts sub-committee Tower Hamlets ICB Sub-committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Richard Fradgley	Director of Integrated Care	Mental Health, Learning Disability & Autism Collaborative sub-committee Newham Health and Care Partnership Newham ICB Sub-committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Warwick Tomsett	Director of Integrated Commissioning	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Matthew Adrien	Partnership working	ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Amy Gibbs	Independent Chair of Tower Hamlets Together	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Christopher Banks	Partner	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

Zainab Arian	Chief Executive Officer of GP Federation working within NEL ICS	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
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DRAFT Minutes of the Tower Hamlets Together Board
Thursday 4 May 2023, 0900-1100 in person and via MS Teams

Minutes

Members:		
Amy Gibbs	Independent Chair of the Tower Hamlets Together Board	In person
Warwick Tomsett	Director of Integrated Commissioning, NHS North East London & London Borough of Tower Hamlets	In person
Roberto Tamsangan	Tower Hamlets Clinical / Care Director, NHS North East London	In person
Vicky Scott	Chief Executive Officer Council for Voluntary Services	In person
James Thomas	Director of Community and Children's Services, London Borough of Tower Hamlets	In person
Richard Fradgley	Director of Integrated Care & Deputy Chief Executive Officer, East London NHS Foundation Trust	In person
Zainab Arian	Joint Chief Executive Officer, Tower Hamlets GP Care Group	In person
Matthew Adrien	Service Director, HealthWatch Tower Hamlets	MS Teams
Somen Banerjee	Director of Public Health, London Borough of Tower Hamlets	In person
Khyati Bakhai	Tower Hamlets Primary Care Development Clinical Lead, NHS North East London	MS Teams
Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	MS Teams
Attendees:		
Mike Smith	Chief Executive Officer, Real	In person
Ellen Kennedy	Head of Programmes, Real	MS Teams
Jon Williams	Engagement and Community Communications Manager (Tower Hamlets), NHS North East London	MS Teams
Fiona Peskett	Director of Strategy and Integration, Royal London and Mile End Hospitals	MS Teams
Nick French	Better Care Fund Manager, London Borough of Tower Hamlets	MS Teams
Jubada Akhtar-Arif	Transformation Programme Manager, NHS North East London	MS Teams
Charlotte Pomery	Chief Participation and Place Officer, NHS North East London	In person
Matthew Knell	Senior Governance Manager, NHS North East London	In person
Madalina Bird	Minute taker, Governance Officer, NHS North East London	In person
Apologies:		

Neil Ashman	Chief Executive Officer, Royal London & Mile End Hospitals, Barts Health NHS Trust	
Muna Hassan	Resident and community representative/Community Voice Lead	
Suki Kaur	Deputy Director of Partnership Development, NHS North East London & London Borough of Tower Hamlets (deputising for Warwick Tomsett)	
Ashton West	Programme Lead, ICB & LBTH, NHS North East London & London Borough of Tower Hamlets	

Item no	Agenda item
1.	<p>Welcome, introductions and apologies</p> <p>The Chair, Amy Gibbs (AG), welcomed members and attendees to the Tower Hamlets Together (THT) Board meeting noting apologies as above and thanking the deputies for attending</p> <p>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Board. No additional conflicts were declared.</p> <p>The minutes of the previous meeting that had taken place on Thursday 6 April were agreed as an accurate reflection of the meeting.</p> <p>All actions on the circulated action log had been marked closed in a review prior to the meeting.</p>
2.	<p>Questions from the public</p> <p>No questions from the public had been received in advance of the meeting.</p>
3.	<p>Chair's updates:</p> <p>AG updated the Board, noting the following:</p> <ul style="list-style-type: none"> · Extended July agenda to feature THT Board 'reset'/development session to look at building relationships with new members, Board priorities, co-production and inclusive approach, etc.
4.	<p>Update from Operational Management Group</p> <p>Roberto Tamsanguan (RT) verbally updated the Partnership on Operational Management Group (OMG). The group meet twice since last Board meeting with discussions on:</p> <ul style="list-style-type: none"> · How the group wants to work together to support the Exec Group, group objectives and how to measure impact · The proposed changes to the clinical care professional leadership structures happening across the ICB · Health Inequalities plans and plans on how to allocate funding to projects · Conversations with Public Health around insourcing of Leisure Centres
5.	<p>User Voice – REAL – partnership working and forward plan</p> <p>Somen Banerjee (SB) introduced the item and talked about the Health and Wellbeing Board (HWPB) session attended by REAL and the discussion around lessons learned</p>

	<p>from coproduction with disabled people over the last three years, and how to use the learning to improve the health and well-being of disabled people in the Borough. Mike Smith (MS) and Ellen Kennedy (EK) from REAL (a local charity that supports an equal and diverse society free from the barriers that stop disabled people from living their lives the way they want) joined the Board and set out the main points/challenges of their presentation explaining REAL's work on co-production, planning on the Embedding Disabilities Access Pilots (EDAP) programme and Health Inequalities work streams, by way of framing.</p> <p>Challenge questions for the Board and THT to consider:</p> <ul style="list-style-type: none"> · Coproduction seems to work best in pilots and smaller projects. How are you going to learn, scale up the learning, and make things business as usual (because currently that doesn't happen)? · How are you going to resource this going forward? · How are you going to make decisions on when to use coproduction? · If you want genuine increases in 'I statement' results, especially ones around choice and control, you need to do things differently. <p>Comments and questions from the Board included:</p> <ul style="list-style-type: none"> · Need/How to create a 'resource' across the Partnership with interested people and parties. Also need to create rules around how to use the resources so that it can be built on · Give protected time for co-production that allows for continuation · Is there a register around co-production that has already been done that can be shared and learn from? · Commitment to co-production is needed as a Partnership and also financial commitment · Share information collaboratively across organisations · Look at smaller budgets and creative solutions · Include co-production members in shaping the evaluation projects · The members agreed that both the Council and NHS commissioning working conditions are not supportive of co-production so the system needs to be challenged. Leadership and politicians will need to be on board. Members agreed the need to focus on the rewards that come from this approach · Workforce is also a key resource needed for co-production – need to work on what are the key pieces of work and priorities where the key co-production needs to be done · Need to also include co-production with children services not only adults <p>AG thanked the presenters and commented on the fact that the THT Board needs to look at how to take the co-production forward. Need to include in the discussion at the next meeting in terms of what it means for the Board priorities, do it well in small priorities and scale up.</p> <p>Members agreed to feedback to TH HWB that this conversation has happened, then substantial update after the July THT Board</p> <p>Jon Williams also reminded the Board that there is a piece of work around co-production in the Task & Finish Group with guidance to follow. Two workshops – first to take place in public on 29 July that will build upon, and work with, current coproduction activity and new initiatives such as THCVS Cornerstone programme. The group will carry out a mapping exercise to better understand how coproduction and co-design is used in the borough.</p> <p>AG also thanked MS for his service in TH on behalf of the Board and hoped he will enjoy his retirement.</p>
6.	Better Care Fund 2023-25 Plan

	<p>Nick French (NF) talked the Partnership through the slide shared and asked the Board members to note and discuss the possibility to increase the Better Care Fund in 2024/25</p> <p>Comments from the Board included:</p> <ul style="list-style-type: none"> · The purpose of the BCF is to ensure a better joined oversight across health, education and social care and jointly monitor against targets and objectives · Members agreed to look at what is in the BCF – add or remove to give a pooled resource that can be used against priorities · Need to understand what are the benefits of putting schemes in/through the BCF · Need to have provider involvement in the discussions around discharge and mental health · Need to think how to monitor the use of the BCF as a tool/vehicle to fulfil the Partnership's ambitions · Plan for BCF refresh cycle through rest of the year, based on presentation to this meeting
7.	<p>NEL Joint Forward Plan</p> <p>Charlotte Pomery (CP) presented the shared paper and asked the members for feedback on the draft Joint Forward Plan (JFP) – a five-year plan describing how the system will deliver the Integrated Care Partnership Strategy as well as core NHS services – and a supporting reference document providing further detail on the transformation programmes described in the main plan.</p> <p>The plan needs to be submitted to NHSE by the end of June, the team is in the process of engaging across the system during April and May so that we can publish in June 2023. The plan will then be refreshed on an annual basis.</p> <p>In Tower Hamlets partners have identified two local priorities through the Place based Partnership. These are:</p> <ul style="list-style-type: none"> · Living Well · Promoting Independence <p>There is now an opportunity for partners in Tower Hamlets to ensure that the NEL JFP reflects their locally agreed priorities.</p> <p>Questions and comments from the board included:</p> <ul style="list-style-type: none"> · Members flagged wording needs to be reframed as need to have a balanced perspective of what is driving the improvements and how to do more to strengthen prevention, address unmet need and tackle health inequalities · Local communication and engagement need to improve · Work together to reframe the coverage of the public health SMR and TH/Havering funding · Members flagged the risk of lack of sustainable funding for voluntary community sector partners that is not reflected in the JFP
8.	<p>Health Inequalities Funding</p> <p>Roberto Tamsanguan (RT) talked the Board through the shared slides and give an overview of what is proposed for the £6.6 million (with TH allocated £833,000 specifically) annual health inequalities funding across NEL in 2023-2026. This work will return to the June 2023 THT Board for final approval of the TH plan.</p> <p>Comments and questions from the Board included:</p> <ul style="list-style-type: none"> · Members flagged this is a rushed and not clear process and feel that would be better if done for one year and not three · In previous discussion it was flagged that CYP projects funded the year before were not really focused on children and young people · Need to think what groups fit in around access and consider alongside the other schemes

	<ul style="list-style-type: none"> · Important CORE 20 PLUS 5 issues for TH that should be considered are screening levels, undiagnosed hypertension cases, CNPD · More debate needed on health inequalities at next meeting, following clarification from NEL and further OMG discussion · The voluntary sector funding is decreasing so the approach proposed of ringfencing to fund the CVS would be most welcome · Need to put the funding where it makes the most impact/needed the most · This approach would also address the lack of continuation funding raised by the voluntary sector · Need to think how to use the money in a targeted way to build community resilience - impact and changes · From a PC perspective the family is in need not just the children, adult, mental health patient but complex families – need to look at the family unit holistically · Difficulty in accessing autism services in the community was also flagged <p>ACTION: Add HIF item to next THT Board meeting in June 2023.</p>
9.	<p>AOB</p> <p>No AOB raised</p>
	<p>Next meeting: Thursday 1 June 2023, 0900-1100, Location Committee Room 1, Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ</p>

Tower Hamlets Together Board Action Log

						Closed this month, or open & due in the future
						Open, due this month
						Open, overdue
Action Ref	Action Raised Date	Action Description	Action Lead(s)	Action Due Date	Action Status	Action Update
0604-33	06 April 2023	Develop a 'problem statement' for TH deep dives to understand the scale, scope and actions needed	Ashton West	01-Jun	Closed	AW will pick up with the teams when preparing the deep dive sessions
0405-35	04 May 2023	Add HIF item to June THT Board meeting	MB	01 June 2023	Closed	HIF on the agenda for June Board

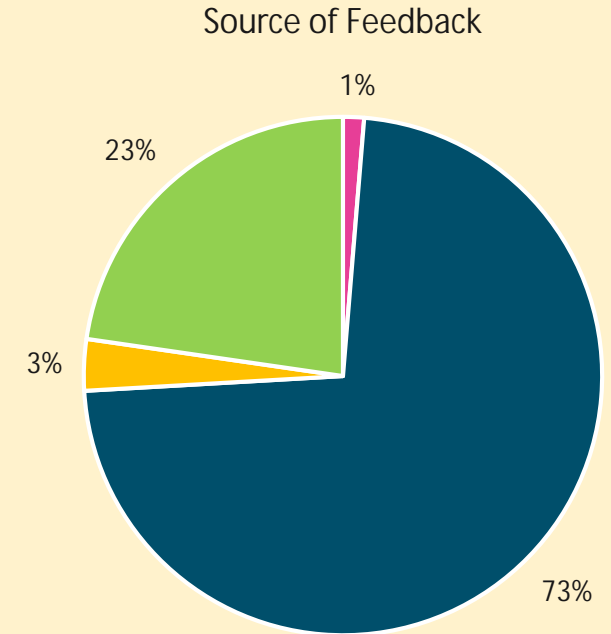


GP Access in Tower Hamlets – April to September 2022

healthwatch
Tower Hamlets

Our data

- § Community Insights System (CIS) – used by all Healthwatch organisations in North East London
- § Gathers data online from social media, service provider websites, NHS Choices, Google Reviews etc., as well as from our outreach and engagement activities.
- § Issues relating to different service aspects are identified, and positive, neutral and negative sentiments are applied to each issue.
- § We analysed comments for 6 different service aspects that relate to access: *Booking, Choice, Registration/Access, Telephone, Timing, and Waiting List.*
- § Overall, there were 687 issues identified from 323 reviews. (Multiple issues and sentiments can be identified per review.)



Care Home Managers Survey ■ Google Reviews
Maternity Project 2022 ■ NHS Choices

Key Findings

There has been a slight increase in positive feedback around GP Access in June and July due to an increase in positive comments relating to GP practices in PCN9.

The positive comments relate to quick response time to E-consult, short waiting times for appointments, and polite and helpful staff members.

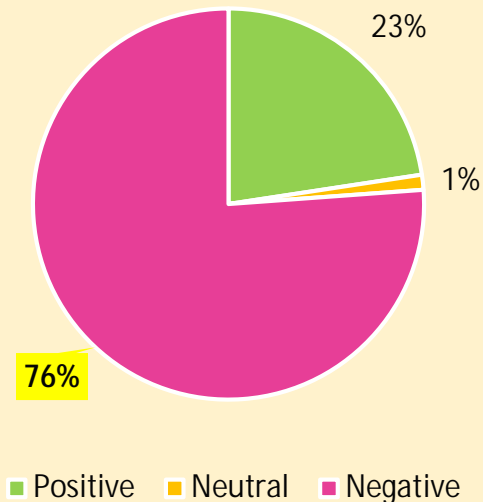
However, it is evident that the residents in Tower Hamlets are having issues with accessing GP services for the following reasons:

- Unable to get through on the phone
- Long wait times over the phone
- Lack of appointments / Only same day appointments available over the phone
- Long wait times for non-urgent appointments (up to 4 weeks)
- Being asked to fill in an e-consult (particularly difficult for elderly people, digitally excluded, and those who do not speak English)
- E-consult not working or only working at specific times

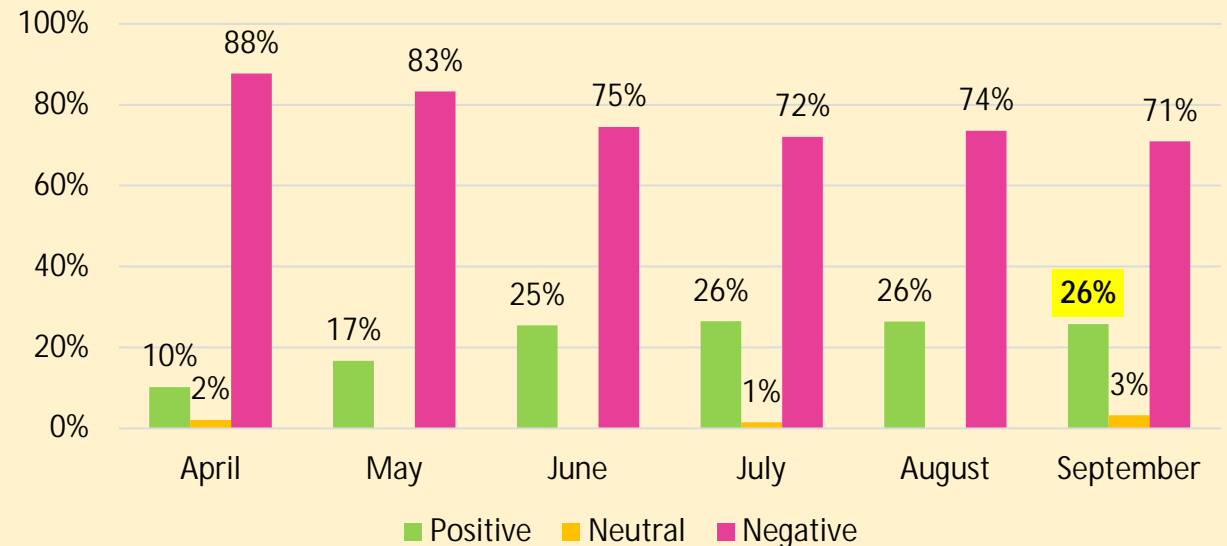
Sentiment around GP Access in Tower Hamlets

- § Out of all the issues identified from the feedback received between April and September 2022, majority of the feedback relating to the 6 service aspects (*Booking, Choice, Registration/Access, Telephone, Timing, and Waiting List*) were negative in sentiment.
- § Compared month on month, there was a steady decline in the proportion of negative feedback while the proportion of positive feedback increased from May to July and has remained at 26%.

Proportion of Sentiments April to September 2022



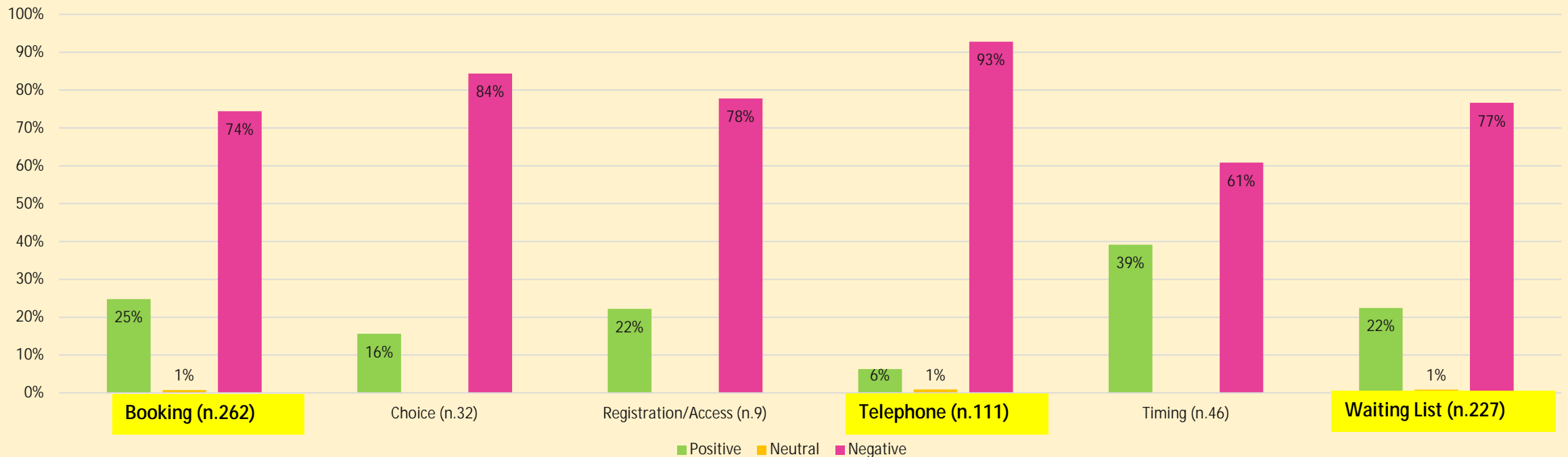
Proportion of Sentiments by Month



Breakdown of Key Themes

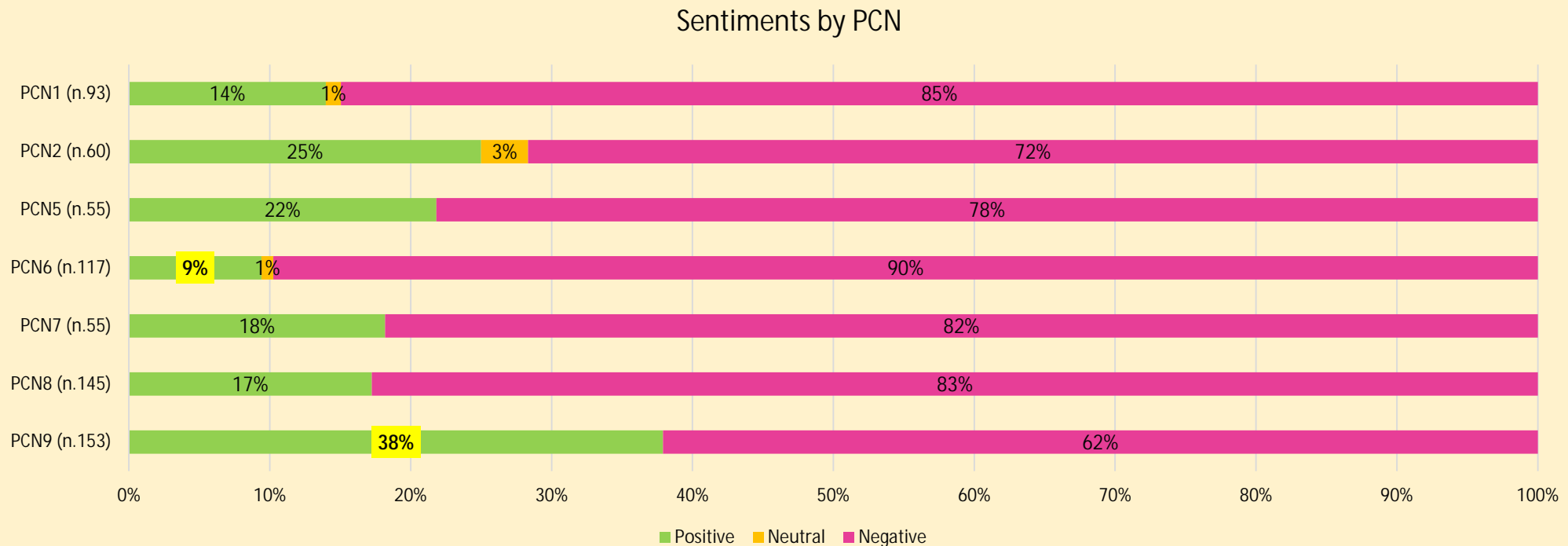
- § When comparing each service aspect, *Booking* (n.262), *Telephone* (n.111), and *Waiting List* (n.227) were the three most commented on.
- § Telephone had the highest proportion of negative sentiments.

Themes and Sentiments



Sentiment by Primary Care Networks (PCNs)

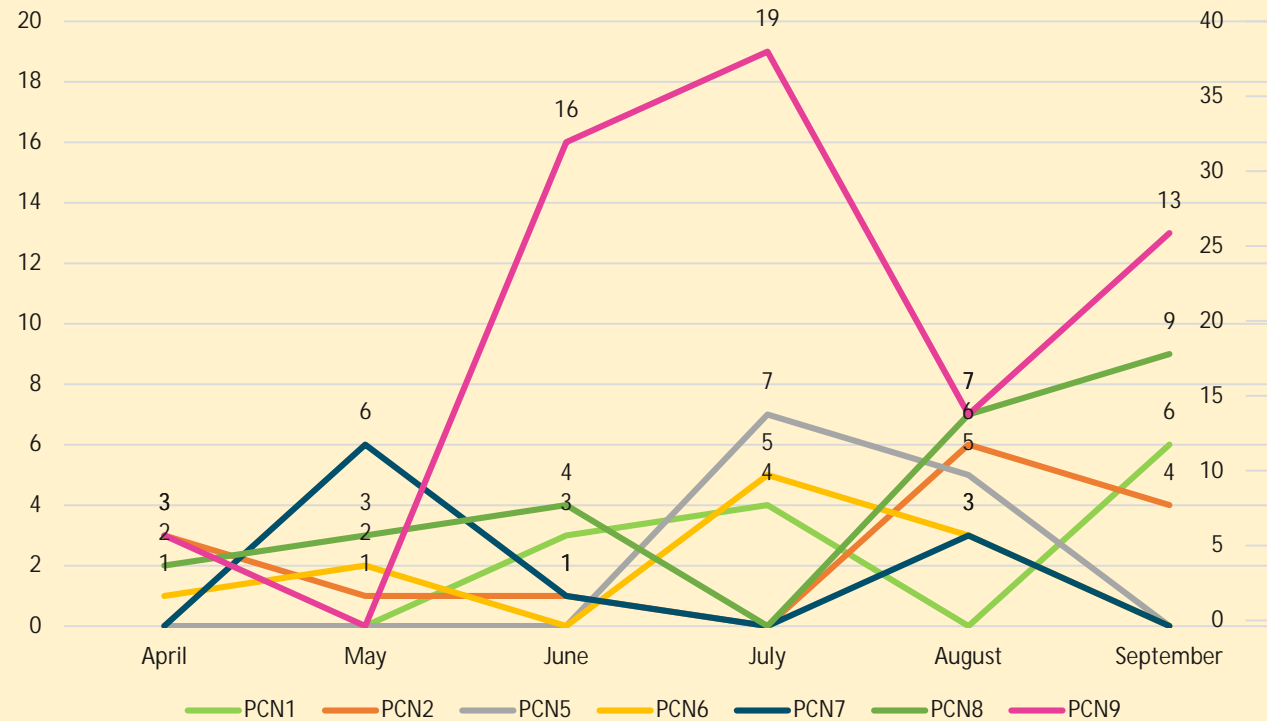
§ When comparing feedback for each Primary Care Network in Tower Hamlets, PCN9 had the highest proportion of positive feedback (38%) and PCN6 had the lowest (9%).



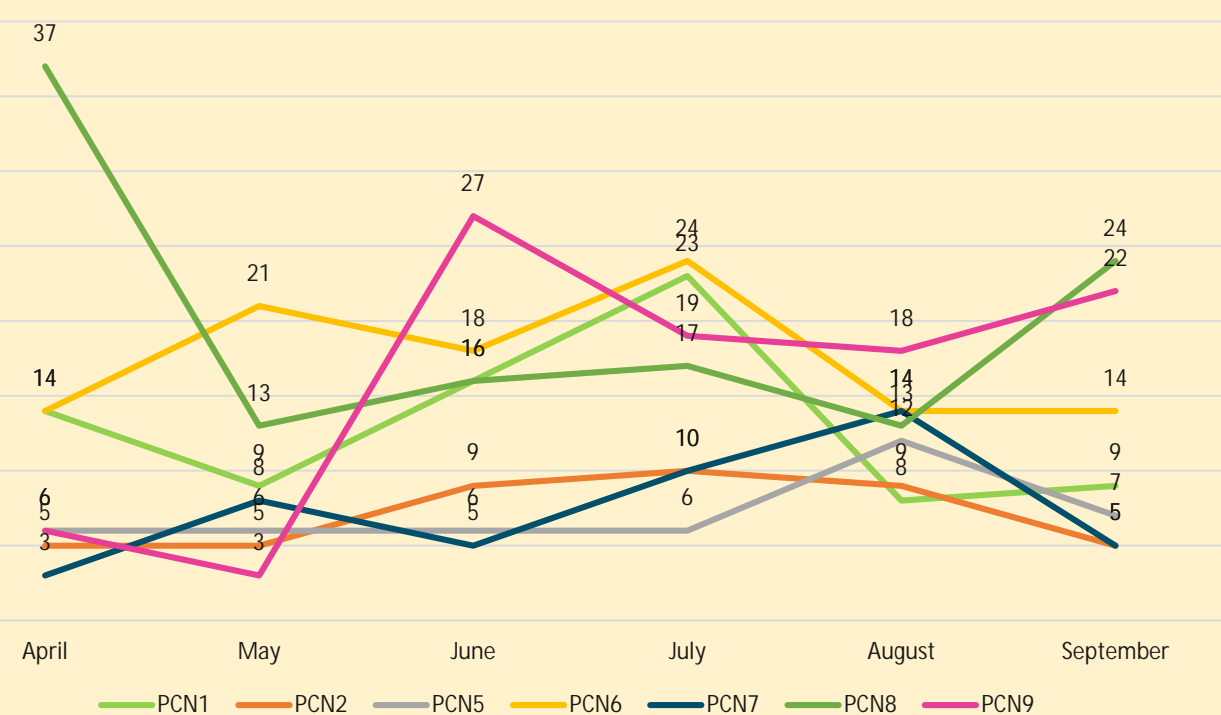
Sentiment by Primary Care Networks – Month by Month

§ When comparing the different PCNs in Tower Hamlets, we can see that PCN9 had a big increase in positive feedback in June (n.16) and July (n.19), and again in September (n.13) whereas PCN8 had a drop in negative feedback in May (from 37 to 13) but have seen an increase in September (n.24).

Number of Positive Sentiments



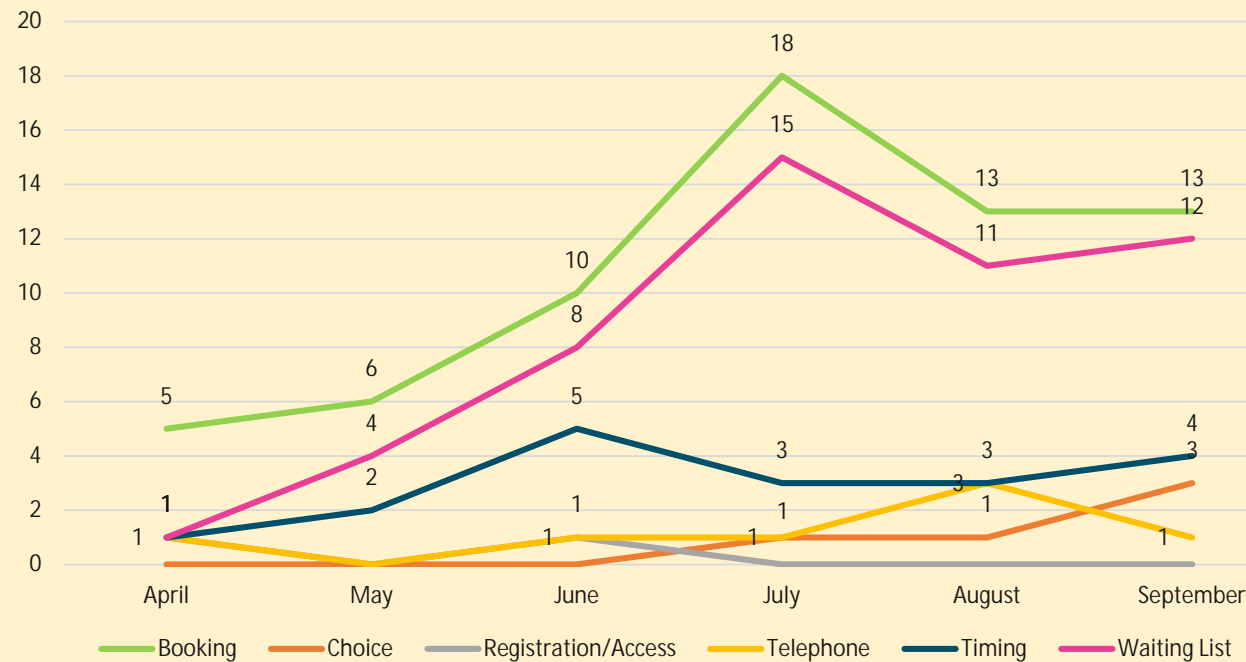
Number of Negative Sentiments



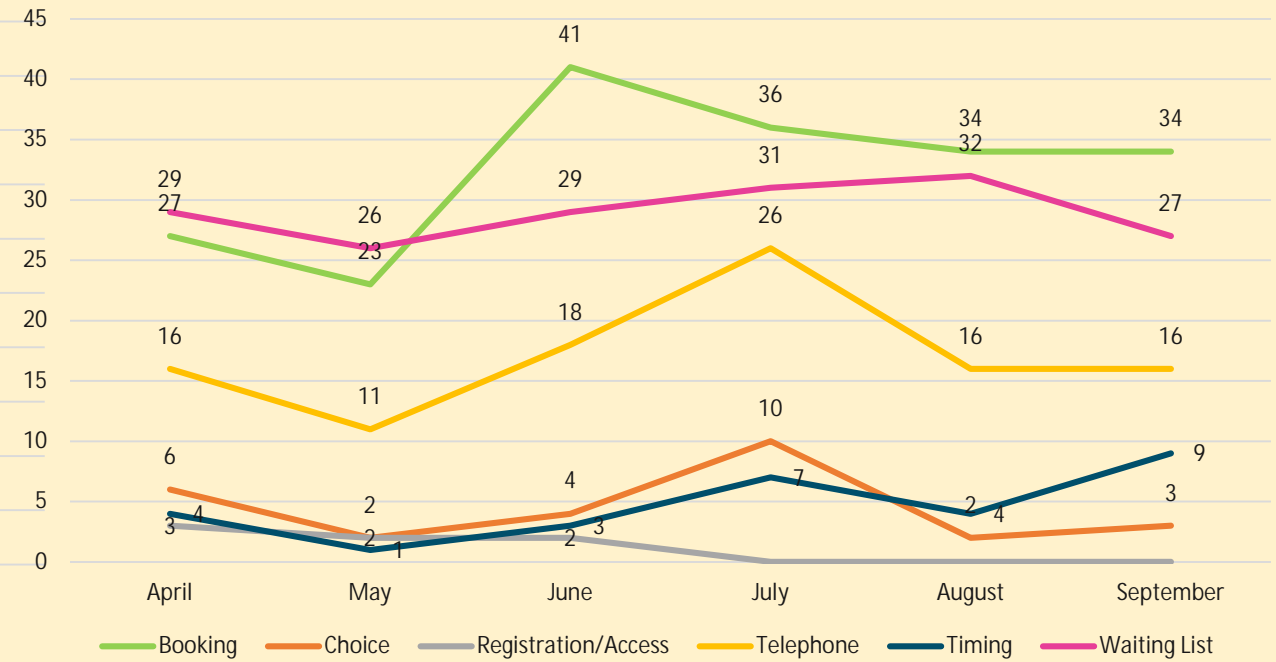
Sentiment around GP Access in Tower Hamlets

§ When looking at the specific service aspects and the number of positive and negative sentiments month by month, the number of positive sentiments around Booking and Waiting List increased in July which would likely be due to an increase in positive feedback for PCN9. The number of negative sentiments around Booking and Telephone have slightly decreased in recent months.

Number of Positive Sentiments



Number of Negative Sentiments



Positive Feedback

From the comments containing positive sentiments around the 6 service aspects, we identified the following themes that were mentioned most often:

Quick response time

"Over the last year I have needed to use the practice a few times. I have found their response to online consultations to be quick and thorough."

"Easy online experience, Quick response. I always used the phone to contact the surgery, but first time I used the online contact, and found it easy to use."

"When I ring for appointments I get through on the phone quickly and a doctor always rings me back that same day."

Short waiting time for an appointment

"I rang the surgery on 8 June having had some worrying symptoms for over a week. I explained my concern and had a telephone consultation with a GP later that morning. The GP needed to physically examine me and arranged for me to go to the surgery the next morning."

"I registered on Friday morning online and requested an appointment. I was called on Friday lunchtime and requested a doctor's appointment on Monday. By Monday afternoon I had an appointment with a doctor."

Polite and helpful staff members

"The GP's are knowledgeable and thorough and ensure they are monitoring treatment well. The receptionists are professional and helpful and the practice nurses and HCA are wonderful in their provision of care."

"Staff was extremely friendly and helpful. Quick to assist me in making me an appointment last week. Explaining the GP booking system confidently and easily for me to understand."

*E-consult is a form of digital triage. Patients go online and submit information about medical or administrative requests to their own doctors. This request is sent to the GP practice to decide on the right care. Source: <https://econsult.net/econsult-faqs>

Negative Feedback

From comments containing negative sentiments around the 6 service aspects, we identified the following key issues that were mentioned most often:

Unable to get through on the phone / Long wait time on the phone

"I have been trying to get an appointment and have been on hold for an hour. They say they open their phone lines at 8:30 however I am still waiting to get through an hour later. This is poor."

"Waited for an hour and a half in the caller queue, only to be cut off when I was number 3. Urgently need medication."

Long wait time for an appointment

- People reported having to wait for a non-urgent appointment for up to 4 weeks.

"You will be lucky to get an appointment in 3 weeks and only on the telephone."

"Staff is very helpful and kind, keen to listen to you and deliver answers for any of your concerns; only downside is that you usually have to wait for an appointment for at least 2 weeks."

"Appointments take 3-4 weeks to be booked and you are asked to wait for a phone call which can occur any time of the day."

Lack of appointments / Only same day appointments available over the phone

- People reported calling their GP practice to book an appointment only to be told there were no appointments left. Several people also mentioned that when calling their practice, they are only offered a same day appointment. For any other appointments, they were asked to fill in an e-consult.

"I've been trying to book a face-to-face appointment for my disabled and severely vulnerable father for over a week. Each time I call I'm told to call back another day."

"They only make same day appointments- I called the moment they open, was in a virtual queue with 7 people ahead of me and by 8:10 am there were no more appointments - and this is not the first time it happens. I generally avoid even calling them unless I am in pain."

"Getting an appointment is near enough impossible. I'm confused as to why they only do on the day appointments, and you can't book in advance. I've waited nearly an hour on the phone to then be told no appointments are available and to do an online consultation which sometimes takes a week to get an appointment booked it."

Request to fill in E-consult*

"This place never ever has any appointments, since Covid pandemic they have forced everyone to book appointments on the app, they do not take any by phone, they only release slots at certain time in the morning and they are always gone."

"They advise you to fill eConsult form for anything urgent, for which you need to answer 30+ questions, then after 3-5 days wait you only get a response not helpful at all."

"The health centres policy of e-consult first is absolute rubbish. You won't hear from them sometimes not even after 3 weeks and still waiting. What about people who struggle with online services and text messages they have to do the same and still at no avail."

*E-consult is a form of digital triage. Patients go online and submit information about medical or administrative requests to their own doctors. This request is sent to the GP practice to decide on the right care. Source: <https://econsult.net/econsult-faq>

No call back/reply

"Tried to book a GP appointment for a month now. Didn't get an email reply when they said they would reply, didn't get a text message after calling when they said they would text either."

"Called up for a friend who I was interpreting for in regards to her son who was quite sick. I was told a GP will call the same day. No one called. So we called again the next day to be told a call will be made, again nothing. So my friend walked in crying with her child and she was told to leave the premises. No interpreter used no help offered at all."

"Twice now over the last couple of years I've arranged an appointment by phone making time for it by taking a day off work and haven't been called. This second time, after not being contacted I called them. They apologised and said the doctor would call back at the end of the day but he did not."

Rude Staff

"I am pregnant and trying to get an appointment with doctor to discuss my thyroid issues. The receptionists are so rude, and treats patients really bad. They shouted on me because I asked for an appointment."

"Like many others reviewing, the service from receptionists has made me come online to post my experiences. They are very rude for no reason whatsoever and will put people off from calling to book an appointment. The receptionist team should be tip top as they are the first port of contact for any brand and often represent the internal works."

"That receptionist is extremely rude. My english is not so good, so I asked one or two times "sorry?" to which she responded very rudely almost shouting at me merely repeating the same question without explaining the question. One of the doctors that I spoke with, understood my ethnic background and spoke and explained in so many ways."

E-consult not working or only working at specific times

“Long line to even for them to receive the phone, can't get any appointments at all and they say to do e-consults but they don't even keep the consults open the whole day or anything.”

“Long wait times on the phone, only to be told to use econsult, and when you try to do that, website states unavailable!”

“Online consultations haven't worked. When there are no appointments and you are directed to an online consultation form and it tells you to visit the pharmacy when you already have and the Pharmacists says the only option is to see your GP. The online form isn't done well as you can be straight up denied depending on how you answer the questions.”

Conclusion

Based on the feedback in this report, Healthwatch Tower Hamlets would recommend exploring some of the following suggestions in order to ease the pressure on staff members and to enable services to better meet patients' needs.

- Ø Investigate what has increased the number of positive feedback for PCN9 and share learnings and good practice with other PCNs to replicate any processes that have been proven to work.
- Ø Prioritise phone lines for the elderly, digitally excluded, and those who do not speak English.
- Ø Offer non-urgent appointments over the phone as well as through E-consult.
- Ø Direct younger patients and those who work to use E-consult.
- Ø Increase the opening times for E-consult.

The Experience of GP Services

A trends analysis report by Healthwatch Tower Hamlets, 11 April 2023



Healthwatch is the official consumer champion for users of health and social care services. We listen to people's stories, good and bad, and report on their collective experience. In this report, we examine the experience of local GP services.

Reporting Period: 1 April 2022 - 31 March 2023

Index and overview of findings

Data Source (Page 4)

This report is based on the experience of 1,418 people. Feedback has been obtained from a variety of sources, including engagement, surveys and comments posted online (NHS, Care Opinion and social media).

Top Themes (Page 5)

A broad majority of people receive good quality treatment and nursing care. According to feedback, patients would like greater levels of service access, communication, empathy, involvement and support.

Overall sentiment is 40% positive, 58% negative and 2% neutral.

Trends...

According to feedback, overall satisfaction has declined by 10% this quarter.

Jubilee Street Practice receives a notable volume of positive comments.

Service Access (Page 6)

People continue to report difficulties with telephone access, associated problems with booking, and longer than expected waits for routine appointments.

Trends...

Satisfaction on service access has declined by 7%, comments suggest. Complaints are up by 12% on ability to book appointments, by 11% on waiting times and by 2% on telephone access. On online systems, complaints are down by 13%.

Comments suggest satisfaction at most practices is noticeably negative overall.

Clinical Treatment and Staff Attitude (Pages 7-8)

Experiences indicate a broad majority of people receive good quality treatment and nursing care, however support is in cases lacking. On staff attitude, there is general praise for clinicians, while notable criticism of reception staff.

Trends...

Comments suggest satisfaction has declined by 9% on treatment and by 5% on staff attitude.

Goodmans Fields Medical Practice, Island Health and Jubilee Street Practice receive a notable volume and ratio of positive comments.

Administration and Communication (Pages 9-10)

Many people complain of general administration, and some would like greater levels of support from reception staff, and levels of communication service wide. The ability to obtain prescriptions and test results are also cited as issues.

Trends...

Complaints about communication have increased by a notable 20% this quarter, while increasing by 15% on administration.

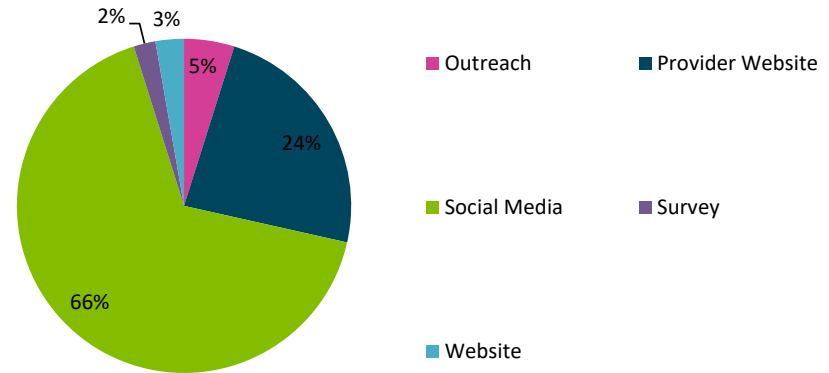
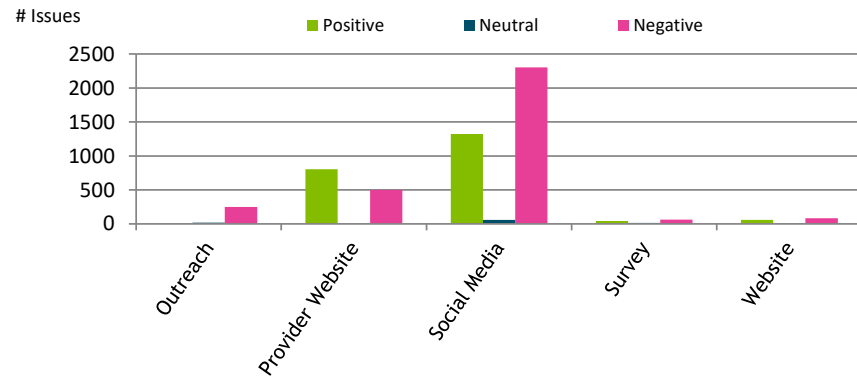
Goodmans Fields Medical Practice, Island Health and Jubilee Street Practice receive a notable volume and ratio of positive comments.

Disclaimer: The trends within this report are based on service user comments we have obtained from sources outlined on Page 4. Comments obtained from these sources may not be representative of all service users experiences or opinions.



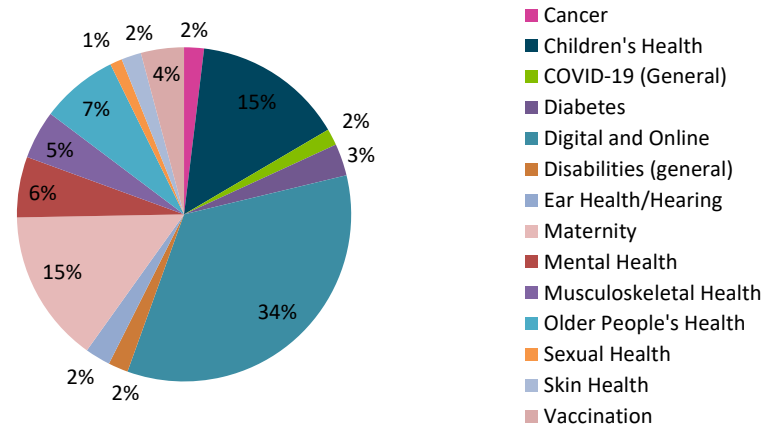
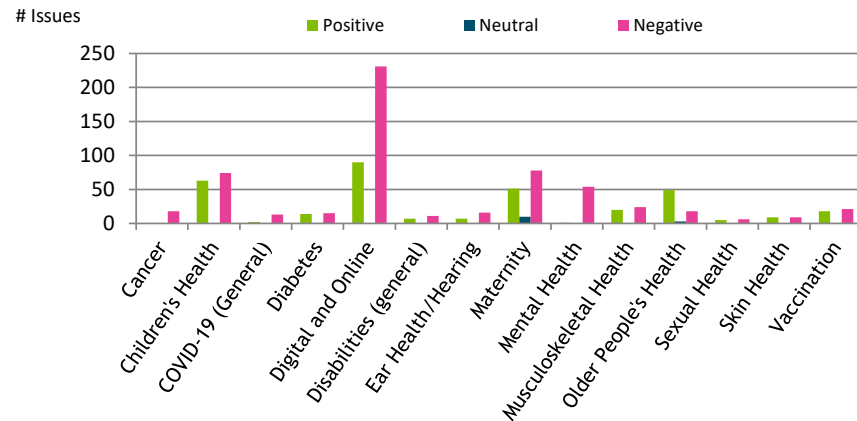
1. Data Source and Conditions/Topics

1.1 Source



Sources providing the most comments overall

1.2 Stated medical conditions/topics

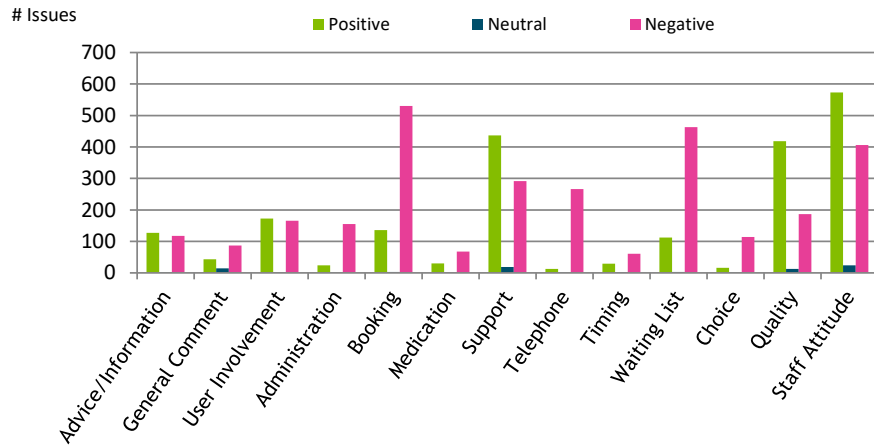


Medical conditions/topics receiving the most comments overall



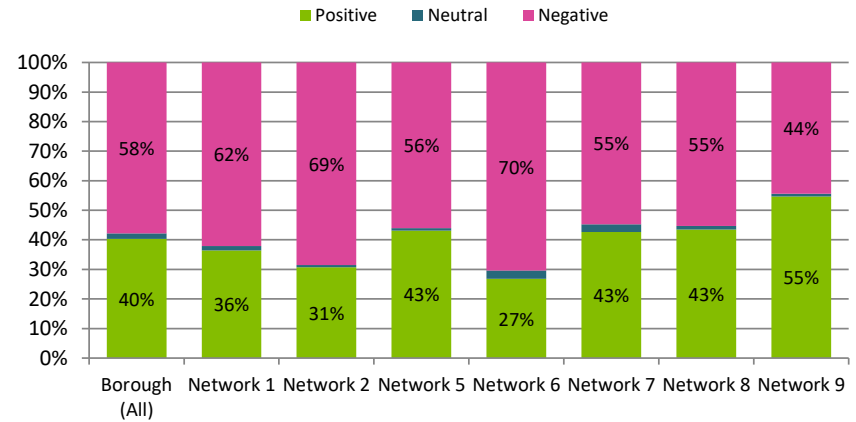
2.1 Overall Themes and Sentiment

2.1.1 Overall, Top Trends: 5531 issues from 1418 people



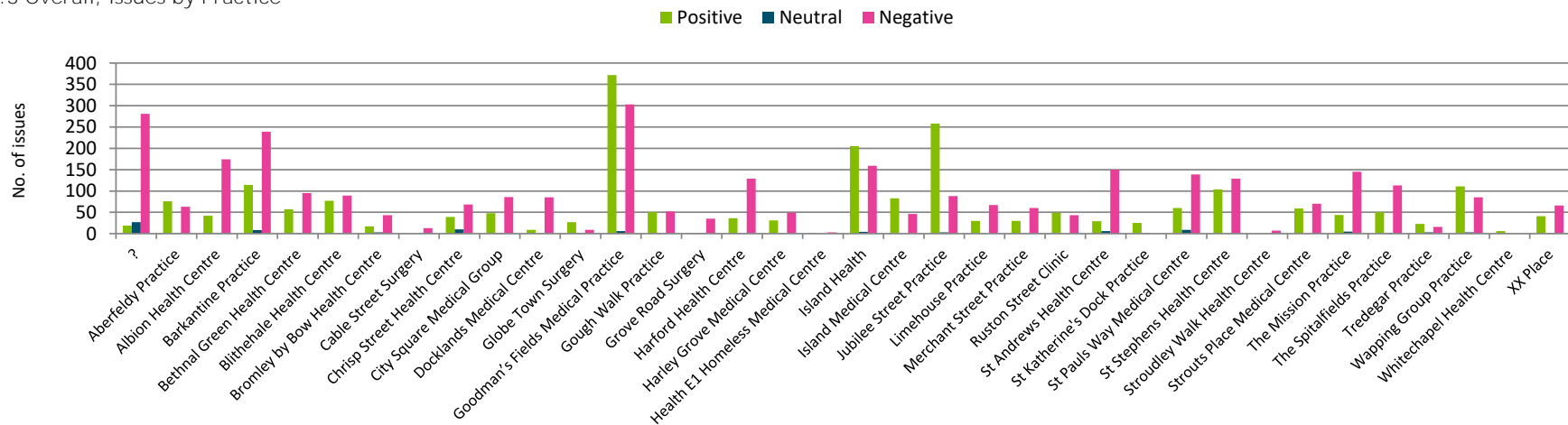
Issues receiving the most comments overall. See pages 12-13 for issue descriptions

2.1.2 Overall, Sentiment by Primary Care Network



Sentiment by PCN

2.1.3 Overall, Issues by Practice

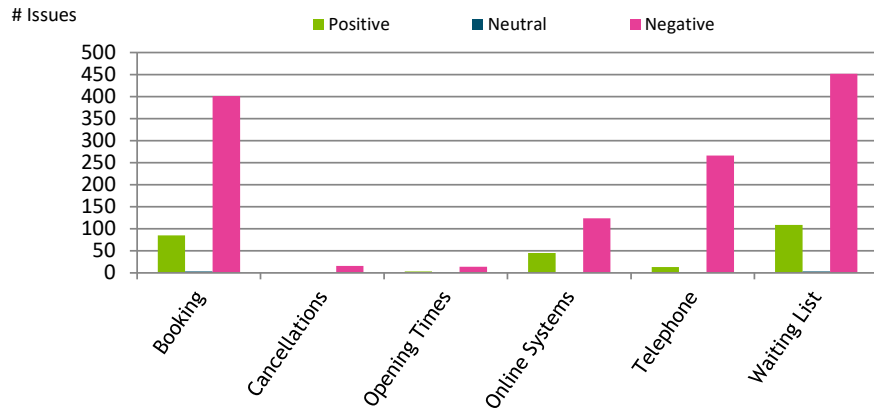


Practices receiving the most comments overall

2.2 Service Access

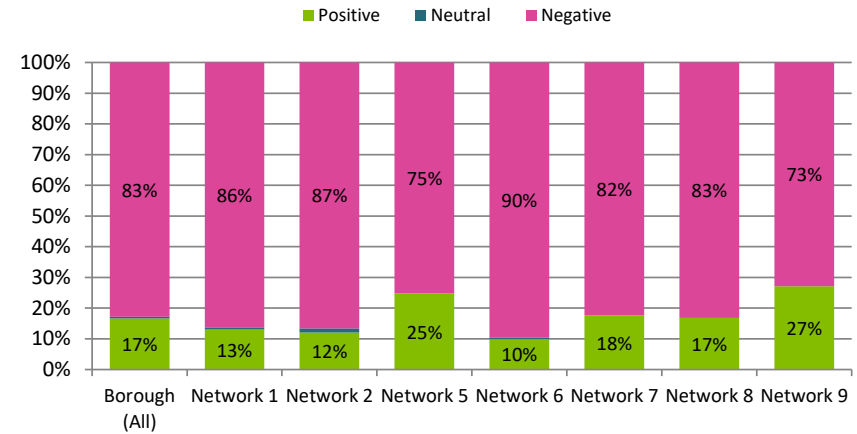


2.2.1 Service Access: 1536 issues detected



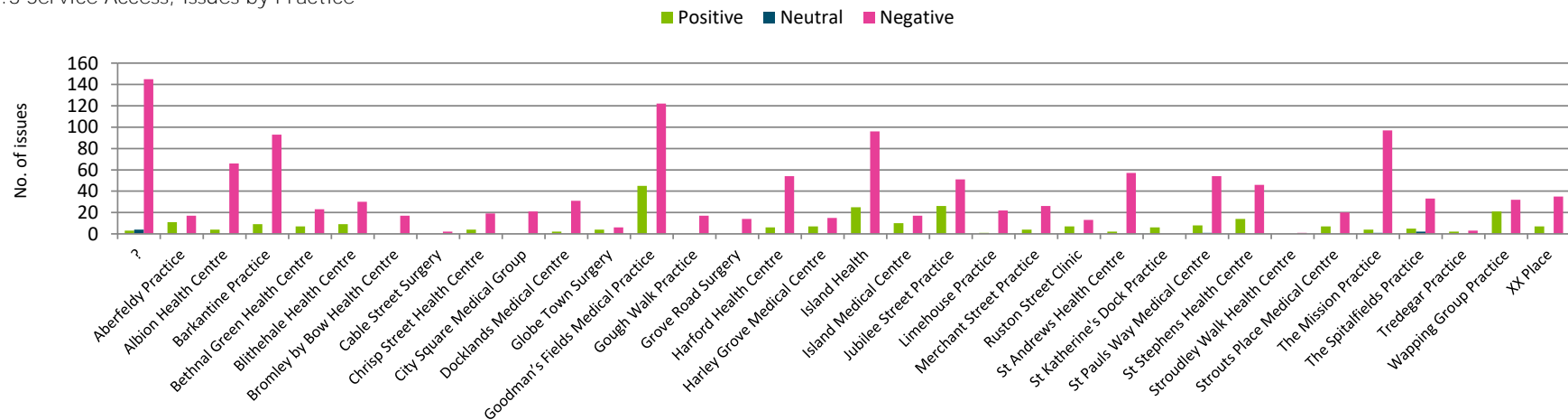
Issues receiving the most comments overall. See pages 12-13 for issue descriptions

2.2.2 Service Access, Sentiment by Primary Care Network



Sentiment by PCN

2.2.3 Service Access, Issues by Practice

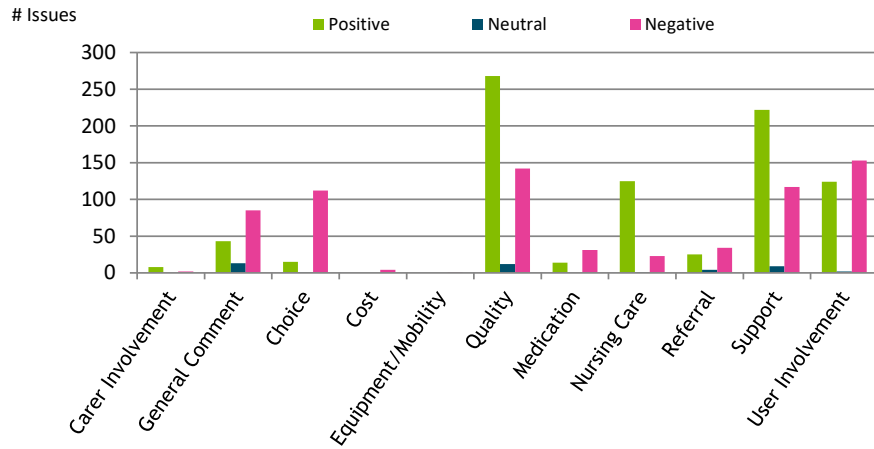


Practices receiving the most comments overall

2.3 Clinical Treatment and Care

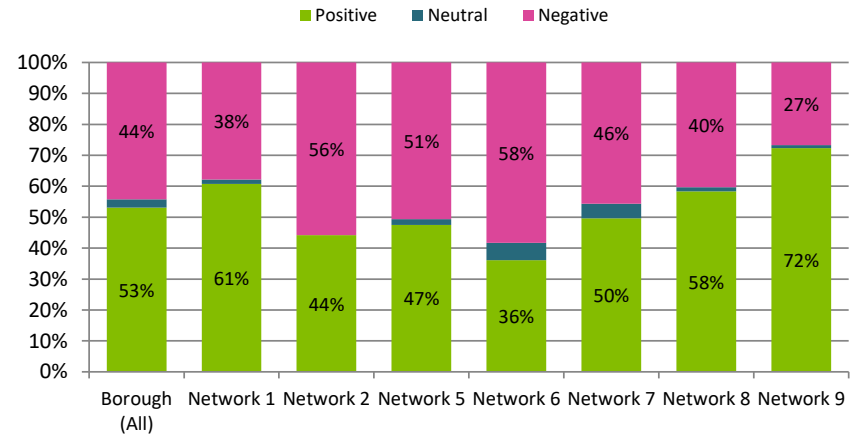


2.3.1 Treatment: 1590 issues detected



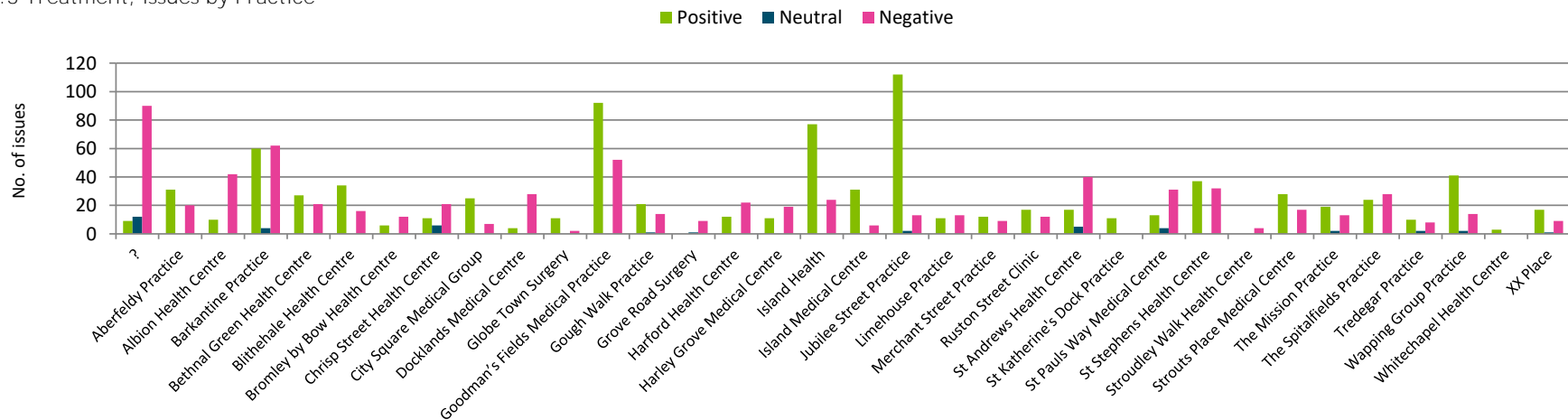
Issues receiving the most comments overall. See pages 12-13 for issue descriptions

2.3.2 Treatment, Sentiment by Primary Care Network



Sentiment by PCN

2.3.3 Treatment, Issues by Practice

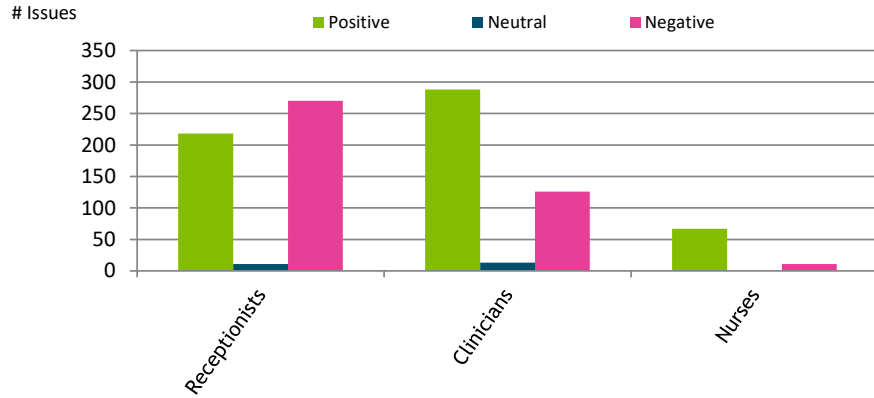


Practices receiving the most comments overall

2.4 Staff Attitude

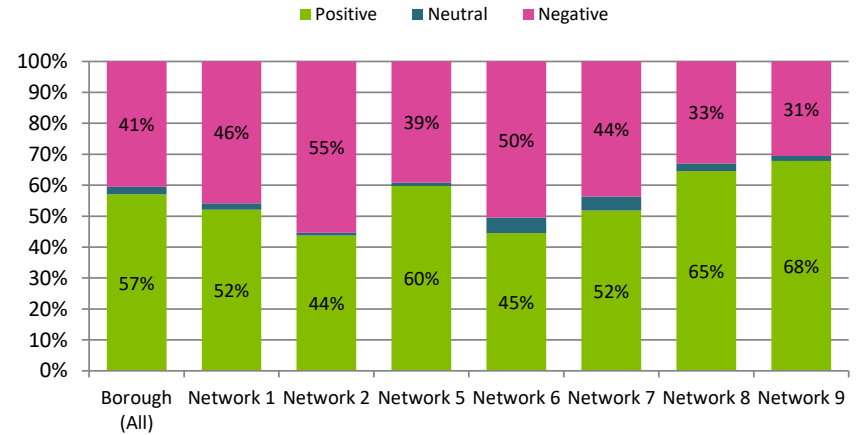


2.4.1 Staff Attitude: 1004 issues detected



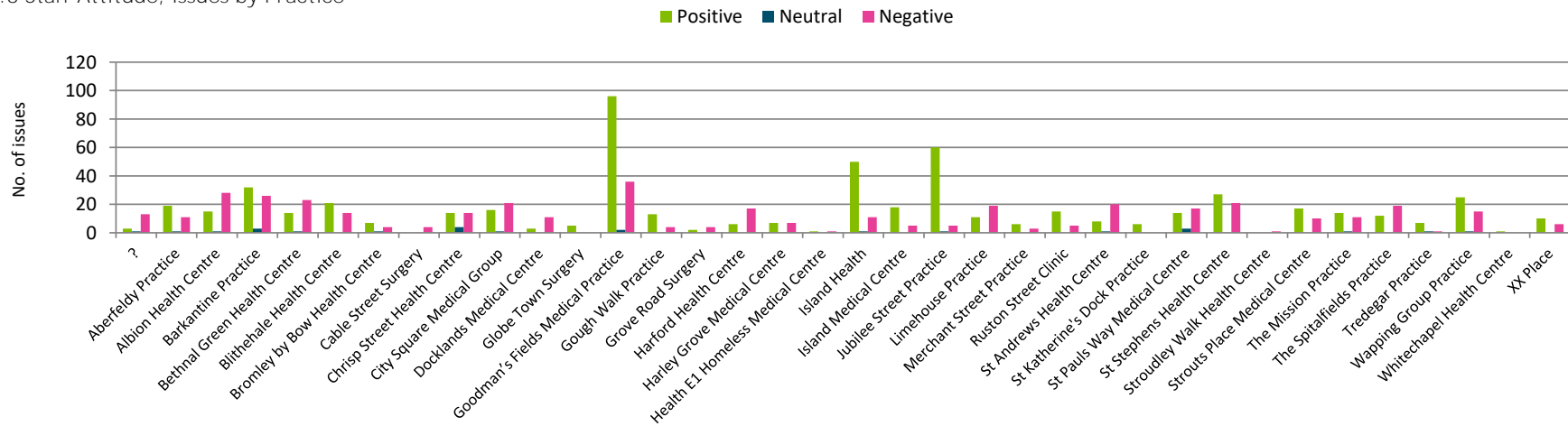
Issues receiving the most comments overall. See pages 12-13 for issue descriptions

2.4.2 Staff Attitude, Sentiment by Primary Care Network



Sentiment by PCN

2.4.3 Staff Attitude, Issues by Practice

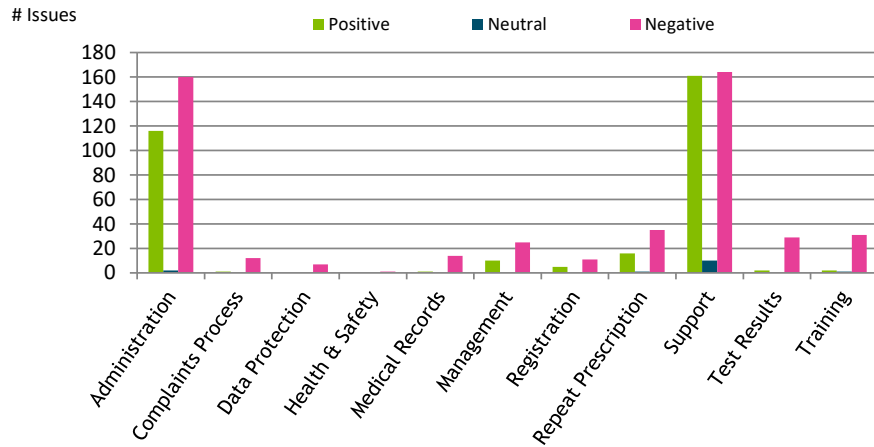


Practices receiving the most comments overall

2.5 Administration

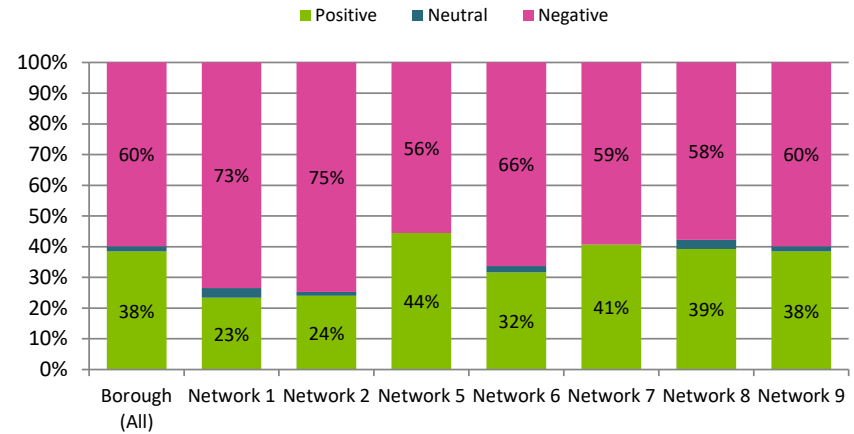


2.5.1 Administration: 817 issues detected



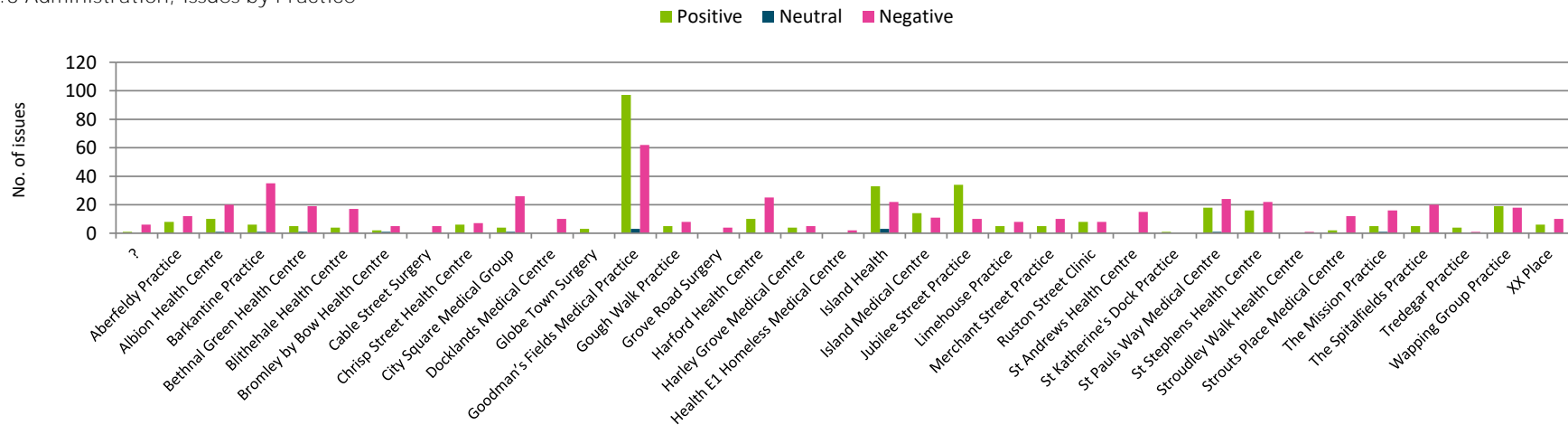
Issues receiving the most comments overall. See pages 12-13 for issue descriptions

2.5.2 Administration, Sentiment by Primary Care Network



Sentiment by PCN

2.5.3 Administration, Issues by Practice

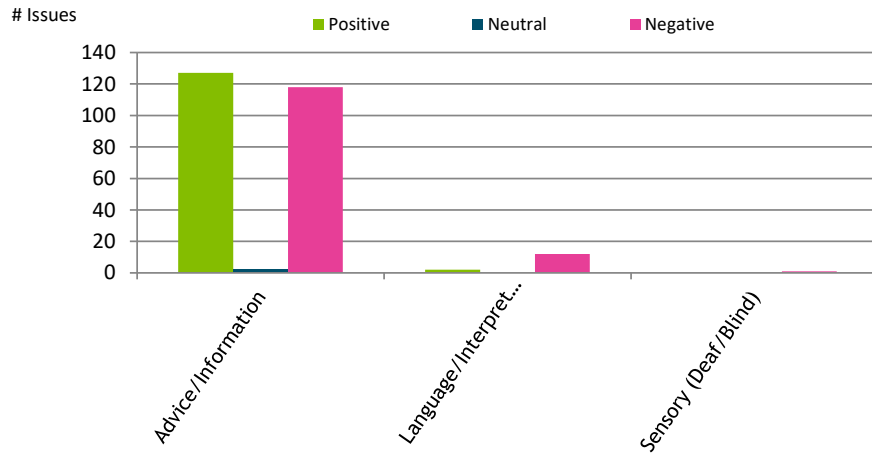


Practices receiving the most comments overall

2.6 Communication

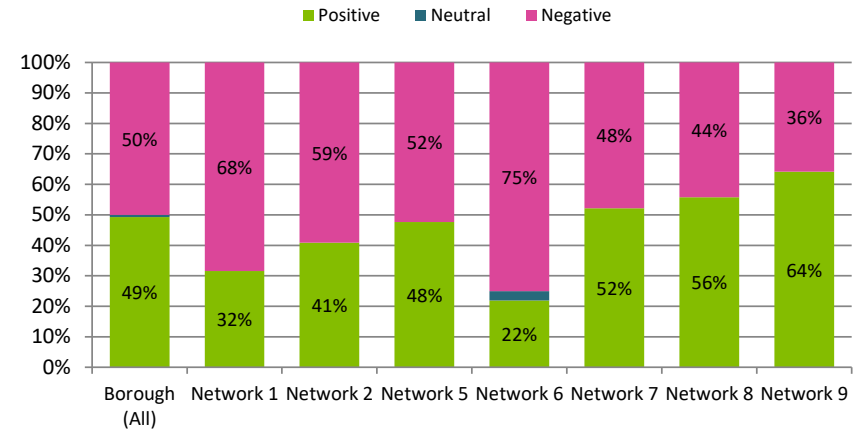


2.6.1 Communication: 262 issues detected



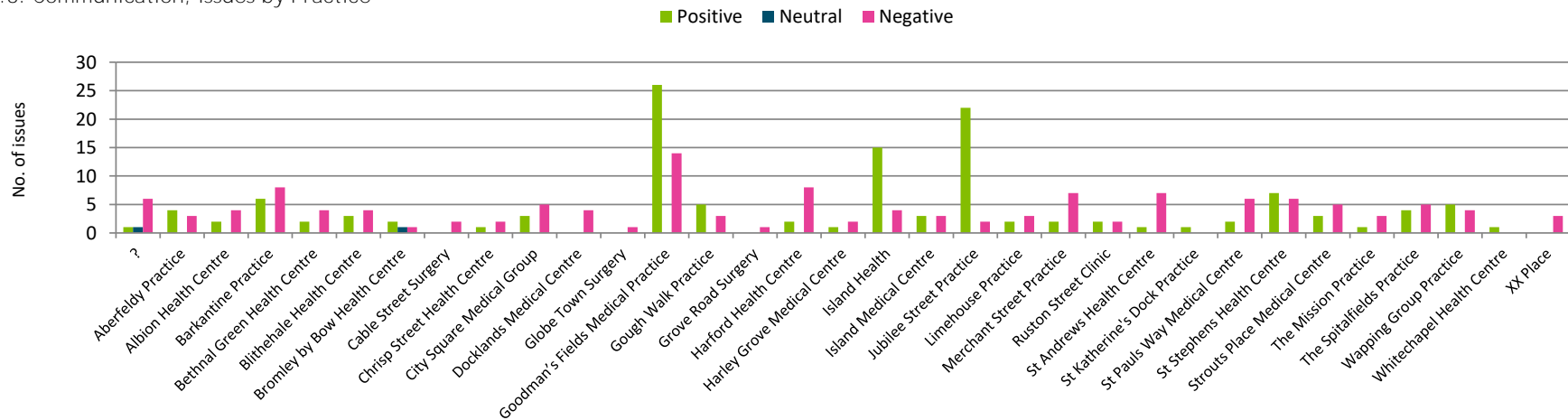
Issues receiving the most comments overall. See pages 12-13 for issue descriptions

2.6.2 Communication, Sentiment by Primary Care Network



Sentiment by PCN

2.6.3: Communication, Issues by Practice

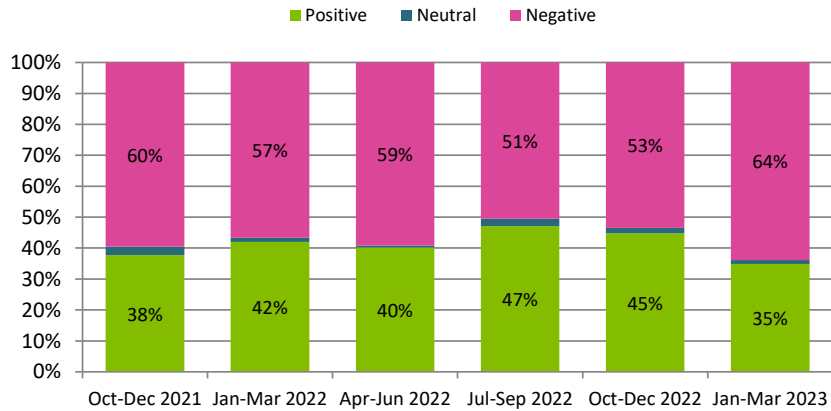


Practices receiving the most comments overall

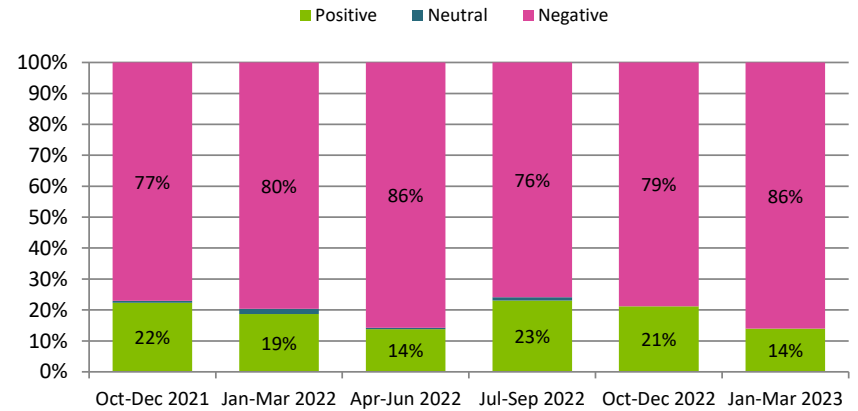
3. Timeline: 18 Month Tracker



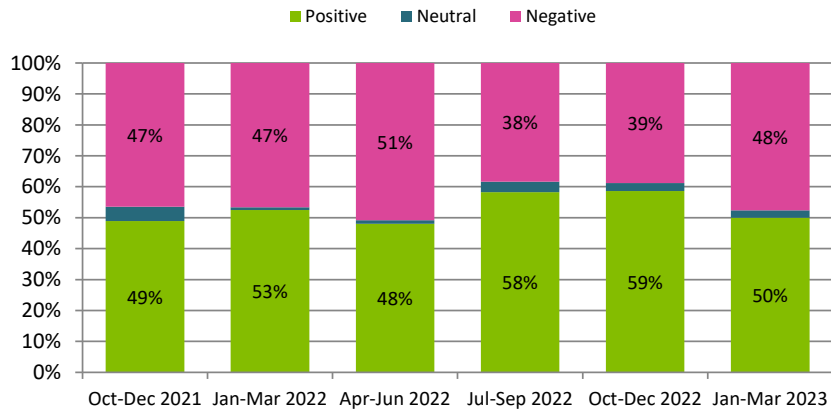
3.1 Overall Sentiment



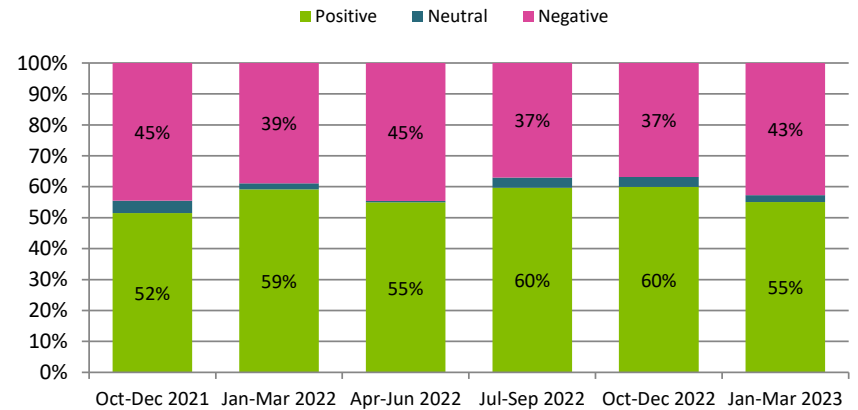
3.2 Service Access, Sentiment



3.3 Treatment and Care, Sentiment



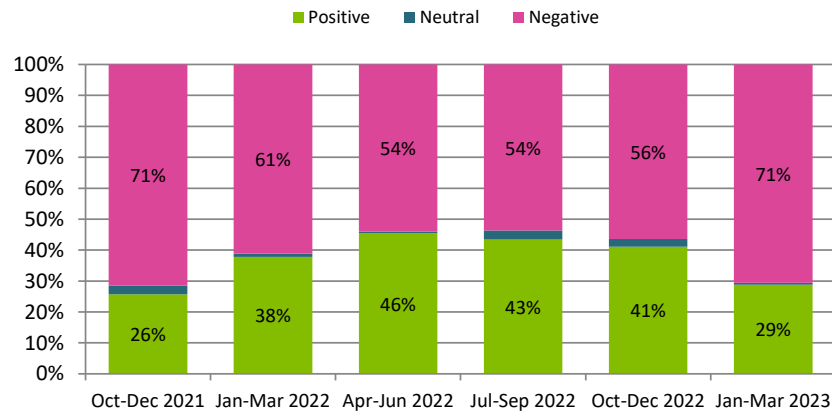
3.4 Staff Attitude, Sentiment



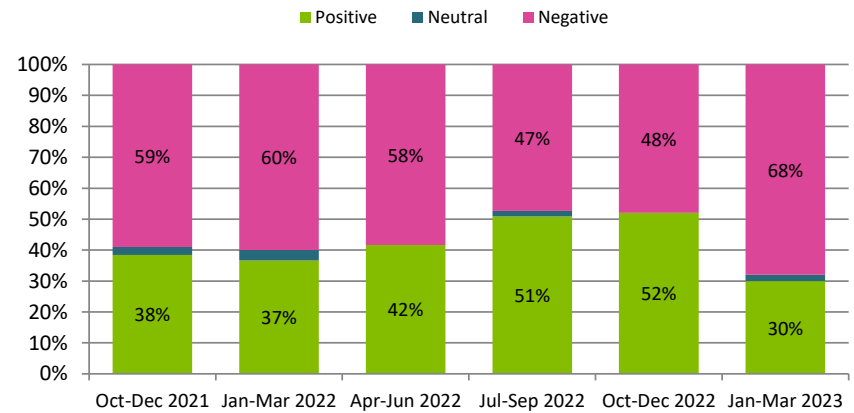
3. Timeline: 18 Month Tracker



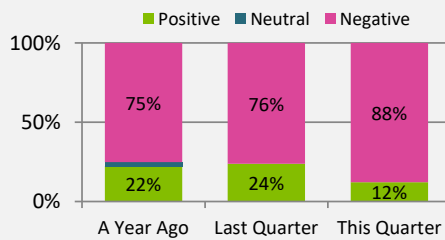
3.5 Administration, Sentiment



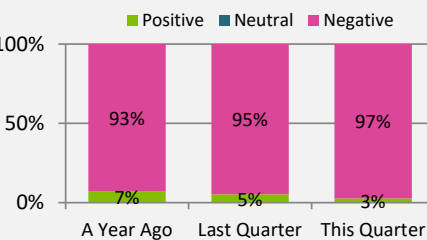
3.6 Communication, Sentiment



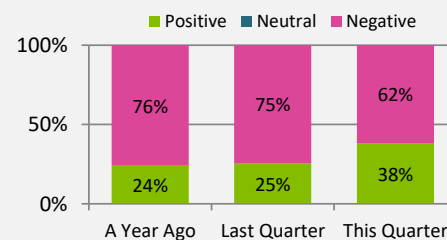
3.7 Booking, Snapshot



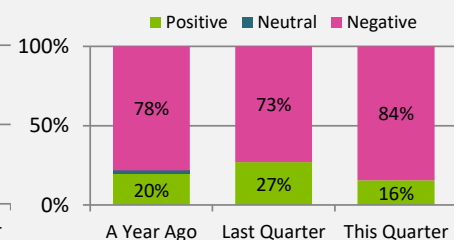
3.8 Telephone, Snapshot



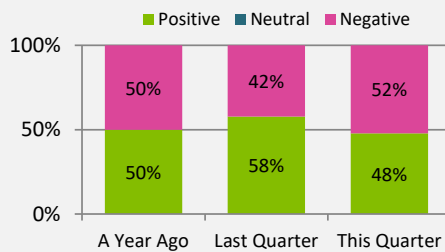
3.9 Online Access, Snapshot



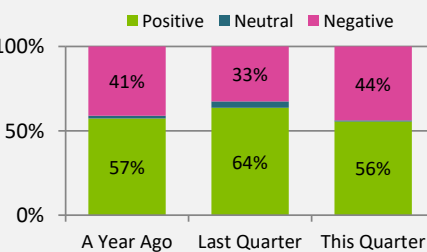
3.10 Waiting List, Snapshot



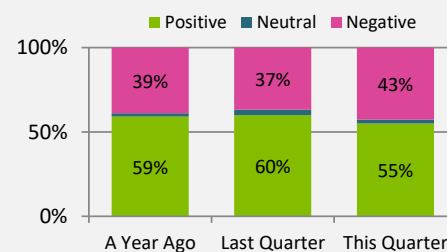
3.11 Involvement Snapshot



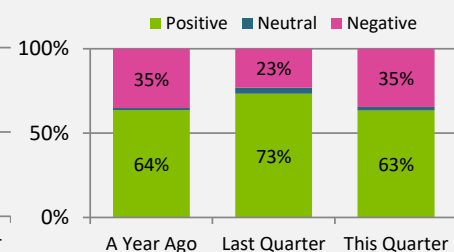
3.12 Support, Snapshot



3.13 Staff Attitude, Snapshot



3.14 Quality, Snapshot

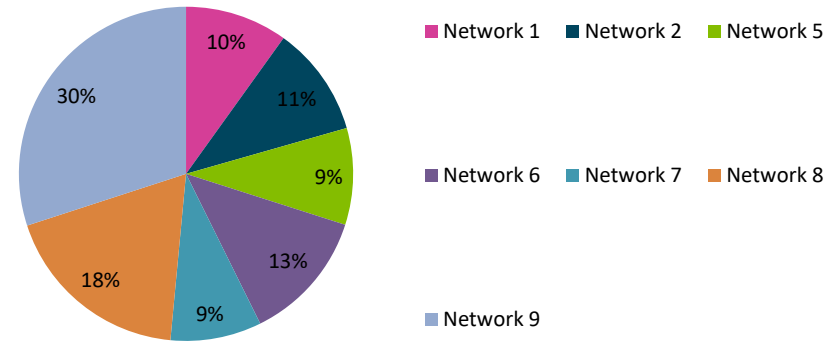
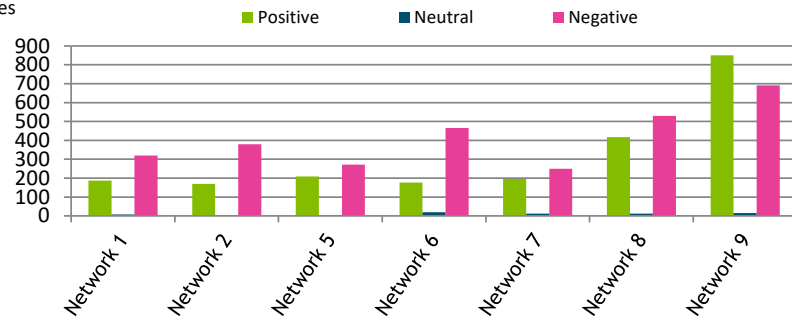


4. Volume by Primary Care Network



4.1 PCN

Issues



5. Data Table: Number of issues



	Issue Name	Descriptor	# Issues			
			Positive	Neutral	Negative	Total
Patients/Carers	Advice/Information	<i>Communication, including access to advice and information.</i>	127	2	118	247
	Carer Involvement	<i>Involvement of carers, friends or family members.</i>	10	1	4	15
	General Comment	<i>A generalised statement (ie; "The doctor was good.")</i>	43	14	87	144
	User Involvement	<i>Involvement of the service user.</i>	173	2	166	341
Systems	Administration	<i>Administrative processes and delivery.</i>	24	1	155	180
	Booking	<i>Ability to book, reschedule or cancel appointments.</i>	136	3	530	669
	Cancellations	<i>Cancellation of appointment by the service provider.</i>	0	0	22	22
	Data Protection	<i>General data protection (including GDPR).</i>	0	0	7	7
	Referral	<i>Referral to a service.</i>	25	4	35	64
	Medical Records	<i>Management of medical records.</i>	1	0	15	16
	Medication	<i>Prescription and management of medicines.</i>	30	1	68	99
	Opening Times	<i>Opening times of a service.</i>	3	1	16	20
	Planning	<i>Leadership and general organisation.</i>	10	0	26	36
	Registration	<i>Ability to register for a service.</i>	5	0	11	16
	Support	<i>Levels of support provided.</i>	437	19	292	748
	Telephone	<i>Ability to contact a service by telephone.</i>	13	1	266	280
	Timing	<i>Physical timing (ie; length of wait at appointments).</i>	29	2	61	92
	Waiting List	<i>Length of wait while on a list.</i>	112	3	463	578
Values	Choice	<i>General choice.</i>	16	1	114	131
	Cost	<i>General cost.</i>	0	0	6	6
	Language	<i>Language, including terminology.</i>	2	0	13	15
	Nutrition	<i>Provision of sustenance.</i>	1	1	0	2
	Privacy	<i>Privacy, personal space and property.</i>	0	0	9	9
	Quality	<i>General quality of a service, or staff.</i>	418	13	187	618
	Sensory	<i>Deaf/blind or other sensory issues.</i>	0	0	1	1
	Stimulation	<i>General stimulation, including access to activities.</i>	0	1	1	2

5. Data Table: Number of issues



	Issue Name	Descriptor	# Issues			
			Positive	Neutral	Negative	Total
Environment	Catchment/Distance	<i>Distance to a service (and catchment area for eligibility).</i>	4	4	5	13
	Environment/Layout	<i>Physical environment of a service.</i>	16	1	8	25
	Equipment	<i>General equipment issues.</i>	1	0	6	7
	Hazard	<i>General hazard to safety (ie; a hospital wide infection).</i>	0	0	2	2
	Hygiene	<i>Levels of hygiene and general cleanliness.</i>	15	0	2	17
	Mobility	<i>Physical mobility to, from and within services.</i>	0	0	0	0
	Travel/Parking	<i>Ability to travel or park.</i>	0	0	2	2
Staff	Omission	<i>General omission (ie; transport did not arrive).</i>	0	0	31	31
	Security/Conduct	<i>General security of a service, including conduct of staff.</i>	3	0	1	4
	Staff Attitude	<i>Attitude, compassion and empathy of staff.</i>	573	24	406	1003
	Complaints	<i>Ability to log and resolve a complaint.</i>	1	0	12	13
	Staff Training	<i>Training of staff.</i>	2	1	31	34
	Staffing Levels	<i>General availability of staff.</i>	0	1	21	22
Total:			2230	101	3200	5531

Tower Hamlets Together Board

Thursday 1 June 2023

Title of report	The Big Conversation
Author	Jo Triggs, Senior Engagement and Community Communications Manager
Presented by	Jo Triggs
Contact for further information	Jo Triggs, Senior Engagement and Community Communications Manager <hr/>
Executive summary	<p>As part of the wider 'Working with People and Communities Strategy' developed with partners across north east London last year and adopted by NHS North East London's Board in July 2022, and the subsequent development of the Integrated Care Partnership Interim Strategy, partners committed to a 'Big Conversation' with local residents.</p> <p>This is intended to build on the good work on participation and co-production already happening through each place-based partnership and underway with provider collaboratives. It is not a one-off exercise, but through a series of activities over the coming months, provides a chance to share more information about the wider NEL and local partnership, including our key plans and priorities. More than this, it provides an opportunity to work with local people to shape our future strategies and budget plans, and to agree together how we should measure success in a meaningful way.</p> <p>There will be a range of opportunities for people to participate – through surveys online or face to face, at drop-ins, events, online discussions and more. Healthwatch are developing a consistent set of questions, building on previous work and insight, with the opportunity to include more locally targeted questions. A report on current insight by place and at aggregate level across north east London is also being prepared as we know from feedback that people want us to use the information we have already gathered through focus groups, surveys, consultations, complaints and compliments. We hope that by using the insight we have, while testing and building on this, that we will build a rich picture of what matters most to people locally which will in turn inform our future plans.</p> <p>The attached paper sets out more detail on the proposed approach, for which feedback and suggestions are welcomed.</p>
Action / recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none"> · Note the proposed approach

	<ul style="list-style-type: none"> · Make suggestions about how best to do this locally
Previous reporting	<ul style="list-style-type: none"> · Population Health and Integration Committee (February and April) · Integrated Care Partnership Steering Group (March)
Next steps/ onward reporting	<ul style="list-style-type: none"> · Integrated Care Partnership Steering Group – May · All place-based partnership meetings – May · All provider collaborative sub-committee meetings - May
Conflicts of interest	n/a
Strategic fit	<p>This aligns with and will enrich our plans to address all four priorities for the ICS:</p> <ul style="list-style-type: none"> · To improve outcomes in population health and healthcare · To tackle inequalities in outcomes, experience and access · To enhance productivity and value for money · To support broader social and economic development
Impact on local people, health inequalities and sustainability	<p>This approach is intended to directly improve local people's experience of health and care services by hearing and working together with them to design future services together.</p>
Impact on finance, performance and quality	<p>A budget has been identified for the exercise, to support Healthwatch and voluntary/community sector partners to broaden our reach to local people.</p>
Risks	<p>Key risks and mitigations are:</p> <p>Overloading local people with demands for feedback that they have shared already and through multiple/confusing opportunities to be involved. We will mitigate this through using insight Healthwatch already hold through the community insights system and through ensuring activities are joined up with those already planned.</p> <p>That we raise expectations on co-production that are not met. This will be mitigated through a real commitment from all statutory partners to hold to the principles articulated in our Working with People and Communities Strategy, as well as each organisation's local strategies.</p>

Scoping the Big Conversation

1. Overview

Engaging meaningfully with local people is a core element of our approach to developing our integrated care system in north east London. To do this we need to work with local people to get their input into what they think is important when it comes to health, wellbeing and equity. By hearing directly from local people and groups, we will better co-design solutions for reducing health inequalities and improving sustainability.

2. What is the Big Conversation

To do this we are launching the 'Big Conversation'. The 'Big Conversation' is an umbrella term as a framework for our approach to developing ongoing and meaningful dialogue with local people and communities to support our approach to co-production with residents/service users in north east London.

The aims of the Big Conversation are:

- Developing ongoing dialogue with residents and service users
- Asking local people what's important to them about healthcare services
- Demonstrating that we listen to local residents
- Identifying challenges together
- Working together to co-produce solutions
- To ensure we demonstrate how we've spent tax payer's money well

3. Themes for the Big Conversation

There are some big strategic themes which challenge all parts of the system and where we lack the perspective of local people, both as users (including as 'experts by experience') and as our workforce. These are:

- Equity and variation in outcomes and delivery
- Prevention and early intervention
- Access to care urgently and in an emergency
- End of life and palliative care
- How we spend our money and what people think is important
- Feedback on the forward plan

We will also incorporate the six crosscutting themes:

- Tackling health inequalities
- Greater focus on prevention
- Holistic and personalised care
- Co-production with local people
- Creating a high trust environment that supports integration and collaboration
- Operating as a learning system driven by research and innovation

And the four system priorities for improving quality and outcomes and tackling health inequalities

- Babies, children and young people
- Long term conditions
- Mental health
- Local employment and workforce

We will tailor the conversation for particular Places where we can ask more in-depth questions about issues that particularly affect that borough.

4. Existing insight

Healthwatch already have a lot of intelligence about the views of the local population that are incorporated in the Community Insights System (CIS). We will use existing intelligence from the CIS to find out what people have told us already and the areas we need to concentrate on. This will reflect on trends over the past two years, and will be cut by place and theme, with a focus on feedback over the past year including on suggested measures of success.

5. Proposed format

The Big Conversation will involve:

- providing a range of opportunities for people to take part – utilising face to face and online options
- holding events and activities per place and ensure we link this in to place based partnership strategies and plans
- using the opportunity to communicate and seek views and input on our interim integrated care strategy to date
- working with local people to agree ‘success measures’ that matter to them to show how we as a partnership will know we are delivering for our communities - focussing on access, experience and outcomes
- hearing from local people on issues that matter to them, regardless of whether they are the focus of the strategy
- sharing information on wider opportunities for participation across our partnership and through the events find out more about how people want to be involved and further build our networks.

Place-level conversations

- Building on existing Place level conversations with local people, including through community groups
- Hold a Place level event with a focus on issues that particularly affect that Place.

Subject level events/north east London level events

- To reach particular groups e.g. LGBT, gypsy roma traveller or focus on particular topics e.g. maternity
- Based on our understanding of these groups, events can take a variety of formats including virtual and face to face

6. Timeline

This activity will be delivered in phases:

Phase 1: April - May 2023

Online survey

A survey will be devised by Healthwatch building on the findings of the community insight system. The draft survey will be discussed at the ICP steering group on 9 May and will then be signed off.

The survey will;

- be based around the themes listed above and data from the community insights system

- provide the opportunity for participants to provide their details for them to be contacted in future/be part of future consultations
- consist of targeted approaches to engage with hard to reach groups to ensure we get a representative sample for example by conducting telephone interviews or face to face interviews at community meetings/locations
- be distributed and managed by Healthwatch and supported by the ICS communications and engagement teams through their channels and possibly via the GP/PCN's text channels.

Desktop research

Building on what we already know and existing relationships to inform planning. Healthwatch will provide a cut of data on the key themes, with a bespoke summary by place with all current resident feedback about suggested success measures. This will also be available for 9 May 2023.

Phase 2: May – July 2023

This phase will consist of face to face and virtual meetings/events. These events will:

- be held mostly at Place
- be part of existing meetings/workshops where that makes most sense i.e. meetings of resident, patient and community groups
- utilise the current online residents' panel members (circa. 2,000 local people)
- be held online where there is appetite and interest to do so – potentially on certain themes or with communities of interest (contact details and preferred method of contact to be gathered via survey)
- provide the opportunity to ask questions that are included in the survey and ask specific questions that have been identified by the Partnerships
- involve ICB and ICS partner organisation staff and Healthwatch attending the meetings to gather feedback.

Analysis of the survey and meeting outputs will be completed throughout July/August 2023.

Phase 3: September 2023 and ongoing

Thank you event

An event will take place to thank those people who have taken part in the Big Conversation and provide them with feedback and an overview of what the ICS will do next. It will cover the emerging themes and will have an element of a celebration/thank you for those who took part.

We will do wider communications of outcomes and next steps to local people and stakeholders

The Big Conversation work won't stop in September as this is part of ongoing work with local residents to inform our work.

Feedback summary report

To include a set of 10 success measures that we will report on annually and will form the basis of ongoing conversations and engagement activities. This will sit alongside the Working with People and Communities strategy and inform future strategic documents including the ICS strategy.

7. Budget

A budget has been identified for the Big Conversation - more detailed work is needed to scope this but we need to consider payment for involvement via reward and recognition policy arrangements (currently being scoped).

8. Your thoughts

- What are your views on the suggested approach to delivering this?
- Are we missing any opportunities to engage with local people, do we have any events/meetings planned?
- Is there any insight you already have or have planned?
- How would you/ your organisation like to contribute? Would you like to be more involved? If so, how?
- Is there a particular focus for your Place, including local survey questions?



Tower Hamlets Together Board

1st June 2023

Title of report	SEND progress update
Author	Linsey Bell, Strategy and Policy Officer
Presented by	Matthew Eady, Director Commissioning and Culture, LBTH
Contact for further information	Layla Richards, Head of Strategy, Policy and Improvement (Children & Culture), LBTH
Executive summary	Summary of progress against areas of significant weakness identified in the SEND Local Area Inspection, 2021. Report includes impact of progress made so far and summary feedback received from the Department for Education and NHS England.
Action / recommendation	The Board is asked to note the report and in particular the challenges faced by the system.
Previous reporting	Various including SEND Improvement Board and Health and Wellbeing Board.
Next steps/ onward reporting	Regular updates to various Boards.
Conflicts of interest	None as yet identified.
Strategic fit	<ul style="list-style-type: none"> To improve outcomes in population health and healthcare To tackle inequalities in outcomes, experience and access
Impact on local people, health inequalities and sustainability	N/a – update report only.
Impact on finance, performance and quality	N/a – update report only.
Risks	Failure to address weaknesses and progress challenges impacts on experiences and outcomes for children and young people with a SEND and future inspection outcomes.

SEND Written Statement of Action Update

Summary of progress against areas of significant
weakness identified in the SEND Local Area
Inspection

Tower Hamlets Together Board

1 June 2023



Introduction

Overview of progress vs challenges

- Sustained increase in demand post-Covid with concentration of need amongst younger children.
- Workforce capacity challenges - recruitment and retention of key SEND roles, as well as some leadership gaps.
- Pace on some core actions has been impacted. Unrealistic framing of some timescales, given scope of profound system wide transformation requiring significant engagement to deliver sustainable change required.
- Further investment by Tower Hamlets Together Partnership and Integrated Care Board (ICB) - the Council committing growth of £1.1m and ICB committing £870,000.
- Positive progress addressing EHCP timeliness and backlog; Audit & feedback show tentative but promising improvement in quality of new EHCPs.
- Parent and young person feedback across the system reinforces a positive shift on the ground.
- ASD monthly diagnoses exceeding initial targets; Integrated Therapies Early Years model finalised.
- Peer improvement partnership with Islington; Launch of Family Hubs Approach and new Early Help Strategy with explicit focus on SEND.



Quality & oversight of EHCPs & ARs

- Positive progress addressing EHCP timeliness and backlog.
- QA matrix and framework introduced in Sep 22 showing impact, 90% of new plans sampled accurately reflect advice received.
- New EHCP content continues to improve using revised template, feedback from parents and schools reflects this.
- Reformed Annual Review process is also proving successful with schools and parents trialling it.
- We are proud of the progress we have made so far but recognise that the profound level of change needed to fully embed our revised processes and a co-productive approach will take more time.
- Unprecedented increase in requests for EHCP assessment – 111 received in March alone.
- Package of continuous feedback with families being developed- includes Saturday parent engagement sessions from May. Plan writing to be brought in-house to further embed co-production meetings as an integral part of our working.
- Enabling effective monitoring/reporting of AR timeliness via Management Information Systems remains an issue.



What difference is it making to parents and young people?

- **On Co-production:**

Co-production meeting was invaluable.. it provided a “face” & humanised the whole process. We felt “included” and “listened to”.

- **On new EHCP template:**

Very clear but very big, it's my first time going through document like this, felt a little lost trying to absorb the info, but the template itself is clear.

It can be a struggle to be heard so it (the EHCP) being granted is an acknowledgement we're being heard.

- **Parents liked:**

Face to face meeting with caseworker

- **Suggestions included:**

Improve communication timelines

Provide examples of previous EHCP's to parents



ASD waiting times

- ASD pathway impacted significantly by recent uplift in EHCPA requests. In SW locality 300% increase in ASD prevalence over last 5 years.
- 40% reduction in waiting times for ASD assessment since mid 2022.
- London Autism Clinic commissioned to deliver additional diagnostic assessments. ASDAS waiting list patients prioritised for referral to this new service based on length of wait. Securing funding to extend this.
- Achieving an average of 45 discharges per month since launch of London Autism Clinic capacity in November-against an original target of 25.
- Pre-diagnosis support pathway mapped and ready to be promoted.
- Plans for systematic support offer for families on waiting list via Social Communication Difference Navigation model. Planned launch by May 23. Proposed £150k over two years to support new model. Planned phased launch from May 2023.
- £45k secured via NHSE Personalisation Team to test approaches for supporting those on ASD waiting lists will align with this model.



What difference is it making to parents and young people?

- 100% of families accepted on to London Autism Clinic pathway report a positive experience of the service.
- Of the 100+ professionals & parents who attended a Universal ASD Training Session, 98% rated it good or better, with most attendees more confident in supporting a child with autism post-session.
- Service mapping completed with good feedback from professionals and parents.
- 102 families inputted into the Social Communication Difference Navigation Proposal and raised what support is most important to them. This has helped to shape the Social Communication Difference/Autism Navigation Model.
- Autism cards designed by young people have had positive impact since launch in Nov 2021, with 1500 issued.



Fragmented Speech & Language Therapy Services

- Integrated Therapies model for Early Years aims to support. The phased launch has been finalised and is in progress to be rolled out for delivery this year.
 - Targeted groups with therapy support for developmental language delay, social communication difference and complex needs
 - Specialist service redesign with new staff mix and additional capacity- additional 60 early years assessments per month
 - Virtual Workshop model to deliver virtual workshop/training offer for both early years and school age.
- Developed School-age Model, involving targeted groups in schools and therapy advice for EHCPs
 - Initial engagement with schools positively received
 - Further engagement with school leadership
- Integrated commissioning model will involve Section 75 agreement between the council and the NHS to jointly commission services – phased approach to this is planned
- Launch 3-5 SLT Intervention Model delayed due to workforce recruitment challenges. Recurrent funding now confirmed enabling a new recruitment round by Barts Health.



What difference is it making to parents and young people?

- Play and Connect now running in 3 Children and Family Centres - 88 families received support from the model to date.
- 100% of parents attending Play & Connect reported *significant* uplift in confidence supporting their child using therapy techniques.
- Very positive feedback from Early Intervention Professionals on support received. They liked - Joint working with the therapies, learning new skills and being supported to develop their understanding of autism.
- New Speech and Language Therapy Resources received positive feedback from parents.
- Therapist-led training for all Children and Family Centre Staff – attended by 36 Early Years professionals with very positive feedback.



Communication between leaders & parents

- Strategic engagement with parents building momentum - Nov 22
Let's Talk SEND event most successful yet.
- Local Offer continuous improvement is becoming a BAU process of co-production with young people and parents. Public re-launch of website planned for early summer.
- Family Hubs approach co-produced with valuable input from parents and schools.
- Parental Engagement Action Plan for 2023 developed – to be complemented by dedicated SEND communications strategy.
- You Said We Did mechanism embedding across local area. In response to requests from parents, paper copies of Let's Talk SEND magazine distributed across public areas and buildings.
- Some parents still report lack of understanding on what is available locally & eligibility for offers such as respite.



What difference is it making to parents and young people?

- *I feel very happy and empowered .. To give my opinion as a parent of a young SEND child and I was listened to and appreciated for my time.* (Parent involved with Co-production of Family Hubs approach).
- *The SEND ambassador programme has enabled me to become more confident that Danyals future will be more inclusive, & he will have the same opportunities as his older siblings. .. I am proud to be part of it.* (Parent Ambassador)
- SEND IASS service evaluation (21-22) records majority of parents/carers *very satisfied* with staff & service:
*Excellent service. Member of staff 'B' was remarkable
Very friendly, accessible and knowledgeable staff.*
- *A huge thank-you to Tahmina and Salma (SEND Parent Ambassadors) for coming to our meeting yesterday. It was very much appreciated, & very interesting & moving. .. We will be promoting far & wide!* (Children & Family Centre Manager)
- Parent Ambassadors attended 48 events in 2022 reaching 642 parents.
- Local offer page views increased from 198,664 (2021) to 210,622 (2022). 2022 saw 16% increase in social media use.
- Let's Talk SEND e-bulletins well-received; positive feedback from parents & professionals.



Feedback from DfE and NHSE

1 Feb review meeting

- Good summary of current position, focus on impact comes across. Progress presented positively, whilst being open about issues with pace.
- Importance of milestones – key to provide confidence amongst stakeholders.
- Continue to focus on pace.
- Evidence base needs to be refined and sense checked.
- Tracker cited as one of the best provided by an Local Authority.

