



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 7 March 2024, 0900-1100

TBC

Chair: Amy Gibbs

AGENDA

Item	Time	Lead	Attached / verbal	Action required
1. Welcome, introductions and apologies: 1. Declaration of conflicts of interest 2. Minutes of the meeting held on 1 February 2024 3. Action log	0900 (10 mins)	Chair	Papers Pages 3-6 Pages 7-13 Pages 14	Note Approve Discuss
2. Questions from the public		Chair	Verbal	Discuss
3. Chair's updates • Anti-racism and equity workstream		Chair	Verbal	Note/ Discuss
4. System resilience and urgent issues	0910 (5 mins)	All	Verbal	Note
5. Community Voice: • Housing	0915 (30 mins)	Mohammed Ashadur Rahman and Abdirahim Hassan	Verbal	Discuss
6. Deep dive: Health and Housing	0945 (35 mins)	Karen Swift, Katy Scammell and	Papers	Update/ Discuss



			Emily Humphreys	Pages 15-58	
7.	Improving Equity Programme Update	1020 (20 mins)	Elsy Gomez Campos and Irene Ebyarimpa	Papers Pages 59-75	Note
8.	Mental Health Flow and Capacity	1040 (15 mins)	Day Njovana	Papers Pages 76-89	Discuss/ Support
9.	Any Other Business	1055 (5 mins)	Chair	Verbal	Note
Date of next meeting: Thursday April 2024, 0930-1130 – Committee Room 1 – Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ					



- Declared Interests as at 29/02/2024

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 Quality, Safety & Improvement Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel 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
Denise Radley	Member of the Tower Hamlets Together Executive Board (ICB Sub-Committee)	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Non-Financial Professional Interest	London Borough of Tower Hamlets	Corporate Director & Deputy Chief Executive of the Council	2016-05-14		
			Non-Financial Professional Interest	Association of Directors of Adult Social Services	Ordinary Member of professional organisation that also has charity status.	2007-09-01		
			Non-Financial Personal Interest	Hertfordshire Partnership NHS Foundation Trust	Ordinary member of local mental health trust in a	2016-05-14		

					personal capacity		
			Indirect Interest	N/A	My partner's cousin (Marc Radley) is a director of CACI, supplier of software to the public sector	2016-05-14	
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	Bromley by Bow Health partnership	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 Director Tower Hamlets	Clinical Advisory Group Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Financial Interest	Bromley By Bow Health Partnership	GP Partner	2024-01-01	Declarations to be made at the beginning of meetings

- Nil Interests Declared as of 29/02/2024

Name	Position/Relationship with ICB	Committees	Declared Interest
Richard Fradgley	Director of Integrated Care	Community Health Collaborative sub-committee 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	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 Audit and Risk Committee ICB Finance, Performance & Investment Committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board	Indicated No Conflicts To Declare.

		Waltham Forest ICB Sub-committee	
Zahieda Chowdhury	Senior Transformation Lead	Newham ICB Sub-committee Tower Hamlets ICB Sub-committee	Indicated No Conflicts To Declare.
Suki Kaur	Deputy Director of Partnership Development	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Reagender Kang	Designated Nurse for Looked After Children	Tower Hamlets 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.
Jonathan Williams	Engagement and Community Communications	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board ICB Audit and Risk Committee ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel 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	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.
Vicky Scott	CEO	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 Waltham Forest Health and Care Partnership Board	Indicated No Conflicts To Declare.
Helen Jones	tower hamlets named GP for child safeguarding, tower hamlets clinical lead for CYP MHEW and LD	Tower Hamlets ICB Sub-committee	Indicated No Conflicts To Declare.
Muna Hassan	Community Voice Lead	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

Somen Banerjee	Director of Public Health	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 1 February 2024, 0900-1100 in person and via MS Teams

Minutes

Members:		
Amy Gibbs	Independent Chair of the Tower Hamlets Together Board	In person
Roberto Tamsangan	Tower Hamlets Clinical / Care Director, NHS North East London	In person
Neil Ashman	Chief Executive Officer, Royal London & Mile End Hospitals, Barts Health NHS Trust	In person
Richard Fradgley	Director of Integrated Care & Deputy Chief Executive Officer, East London NHS Foundation Trust	In person
Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	In person
Somen Banerjee	Director of Public Health, London Borough of Tower Hamlets	In person
Vicky Scott	Chief Executive Officer Council for Voluntary Services	In person
Zainab Arian	Joint Chief Executive Officer, Tower Hamlets GP Care Group	MS Teams
Warwick Tomsett	Director of Integrated Commissioning, NHS North East London & London Borough of Tower Hamlets	In person
Steve Reddy	Interim Corporate Director, London Borough of Tower Hamlets	In person
Khyati Bakhai	Tower Hamlets Primary Care Development Clinical Lead, NHS North East London ICB	MS Teams
Muna Hassan	Resident and community representative/Community Voice Lead	MS Teams
Matthew Adrien	Healthwatch Service Director	In person
Attendees:		
Ashton West	Programme Lead, ICB & LBTH, NHS North East London & London Borough of Tower Hamlets	In person
Day Njovana	Borough Director, East London Foundation Trust	In person
Saem Ahmed	Head of planning and outcomes, NHS North East London ICB	MS Teams
Grant Bourhill	MD Barts Life Sciences	In person
James O'Donoghue	Partnership Services Place Based Partner for Tower Hamlets	MS Teams
Ellen Kennedy	Real	MS Teams
Rowan Earle	Engagement and Coproduction Coordinator, Real	In person
Warren Leung	Interim Head of Strategy & System Development, NHS North East London	MS Teams

Jon Williams	Engagement and Community Communications Manager (Tower Hamlets), NHS North East London	MS Teams
Fiona Peskett	Director of Strategy and Integration Barts Health – Royal London and Mile-End Hospitals	MS Teams
Suki Kaur	Deputy Director of Partnership Development, NHS North East London & London Borough of Tower Hamlets	In person
Layla Richards	Covering Director, Commissioning and Youth, Children's Services	In Person
Mari Tiitinen	Research Manager	In Person
Madalina Bird	Minute taker, Governance Officer, NHS North East London	In person
Apologies:		
Denise Radley	Corporate Director Health, Adults & Community	
Charlotte Pomery	Chief Participation and Place Officer, NHS North East London ICB	
Chetan Vyas	Director of Quality, ICB	

Item No.	Item title
1.0	Welcome, introductions and apologies
	The Chair, Amy Gibbs (AG), welcomed members and attendees to the February Tower Hamlets Together (THT) Board meeting noting apologies as above.
1.1	Declaration of conflicts of interest
	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 committee. No additional conflicts were declared.
1.2	Minutes of the meetings held on 7 December 2023
	The minutes of the previous meeting held on Thursday 7 December were agreed as an accurate record of the meeting.
1.3	Actions log
	<ul style="list-style-type: none"> · 0712-51 – Primary care commissioning team to understand what the Primary Care Improvement Week learnings/project/work and resource implications are and identify where the resources are available in the system and what is required as additional · 0712-52 – Sunil to share the new finance team/structure assigned to support TH Place
2.0	Questions from the public
	No questions from the public have been received in advance of the meeting.
3.0	Chair's updates
	AG updated on: <ul style="list-style-type: none"> · Suki Kaur is going on a sabbatical for one year and this is her last Board meeting. AG and members acknowledged the amazing work and leadership over the years and wished her the very best. Ashton West and Ely Reas will be covering the work and formal details will be sent out shortly · No meeting of the Board in January due to Christmas leave and other priority work taking place in the system. AG involved in lots of conversations around autism in the

	<p>Somali community research project, LGBTQ competency in Primary Care and ADASS (Association of Directors of Adult Social Services) in preparation for the new CQC assurance (inspection of the adult social care) – WT advised there will be a peer review formal feedback sent out to Partnership. Positive feedback on the health and social care work across the partnership in the system not only at this level (THT Board) but also through front line work and steer on how to get ready for the inspection</p> <ul style="list-style-type: none"> Primary Care practice work ongoing – 6 signed up so far this year, and a report will be presented to the Board in due course <p>The Board members noted the updates.</p>
4.0	System resilience and urgent issues
	<ul style="list-style-type: none"> Richard Fradgley flagged the crisis in Mental Health services – unprecedented demand and flow issues in the system. Item to be brought back for discussion at the Board Somen Banerjee flagged national level outbreak of measles (West Midlands but also in parts of London). No rise in cases in TH but had had outbreaks in the past. Lots of comms coming out from the ICB. Briefing will be sent out to THT members following the meeting Partnership (ELFT, Barts and Local Authority) working on MH issues in ED and will feed into the report that will be presented to the Board Programme of work across NEL that is looking at the quality of experience for people with mental health problems in ED run by the Chief Officer and involves all Chief Nurses from across the Acute Trusts and ELFT. Pilot underway in Newham looking at Trust led organisation and overview when patient is 1:1 in ED which can have potential of improving the quality of experience for people that need to wait in ED and will also have an impact on finances <p>The Board members noted the issues flagged.</p>
5.0	Community Voice:
5.1	Disability access/comms – REAL
	<p>Rowan Earle (RE) and Ellen Kennedy (EK) joined the meeting to present the item and talked the Board members through the slides shared in the pack on accessible communications for all project, that is looking at whether any health outcomes can be improved by addressing some accessibility issues in communications in health and social care and their recommendations following engagement and feedback</p> <p>AG thanked the presenters and remarked that is really good to see one of the projects funded through the Health Inequalities budget schemes and the impact. Great example of participation, delivery and good feedback. The concrete findings around the complexity of language, the contrasting colours, imagery, specific feedback and the recommendations are really positive. Although really disappointing to hear about the lack of engagement. Need to think about how the Board members as leaders can make sure that comms teams and other relevant engagement professionals behind this work come together and implement the changes. Partnership has a strong commitment around disabled peoples experience and is central to THT priorities. Need to think about oversight at THT level</p> <p>Comments and questions from the Board included:</p> <ul style="list-style-type: none"> Need to improve communication and Partnership involvement. Only 1/3 partner organisations engaged fully. Support of a borough level action plan. Even though the Partnership has shown commitment to disability it has not set out a clear statement that demonstrates the commitment as THT The practice competency toolkit was co-produced and it enables practices to reflect on their accessibility and take practical steps to demonstrate that are in compliance with the statutory requirements

	<ul style="list-style-type: none"> · Disappointing that 75% AIS (Accessible Information Standard) are without record of needs · Recording protected characteristics (apart from ethnicity) continues to be poor in NHS and complex to change · Improved communication a top priority for next year for ELFT members and governance · MH Collaborative across NEL has asked for reports to be kept accessible (6 pages), no jargon, get to the point. Tricky but good discipline in producing papers that get to the key points that need debate and decisions. Look at adopting a discipline on how the Board produces their papers so the members but also the public can understand · Barts Trust is working on Patient Experience Strategy and will benefit from working together on their disability access and a forward view on how to improve and have that equity across the Board · Training in Primary Care (PC) (network 6) provided by REAL and other organisations on 6 February, hopefully capacity to engage and ensure PC does its bit on access for disabled people. Session also opened to adult social services colleagues · Need to also acknowledge the good work happening in the borough. TH has the second in the country autism friendly children’s emergency department. Work done with deaf and hard of hearing residents in TH has been widely acknowledged. · Need to improve comms and beyond that improve equity of access, outcomes and experiences · Comms work seats with the Enabler group. Need to understand why is not engaging and work not progressing · Survey is out to understand the problems around engagement/comms <p>ACTION: Somen Banerjee to take forward the dissemination of the toolkit and work around commitment to record disability across the care systems</p> <p>ACTION: Warwick Tomsett and Jon Williams to take forward the work around comms engagement</p>
5.2	You said, we did
	<p>Jon Williams (JW) and Muna Hasan (MH) talked the Board members through the red flagged issues in the report shared with the pack</p> <ul style="list-style-type: none"> · Delays with the Autism research in the Somali community work but following recent feedback work has progressed and should see improvements in the following months · Anti-racist commissioning issues to be picked up in the Steering Group
6.0	NEL Joint Forward Plan 2024/25 Refresh
	<p>Warren Leung (WL) and Warwick Tomsett (WT) presented the paper shared with the pack on NEL Joint Forward Plan (NEL JFP) 2024-2025. Refresh draft document, that follows on from the first JFP 23/24 submitted in June 2023. The expectation is that the system’s five-year plan is refreshed yearly and submitted to NHSE by the end of March each year. It will therefore continue to describe how the system, deliver the Integrated Care Partnership Strategy as well as core NHS services.</p> <p>The version of the JFP is draft with refinements taking place until 23rd February. Board/ Sub-committee is asked to note why the JFP refresh is being undertaken and the approach being followed in order to deliver a refreshed NEL 24/25 JFP by March 2024; note the amended content proposed and review and comment on the first JFP 24/25 document</p> <p>Comments and questions from the Board members included:</p> <ul style="list-style-type: none"> · Need to work on the language and jargon. Team will pick up with Comms team and update the draft before submission · MH needs more work; further discussions are taking place directly with Jo Moss

	<ul style="list-style-type: none"> Recent publication that has been looking at ethnicity related deprivation sets out the level of deprivation in TH at higher level than shown in the pack (slide 15). Wording around that needs to be updated Item also presented to the VCS Collaborative. Feedback was that VCS does not appear to be part of the strategy but an add-on. VCS will develop a strategy for NEL to be embedded in the plan Need to set out thresholds and outcomes that will explain to the public what THT have set out to do. Members were advised that an Outcomes Framework and QA Strategy is being worked on and will be tied in with the JFP Need to think about public engagement/ involvement in future plans Need to adapt the presentation accordingly when presented at HWBB <p>The Board noted the update.</p>
7.0	Life course: Mental Health Programme Update
	<p>Day Njovana (DN) talked the Board through the slides shared that outline the Mental Health Partnership Board, re launched at the beginning of 2023 with a new leadership and shared purpose. The Board brings together statutory health and social care commissioners, service providers, voluntary and community sector organisations, service users, and carers, to work collaboratively to improve the mental health and wellbeing of Adults in the Borough. The agreed vision as a partnership is for people in Tower Hamlets to have timely access to mental health services, which are of high quality, focus on recovery and outcomes, and are delivered through effective partnerships.</p> <p>Questions and comments from the Board members included:</p> <ul style="list-style-type: none"> Partnership trying different approaches to improve physical health of people living with mental health Need to tie in with the enabler – Estates Strategy for NEL and TH as lots of investment needed to future proof and sustain services Focus for next year will be on prevention MH Clinical Leadership funding is still a concern Finance is looking very tight for next year across NEL for mental health and across ICS more generally. Need to bring the discussion to the Board (putting plans together). Have a genuine conversation about savings choices that can be made as a whole system. ICB Tower Hamlets information is needed. Lots of work in progress to bring that together and an separate conversation is needed to gather information on what is needed Need to prove that plans can be executed to then consider shared budgets and how best to use. No money delegated rapidly from the ICB so it needs to be mutual agreement Council budget for next year is about to be published so it can be discussed at the Board (the sooner the better) <p>ACTION: Add shared budgets conversation to the forward planner</p>
8.0	THT Priorities & Governance
	<p>Ashton West (AW) presented the slides shared with the pack that outline the work to date on the Place Plan, priorities and governance</p> <p>Operational Management Group will be re-established below the Board and will oversee the delivery of the priorities and enablers groups.</p> <p>Questions and comments from the Board members included:</p> <ul style="list-style-type: none"> Set of slides that can be used by the Partnership organisations Teams welcomes any feedback on objectives and the right terminology, wording – use this process to have a common set of language that Partnership is using as

	<p>described differently in different settings. Discussion to take place outside the meeting</p> <ul style="list-style-type: none"> · Useful to connect the Enabler Groups with the Health Determinants Research Collaboration and Healthwatch · Need to add the massive health inequalities in TH around the healthy life expectancy for women which is 7.5 years below that for men and the health inequalities for Bangladeshi community to the Borough Health Profile slide · Useful to know how the Learning Disability Partnership fits in with the Partnership. Discussions are taking place to decide where its seating going forward · Be good to make a commitment to have experienced leaders as co-chairs in all the groups – add column to the Operating Framework – Delivery Boards slide which says lived experience (have people with direct experience directing some of the programmes alongside the clinical leadership) · All clear and easy to read <p>APPROVAL: Board approved the work so far</p>
9.0	Tower Hamlets Section 256 Funding – final round 2 funding
	<p>Suki Kaur (SK) presented the slides/ report shared that outlines the areas recommended for Section 256 funding in 2024/25 and the proposed plan for using the remainder of the funding. A panel met on the 4 January 2024 to review 20 business cases and recommended 15 schemes for final approval. The approved schemes cover a broad range of service areas such as hospital discharge, children and young people, mental health, community health, adult social care, voluntary sector, primary and urgent care. The Section 256 funding is non-recurrent and no more funding will be available after 2024/25. The panel feedback to scheme requestors and system leaders were to closely monitor schemes key performance indicators throughout 2024/25 via the Tower Hamlets Together workstreams and to ensure plans are in place for sustaining improvements.</p> <p>Questions and comments from the Board members included:</p> <ul style="list-style-type: none"> · In December 20 bids were received including evaluation of existing schemes which requested continuation of funding. A panel made up of a range of professionals from across the partnership met on the 4th January to review all cases. The panel recommended 15 cases to be approved by the THT Board for funding for 2024/25. These are made up of schemes supporting hospital discharge, mental health services, children and young people's autism and ADHD waiting list backlog, care package pressures in adult social care, primary and urgent care pathway and a voluntary sector scheme – Integrating social welfare & legal advice in General Practice and RLH front door (50% of GP Practices have the support the other half do not). Task and Finish Group will start work to review the current service and then re-look at how the funding supports the rollout and the integration with health. · TH Community Advise Network is vital piece of infrastructure for social welfare advice. Need to chase funding. · Need to look at what support overall is needed around Primary Care Improvement Week (PCN 6) feedback and the funding request. Conversations are taking place at the moment. Great opportunity for the Partnership to fully implement Fuller so need to support. Open action on the action log <p>APPROVAL: The Board approved the final recommended list of schemes for funding in 2024/25.</p>
10.0	TH Place performance and quality report
	<p>Saem Ahmed (SA) presented the report shared in the pack that aimed to take an Integrated Care System (ICS) system approach to reporting, replacing previous health-based performance reports. The report is intended to provide the Partnership with enquiries to make about the data, not to provide all the answers to the questions. There may be a need to deep dive into the data at PCN or practice level or further analysis to inform targeted</p>

	<p>improvement actions, this will be done upon request.</p> <p>Questions and comments from the Board members included:</p> <ul style="list-style-type: none"> · Great report to have at the Board and to start thinking about how to use the quality and performance data again through THT · Need to revisit the social care metrics for TH. Pick up outside the meeting with adult social care colleagues · Huge report – need to think about how to use it in relation to this Board and the Operational Management Group (OMG) · Helpful to see the screening data but doesn't indicate which way is going – useful to see the trend and to include children metrics · Good to have the live data at OMG and for the Ops Leads to have evidence based available data · National crisis in children mental health access to services and demand and workforce challenges · Need to explore where the data on Community Pharmacy seats and include · Need to connect the report to the Place workstreams. Work with the team to take cuts of the data down to the workstreams <p>Board members noted the Place performance and quality report</p>
11.0	Creating a North-East London Life Sciences Cluster for the benefit of our local Population
	<p>Grant Bourhill (GB) joined the meeting to present the item with the ask from the Board to endorse a Letter of Support for the existing Planning Application submitted by NHS Property Services on behalf of the DHSC</p> <p>Questions and comments from the Board members included:</p> <ul style="list-style-type: none"> · Great opportunity for TH · Need to explain the term Life Sciences Cluster to the population · Lots of work for the Partnership going forward with amazing rewards and outcomes <p>The Board/ Sub-committee is happy to endorse a Letter of Support for the existing Planning Application submitted by NHS Property Services on behalf of the DHSC</p>
12.0	Any Other Business
12.1	Committee effectiveness survey
	AG flagged that the annual committee effectiveness survey will come out end of February and asked members and regular attendees to keep an eye out for it to complete
12.2	Anti-racism training programme
	<p>Anti-racism training programme that the Board has invested in is underway with great feedback but needs the Partnership's help to get people to sign up to the courses</p> <p>More information shared through email with sessions between now and June for staff and senior leaders. Sessions open to VCS colleagues as well.</p>
Date of next meeting – 07 March 2024	

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
0712-51	07-Dec	Primary care commissioning team to understand what the Primary Care Improvement Week learnings/project/work and resource implications are and identify where the resources are available in the system and what is required as additional	Warwick Tomsett and Jo Sheldon	tbc	tbc	
0712-52	07-Dec	ST to share the new finance team/structure assigned to support TH Place	Sunil Thakker	tbc	tbc	
0102-53	01-Feb	SB to take forward the dissemination of the GP toolkit and work around commitment to record disability across the care systems	Somen Banerjee	tbc	tbc	
0102-54	01-Feb	WT and JW to take forward the work around comms engagement	Warwick Tomsett and Jon Williams	tbc	tbc	
0102-55	01-Feb	Add shared budgets discussion to the forward planner	MB	07 March 2024	Closed	Action added to the forward plan

THT Board Health and Housing

Karen Swift - Director of Housing

Katy Scammell- Associate Director of Public Health

Emily Humphreys – Associate Director Public Health (HDRC)

7 March 2023



Housing and health

Katy Scammell

Associate Director of Public Health



Health and housing



- Homes should be warm, safe, ventilated, not overcrowded, affordable, accessible, and provide a sense of security and community
- The condition and nature of homes, including factors such as stability, space, tenure and cost, can have a big impact on people's lives, influencing their wellbeing and health ⁽¹⁾
- The right home environment can reduce demand on health services: it is estimated that the cost of poor housing to the NHS is £1.4 billion per year ⁽²⁾

(1) Health Foundation, 2017: [How does housing influence our health?](#)

(2) Building Research Establishment, 2021: [BRE_Report_the_cost_of_poor_housing_2021.pdf](#) (bregroup.com)



Inequalities in housing



- Housing has the **potential to reduce or reinforce** health inequalities ⁽¹⁾
- **Those living in poverty** are more likely to live in poorer housing, have unstable housing circumstances, or be homeless ⁽¹⁾
- In Tower Hamlets, **overcrowding is highest** among residents from an **Asian ethnic background**, followed by residents from Black, White British, and All other White ethnic groups ⁽²⁾
- Households that are headed by someone from a **minority ethnic group** or a **younger adult** are more likely to have at least one housing problem* ⁽³⁾

(1) [ADPH-Policy-Position-Housing-and-Health.pdf](#), 2017

(2) https://www.towerhamlets.gov.uk/Documents/Borough_statistics/Census-2021/2021-Census-key-finding.pptx, 2023

(3) [Inequalities in households experiencing housing problems - The Health Foundation](#), 2023

*Problems with housing conditions, security and affordability



Key issues from a health perspective



- **Housing affordability**
 - Difficulty paying the rent/mortgage can cause stress, affecting mental health (1)
 - Spending a high proportion of our income on housing leaves less for other essentials like healthy food
- **Housing quality**
 - Injuries caused by hazards
 - Respiratory problems caused by indoor air pollution such as damp and mould (1)
 - Excess deaths caused by cold homes (2)
 - A 2022 study of low-income Tower Hamlets and Bradford residents found that housing quality, neighborhood characteristics (such as availability of recreational spaces) and the local community all interacted to impact children's health (4)
- **Housing security**
 - A secure comfortable home supports physical and mental health (1)
 - Stress of uncertainty and bidding system
- **Homelessness (4)**
 - Poor mental health
 - Barriers to accessing health and social care
 - Life expectancy of 30 years less than the rest of the population
- **Overcrowding**
 - (Next slide)

(1) [Housing | The Health Foundation](#)

(2) Chartered Institute of Environmental Health: [Britain's cold homes cause 5,000 excess deaths \(cieh.org\)](#)

(3) Ucci et al, 2022: [Exploring the Interactions between Housing and Neighbourhood Environments for Enhanced Child Wellbeing: The Lived Experience of Parents Living in Areas of High Child Poverty in England, UK - PubMed \(nih.gov\)](#)

(4) [New draft guideline to help reduce health inequalities in people experiencing homelessness | News | News | NICE](#)



Overcrowding and health

Impact on health and wellbeing

- Spread of **infection diseases** (1)
- **Mental health** problems (e.g. depression, stress and anxiety, alcohol abuse, psychological stress) (2)
- A study of low-income Tower Hamlets and Bradford residents found that housing quality, neighbourhood characteristics and the local community all interacted to impact children's health.
- A survey of overcrowded families (2) found that:
 - In a quarter of overcrowded homes, adults always or quite often sleep in places such as the living room, bathroom, corridor or kitchen
 - 51% of parents in overcrowded households worry their children don't want to come home because of how crowded it is
 - 45% families argue because their home is crowded
 - two thirds of parents worry their children are too embarrassed to bring friends home

(1) World Health Organization (WHO), 2018. WHO Housing and Health guidelines: Report of the systematic review on the effect of household crowding on health. Web Annex A [Accessed 30/08/2023]

(2) Health Foundation, 2023. Relationship between overcrowding and mental health [Accessed 30/08/2023]



Overcrowding and health continued

Damp and Mould

- **Overcrowding** is one of the most significant **risk factors** for condensation, causing damp and mould (1)
- Overcrowded households are more likely to report mould (2)
- Having damp and mould in a property is more likely for a person to have respiratory problems, **respiratory infections, allergies or asthma**.
- Damp and mould can also affect the **immune system** (3,4)

(1) Keeping out the chill. London Assembly, 2019

(2) London Assembly Survey, 2022

(3) NHS, Can damp and mould affect my health? [Accessed 30/08/2023]

(4) Caillaud, D. et al., (2018). Indoor mould exposure, asthma and rhinitis: findings from systematic reviews and recent longitudinal studies. Review Asthma

Educational Attainment and Behaviour

- Overcrowded families in TH report a **lack of space for doing homework, play and learning** (2)
- Due to the lack of (quiet) space more than half (55%) of children who live in overcrowded homes struggle to do their homework and that 14% children find it totally impossible (2)
- There has been little quantitative research on the link between overcrowding and education.
- A small study found that living in an overcrowded home was associated with greater risk of childhood behavioural problems, however, maternal stress, less sleep, and strained parent-child interactions all in part mediated the positive association. (3)

(1) Act Early, 2021: [\(final do not edit\) Overcrowding brief 24March \(actearly.org.uk\)](#)

(2) National Housing Federation: [Overcrowding briefing 2019.pdf](#)

(3) Marsh, R. et al., 2019. The association between crowding within households and behavioural problems in children: Longitudinal data from the Southampton Women's Survey. Paediatric and Perinatal Epidemiology.



- No one organisation has the power or influence to achieve good housing for all residents.
- Organisations across government, health, social care and housing sectors **must work collaboratively** to find solutions
- At a local level the right home environment is enabled by a range of stakeholders including but not limited to: local health and wellbeing boards, local housing and planning authorities, housing providers, care and support providers, and the voluntary and community sector



Public Health led work on housing



- Support with **evidence, data and insight**.
- **Increase understanding** of how health conditions impact on housing applications/repair requests and **agree how** health and social care partners and Housing **communicate** with one another on this.
- Review how **social prescribers** and Housing work together and explore whether there are any opportunities for strengthening this relationship
- Agree a **pathway (toolkit?)** for health and social care staff to report housing issues like **damp and mould**.



Embedding housing evidence and research through Tower Hamlets Health Determinants Research Collaboration

Emily Humphreys

Associate Director Public Health (HDRC)





Tower Hamlets HDRC partnership & vision

Tower Hamlets is a 'go to' place to conduct high quality, collaborative, applied and impactful research on a range of health determinants and factors driving health inequalities.

Decision making across the borough is more informed by the evidence, supported by a sustainable local research partnership.

Communities shape, support and co-deliver everything we do



HDRC data linkage “use case” on overcrowding

Objectives:

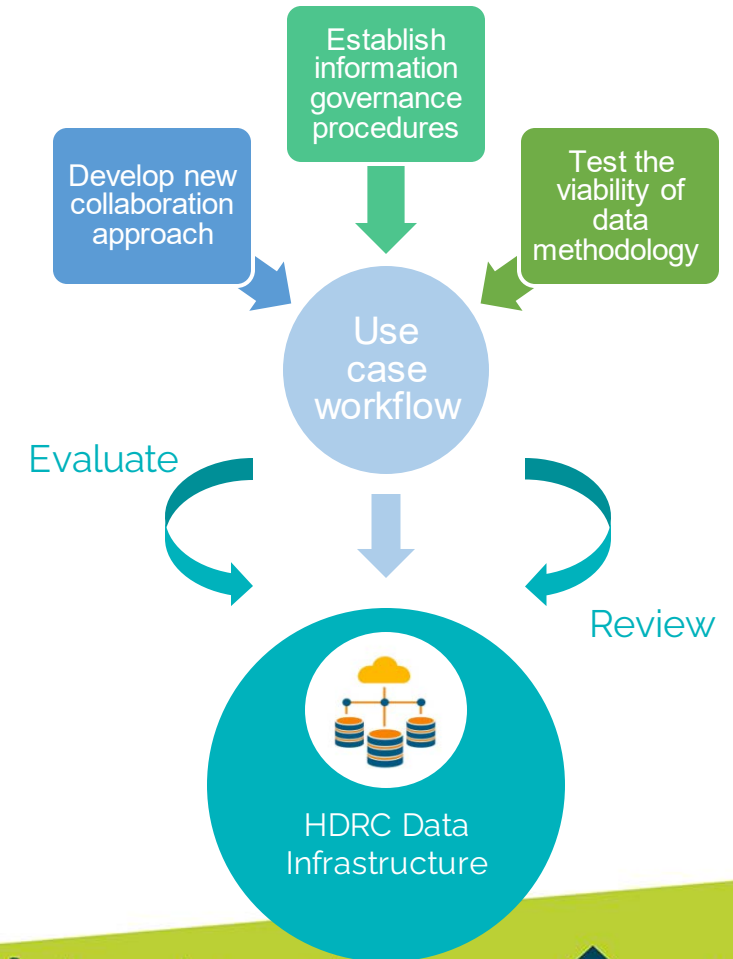
- To create a **dynamic system** for the council **to monitor overcrowding** at a local level using locally available administrative NHS and Council data
- To develop a set of **health indicators associated with overcrowding**

Potential applications:

- **Track progress** (or otherwise) with occupancy levels and health inequalities
- Enable **targeted work** to support overcrowded households with people in poor health

Datasets and partnerships :

- **Council data:** 2 x housing databases held by LBTH
- **NHS data:** primary care records held by QMUL
- **Publicly available data:** energy performance certificates



Housing

Karen Swift

Director of Housing



Residents' perspective

What residents say about housing



What residents say about housing



A survey and panel study of families in Tower Hamlets in 2021 examined the mechanisms by which overcrowding affects mental health. Respondents described the impacts of not enough living space on their families, with 82.6% reporting it meant a lack of privacy for adults, 80.5% said there was no space for children to play, 64.1% that there was no space for children to do homework and 65.4% that this caused arguments in the family. [31].

In 2023, quarter of residents told Healthwatch that housing in the borough currently does not meet their needs, and only slightly more people said that it does. Residents commented on a lack of affordable housing in the borough and the poor condition of social housing[32], [33].

The Healthwatch Tower Hamlets online survey asked Tower Hamlets residents for their thoughts on their homes, and the results were as follows:[32]

Those from Shadwell (43%), Blackwall and Cubitt Town (40%), Bromley North (40%), and Poplar (40%) were most likely to feel that the local homes Fully or Mostly supported the community's needs.

Respondents from Blackwall and Cubitt Town (60%), Spitalfields and Banglatown (54%), and Limehouse (40%) were most likely to feel that the housing did Not so much or Not at all support the needs of the local community.

When compared by ethnicity, people from Bangladeshi backgrounds were most likely to comment on the poor condition of housing (6%), whereas people from White British and White: Other White backgrounds said there was a lack of affordable housing in the borough (19% and 14% respectively).



Overcrowding Insight

- Census Data (2021)
- Council's Common Housing Register



Overview on overcrowding



- Overcrowding is a key housing issue nationally, but more specifically across London and in Tower Hamlets where rates are higher.
- Using the '*bedroom standard*' definition of overcrowding, a home is considered overcrowded if two or more people of a different sex who are not a couple share a bedroom.
- Living in overcrowded homes has significant impacts on residents' lives, which can include lack of privacy/sleep, impact on physical and mental health. Lack of adequate space can limit the space for children to study or play as well as place strain on family relationships and in some circumstance pose risks to safety (e.g. fire safety).
- Traditional responses to combat overcrowding are to build more homes and to manage stock more efficiently.
- With demand far outstripping supply / and the lack of availability of affordable accommodation, many families are likely to live in overcrowded accommodation for extended periods before suitable housing can be provided.
- There is evidence indicating that overcrowding contributes to the accumulation of condensation in homes, which eventually leads to damp and mould. In response, we have put fourth various measures including a programme of work to tackle this within our housing stock.
- Consequently, a more holistic approach is needed among partner services to support residents while living in overcrowded accommodation to meet their diverse needs and maintain a good quality of life.
- Overcrowding does not just affect families; single people are affected.



Overcrowding in Tower Hamlets (Census 2021)



Number of bedrooms in home (all tenures)	Number of households	Change since 2011	
One bedroom	37,943 (31.5%)	↑	26%
Two bedroom	48,055 (39.9%)	↑	15%
Three bedroom	24,199 (20%)	↑	17%
Four + bedroom	10,422 (8.6%)	↑	28%

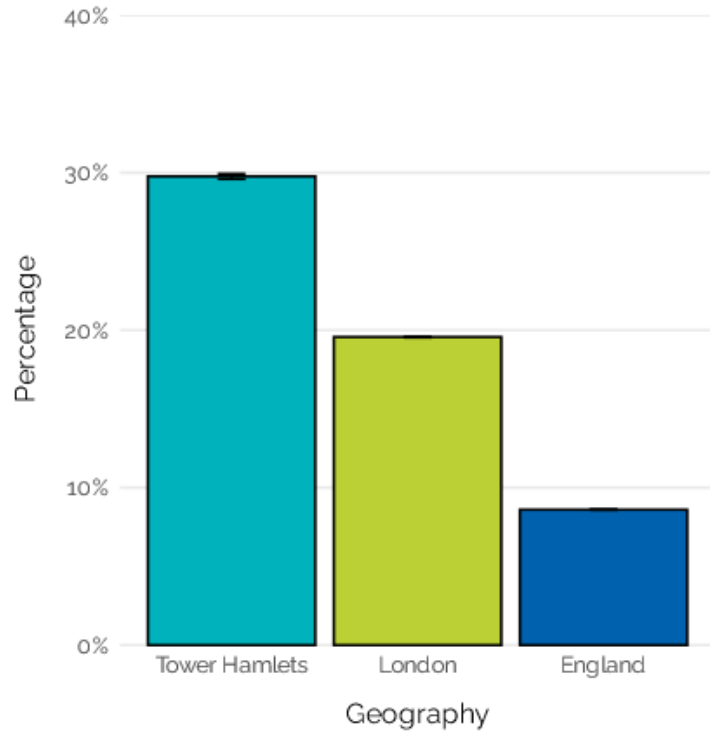
Tenure of household	Tower Hamlets	London	England
	Overcrowded %	Overcrowded %	Overcrowded %
Owned	7.5%	4.5%	1.9%
Owned: Owns outright	5.7%	2.7%	1.1%
Owned: Owns with a mortgage or loan or shared ownership	8.4%	5.9%	2.7%
Rented	18.8%	16.9%	8.5%
Rented: Social rented	26.8%	19.4%	9.6%
Rented: Private rented or lives rent free	11.2%	15.0%	7.5%
Total	15.9%	11.1%	4.4%



Overcrowding in Tower Hamlets (Census 2021)

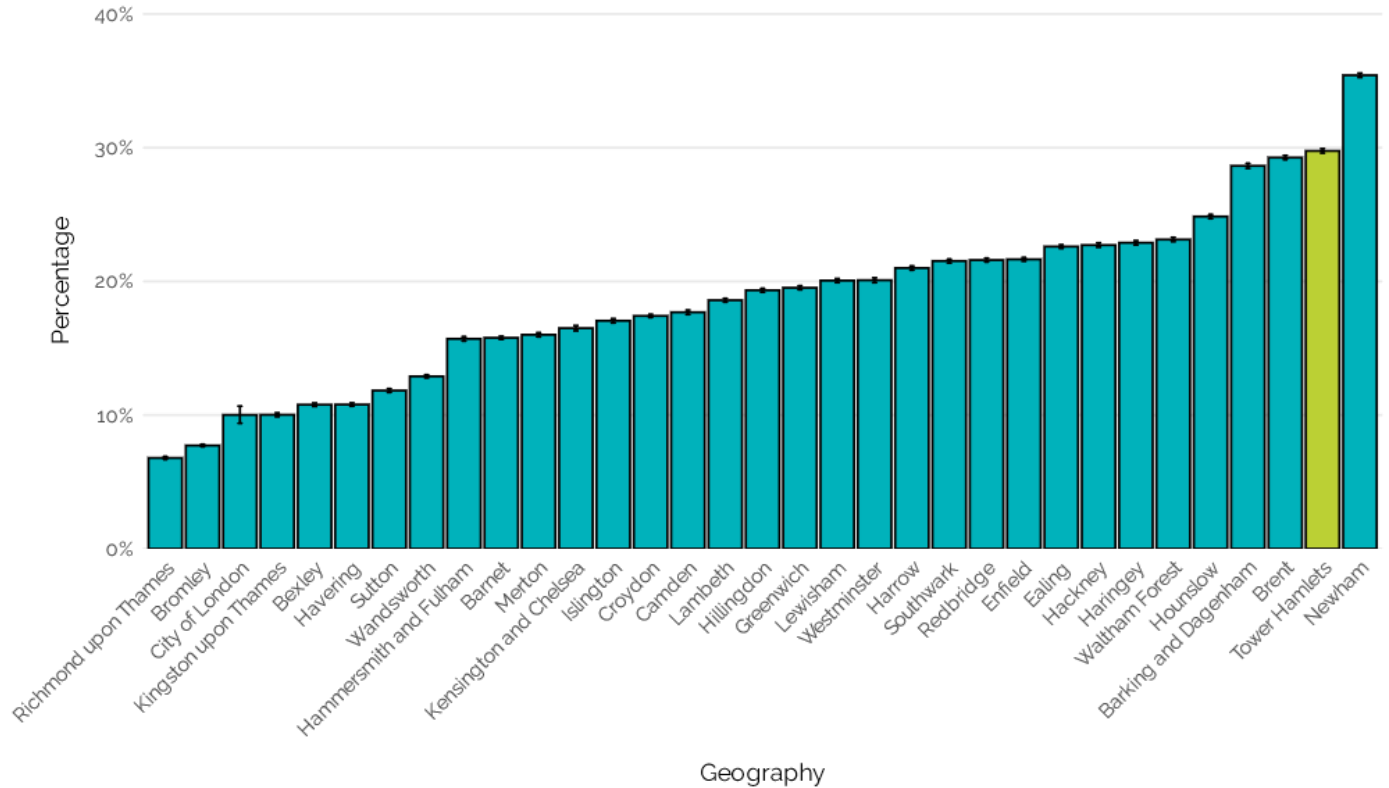


Proportion of residents living in overcrowded accommodation



Source: Census 2021

Proportion of residents living in overcrowded accommodation



Source: Census 2021



Overcrowding in Tower Hamlets (Census 2021)



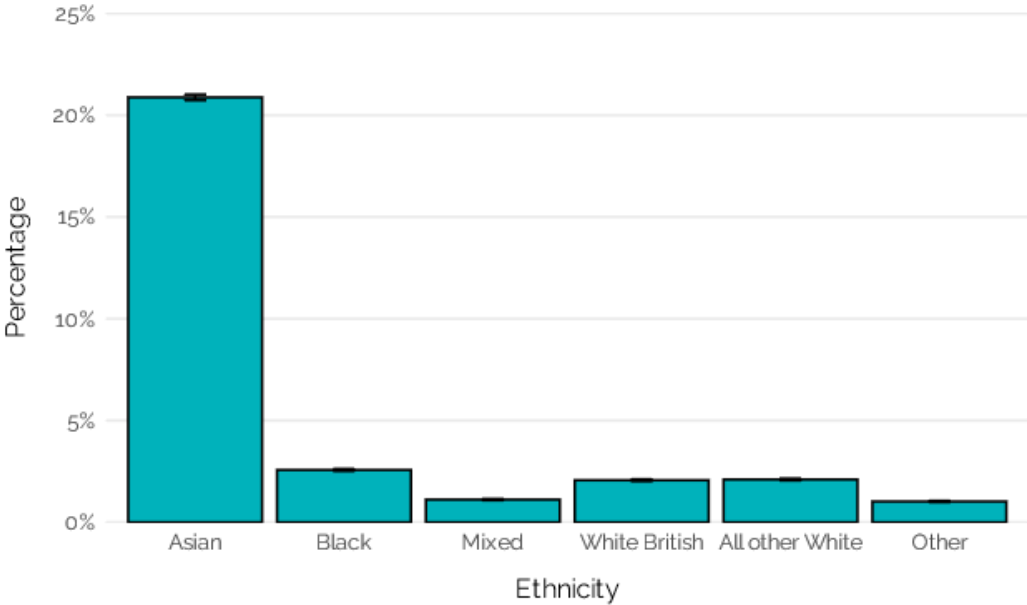
Proportion of residents living in overcrowded accommodation



Source: Census 2021

Proportion of residents living in overcrowded accommodation

Tower Hamlets, 2021



Source: Census 2021



Our statutory duties on overcrowding (1)



Housing

- Statutory overcrowding does not give rise to an automatic right to rehousing.
- Council's Allocations Scheme is more generous than statutory overcrowding provisions – we use the bedroom standard as a measure of overcrowding for allocation purposes.
- Even if a household is overcrowded according to the bedroom standard, this will not give rise to an automatic duty on the council to provide the household with larger accommodation. It does, however, impose a duty to give a household reasonable preference in the allocation of larger social housing.
- There is scope within housing legislation to give additional preference to overcrowded households, where overcrowding is very severe but, the council's Allocations Scheme maintains treating all overcrowded households with the same level of priority, in order to discourage households to worsen their situations to gain preferential advantage.
- The Council allocates approximately 1200 homes a year from the housing register and our target is for 50% to be to those who are overcrowded. This is on target for this year.



Our statutory duties on overcrowding (2)



Environment Health

- Mandatory licensing rules apply to all shared homes with 5 or more people from 2 or more household, and to flats above and below shops and other business premises.
- The housing health and safety rating system (HHSRS) is a risk-based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings. It was introduced under the Housing Act 2004 and applies to residential properties in England and Wales.
- There are 29 category hazards including crowding and space, excess cold, and damp and mould issues.
- The council is required to satisfy itself that a licensable HMO is free of category 1 (serious) hazards and whether action is required to address any category 2 (other) hazards under Part 1 of the Housing Act 2004 (the Housing Health and Safety Rating System).
- It is a criminal offence to operate a licensable property if it is not licenced - penalties include a criminal conviction and an unlimited fine or a financial penalty of up to £30,000. While the property remains unlicensed a tenant can apply for a Rent Repayment Order and the landlord will be severely limited against taking eviction action against tenants.
- We can also take over the management of the property by issuing an Interim and/or Final Management Order.
- Flats in purpose-built blocks, consisting of three or more flats, with at least five occupants from two or more households will require an Additional licence rather than a Mandatory licence.



Our Environmental Health Enforcement Powers



Enforcement powers include:

- Serving a notice for improvement and for works in default with action taken by the authority with owner's consent.
- Issuing Prohibition Orders to empty a property or issuing an Improvement Notice 'to improve the conditions' of a property
- Emergency remedial action and Emergency prohibition order
- Powers to charge for enforcement action.
- Additional powers exist under the Environmental Protection and Prevention of Damage by Pests Acts – to deal with damp/mould and pests.

These powers can be cumbersome to use but do provide financial sanctions when an owner is non-compliance, although in these instances, resolution is not always quick.



Additional HMO Licensing & Renters (Reform) Bill (2023)



Additional HMO Licensing



The tragic and fatal fire at Maddox House in Shadwell uncovered issues with overcrowding and the need for LA intervention.

Overview

1. The Council has secured Cabinet approval (Oct 23) to designate all wards in the Borough as subject to additional licensing under section 56 (1) Housing Act 2004.
2. These changes incur a legal requirement on all landlords to apply for a license for each property they rent out (which meets a specified criteria).
3. The additional licensing will apply to smaller multiple-occupied premises (occupied by 3 or more persons in 2 or more households with 'some' shared facilities)
4. In addition, the Council is currently seeking to revise its private rental property standards and fit & proper person protocol for HMOs.

Benefits for residents who are overcrowded

1. Additional licensing requirements will lead to improved physical standards in the PRS and health benefits (evidenced by the Mayhew Harper Report).
2. Links have been established between poor health and overcrowding (i.e., health impacts of damp & mould presence in overcrowded homes).
3. Additional licensing requirements will ensure landlords provide suitable living standards and remediate issues like damp & mould.

Renters (Reform) Bill



The Government have introduced this Bill which is focused on improving conditions and standards for private renters.

Overview

1. The Renters Reform Bill is currently at the report stage in the House of Commons.
2. Despite being in the early stages, the Government has said it will bring forward a Decent Homes Standard element within the Bill.
3. These standards will place an onus on private landlords to ensure homes are free from serious health and safety hazards, are warm and dry, have "decent" noise insulation and not fall into disrepair.
4. The Bill also intends to strengthen LA enforcement powers (targeting rogue/criminal landlords)

Benefits for residents who are overcrowded

1. Improved living conditions for overcrowded residents in private sector.
2. Greater responsibility and penalties for landlords to ensure habitable living conditions (thereby indirectly helping those in potentially overcrowded situations).

This Bill is in the early stages and is likely to be subject to further amendments as it progresses.



Common Housing Register



Demand

- 24,399 households are on the housing register (January 2024)
- Eligibility criteria includes:
 - a requirement to be over the age of 18.
 - have a local connection by living in the borough for the last 3 years
 - the requirements to not be subject to immigration control and to have recourse to public funds
 - A joint or sole income not exceeding £90,000
- While not the only indicator of housing need, the council's housing register is a key source of information to understand critical housing need in borough
- 54% are from those already living in social housing, 34% of households rent in the PRS sector, and 12% are LBTH tenants
- Average waiting time for a household on the housing register is 6.76 years



Household Size for Overcrowding



Total Overcrowded	Total No. of Beds Required	Total Beds Surplus	Average Years Waiting
10,427	25,435 for Overcrowded Households	1,875	5.42

Table 1: Beds Required by Waiting Time

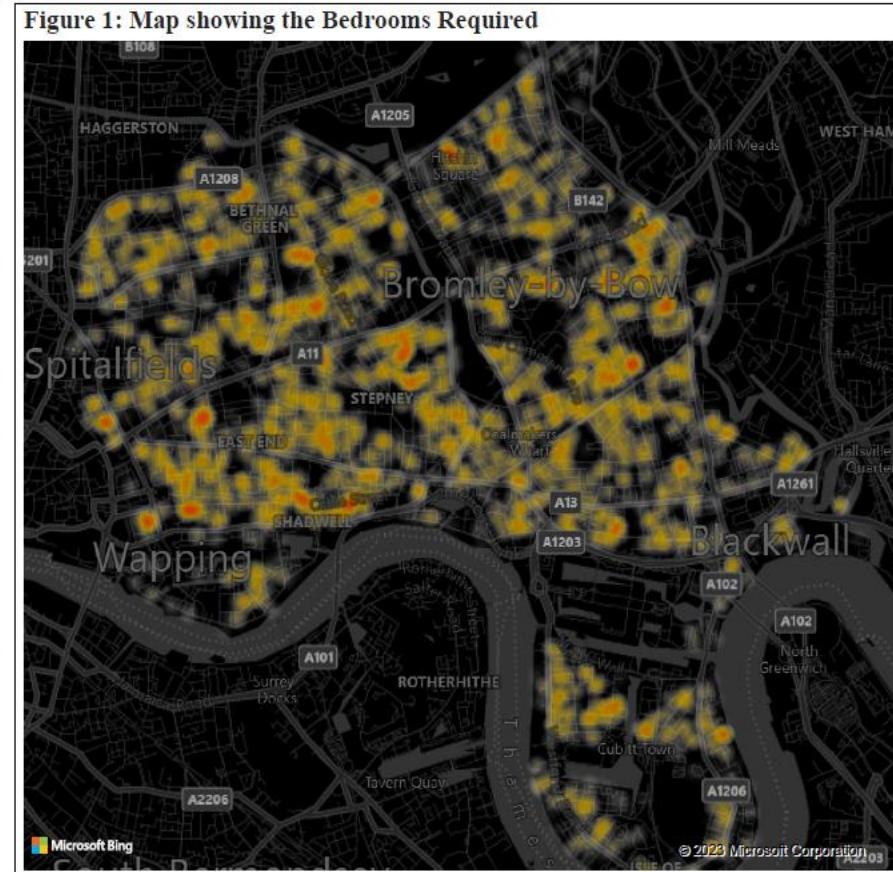
Beds Required ▲	Average of Years Waiting	Total Households	% of Total
1	4.13	2633	25.25%
2	4.03	1951	18.71%
3	6.12	4582	43.94%
4	7.66	1160	11.12%
5	8.76	92	0.88%
6	7.57	9	0.09%

Table 2: Overcrowded Households by Beds Lacking

Beds Lacking	Total Households ▼
1	8267
2	1810
3	309
4	40
5	1

Table 3: Top 10 Beds Required by ward

Ward	Beds Req'd ▼
Mile End	2147
Bethnal Green	2133
Lansbury	1902
St. Peter's	1828
Shadwell	1693
Whitechapel	1555
Stepney Green	1450
St. Dunstan's	1442
Bromley South	1439
Bow East	1260
Bromley North	1208
Weavers	1120
Spitalfields & Banglatown	1101
Blackwall & Cubitt Town	1071
Bow West	835
Poplar	802
Canary Wharf	796
Island Gardens	723
St. Katharine's & Wapping	384
Limehouse	365



Overcrowding and Children

- There are 46,070 pupils on roll in Tower Hamlets schools (Nursery – Year 13 January 2023)
- 17,085 children on the TH Housing Register lack 1 or more bedrooms of which 75% (12,885) are school aged
- With some exceptions of children attending school out-of-borough, just under 30% of children in TH schools lack 1 or more beds

Beds Lacking	Total school aged children (Age 5-17)
1	8957
2	3172
3	630
4	123
5	3
Total	12885



Damp & Mould in Council Housing Stock

- Progress & Challenges
- Insights



Damp and Mould in Council Housing Stock



LBTH Housing Management launched a programme of work to meet the Housing Ombudsman best practice on dealing with damp and mould and are continuing to work through more complex challenges.

	Progress made	Challenges
Reporting D&M	<ul style="list-style-type: none"> • Increased the reporting channels – dedicated phone line and e-form • Improved our internal reporting processes 	<ul style="list-style-type: none"> • We are working on growing our Repairs team to make sure we can keep exploring new ways of checking for D&M and are able to respond to all reports in a timely manner
Support and guidance	<ul style="list-style-type: none"> • Reviewed website information, leaflet and resident communications including videos • Improved links to our safeguarding and vulnerability referrals 	<ul style="list-style-type: none"> • Once our new policy goes live, we must train all staff on how to identify, give accurate and helpful advice on D&M
Prioritising based on risk/severity	<ul style="list-style-type: none"> • Introduced a new triaging process to ensure we are picking up on any vulnerabilities, repeated or severe cases and treating them accordingly 	<ul style="list-style-type: none"> • Each case is different, and we are continuously improving our process to ensure all residents are safe, healthy and happy in their homes whilst we diagnose and resolve D&M
Getting to the root cause	<ul style="list-style-type: none"> • Currently piloting in-home monitoring equipment • Continuing to strengthening internal decision-making and referrals for complex cases 	<ul style="list-style-type: none"> • We need to be clear about the benefits of monitoring devices and their uses, to increase take up and lessen concerns about privacy • We must ensure we effectively minimise the impact on residents' lives whilst we resolve complex issues that may require temporary moves
Making sure it doesn't come back	<ul style="list-style-type: none"> • Introducing 'aftercare' calls to check if the D&M has returned • Made changes to our system to improve the data we collect which should help us predict trends 	<ul style="list-style-type: none"> • We are working on growing our Repairs team to make sure we can fulfil a fully proactive approach to aftercare calls • Any changes to the data we collect and the processes we use take time to embed



Council Housing Stock – D&M data insights



1.6%

of tenanted properties have
**'seasonal' damp, mould and
condensation** in at least two of
the previous rolling three years

(April 2023 – annually calculated)

2/3

of all properties with a report of
damp, mould and condensation
received a **single works order**

(From October 2020 – May 2023)

87.4%

of live disrepair cases relate to damp,
mould and condensation

8.13% higher than in February 2023

(as of Dec 2023 – 250/286 cases)

50

properties with a report of
damp, mould and
condensation received **three
or more works orders**

(Between July 2022 – June 2023)



Research- Preliminary Findings



Building on Previous Projects - Overcrowding and Family Wellbeing in Tower Hamlets



15.8%
of households in Tower Hamlets
overcrowded in 2021

Figure 1: Percentage of households that met the overcrowding criteria as per 2021 census

About **half** of all responses to a survey of 620 families during the pandemic said they didn't have enough space. **Lack of space** is more prevalent for **low-income households** (see Figure 2).

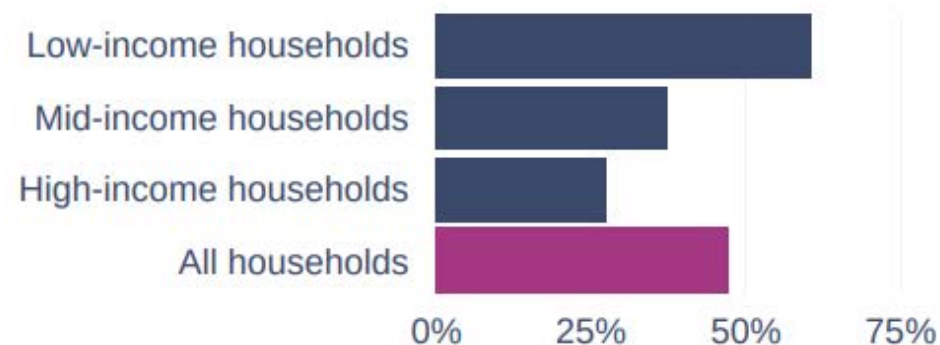


Figure 2: Percentage of households who reported not having enough space in their homes in a survey of 620 parents of children aged 0-4 and parents to be living in Tower Hamlets



Methods

- 2 x 1.5-hour focus groups with people who work with families affected by overcrowding (henceforth, "professionals")
- 2 x 1.5-hour focus groups with residents

Session structure:

- What does overcrowding mean to you?
- Lived experiences and impacts
- Vignettes (ordering priorities)

Inclusion criteria:

Residents:

- 18+
- Self-define as living in overcrowded housing with their family (min 1 non-adult)
- Live in Tower Hamlets

Professionals:

- Work with families living in overcrowded housing in Tower Hamlets, either directly or indirectly



Building on Previous Projects - Overcrowding and Family Wellbeing in Tower Hamlets



The usual indicators of overcrowding miss many of the ways in which lack of space affects families and children

Overcrowding generates many impacts that are not accounted for with current indicators. The impacts mentioned by the participants in the survey are captured in Figure 3.

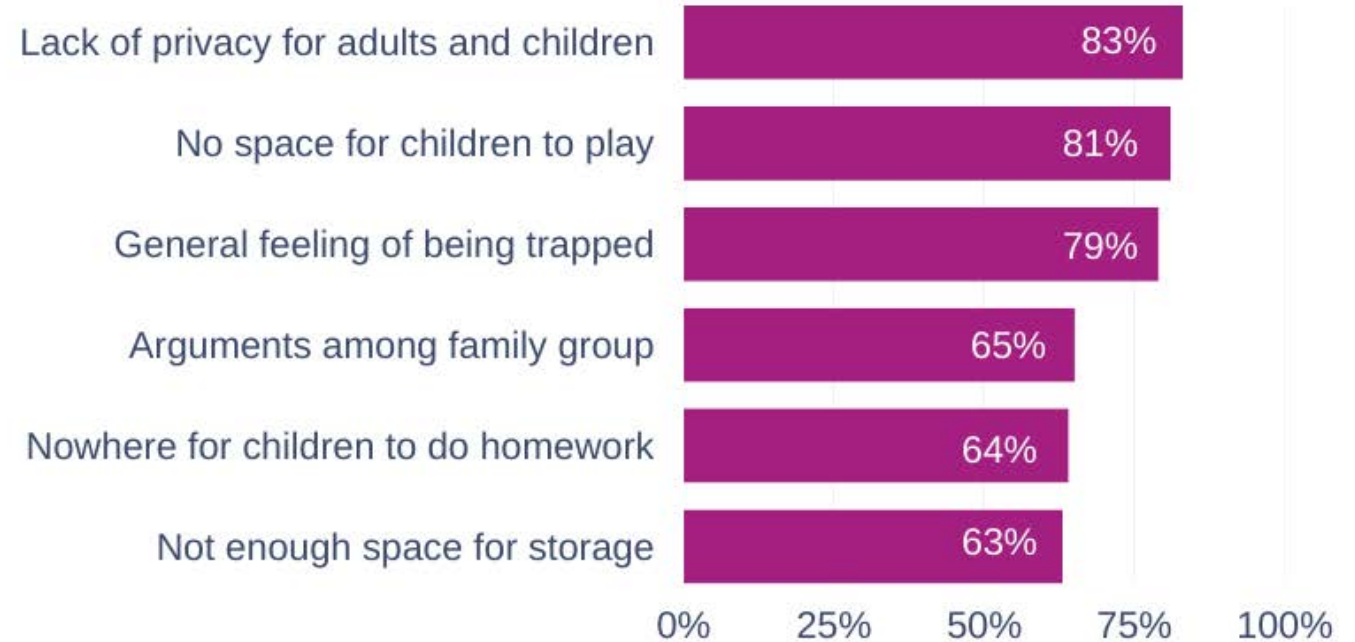


Figure 3: Impacts of lack of space, for respondents who reported this problem



What aspects of being overcrowded impact mental and physical health?

Stress of bidding system

Lack of Privacy
(dignity, emotional space, and damaging relationships)

Restricted Outdoor Access

Pre-existing health support needs not met

Uncertainty

Perceived discrimination/corruption

Unsafe housing

Disrupted sleep

NB: These are preliminary findings, pending formal analysis



Priorities

Ideal solution: more housing with space that was built with families in mind.

Other aspects of living in overcrowded housing that could be improved to support their health and wellbeing:

- **Safety/Built environment**
- **Communication**
- **Accommodating health needs**



NB: These are preliminary findings, pending formal analysis



Actions



Overcrowding Action Plan



Key Highlights

New Affordable Homes

The council has an ambitious target of delivering 4,000 affordable homes in partnership with Registered Providers between 2022/3 and 2025/6

There are 1,159 under-occupying tenants. 263 are THH tenants.

Work is being done to explore releasing under-occupying homes.

Buy-backs and delivering modular housing

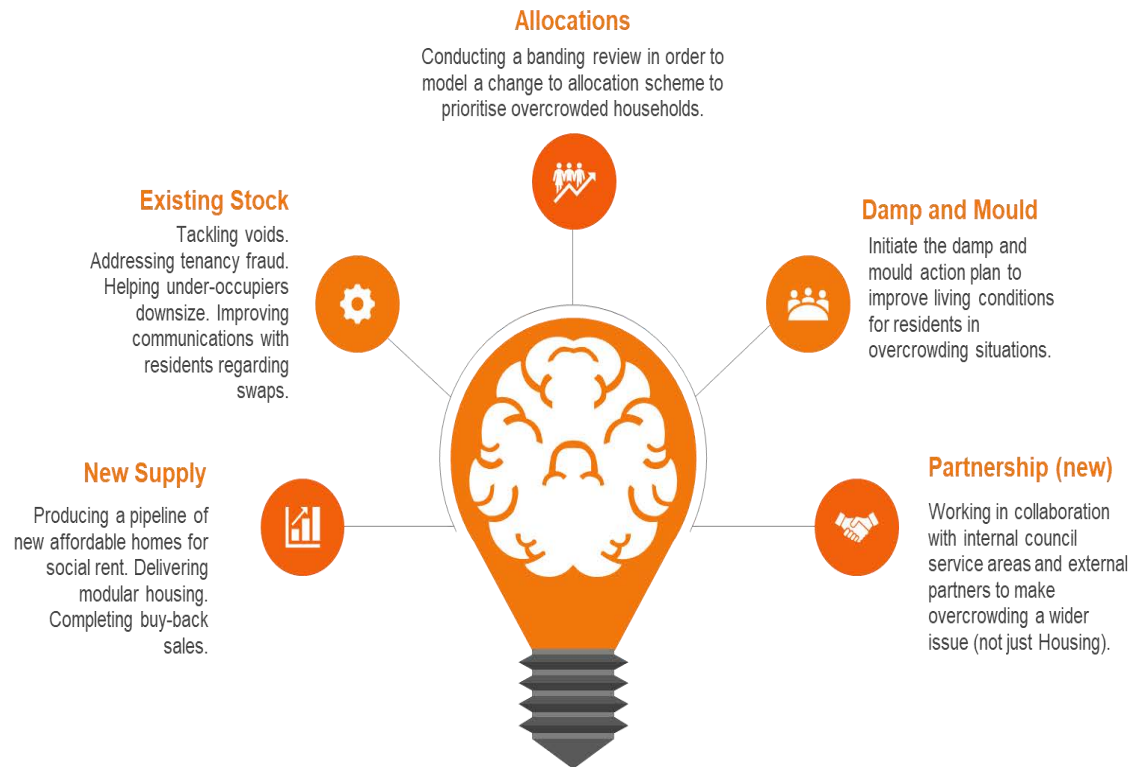
32 modular homes are being delivered to increase supply of housing. Buyback acquisition programme

THH are exploring and implementing a process of knock throughs & home improvements

£500k has been invested in exploring and delivering a programme of knock throughs, extensions and home improvements in 11 homes.

Allocations policy is being reviewed

The current policy allows residents to bid only for the ideal home (i.e., not statutorily overcrowded). Consideration is being given to enable households to bid one bedroom under. Plus tours of tower blocks



Different areas of focus in the Overcrowding Action Plan



Community Food Gardens



- A project aimed at fostering community cohesion promoting positive health and wellbeing among residents.
- Community food gardens are established and designed to bring residents together, reducing social isolation and loneliness. With a positive impact on mental and physical health, instilling a sense of belonging and pride within the community.
- Situated across Tower Hamlets estates, ensuring accessibility to all residents.
- Currently, there are 36 community food gardens operational across Tower Hamlets estates, yielding in the last year over 15 tons of fresh, locally grown fruits and vegetables.
- More than 3,500 residents actively participated in gardening activities within these 36 gardens.

Health and Wellbeing Benefits:

- Reduction of isolation and loneliness through community interaction and shared activities.
- Improved physical health reported by participants, experiencing increased mobility and reduced pain.
- Enhanced mental wellbeing, with participants expressing increased happiness, purpose, and better emotional management.
- Particularly beneficial for individuals dealing with depression and anxiety, providing a calming and relaxing environment for recovery.



Engagement so far



We have reached out and had high-level engagement with various teams across the council to understand where they can support residents dealing with the impacts of overcrowding and how we can align our work effectively:

Damp and Mould-

- Monitor and oversee mould repairs and remediation.
- Update comms and web content so residents can navigate the system to log damp and mould issues.

Childrens Safeguarding-

- Safe sleeping report and policy to be published which will seek to provide information and advice on safe co-sleeping with infants.

Tackling poverty team-

- The RSS (Residents Support Scheme) is supporting residents with providing furniture to those who are eligible.
- Holidays and Activity Programme

Arts, Parks and Events-

- Mapping of play spaces across the borough ongoing to look at deficiencies across Tower Hamlets and to provide planners with relevant information on management of these spaces and how they can be optimised.
- £11m capital improvement programme has been utilised to uplift parks across the borough.

Resources DLT

- Energy switching
- Algorithms for designing spaces
- Increase in students making council tax claims indicating that PRS is being used for other client groups

Comms strategy-

- A communication strategy that will aim to deliver updates on work ongoing to tackle overcrowding.
- Develop better signposting and information of services available to families living in overcrowding conditions.



So, what do we need from you?

How can you as the THT Board to assist us with the overcrowding agenda.



Discussion



Discussion



Housing and health

1. **Where can THT add value to this agenda?**
2. **What action should THT prioritise?**
3. **What evidence would be most useful to help THT act effectively on health inequalities linked to housing**

Overcrowding

1. **Are there any opportunities for joint work to reduce the impact of overcrowding on our residents? (e.g. lack of play facilities, study space, mental and physical health conditions, fire safety, domestic violence, ASB)**
2. **How can we utilise our community assets to improve the living conditions of families living in overcrowding?**
3. **What actions can be taken forward by the THT partnership?**





Tower Hamlets Together Board

Thursday March 7th 2024

Title of report	Improving Equity Programme Update
Author	Elsy Gomez Campos – Programme Manager Irene Ebyarimpa – Improvement Advisor
Presented by	Elsy Gomez Campos Irene Ebyarimpa
Contact for further information	Irene Ebyarimpa – Improvement advisor
Executive summary	This report summarises the Equity Programme's progression, examining its outcomes and the effects it has fostered within the community. Furthermore, it presents an overview of how Quality Improvement methodologies were applied to enhance program effectiveness. Building on the knowledge accumulated, the report proposes recommendations for the conceptualisation and execution of future initiatives, leveraging the critical lessons and notable successes realised during this programme's implementation.
Action / recommendation	The Board/Committee is asked to note the report's content, including the recommendations.
Previous reporting	04/08/2022 THT Exec Board, 01/09/2022 THT Board
Next steps/ onward reporting	The findings and outcomes detailed in the report will be discussed with stakeholders and project managers during the programme's closing event at the end of March 2024 at Towel Hamlets Council, providing an opportunity for comprehensive review and reflection on the initiative's achievements and learnings.
Conflicts of interest	N/A
Strategic fit	Which of the ICS aims does this report align with? <ul style="list-style-type: none"> To tackle inequalities in outcomes, experience and access
Impact on local people, health inequalities and sustainability	The Equity Programme was designed to meticulously identify and analyse inequity that currently exists within the sphere of health and well-being in Tower Hamlets borough. By leveraging the principles and strategies of quality improvement (QI) methodology, the programme aimed to systematically address and mitigate these disparities. Targeted interventions with measurable positive impacts on the health and well-being of local communities were made. This initiative played a pivotal role in reducing health and social inequalities, thereby fostering a more equitable

	landscape. Through continuous evaluation and adaptation of its strategies, the programme created sustainable improvements in health and social outcomes and contributed significantly to the advancement of health and social equity.
Impact on finance, performance and quality	Comprehensive funding was secured to facilitate the successful delivery of the programme, encompassing extensive support for training in the application of Quality Improvement methodology. This financial backing ensured that all aspects of the programme, from its inception to its execution, were well-supported, enabling participants to fully engage with and utilise Quality Improvement techniques to achieve the programme's objectives.
Risks	None

IMPROVING EQUITY



in Tower Hamlets

Irene Ebyarimpa
Elsy Gomez Campos



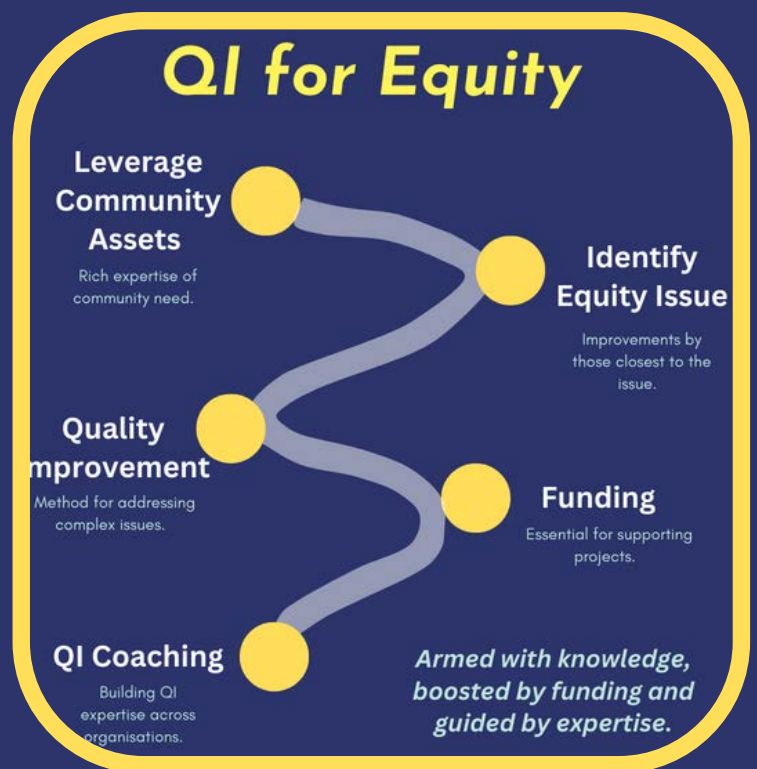
INTRODUCTION



Tower Hamlets is celebrated for its rich history and diversity, however, in the shadow of this diversity are stark inequalities that significantly impact the health and well-being of residents.

The Improving Equity Programme is a collaborative initiative that aims to tackle the health and social inequalities in Tower Hamlets. It provides funding, training and support to local projects using Quality Improvement (QI) methods to address complex and systemic issues affecting the wellbeing of the community.

QI methods help tackle complex problems like equity by using tools and activities that consider different views, drivers of change, and psychological and systemic factors. QI helps to break down problems into smaller and manageable parts and test solutions. The programme hopes to create positive and lasting change in Tower Hamlets by working with partners from different sectors and sharing QI knowledge and resources.



IMPROVEMENT SUPPORT

Leverage Community Assets

A core principle of quality improvement is those closest to the issues are best placed to identify improvements. This project leveraged community assets and strengths by building capacity. This involved providing QI training, and funding to help community members develop new skills or expand existing ones.

Quality Improvement Training

A lead from each project was nominated to attend the East London Foundation Trust 'Improvement Leaders Programme' a 5-month programme designed to develop team members skills in designing, developing and leading improvement projects.

Learning Network

A learning network was established to bring team leaders together in a monthly space to share improvement stories, learn from each other and connect leaders working on similar projects.

Improvement Support

Project teams received guidance and coaching from an Improvement Advisor, who is an expert in QI methods. The Improvement Advisor helps the teams to apply QI tools and techniques to their projects, such as defining the problem, measuring the current state, testing changes and evaluating the results. The aim of this process is to implement changes that are effective and sustainable.

INEQUALITY THEMES



Clinical effectiveness

- Improve health, well-being and experience of people who are homeless and rough sleepers in hostel provision.
- Improve the recovery rates of Bangladeshi service users accessing Tower Hamlets Talking Therapies.

The projects are varied but address three core themes of inequality.



Access and experience

- Improving experience and support pre- and post-diagnosis for children with SEND and their families.
- Provide culturally meaningful services for substance abuses and mental health in the Somali community.
- Improve physical health and confidence of Somali women through cycling.
- To support isolated, marginalised women access opportunities, improve skills and confidence to feel integrated.



Workforce inequalities

- Increase employment opportunities for Black African people over 50.
- Improvement employment opportunities for Somali women in NHS and healthcare roles.
- Empowering staff to participate and act against workplace inequalities and racism.

LEARNING SUMMARY



This project demonstrates a way of working that is in the spirit of true partnership; recognising the strengths and assets of different organisations, community groups and faith leaders and bringing them together to address inequality.

What we have learnt...



Communication



Funding



QI Support

Clear communication and transparency of the project expectations should be communicated during the bidding process to help teams, especially charity organisations prepare.

Funding is essential for charity, community and voluntary sector organisations to carry out change ideas.

QI Support needs to be flexible and adapted to meet the requirements of each project. Bespoke training sessions increased QI capacity in the community.

IMPROVING EQUITY



in Tower Hamlets

Appendix: Project Summaries



WOMEN IN MOTION

Led by: Zainab Jama and Layla Abdi

Women in Motion employability project aimed to improve employment opportunities for 15 Somali women in NHS and healthcare roles.

What they did...

- Developed tailored employability programs, including training and mentorship, to enhance the skills and knowledge.
- Women's Inclusive Team facilitated connections and supported networking and job applications.
- Partnered with local health organisations to find suitable vacancies for Somali women.



"The program has been a life-changing experience for me. The training boosted my confidence...I am proud to be a positive example for other Somali women in my community."

53% employed as GP receptionists

47% referred to bank staff positions

Women taking part in the training scheme reported increases in motivation, confidence and skills following participating in the training programme. Friendship and social engagement were highlighted by participants as valuable components to enhance employability.

Poor representation of the Somali community has been identified as a barrier to accessing healthcare services. A long-term ambition of this project is to enhance the accessibility of primary care for the Somali community and improve health outcomes.

WOMEN IN MOTION

Led by: Zainab Jama and Layla Abdi



Women in Motion Cycle Sisters aims to improve mental and physical well-being for Somali women through access to bicycles and cycling lessons.

The Women In Motion project partnered with Sister Cycle to support Somali women's health and well-being through cycling. The project provided bicycles and cycling sessions to help the women be physically active, mentally healthy, and socially connected. The project was inclusive and tailored to the Somali women's needs and preferences in Tower Hamlets.

60 Somali women trained in cycling

64 hours of individual teaching

55% reported increase in confidence and skills

2 Somali women employed

The sessions boosted the participants' wellbeing and cycling skills. They felt more confident and healthier by the end of the programme. Some of them continued to cycle with Sister Cycle, showing their passion and commitment.

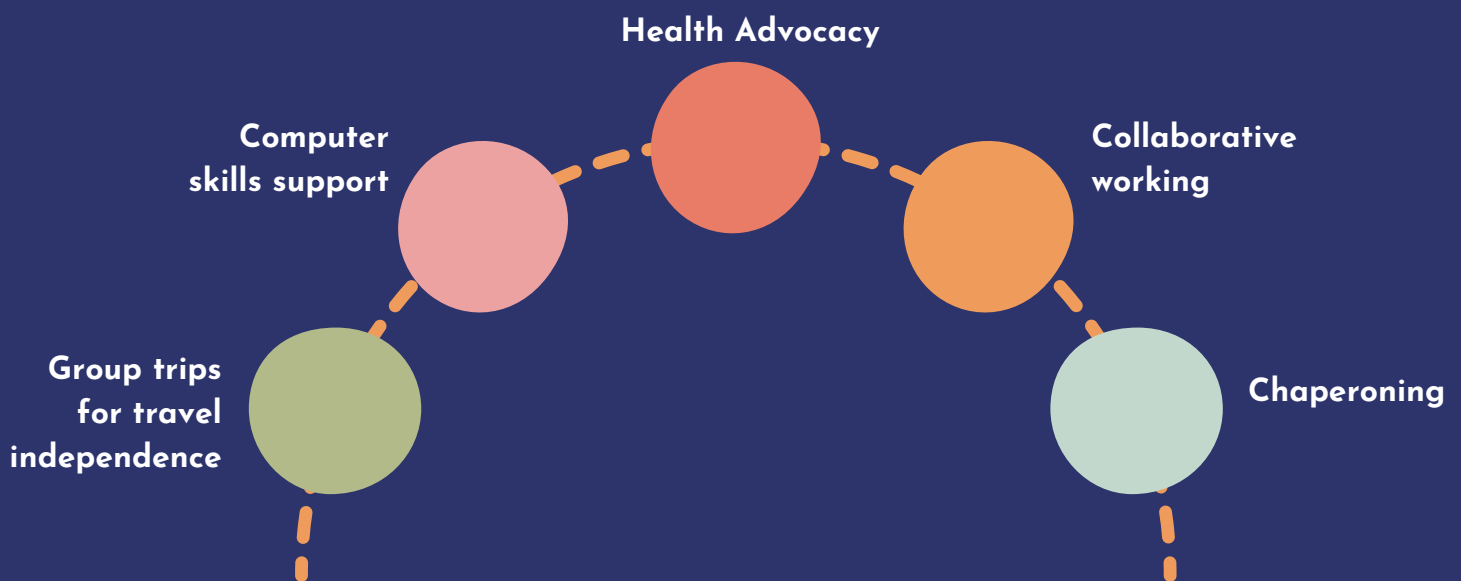
Key learning for this project was around providing culturally adaptive services to better reach the Somali community. Advertising and recruitment into cycling sessions worked best when tapping into social networks. WhatsApp group chats and voice notes worked well for an oral society. Training days were shifted to accommodate Muslim religious practices of fasting. These adjustments increased attendance and participation.

STITCHES IN TIME

Led by: Paul Garayo and Esther Melvern

Stitches in Time aims to support isolated, marginalised women to access opportunities, improve skills and confidence to feel integrated.

What they did...



Stitches in Time works with women of Bangladeshi origin, supporting a wide variety of needs that people have. Two project participants are working alongside staff to steer the QI work. Activities include process maps and fishbone diagrams to map out the wide variety of issues the team support participants with and identify barriers to progress.

Bromley-by-Bow

CHANGE MAKERS

Led by: Rujie Nessa, Ishrat Sadik, Johuria Ukthi, Jessica Walker

Change Makers aims to improve the experience and support pre- and post-diagnosis for children with special education needs and disability and their families.

What they did...

Peer support coffee morning.

Sensory area in GP reception.

Learning through play workshop and paediatric first aid course.

Coaching for parents to build confidence and enhance skills to deliver training.

Developing parent-led training offer for GP and community centre staff.

The project team have worked tirelessly to ensure voices and perspectives from all are heard and centred in their work – launching the improvement work with a survey out to SEN/D families to understand what matters most to them. Implementation of “quick win” change ideas to increase trust and buy-in.

“I always feel supported with and by you all. You are all so amazing and made me feel self-worth.”

Parents are enthusiastic about the changes being made, and feel seen, heard, and respected by the project team.

CHANGE OPPORTUNITIES

Led by: Reverend James Olanipekun

Change Opportunities aims to increase employment opportunities for Black African people over 50.

What they did...

Surveyed people on employment goals and identified needs gaps in the community:

Employment Goals - many people were keen to be self-employed, able to work flexibly and contribute to the community.

Needs: digital skills training, access to digital equipment and retraining.

Obstacles: being offered unsuitable employment, financial concerns, redundancy, health concerns and caring responsibilities.



CHANGE IDEAS

CREATED A PEER-TO-PEER NETWORK TO SHARE SKILLS WITH LIVE JOB POSTINGS, COACHING AND SUPPORT.

USING PEER NETWORKS TO DISMANTLE NEGATIVE SELF TALK. EXTEND SUPPORT TO WOMEN TO MEET NEED.

“I was blind and now with QI I can see.”

QI methods have allowed the project leader to think in stages, to understand the drivers of the problem and work to address them rather than doing the same thing and getting the same result. Measurement encourages project group to consider, “am I doing well? And how will I know?”. The project has helped bring people together.

CRISIS CAFE

Led by: Abdirahim Hassan

The Crisis Cafe project aims increase engagement among current liberatory café service users by 60-80% and attract new service users to engage with the café.

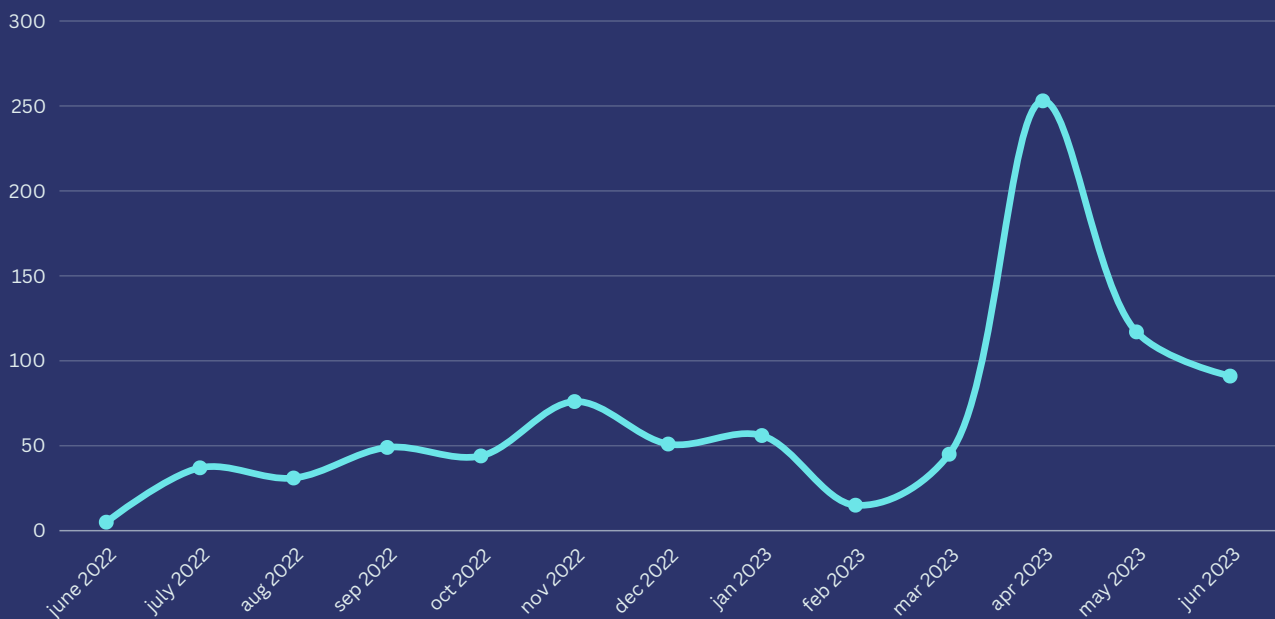
What they did...

Tested change ideas to increase engagement in the service:

- 1) Culturally competent training and Islamic lead for drug treatment
- 2) Record attendance of everyone who attends Crisis care and feedback from 1-2-1s.
- 3) Developing father's space for service users in crisis.

“We understand how to heal our communities whilst empowering them to use their voice and agency”.

Run chart of 'Number of service users engaged' per month



The problematic drug use outreach supported 157 service users last month, most with complex health issues including housing inequity, serious mental health, physical health decline and unemployment.

CARE CO-ORDINATION

The aim of work is to test the efficacy of care coordination MDT in identifying residents who are at risk of crisis.

What they did...

Identified challenges and co-produced change ideas with residents. Ensuring their voices are heard and encouraging participation in improvements.



Change Ideas...

Facilitate
monthly
MDT

Standard
tools and
approach

Dedicated
workforce

QI principles have enhanced co-production of this project, ensuring those in hostel care are integral members of the team making changes. A wellbeing form has been co-designed to capture feedback from residents on a regular basis.

“The pilot’s strength lies in the integrated and collaborative work of the hostels and across health, social care and voluntary sectors. This is what we want to see beyond the pilot – a consistent integrated (commissioned) approach to helping homeless and rough sleepers living in Tower Hamlets.”

ANTI-RACIST ALLYSHIP

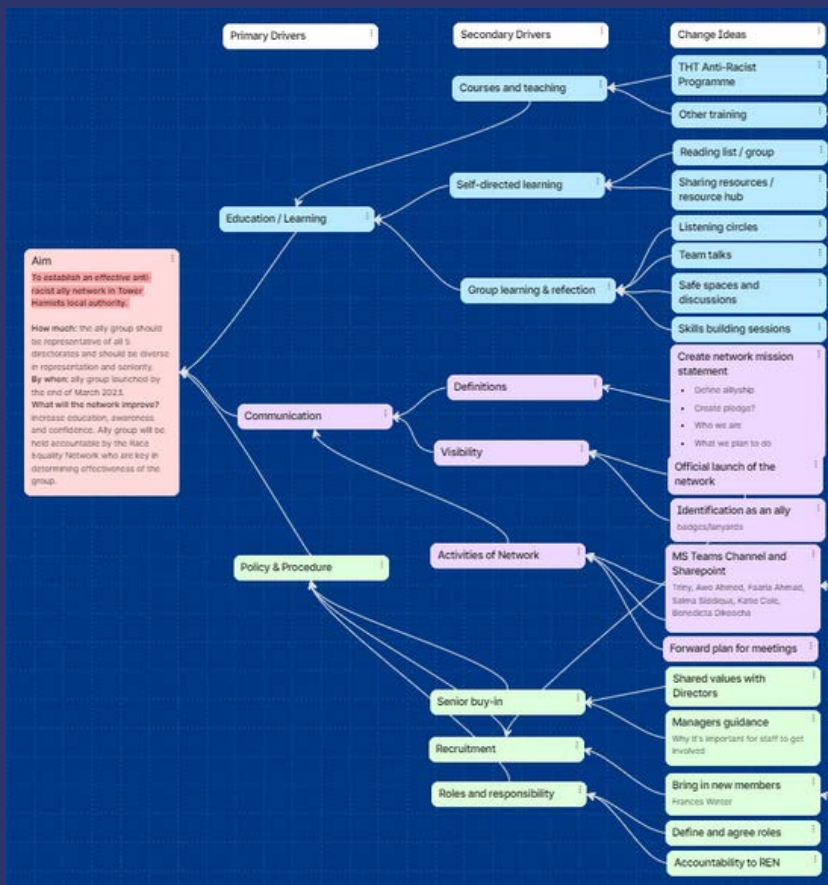
Aim to increase the number of staff who actively work to tackle workplace inequities between different ethnic groups by developing them as authentic allies.



What they did...

- Force-field analysis to understand barriers and enablers of change.
- Driver diagram.
- Suite of change ideas and testing.

“Our project will be a success when we know we can bring our authentic selves to work.”



The project has created a safe space to connect and work together to address racism and inequality in Tower Hamlets local authority.

QI methods have encouraged the team to ensure the project has support from senior leaders, appropriate governance and accountability structures in place and diverse membership.

CONTACT

For more details about the programme or quality improvement please contact the project leads.

Programme Manager - Elsy Gomez Campos
e.gomezcamos@nhs.net

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ELFT QI - elft.qi@nhs.net



Tower Hamlets Together Board

[insert date of meeting]

Title of report	Mental Health Flow and Capacity
Author	Day Njovana – Borough Director East London NHS Foundation Trust
Presented by	Day Njovana – Borough Director East London NHS Foundation Trust
Contact for further information	_____
Executive summary	<p>Tower Hamlets Mental health services has 138 inpatient beds consisting of four acute male and female admissions wards (76 Beds) for working age adults and a 11 bedded male Psychiatric intensive care unit as well as a 13 bedded Psychiatric intensive unit for females that covers all of North East London provisions. Tower Hamlets also has access to 38 older adult mental health bed.</p> <p>Inpatient mental health services have seen a sustained pressure in recent times. This is contributing to significant disruption in the urgent care pathways across Tower Hamlets. In particular the number of patients awaiting a bed in Emergency department breaching the 12 hour wait has steadily risen over the past year averaging at 10 patients a week last year compare to 5 patients a week in 2022.</p> <p>The numbers of people being admitted has not increased but the number of people previously unknown to Mental health services has been increasing. The average length of stay in the inpatient services has increased from 28 occupied bed days (OBD) in January 2023 to over 44 occupied bed days in January 2024.</p> <p>The proportion of beds occupied by people who are clinically Ready for Discharge (CRFD) has also increase during this time in Tower Hamlets picking at 25 patients across the directorate in December 23. The average number of CRFD patients across Tower Hamlets has been 16 for the past few months. There has been an increase in people that are admitted being homeless or without recourse to public Funds (NRFP), making it more complex to discharge and offer after care support.</p> <p>With increase occupied bed days, complexity of patients and pressures to admit patients, ELFT Tower Hamlets services has seen an increase in use of private beds in 2023 peaking</p>

	<p>at 18 patient in December 2023. This trend has continued into January and February 2024.</p> <p>From April 2023, there has been a rise in homelessness that has resulted in an increase use of bed and breakfast facilities to facilitate early and safe discharges of patients.</p> <p>The report covers</p> <ul style="list-style-type: none"> · Occupancy across mental health services · Use of bed and breakfast facilities · Use of private sector beds · Delays in transfer of care in the Urgent and Emergency pathways <p>*Parallel to this, across NEL mental health services are looking at developing plans to reduce out of area placements (private beds) for patients who need a bed and these plans will be discussed with colleagues across the ICS.</p>
<p>Action / recommendation</p>	<p>The Board/Committee is asked to:</p> <p>The Board is asked to discuss and consider supporting:</p> <ol style="list-style-type: none"> 1. System support with managing operational pressures for CRFD 2. Review and implementation of national guidance for mental health discharges 3. System support in developing capacity for people who are CRFD in particular homeless and no recourse to public funds 4. System support in developing new supported accommodation approaches to support Mental health discharge to assess
<p>Previous reporting</p>	<p>List any other forums where this has previously been discussed.</p>
<p>Next steps/ onward reporting</p>	<p>List any other forums where this will be discussed.</p>
<p>Conflicts of interest</p>	<p>State if there are any conflicts of interest to manage in relation to the decision requested/issues raised.</p> <p><i>Needs to include full details of who is conflicted, what the conflict is and how it will be managed in the meeting.</i></p>
<p>Strategic fit</p>	<p>Which of the ICS aims does this report align with?</p> <ul style="list-style-type: none"> · To improve outcomes in population health and healthcare

	<ul style="list-style-type: none"> · To tackle inequalities in outcomes, experience and access · To enhance productivity and value for money
Impact on local people, health inequalities and sustainability	Identify here what this will mean for local people and how this will reduce health inequalities and any sustainability impact. Also state whether an equalities impact assessment has been undertaken.
Impact on finance, performance and quality	Identify here whether there are any financial, performance or quality implications arising from the report. <ul style="list-style-type: none"> · Service users admitted to facilities away from their borough which are challenging for carers and relatives · Increased use of private mental health beds · Increased use of Bed and breakfast facilities to support discharge · Increased Length of stay in private provision due to reduced local coordination of care
Risks	Please state any risks to the delivery and if possible, relate to the BAF risks <ul style="list-style-type: none"> · To tackle inequalities to access, outcomes and experiences · To enhance value for money

Tower Hamlets Together Board

Tower Hamlets
Feb 2024



Mental Health Directorates

- Tower Hamlets Directorate

Reporting in Scope

The scope of the report encompasses the following:

- Tower Hamlets Adult and Older Adult Occupancy
- 12hour breaches
- Private sector spend
- B&B use by month and OBD's
- CRFD by Month – TH – OBD's
- Supported accommodation (To feature in next report edition)

Activity Overview

- Admissions and discharges have decreased compared to previous years, but physical occupancy of inpatient wards has increased from Jul_22 for TH. For TH, over the last 12 months over 60% of admissions were female.
- Length of stay over 60 days has increased for TH, and average LOS has also increased - while the number of CRFDs has increased.
- Proportion of informal detentions have reduced by 5% comparing 2021 to 2022 and comparing 2022 and 2023 a further 7% reduction. But despite the reduction, the number of informal detentions remains high, with EL Acute at 40% and TH acute at 38% for 2023, while the rate of informal detentions in EL Older People is now at 55% Jan 2022 to date
- Private bed placements reported an increase.
- Readmission rates have reduced, with EL Acute at 3% and TH Acute at 3%, and almost none in older people
- B&Bs are also being utilised and increasing in spend

Operational Feedback / Assumptions

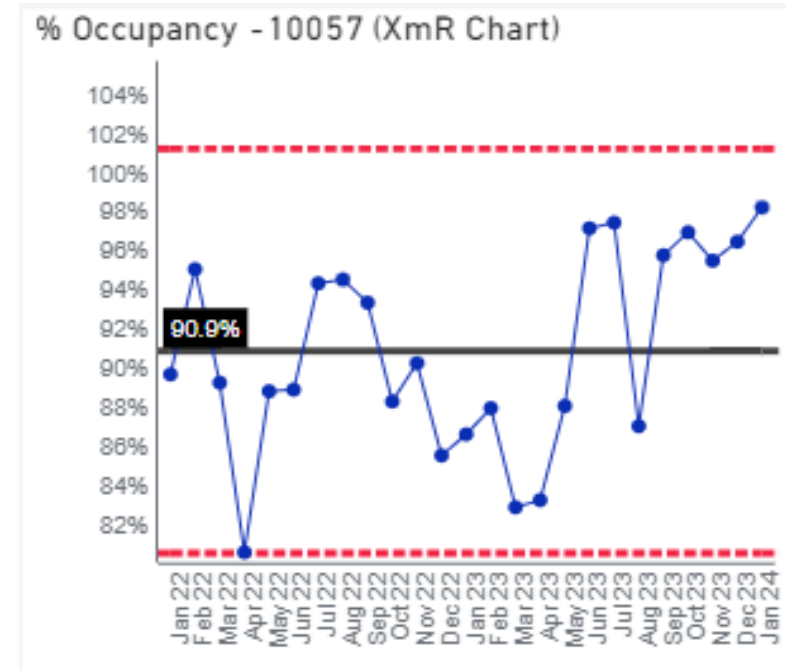
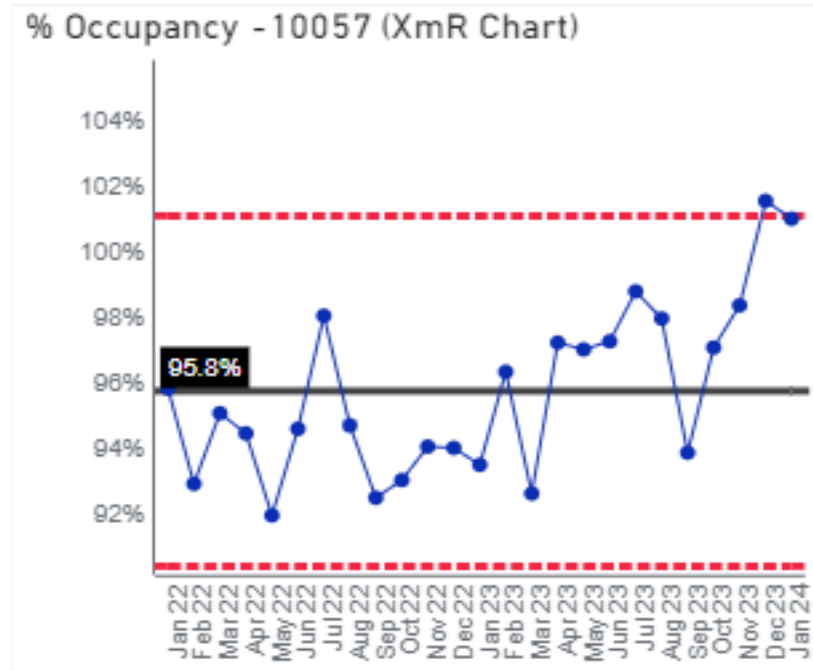
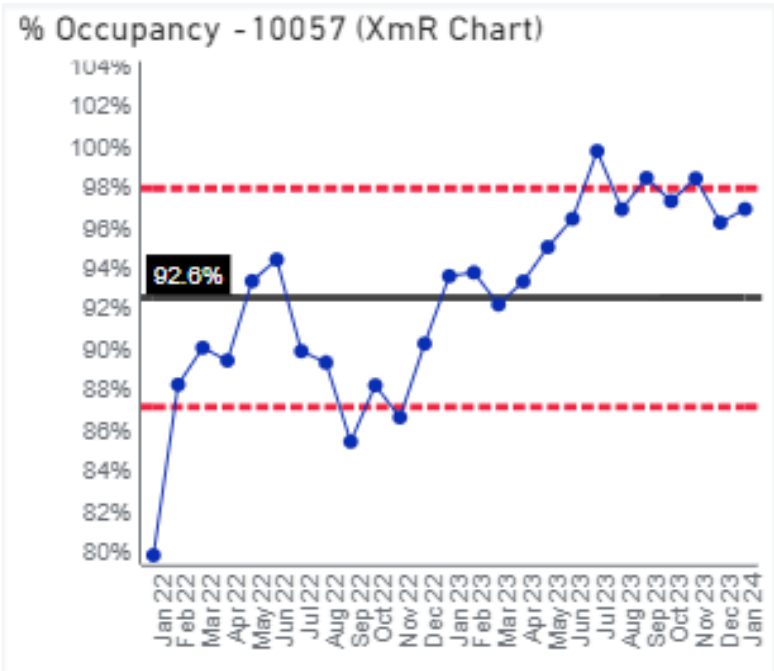
- Although the number of admissions has decreased, services have reported more patients being formally detained where service users are more unwell with complex presentations.
- For admissions, demand was higher for females but EL directorates have experienced challenges in sourcing male beds.
- If occupancy remains above 85%, the ability to move patients through the recovery journey slows down and presents a safety issue
- CRFDs have increased mainly due to housing/ benefits/ legal proceedings, care homes/ residential homes availability
- Reduction in flow has Out of area demand results in more ELFT patients being placed in private beds
- Increase in occupancy impacting on increase in violence incidents on wards

Occupancy Tower Hamlets Adults Wards, Older Adults Wards & PICU Wards Breakdown – last 2 years

Adult Wards Occupancy

Older Adult Wards Occupancy

PICU Wards Occupancy



- Occupancy has increased over the last 2 years for adults, older and adults and PICU patients
- Adult wards during 2022 had an average of 90% occupancy – during the last 8 months this has increased to 98% occupancy as an average
- Older adult wards have also increased in occupancy when comparing 2022 (94%) to 2023 (98%)
- PICU wards occupancy has also increased



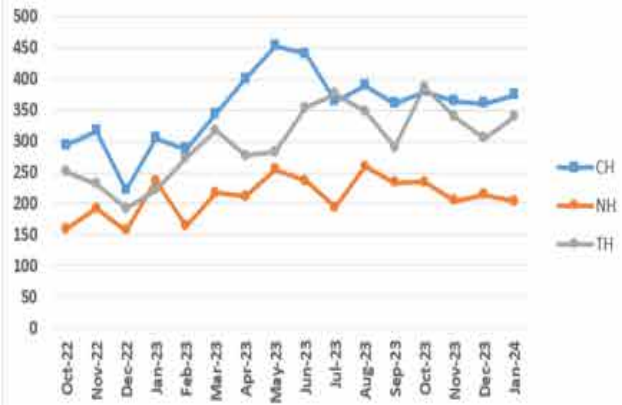
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East London A&E Mental Health Liaison Services

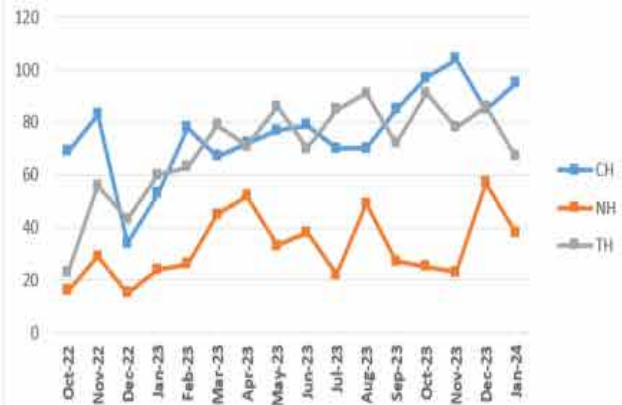


East London
NHS Foundation Trust

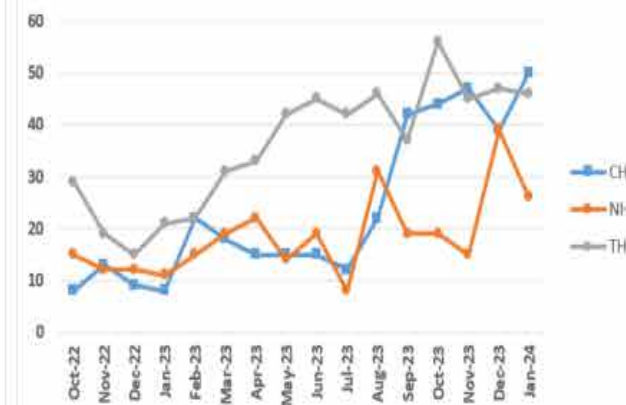
A&E MH Attendances



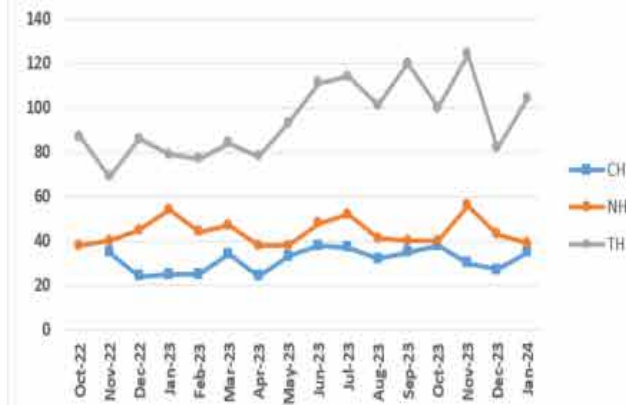
4 hour Breaches (entry time)



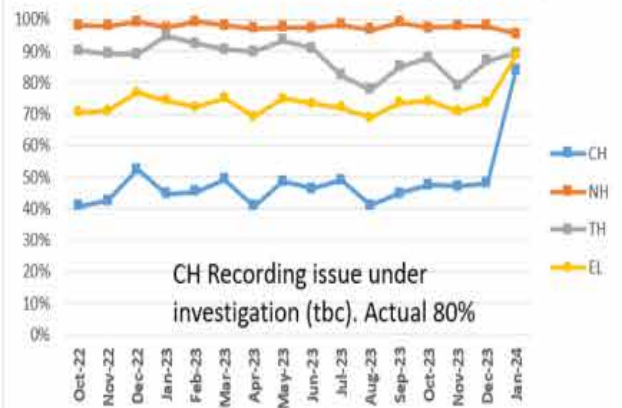
12 Hour MH Breaches (entry time)



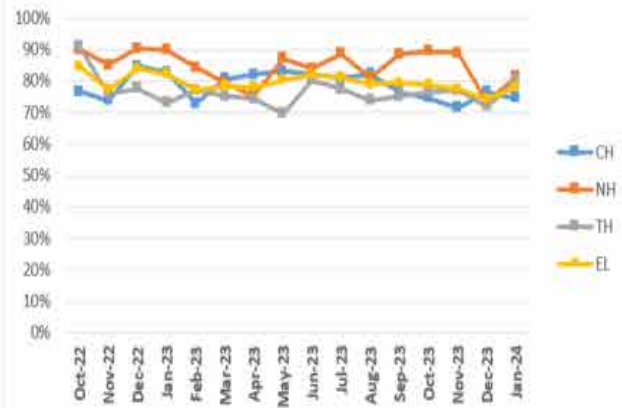
Acute Admissions Seen on Ward



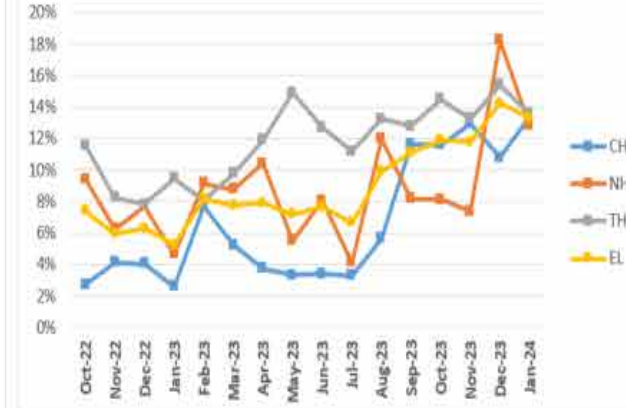
% of MH Attendances Seen in 1hr (target 95%)



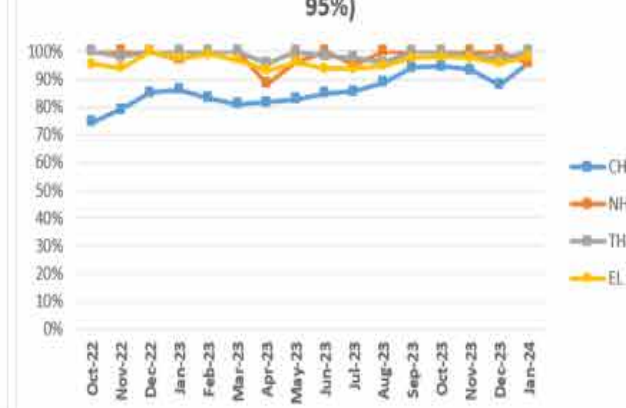
% of 4hr Compliance



% of 12hr MH Breaches (NHSE standard 2%)



% of Acute Admissions Seen in 24hr (target 95%)

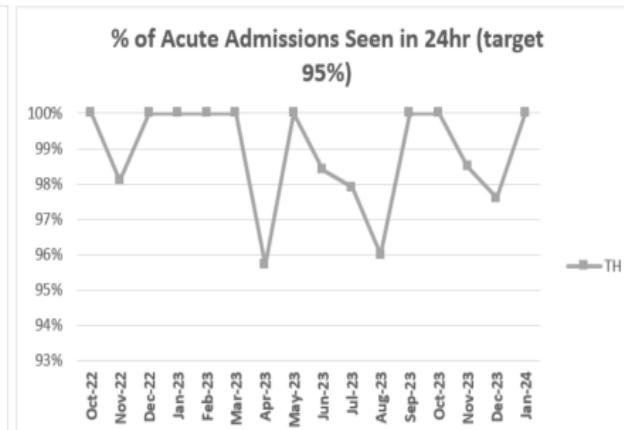
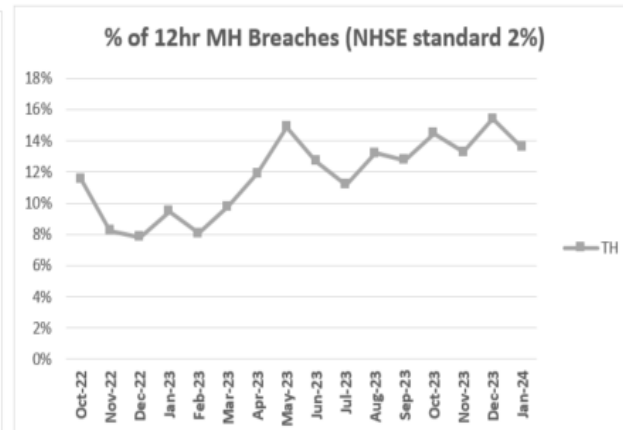
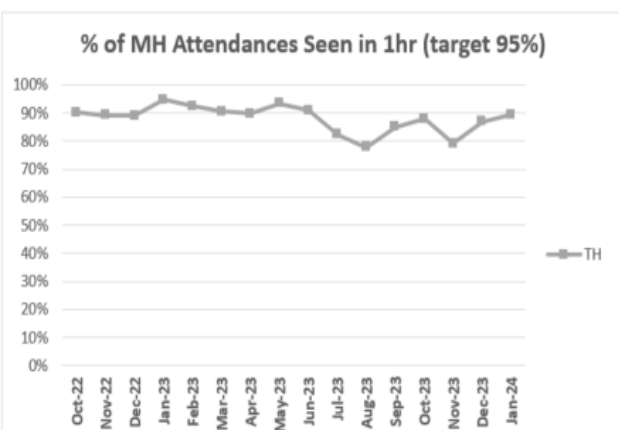
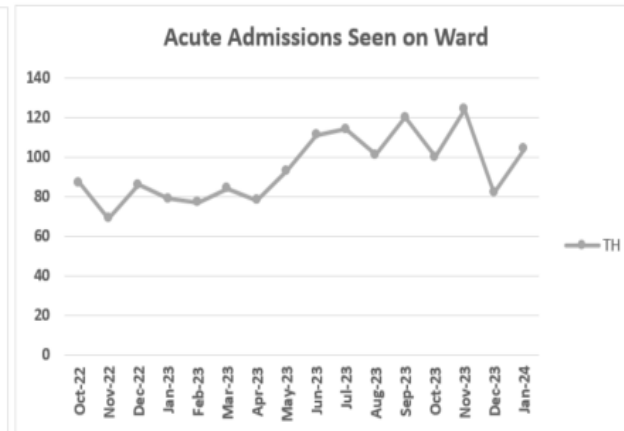
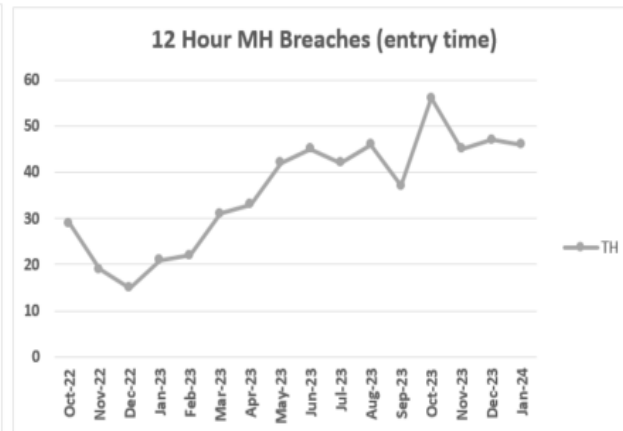
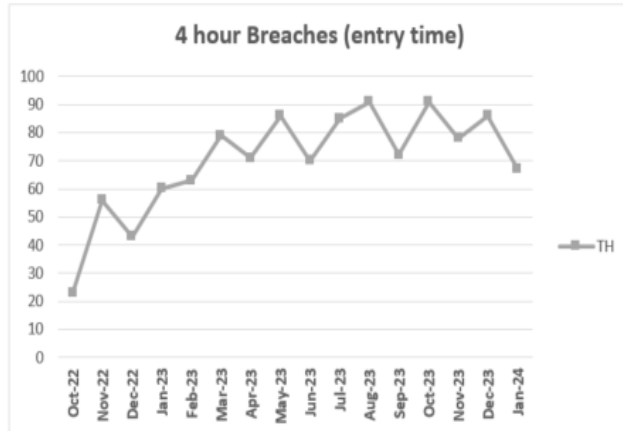
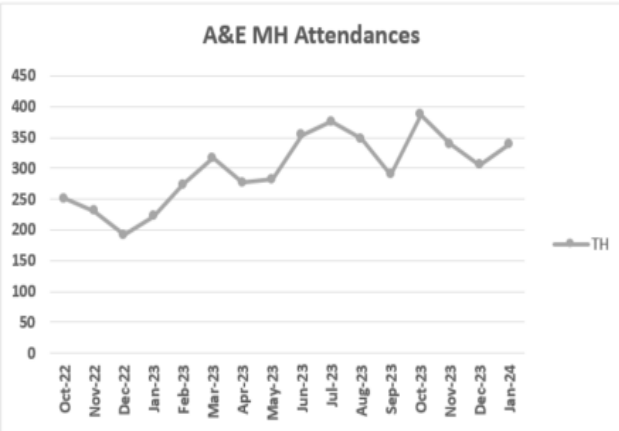


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Tower Hamlets A&E Mental Health Liaison Service



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- 4 hour breaches slight decrease from December to January still within previous levels and there has been a % increase of breaches relative to referrals last month
- 12 hour breaches have increased last month – there has been a number of out of area presentations which have taken a significant amount of time to find beds for and the private sector have refused referrals due to the complexity of the presentation



Private Sector Spend on patients Tower Hamlets Mental Health

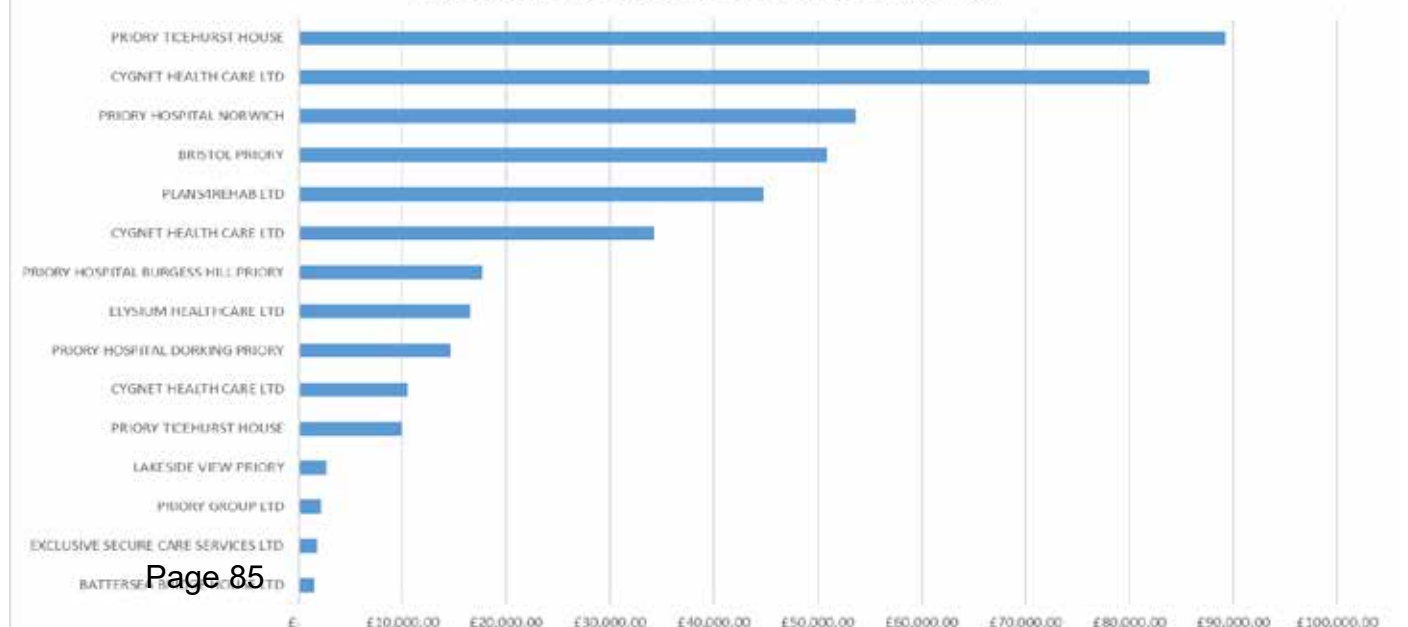
Cost centre name	Party	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Total
TH AMH Private Acute Beds	PRIORY TICEHURST HOUSE			7,858.94	7,255.58	2,462.40	28,005.60	43,622.00	89,204.52
TH AMH Private Acute Beds	CYGNET HEALTH CARE LTD					15,240.00	15,240.00	51,444.00	81,924.00
TH AMH Private Acute Beds	PRIORY HOSPITAL NORWICH			2,000.40		540.00	8,001.60	43,088.40	53,630.40
TH AMH Private Acute Beds	BRISTOL PRIORY				10,668.80	13,648.80	4,000.80	22,590.00	50,908.40
TH AMH Private Acute Beds	PLANS4REHAB LTD						20,420.67	24,325.00	44,745.67
TH AMH Private Acute Beds	CYGNET HEALTH CARE LTD			34,232.06					34,232.06
TH AMH Private Acute Beds	PRIORY HOSPITAL BURGESS HILL PRIORY			13,336.00				4,347.50	17,683.50
TH AMH Private Acute Beds	ELYSIUM HEALTHCARE LTD					15,277.24		1,232.40	16,509.64
TH AMH Private Acute Beds	PRIORY HOSPITAL DORKING PRIORY				4,000.80	-		10,668.80	14,669.60
TH AMH Private Acute Beds	CYGNET HEALTH CARE LTD					10,483.00			10,483.00
TH AMH Private Acute Beds	PRIORY TICEHURST HOUSE	9,873.70							9,873.70
TH AMH Private Acute Beds	LAKESIDE VIEW PRIORY							2,667.20	2,667.20
TH AMH Private Acute Beds	PRIORY GROUP LTD			167.50		2,000.40			2,167.90
TH AMH Private Acute Beds	EXCLUSIVE SECURE CARE SERVICES LTD				1,771.20				1,771.20
TH AMH Private Acute Beds	BATTERSEA BRIDGE HOUSE LTD							1,500.00	1,500.00
		9873.7	0	57594.9	23696.38	59651.84	75668.67	205485.3	431970.79

- significant increase in spending on private beds for patients
- in the last 5 months there has been a total spend of £422,000 (nearly half of which was in Jan24)
- January 2024 was more than 3 times the spend of Nov 2023 and significantly more than double the spend of Dec 2023

Private Sector Spend Sep-23 to Jan-24

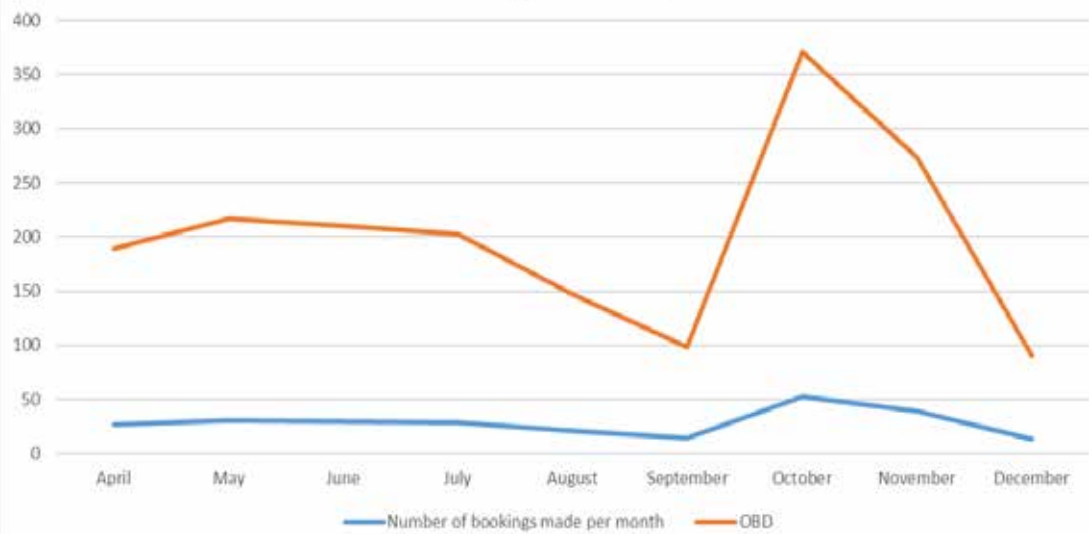


Private Sector Spend last 5 months Breakdown by provider

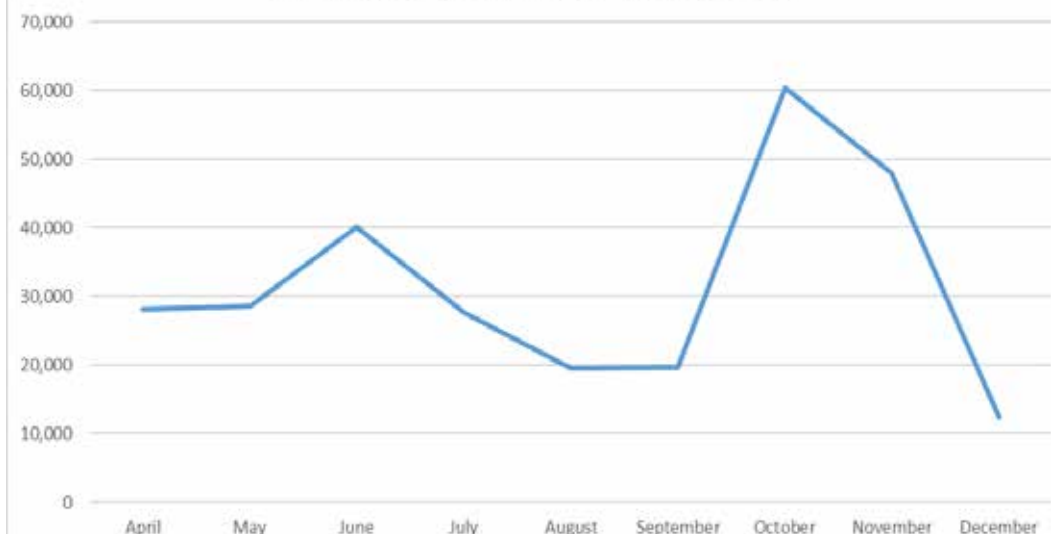


B&B use by month and OBD's in Tower Hamlets Mental Health

B&B Number of bookings vs OBD days Apr23 to Dec23



B&B Total Cost per Month £ - Apr23 to Dec23



Month	Number of bookings made per month	Total Cost per Month £	OBD
April	27	28,129	189
May	31	28,589	217
June	30	40,111	210
July	29	27,618	203
August	21	19,437	147
September	14	19,592	98
October	53	60,526	371
November	39	47,909	273
December	13	12,352	91
TOTAL	257	284,258	1799

- significant amount on B&Bs places for patients
- in the last 9 months there has been a total spend of £284,000 on B&Bs
- The highest month in terms of spend was October that has the most bookings (53) and also the highest OBD (371)

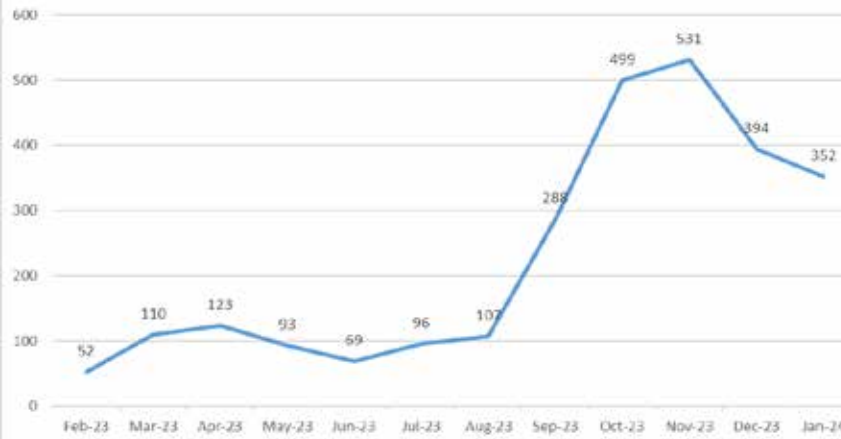


Clinically Ready for Discharge (CRFD) Tower Hamlets and Older Adults Wards

Number of CRFDs reported in Tower Hamlets Adult Wards Feb23 to Jan24



CRFDs Tower Hamlets Adult Wards OBD Days Feb23 to Jan24



Number of CRFDs reported in Older Adults Wards Feb23 to Jan24



CRFDs Tower Hamlets Older Adult Wards OBD Days Feb23 to Jan24



Adults Wards TH

- Total OBD CRFD days for last 12 months are at 2714
- Amount of delayed days per month has also increased
- Increase in CRFDs on adult wards over the last 12 months – some of this is down to increase in reporting of CRFDs since the introduction of dedicated discharge coordinator

Older Adult Wards TH

- Total OBD CRFD days for last 12 months are 4288
- increase in CRFDs on older adult wards over the last 12 months
- Amount of delayed days per month has also increased



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Ask about the #ELFTPromise

Schemes	Cost	Comment
First four weeks care	£3,053,372	
ELFT IDH	£900,000	
Mental Health	£250,000	
Total	£4,203,372	
Budget	£4,203,372	
Remain	£0	



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- Managing operational pressures from CRFD
- Implementing National Guidance for mental Health Discharges
<https://www.england.nhs.uk/long-read/hospital-discharge-fund-guidance/>
- Support for Homeless and No recourse to public funds service users
- Support in developing new approaches to accommodation for mental health discharges
- Continuation of Hospital Discharge funding for bed and breakfast to support flow
- Stepdown high supported facility to support D2A for mental health