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 August 2025, 0930-1130

Committee Room 1, Tower Hamlets Town Hall, 60 Whitechapel Road, London, E1 1BJ

Chair: Neil Ashman

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 3 July 2025 3. Action log	0930 (5 mins)	Chair	Papers Pages 3-5 Pages 6-12 Pages 13	 Note Approve Discuss
2.	**Questions from the public**		Chair	Verbal	Discuss
3.	**Chair's updates**		Chair	Verbal	Note
4.	**System resilience and urgent issues**	0935 (5 mins)	All	Verbal	Note
5.	**Operational Management Group update**	0940 (5 mins)	Zainab Arian	Verbal	Note
6.	**Community Voice:** • **RLH Carers Centre**	0945 (30 mins)	Shumi Begum	Verbal	Discuss/ Note

7.	**Community Voice Quarterly Report**	1015 (5 mins)	Jon Williams	Papers Pages 14-23	Update
8.	**Priority area:** • **Facilitating a smooth and rapid process for hospital discharge**	1020 (20 mins)	Julie Dublin	Papers Pages 24-27 Appendix 1&2	Update
9.	**Vaccinations ahead of winter**	1040 (15 mins)	Amita Gokani	Papers Pages 28-34	Update
10.	**BCF review update**	1055 (15 mins)	Eleea Islam	Papers to follow	Update
11.	**LBTH Adult Social Care CQC Inspection Update**	1110 (15 mins)	Lauren Rochat	Papers Pages 35-57	Note/ Support
12.	**Any Other Business**	1125 (5 mins)	Chair	Verbal	Note
Date of next meeting: Thursday 4 September 2025, 0930-1300, location tbc					

- Declared Interests as at 01/08/2025

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
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	Non-Financial Personal Interest	Pomery McGregor Consultancy Limited	Director of consultancy company, with husband who is also a director of the company. There are no employees and I have not carried out work through the company since 2011 and have never carried out any work in north east London.	2009-06-01	ONGOING	No action required as no conflicts declared.
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	Non-Financial Professional Interest	Compass CIC	Director of Compass CIC	2024-05-31	ONGOING	

- Nil Interests Declared as of 01/08/2025

Name	Position/Relationship with ICB	Committees	Declared Interest
Eleasar Reas	Senior Transformation Manager and Head of Partnership	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

Sunil Thakker	Director of Finance and Partnership Services	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 Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Matthew Adrien	Partnership working	ICB Quality, Safety & Improvement Committee ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Ashton West	Attendee of a committee	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Vicky Scott	CEO	ICP Committee 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.
Somen Banerjee	Director of Public Health	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Fiona Peskett	Director of Strategy and Integration	Community Health Collaborative sub-committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Steve Reddy	Corporate Director - Childrens Services	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Warwick Tomsett	Joint post	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Muna Hassan	Community Voice Lead	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Roberto Tamsanguan	Clinical Director Tower Hamlets	Clinical Advisory Group Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
suki kaur	Head of Partnership Development	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Georgia Chimbani	Member of a decision making meeting	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

Jonathan Williams	Engagement and Community Communications Lead	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

Tower Hamlets 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	In progress	Update Feb 2025:Learnings identified included: •Internal opportunities for efficiencies: Work ongoing by practices •Interface opportunities for efficiencies: Overlaps with access recovery aims and additional areas also; has been difficult to make progress against these findings though EQUIP are supporting this and Roberto via the Interface group
0205-59	02-May	Work on a 'ticket home' leaflet that will allow people to transit safely from one episode of care to their homes as effectively as possible. NA and WT to advise on time frame and Partnership roles	Jon Williams	tbc	In progress	Update June: An initial final draft is complete and awaiting sign off. The leaflet can be hardcopy or online, and requires addition bespoke information for the patients and carers. Board will need to consider funding of the printing of the final leaflet. ELFT sourced a quote of £852.00 for 5000 in colour double sided leaflet.
0901-69	09-Jan	Meeting needed to put together a plan to mitigate the impact of Section 256 and other non-recurrent funding coming to an end in March and how to communicate to the service users	Ashton West	tbc	In progress	Update Feb 2025: Initial meeting held 29/01/25 to understand risks and agree next steps. Follow up planned for late Feb, in the meantime will work with NEL to understand commissioning intentions.
0603-73	06-Mar	Somen Banerjee (SB) to connect colleagues across LBTH, ICB and Barts Health to continue to address issues around data robustness and availability around ethnicity data in primary and secondary care datasets with subject matter experts	Somen Banerjee	03 July 2025	In progress	Update April 2025: 1. Connected to Robert Sinfield – Senior Analysis Manager, Intelligence and Insights Team, NEL ICB 2. Somali segmentation primary care data for headline health indicators provided at Borough level 3. Council still does not have access to line level data that would enable more granular analysis (as requests would need to go through ICB – need additional information governance arrangements) 4. Tower Hamlets Council Public Health intelligence team working on a profile of Somali population based on demographic data for completion by end June (integrated with whatever is available from ICB) 5. Public Health Intelligence team working with ICB team on how to best establish a better flow of line level primary care data
0603-76	06-Mar	THT Team to work with the Finance teams to ensure that more information is contained in future packs to cover the financial positions of primary care in Tower Hamlets.	Ashton West/ Ely Reas	tbc	In progress	James O'Donoghue to contact Saem Ahmed and Tanvir Ahmed to help if they can facilitate the request on financial positions of primary care Tower Hamlets. Waiting for further details and confirmation. Ely Reas to update while Ashton West is on sick leave

DRAFT Minutes of the Tower Hamlets Together Board
Thursday 3 July 2025, 0930-1130 in person and via MS Teams

Members:		
Roberto Tamsanguan (Chair)	Tower Hamlets Clinical / Care Director, NHS North East London	In person
Sunil Thakker	Director of Finance, NHS North East London	MS Teams
Somen Banerjee	Director of Public Health, London Borough of Tower Hamlets	In person
Fiona Peskett	Director of Strategy and Integration Barts Health – Royal London and Mile-End Hospitals	In person
Richard Fradgley	Director of Integrated Care & Deputy Chief Executive Officer, East London NHS Foundation Trust	In person
Zainab Arian	Joint Chief Executive Officer, Tower Hamlets GP Care Group	In person
Muna Hassan	Resident and community representative/Community Voice Lead	In person
Georgia Chimbani	Corporate Director of Health and Adult Social Care, London Borough of Tower Hamlets	In person
Steve Reddy	Interim Corporate Director, Children's Services London Borough of Tower Hamlets	In person
Vicky Scott	Chief Executive Officer Council for Voluntary Services	In person
Charlotte Pomery	Chief Participation and Place Officer, NHS North East London ICB	MS Teams
Khyati Bakhai	Tower Hamlets Primary Care Development Clinical Lead, NHS North East London	MS Teams
Matthew Adrien	Healthwatch Service Director	MS Teams
Attendees:		
Tim Hugh	Partnership Programme Lead – Localities & Neighbourhoods Programme	In person
Jon Williams	Engagement and Community Communications Manager (Tower Hamlets), NHS North East London	In person
Katherine Reading	Ministerial Envoy for Tower Hamlets	MS Teams
Harriet Potemkin	London Borough of Tower Hamlets	MS Teams
Kerry Greenan	ICB Clinical Lead for Population Health and Neighbourhoods	MS Teams
Isabel Hodkinson	GP Clinical Lead	In person
Joseph Cook	Citizen Science Academy Lead, UCL	In person
Mohammed Rahman	Citizen Science with Care Leavers project presenter	In person
Madalina Bird	Minute taker, Governance Officer, NHS North East London	In person
Apologies:		

Chetan Vyas	Director of Quality, North East London Integrated Care Board	
Neil Ashman	Place Lead and Chief Executive Officer Royal London & Mile Hospitals, Barts Health NHS Trust End	
Ashton West	Deputy Director of Partnership Development – Tower Hamlets Together and NHS North East London	
Warwick Tomsett	Director of Integrated Commissioning, NHS North East London & London Borough of Tower Hamlets	
Layla Richards	Director of Commissioning & Culture, London Borough of Tower Hamlets	
James O'Donoghue	Deputy Director of Acute Finance & Tower Hamlets Place	
Eleasar Reas	Deputy Director of Partnership Development – Tower Hamlets Together, NHS North East London	

Item No.	Item title
1.0	**Welcome, introductions and apologies**
	The Chair, Roberto Tamsanguan (RT) welcomed members and attendees to the July 2025 Tower Hamlets Together (THT) Board meeting held in public, noting apologies as above and informed the attendees that the order of the agenda items will be changed to accommodate the presenter's availability.
1.1	**Declaration of conflicts of interest**
	The Chair reminded members of their obligation to declare any interests 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**
	The minutes of the previous meeting held on Thursday 1 May 2025 were agreed as an accurate record of the meeting.
1.3	**Actions log**
	All actions in the circulated log are in progress or have closed since the last meeting.
2.0	**Questions from the public**
	No questions from the public have been received in advance of the meeting.
3.0	**Chair's updates**
	The Chair updated the Board on: • NHS 10-year plan launch and its implications • Upcoming Tower Hamlets Together Summer Fair on 15th July • Warwick Tomsett's goodbye event on 16th July
4.0	**System resilience and urgent issues**
	• Abolition of Healthwatch and its impact on local health services. Announcement that Healthwatch organizations are to be abolished as part of the NHS 10-year health plan, with their functions transferring to local authorities and ICBs, but with no further detail or consultation yet.

	• Updates on the Health and Adult Social Care Scrutiny Committee, the roles of scrutiny committees (HOSCs and DISCs) will be significantly changed under the new plan. • Reminder for partners to provide updates for the Health and Adult Social Care Scrutiny Committee, including achievements, plans, and challenges, as these will inform the scrutiny forward plan. There was discussion about missing slide submissions from some partners • 10-Year Health Plan Impact: noted the imminent launch of the NHS 10-year plan and the need to review its implications for system risks, resilience, and local planning, especially regarding risk registers and system-wide risks
5.0	**Operational Management Group (OMG) highlights**
	Zainab Arian verbally updated the Board members on the latest meeting of the OMG meeting key discussion points: • Two main presentations were given: a quarterly update from Dr. Alex Harborne on improving patient care, highlighting good partnership collaboration, and a review of social prescribing and connector roles by Matthew Quinn from Public Health, focusing on aligning roles and avoiding duplication, especially regarding housing issues • The group discussed the risk register and plans to address further system-wide risks, with an intention to review again after the release of the NHS 10-year plan. • The Quality Team are developing a schedule for regular reporting to the group
6.0	**Community Voice: Citizen Science with Care Leavers Project**
	Jospeh Cook and Mohammed Rahman presented the item and slides shared following the meeting highlighting: • The project is a collaboration between UCL and Tower Hamlets Public Health, focusing on health and well-being. • It aims to involve care leavers as citizen scientists, empowering them to conduct research and gather data relevant to their community. Key points highlighted: Training and Involvement: • Care leavers were trained in research methods, ethics, and project planning. • The training spanned four months, with participants working approximately 15 hours a week • The training included classroom sessions, fieldwork, and the creation of public-facing outputs. Outputs and impact: • Participants produced magazines, audio documentaries, and artistic outputs. • The project emphasized the importance of creative methods and public engagement. • Mohammed Rahman, one of the participants, shared his experience and the skills he developed, including public speaking and research skills. Support and collaboration: • The project received support from local social workers and the education team. • It aimed to provide care leavers with opportunities for personal and professional growth. • The project highlighted the importance of involving local residents in research to produce more relevant and impactful data. Future plans: • The project plans to continue with new cohorts and expand its focus to other areas, such as policing and prosperity in East London. • There is an emphasis on maintaining long-term relationships with participants and involving them in future projects as teaching assistants or visiting speakers.

	Comments and questions from the Board included: • Members praised the project for its innovative approach and the positive impact on participants • Discussion on the importance of citizen-led research and the need for funding to support such initiatives • Members agreed the project is a model for involving local communities in research and addressing health inequalities The Board noted the update and expressed interest in its continuation and potential expansion of the project
7.0	**Priority area: Children's Services**
	Steve Reddy presented the slides shared on children's services highlighting the Accelerate strategy, focusing on five key areas: Great Start in Life, Best Possible Health During Childhood, Support for Good Mental Health and Well-being, Right Support for Children with SEND, and Safe and Secure Environment. The Board members noted the update and had the following points and comments: • Members noted the drafting point about ICB running costs, highlighted safeguarding challenges, and suggested integrated neighbourhood working as an opportunity rather than a risk, proposing it be brought into neighbourhood discussions • Enquiry on actions to reduce the 94-week autism diagnosis wait, how the locality-based model will help identify SEND earlier, and what support exists for families transitioning from school to adult care. Emphasized the need for early identification and support for Somali and Bangladeshi communities • The importance of voluntary and community sector representation in partnership work and sub-groups was stressed and the need for accurate ethnicity coding in education data was highlighted. The Somali Autism Research Project was referenced • Question raised around the system's ability to address rising mental health needs in young adults, given limited secondary care resources, and raised concerns about the impact of smartphones and social media on youth mental health • Members were advised that there is progress in reducing autism diagnosis waits but noting resource constraints, supported early intervention, and recognized the need to improve transitions to adulthood and data sharing • SEND inspection report and JSNA will be brought to a future meeting • Members emphasized the need for anti-racist approaches to mental health, especially for young black boys, and what is being done to support them from age 11, referencing systemic racism and early intervention. Question/ issue of young black boys' mental health will be raised with the Children and Families Exec Board and Safeguarding Board and highlighted the importance of having the right data to address safeguarding and risks. The Board noted the update and agreed on the importance of partnership, data accuracy, early intervention, anti-racism, and embedding voluntary sector involvement
8.0	**Integrated Neighbourhood Working & Integrated Neighbourhood Teams**
	Tim Hughes and Richard Fradgley presented the vision, methodology, and governance for Integrated Neighbourhood Working (INT) in Tower Hamlets, highlighting the following key points: • The aim is to create thriving neighbourhoods where residents feel known, supported, and able to live healthily and happily. • Focus on providing joined-up, person-centred care through local teams rooted in the community • Emphasis on building relationships, trust, and working with communities. • Focus on prevention, joined-up care, and a culture of shared working

	• Teams will be formed in each of the four localities, involving a broad range of professionals and the voluntary and community sector. • The approach includes setting specific aims, building teams, and testing and learning from the process • Strong support for teams through a learning system, including quarterly sessions and a clinical and care professional reference group. • Emphasis on evidence-based approaches and using data and insights to inform decisions Members thanked the presenters and had the following discussion points: • Members highlighted the importance of aligning local priorities with borough-wide priorities • Need to balance bottom-up identification of priorities with overarching strategic goals • Need to make sure the voluntary and community sector is embedded in the neighbourhood teams. Develop options for embedding the voluntary and community sector and ensuring anti-racism and equity are integral to the neighbourhood work • Exploring options for representation and co-leadership roles • Ensuring anti-racism and equity are central. Need to develop a plan to embed these principles in all structures and processes • Launch the neighbourhood working model through various communication routes and bringing teams together to set priorities and begin implementation. The Chair thanked attendees for their contributions and highlighted the need for a comprehensive approach to integrated neighbourhood working, focusing on collaboration, prevention, and addressing inequalities
9.0	**Reframing the THT Partnership Team and Governance to Support Integrated Neighbourhood Delivery proposal**
	Suki Kaur presented the proposal to simplify the current THT governance structure shared with the papers. The new model is expected to provide clearer decision-making routes, better visibility and engagement of communities and the voluntary sector, and improved alignment with ICB changes. The Board was asked to approve the shift in team and governance, support implementation and ongoing review, and champion the model The Board had the following comments and questions: • There was consensus on the need to ensure anti-racism and equity are explicitly reported and embedded, with a plan to bring back proposal • Acknowledgements that the reductions in available local staff due to ICB restructuring mean providers will need to step up and lead the necessary groups to ensure delivery • A separate piece of work will need to be done to ensure anti-racism and equity are fully embedded, with updates to be brought back to the Board in a future meeting The Board noted the update and agreed the proposed changes
10.0	**Continuous Improvement Plan (CIP)**
	Georgia Chimbani presented the report shared with the papers and outlined the CIP's purpose as a response to external reviews, focusing on improving partnership structures, relationships, and performance emphasizing the need for partner involvement in shaping the plan and suggested a dedicated development day for deeper discussion. Members noted the update and had the following comments: • It was highlighted that the "how" of working together (openness, adaptability, defining and debating success) is as important as the "what" is delivered • Key questions: what does good look like, and how to measure progress? How to demonstrate the value of participation and establish it as a cultural norm? How to ensure commitment to partnerships and participation beyond specific initiatives like

	neighbourhoods? How to involve partners in a wide range of conversations and ensure elected Members are fully utilized in partnership work? • Attendees stressed the importance of building trust, humility, and understanding among partners, suggesting more informal time together to rebuild relationships and ensure clinical and care professionals are central to the process • Need to address concerns around the relationship with the VCS and ensuring their involvement in strategic decisions. Improvement process with greater openness and transparency welcomed • Attendees agreed on the need for a collaborative approach, embedding anti-racism and equity, and ensuring the CIP reflects the ambitions and needs of all partners, especially the VCS. Need for a collaborative approach to ensure the plan reflects the ambitions of the entire system • September meeting to be extended and repurposed into a workshop to facilitate discussion and to further explore the Best Value Inspection report around partnerships and engagement, the NHS 10-year Plan and the overall Partnership direction of Health and Care for Tower Hamlets
11.0	**Any Other Business**
	Fiona Peskett mentioned that Tower Hamlets is name-checked on page 36 of the NHS 10-year plan in relation to women's health. The next THT meeting will be on the 7th of August, and the THT summer fair to launch integrated neighbourhood teams is scheduled for the 15th of July No other business items were raised.

Tower Hamlets Board action log

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You Said We Did
Tower Hamlets Together (THT) Board Community Voice Update – 7 August 2025

The THT Board has a community voice item at the start of its meetings. This is an important part of every Board and demonstrates its commitment to the community having impact on its work. As part of this commitment this report sets out:

- The process by which responses and actions, which come out from the community voice are managed by the Board, and
- How the Board is responding to community voices sessions to date.

The THT Board's independent Community Voice Lead will publish as part of her Annual Report on community involvement in the work of the Board a 'You Said, We Did' section outlining the Board's responses to the community voice session. This report covers the period of the appointment of the Community Voice Lead to March 2024.

This report covers the period from April 2024 to June 2025

Process

1. Following a THT Board community voice the Engagement and Community Communications Lead (EL), or lead agreed by Board, will contact the community voice presenters to confirm actions to be taken following the meeting.
2. EL or lead agreed by Board, will link or follow up on behalf of the presenters with the THT partner/service responsible to take the actions forward.
3. THT Community Voice Lead will oversee this process and provide support where actions are not being effectively implemented
4. THT Community Voice actions will be reported quarterly to be THT Board under the heading 'You Said, We Did'.
5. THT Engagement Leads Group will receive updates on 'You Said, We Did' at its monthly meeting.
6. 'You Said, We Did' will be a section in the THT Community Voice Lead Annual Report.

'You Said, We Did' Annual Report

These THT Board You Said We Did update reports will be complied and reported in the THT Board Community Voice Lead's Annual Report (published December 2024) on how the Board has involved communities and acted on the issues presented to it. This Annual Report is an important public statement demonstrating transparency and accountability. The report will therefore go further than the outlines below and contextualise the responses in terms of health and care challenges, impacts of social determinants and how issues of discriminations are being addressed.

Recommendation: The Board are asked to comment on and note this update.

Community Voice 22/23 'You said, We did'

THT Board	Community Voice	Action	RAG rating	Comment
April	Women in Health	The Women in Health scheme is a partnership programme run by the THT partnership, funded through tackling health inequalities funding provided by NHS North East London ICB, and delivered		The scheme has been extended for a further year, with the THT team

THT Board	Community Voice	Action	RAG rating	Comment
		jointly by London Borough of Tower Hamlets and Barts Health Trust, via Barts' Healthcare Horizons Programme, and supported by our primary care and community and voluntary sector partners. The scheme took place between September 2022 – August 2023. This programme demonstrates how health inequalities funding can develop innovative approaches to improve the diversity of the health and care workforce for local people under represented in our service.		looking how it could be mainstreamed and widen into include other groups, specifically young black men.
May	Mental Health	Aurora Todisco (AT) and Rachel Vincent (RV) shared their experiences of mental health: AT spoke of her experience as carer involved in ELFT People Participation. This included supporting her in-laws navigation of the complexity of mental health services. She had provided feedback on these experiences, emphasising the benefits of lived experience insight. She praised ELPT's collaborative approach, valuing her input and actively involving in discussions. It has empowered AT to become a vocal advocate for mental health services' accessibility and equity. RV shared Joseph's story: a man in his 50s with mental health issues and his experience of discharge including medication he had been provided. She explained his carer became concerned he was deteriorating and she outlined how difficult it was to access support. RV explained the information leaflet he was given was over long photocopied and the Crisis number was on page 8. She said such leaflets should be much better designed and straightforward, thinking about who is using it, and ensuring it had emergency numbers for other urgent inquiries other than Crisis numbers should be made available, especially at weekends. RV had worked with NHS Barts on 'my ticket home' leaflet (2 page and easy to read making the patient aware of things before being discharged) RV also give another example of the East Ham Care Centre which held online meeting to organise discharge which included carers.		RV has met and discussed leaflet re-design with Barts Health and ELFT. RV working with other patients and ELFT to re-design mental health pathways patient and care information. There is a meeting in September to finalise the leaflet.

THT Board	Community Voice	Action	RAG rating	Comment
		ACTION: RV to meet with Barts Health and ELFT to discuss leaflet re-designed to ensure discharge patients have clear information including access to emergency support telephone numbers.		
June	Mental Health	Zuzanna Sokolowska (ZS), Groups Coproduction and Peer Development Coordinator at Mind, who supported Hasina Choudhury (HC), to tell her experience of support for her mental health. HC explained she had received great support from Mind which significantly aided her continuing recovery. She emphasised the importance of having an organisation like Mind supporting people with mental health issues. HC explained the support from her doctor had not a helpful experience and she had been discharged without accessing the support she sought. ZS explained Mind many people they support find it to navigate the online GP system including the online forms. She emphasised Mind staff are not mental health professionals, and many people need that type of support. ACTION: Connect Zuzanna Sokolowska, Groups Coproduction and Peer Development Coordinator at Mind and Hasina Choudhury with Richard Fradgley		Zuzanna Sokolowska, has been connected the ELFT clinical lead for talking therapies services to discuss the issues raised in this session.
July	Mental Health	Shamsur Choudhury (SC), Operational Lead at Bangladeshi Mental Health Forum (BMHF) for women and men joined the meeting to outline the work of the group, challenges of involving men, the impact of flexible Public Health funding to allow groups innovative early intervention support tailored by the community and how THT Board can improve community involvement/design, a more supportive funding regime for community-based groups such as BMHF. ACTION: Somen Banerjee to share the approach to an anti-racism commissioning ACTION: Add plans around anti-racist commissioning to the forward planner		The Public Health review of anti-racist commissioning and audit tool has been shared and it is planned to review this at the Anti-Racist and Health Equity Group Steering Group.
August	Mental Health	Samuel Conley (SC), from Spotlight updated the Board members on the organisation's work with young people co-producing mental health interventions, the importance of sustaining such peer-to-peer work and employability opportunities for young people out of work		No specific action from this Community Voice

THT Board	Community Voice	Action	RAG rating	Comment
		highlighting key discussion points of mental health, the Wellbeing ambassadors' programme and future to support for young people. The Board noted the plan to extend the wellbeing ambassador programme, which is funded through the Public Health. Students asked for workshops for year seven onwards, and to have them in primary schools and that MH should be introduced to parents on how this works in the borough. The Board suggested to have feedback at the next Health and Wellbeing Board in September. The Board noted the update.		
September		No Community Voice due to late withdraw of planned presentation		
October	Resident Influencing	Cornerstone Project: Alison Roberts, THCVS, Ellen Kennedy, Real DPO and Dan Range (Capture Consulting) presented the Cornerstone Partnership which aims to influence more inclusive decision-making across public sector agencies in Tower Hamlets. The project aimed to create a model for voluntary sector and public sector wanting to work with local communities to address inequalities within policy making services in Tower Hamlets. To do this it created a partnership bringing together the community organisations representing the borough's diversity and public sector to create a good practice guide and resource for carrying out Equality Impact Assessments across the borough. This highlighted equalities' issues and experiences across our communities through practical, lived, understanding of intersectionality and how this applies in Tower Hamlets. Cornerstone's goal is to ensure that all residents benefit from improved planning and decision-making that better reflects the experiences and needs of disadvantaged and marginalised communities in Tower Hamlets. The Board noted the Good Practice Guide will be on the THT Co-production Toolkit and that this approach could benefit co-production happening across the borough that could benefit from approach and avoid duplication. The THT Team to consider how to implement the Equality Impact Assessment (EqIA) so that the system can benefit from its approach.		The Cornerstone Good Practice Guide has been incorporated into the THT Co-production Toolkit. This toolkit requires promotion to staff and within this process this Guide will be highlighted.

THT Board	Community Voice	Action	RAG rating	Comment
November		No Community Voice due to late withdraw of planned presentation		
December		No Community Voice as the Board considered the independent Community Voice Lead Annual Report, which included an update of Community Voices from her appointment until March 2024.		
January 25	Gestational diabetes and health literacy	Muna Jibril, supported by Alison Roberts (THCVS), shared her personal experience of developing type 1 diabetes during pregnancy and her journey to manage the condition. The loss of her child during the pregnancy and how she empowered herself to manage her future pregnancies. Her struggles to communicate and make her worries heard by staff and health professionals. Problems flagged: lack of knowledge, community myths, information not relevant, embarrassment and feeling judged, not understanding the medical language, not feeling listened too and workforce. Muna also presented her thoughts on how the prevention approach can be strengthened through awareness raising to educate, build confidence and trust in the hope this will start the discussion on health literacy and support for pregnant women in the community to reduce the progression from gestational diabetes to diabetes by: building health literacy for individuals and communities, patients better understand their rights, accessible courses to build trust and confidence in prevention and maintenance of long-term conditions, develop approaches that enable people to shared lived experience stories and training and development opportunities for staff.		Slides shared with Maternity Services at RLH to consider recommendations and an update on the way forward to be feedback to the Board To be added Equity in Mental Health Services and Perinatal mental health services discussions to Board future agenda (or Maternity Forum)
February	Domestic Violence	Shahida Choudhury (Ocean Women's Association), Karen Wint (Sister Circle) and Laura Cullen (Nour) supported by Alison Roberts (THCVS) explained the impact of domestic violence on women, concerns about reducing services to support women subject to domestic violence and support provided. The presenters also proposed solutions to improve support.		Presenters linked to Dr Daniel Gibney (Adult Safeguarding Board) to take forward aspects of these presentations. Daniel reported Shahida presented at our Level 3 Safeguarding Adults training for primary care last month which was a 3 hour session, we had over 110 attendees from

THT Board	Community Voice	Action	RAG rating	Comment
				the borough and she talked about Bangladeshi womens' experiences and cultural awareness. This was very well received. We discussed at the community engagement sub-group in April the work that the ICB health equity funding has developed and how this has brought partners together. We appreciate their experiences and ideas for service development and improvement. We had agreed that the CVS are going to join the community engagement sub-group within the SAB that Belle cc'd in co-chairs. Alison Roberts has the invite already, unfortunately that has moved to one of my clinical days so I missed last month but the goal is that community voices will be heard via this sub-group which will be reported formally to SAB and the sub-group will allow the CVS and its

THT Board	Community Voice	Action	RAG rating	Comment
				partners to raise its ideas, concerns and priorities to the safeguarding adults board.
March	Somali Autism Research Project	Halima Mohamed (HM) from the University of Oxford came to the Board to update on the project. Significant challenges had been encountered in terms of data availability and robustness. It was thought that the unmet care needs of autism spectrum disorder (ASD) children in the Somali community remained unaddressed due to lack of representative data and accurate ethnicity coding. There was a deeply held belief and understanding amongst the local population that ASD in Somali children was high, but that data on this point was not available. A primary driver behind this issue was that widely used demographic data sets did not list Somali as a separate ethnic group - Somali people across NEL tended to classify themselves as black African or black other. Noting that the project's current funding ends in April 2025, the Board supported the planned bid to Bart's Health charity, which will be progressed by the THT ASD Research Working Group. NA indicated that he would work with HM to take this matter forward outside of the meeting.		Vicky Scott (VS) has become the chair of the group after Ayaan Gulaid stepped down due to work commitments. VS and HM met with Dr Somen Banerjee to discuss data met with Alex McLellan on 11 July to discuss the different data sets from primary and specialised care. Alex is working on linking data sets to get a better understanding of ethnicity across them, given than Somali is poorly recorded in some. It is clear that data around the prevalence of autism in Somali children is quite crude, initially suggesting 6.1% in boys and 2.2% in girls, which is recognised as a likely under reporting. We meet again with Alex on 25 July. Going forward we will also be involving Dr

THT Board	Community Voice	Action	RAG rating	Comment
				Farah Bede and thinking about how to link with educational data.
April		Deferred to May		
May	Community Voice: Young People's Voices on Mental Health	Coffee Afrik staff Amani Hassen, Khaleel Mohammed along with Zakariya and Zephyr presented this item. They highlighted barriers to mental health support for young people, including lack of awareness, cultural taboos, and insufficient support in schools. They stressed the need for cultural sensitivity training for mental health professionals and more accessible services. It was noted that many young people are unaware of available mental health services and may feel uncomfortable opening up in clinical settings. Key questions addressed to the Board: • Can you partner with youth workers and hubs to provide better support? • Will mental health education become part of school curriculums? • How can young people help design mental health services? • Will decision-makers listen and act on young people's ideas? • How can we reduce wait times for young people seeking help? • How can young people be included in the planning and decision-making of mental health services? • How can young people's voices be heard in future mental health policy-making? The Chair and members thanked the attendees for their presentation and for the work that Coffee Afrik does with children, young people and indeed adults in Tower Hamlets. Comments from the Board included: • Mental health is everyone's business. Need to improve collaboration with partners to deliver better services for children and young people • Members recognised the importance of collaboration between mental health services, education, and youth hubs. They emphasized the need for a whole-school approach to mental health and the involvement of young people in co-designing services.		The Board provided comprehensive reflections on the presentation. However, there was no clear action arising from the discussion. The Board are asked to request Children Services meet with the presenters and report back on practical steps that address the issues raised by Coffee Afrik.

THT Board	Community Voice	Action	RAG rating	Comment
		• Need to connect with colleagues in education and youth services to ensure a joined-up approach. • Need to co-produce services with young people to address the specific needs of those affected by violence • Challenges of securing funding and resources for mental health services were flagged. There is need for better investment in mental health services to ensure that they can meet the growing demand and provide comprehensive support • Members emphasized the importance of providing wrap-around support for young people. The expansion of youth services provides an opportunity to support the health of young people in the borough. Plans to have a safe space youth centre in every ward and the need to join up mental health services with these centres. • Attends were advised of the successful GP services for young people in youth centres and the need to expand this service to more locations. It was noted that the GP service at Spotlight youth centres offers 30-minute appointments and provides both physical and mental health support. The discussion highlighted the need to expand this service to other youth centres in the borough and involve wider partners to provide comprehensive support • The need for tailored mental health services for young people who are victims of violence was raised. Important to provide a safe and responsive support network for these individuals. Concerns raised about young people who are victims of knife violence and the need for specific services to support them. Explore introducing a similar model that Newham and Waltham Forest have (service that provides mental health support for young people involved in or at risk of knife crime) • Need better communication and promotion of available mental health services for young people. Important to involve young people in designing appropriate communication materials to make sure materials are relevant and appropriate for young people. • Many young people are unaware of the services available to them so there is a need to improve how these services are promoted		

THT Board	Community Voice	Action	RAG rating	Comment
		• Members discussed the potential barriers to digital mental health support for young people and the need to address digital exclusion. Ensure that digital services are accessible and effective • There is need for mental health support in schools to address the significant issue of exam stress and other issues among young people. Attendees highlighted the importance of having approachable mental health professionals available in schools to provide support to students who may be suffering in silence. • Need to collaborate across sectors to address the challenges and ensure effective support is offered		
June		No Community Voice as the Board had a development session		
July	Citizen Science	Update on next report		
August	Carers Centre	Carers and discharge		
September		No Community Voice as there is a Board Development Session planned		
October	THCVS	Flourishing Communities - learning		

Tower Hamlets Together Board

[insert date of meeting]

Title of report	Facilitating a smooth and rapid process for hospital discharge – Update
Author	Julie Dublin, Senior Programme Manager, Unplanned Care
Presented by	Julie Dublin, Senior Programme Manager, Unplanned Care
Contact for further information	Julie Dublin, Senior Programme Manager, Unplanned Care Julie.dublin@nhs.net
Executive summary	This report provides an update on progress made on the discharge programme in Tower Hamlets. 1. Attachment 1 provides an overview of the work commenced in 24/25 and updates on outstanding activities from that period. 2. Attachment 2 outlines improvement areas in 2526 3. North East London (NEL) level Discharge Escalation Framework aligning timeframes and identifying key leads to unblock discharge delays Please note this is work in progress and further discussions continue to be held within the Tower Hamlets Discharge SRO group to develop the programme further.
Action / recommendation	The Board/Committee is asked to: 1. Review the report and provide feedback.
Previous reporting	The Tower Hamlets Discharge SRO Group is established and includes membership from Adult Social Care, Transfer of Care, Mental Health and Community Health Services.
Next steps/ onward reporting	The Discharge SRO Group continue to monitor delivery.
Conflicts of interest	No conflicts of interests declared in relation to this report.
Strategic fit	Which of the ICS aims does this report align with? • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access

Impact on local people, health inequalities and sustainability	Improvements to the discharge process directly impacts local people by ensuring: • People are discharged on the most appropriate pathway • Have access to wrap around care to maintain them safely in the community and avoid re-admission
Has an Equalities Impact Assessment been carried out?	The various components of the discharge programme are established and have not been subject to a renewed Impact Assessment.
Impact on finance, performance and quality	**Financial implications** There are no additional resource implications/revenue or capitals costs arising from this report. The costs are met through existing resources or allocations (Better Care Fund (Pooled Budget) and Hospital Discharge Fund).
Risks	Please state any risks to the delivery and if possible, relate to the BAF risks

1.0 Introduction/ Context/ Background/ Purpose of the report

1.1 In 24/25 a mapping exercise was undertaken with system partners to understand current discharge processes and pathways as well as identify areas for improvement which has rolled over into 25/26. The exercise considered findings from the Newton Review, LGA D2A Transformation and NEL Discharge Priorities. The following priorities were identified:

1. Address risk-averse decision making and over provision of homecare in pathway 1
2. Improve knowledge of discharge to assess (D2A) process for patients, families and carers
3. Improve engagement with families/carers
4. Address complex discharge issues earlier in the planning process
5. Streamline and accelerate process for reviewing high-cost packages of care
6. Encourage better use of reablement service, reducing inappropriate referrals, promote goal-focused therapeutic input in reablement

1.2 The Board is asked to note the progress made.

2.0 Key messages

2.1 The board is asked to note the following:

1. Number of referrals by pathways from April – June 25.

Boroughs	Pathway 1	Pathway 2	Pathway 3
Tower Hamlets	**803**	**66**	**16**
OOB	**902**	**112**	**17**

2. The top 5 reasons for delayed discharges compared between Tower Hamlets and out of borough is shown below.

Boroughs	POC set up	Medical Review/test	Nursing/Care Home Placement	Equipment delays external	Step down
Tower Hamlets	**368**	**322**	**288**	**283**	**270**
	POC set up	Nursing/Care Home Placement	Equipment delays external	Social Work	Homeless
OOB	**785**	**568**	**554**	**482**	**333**

3. An **Escalation Framework (Appendix 2)** has been developed across North-East London, containing contact details of key associates involved in the discharge process and include the number of hours/days actions should be given before escalation. The framework covers the whole population.
4. **East Ham Health Centre (**EHCC) commissioned by Newham Place is scheduled to close in November 2025. The impact of this will be a reduction in step-down capacity available to Royal London Hospital (RLH). A proposal has been put forward about future use of EHCC, but these discussions are at an early stage
5. **Advance Discharge Planning (ADP)** live in Hackney, Newham and Waltham Forest. A comparison undertaken in July 25, shows a patient spent on average length of stay (LOS) 27 days on the ADP list with a referral to discharge of 13 days, saving 14 days.

2.2 The group reviewed the overview of the current discharge improvement programme. The following areas emerged as possible opportunities for further improvement activity:

1. **Improving access to step-down provision**
   - Particularly the challenges for patients who do not have nursing needs, but who nevertheless require a step-down bed.
   - Addressing risks related to reduced capacity as a result of the commissioning withdrawal of Fothergill ward, EHCC.
2. **Harmonising approaches across NEL to CHS referrals**
   - When patients are discharged to temporary accommodation in different boroughs, there are challenges with referrals for community health services, including district nursing services and equipment provision.
   - Services are often tied to the patient's GP's location, which may not align with their temporary accommodation.
   - When patients are placed in temporary accommodation, there is often a requirement to change their GP to receive community health services.
3. **Strengthening support for mental health discharges**
   - Patients with significant mental health needs often face challenges in the discharge process, as they may not meet the thresholds for CMHTs or may not have been under CMHT care prior to admission.
   - This results in difficulties finding appropriate mental health supported accommodation, and the existing processes are not compatible with the timescales of acute admissions and discharges.

4. **Improved coordination between health and social care**
    - Addressing delays in restarting packages of care, and ensuring that placements are arranged in a timely manner.

5. **Access to step-down provision:** Addressing the challenges in providing step-

4.0 Risks and mitigations

4.1 **Risk**

NRS the community equipment provider commissioned by Tower Hamlets and who covers several boroughs across London, has gone into administration and will cease trading.

Mitigation

The Local Authority has established alternative arrangements to minimise disruption. This arrangement ensures that new equipment requests can be fulfilled and where equipment is already in the community, repairs and collections can be undertaken.

The local authority has put processes in place and has disseminated information to providers and existing customers about the new process.

4.2 **Risk**

There is a risk of reduced step-down bed capacity, exacerbated by the closure of EHCC.

Mitigation

Options being considered for future use of EHCC. Further details to be provided.

5.0 Conclusion / Recommendations

5.1 This report is a work in progress as the Discharge SRO Group continue to engage on the improvement plan and note the additional areas for 25/26:

he Board is asked to note the contents of this report.

6.0 Attachments

6.1 The following appendices are referenced in this report:

- Appendix 1: Overview of schemes
- Appendix 2: Escalation Framework

7.0 End

7.1 Report prepared by Julie Dublin, Senior Programme Manager Unplanned Care, 1st August 2025.

Tower Hamlets Together Board

07 August 2025

Title of report	**Vaccinations ahead of winter**
Author	Matthew Cruice, Head of Screening, Immunisations and Vaccinations, NHS North East London
Presented by	Amita Gokani, Senior Programme Manager for Screening, Immunisations and Vaccinations.
Contact for further information	matthew.cruice1@nhs.net 07350 375 461
Executive summary	• Covid and Flu vaccinations are provided to eligible groups during the Autumn period to prevent morbidity and mortality from these infectious diseases during winter. • Covid seasonal vaccination coverage has consistently been low in Tower Hamlets across all eligible cohorts, with inequalities by ethnicity and primary care network. • From Autumn 2025, eligibility for the Covid seasonal vaccination will be reduced. Health and Social care workers are no longer eligible, and the eligibility age criteria has reduced from age 65+ to 75+. Those who are immunosuppressed continue to be eligible. • The Integrated Commissioning Board is working to improve coverage in care homes, in the immunosuppressed cohort, and in those age 75 and over.
Action / recommendation	The Board is asked to: • Note the update on COVID-19 vaccination eligibility. • Note and support seasonal vaccination plans for Autumn/Winter 2025. • Discuss how the partner organisations can support seasonal vaccination uptake in Tower Hamlets, especially in care homes, among immunosuppressed children, those eligible in Hospital Trusts (clinically vulnerable patients eligible for flu, and immunosuppressed patients for COVID).
Previous reporting	• THT Board, 03 October 2024, “Vaccinations update” • Tower Hamlets All-Age Immunisations Board, 01 July 2025 • North East London All-Age Immunisation Board, 16 July 2025
Next steps/ onward reporting	• Tower Hamlets All-Age Immunisation Board, Sept 2025
Conflicts of interest	GP practices have an interest in increasing vaccination coverage, which can increase revenue and improve reputation of the practice. Two THT Board members are practicing GPs in the borough.
Strategic fit	The ICS aims this report aligns with:

	• To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access
Impact on local people, health inequalities and sustainability	The COVID-19 and influenza vaccinations protect against these two common infectious diseases, which peak in the winter months, and in some individuals can result in hospitalisation and death. Successful vaccination campaigns can significantly reduce the risk of infection and serious illness, meaning fewer people will need to be looked after in hospital, which is better for the individual, others who may rely on hospital services during the winter, and for those aiming to ensure the available health service budget is managed in the most cost-effective way possible. There are notable inequalities in seasonal vaccination coverage by GP practice/PCN, deprivation level, ethnicity, and eligible cohort. It is important that the local delivery model in Autumn 2025 addresses health inequalities with an aim to improve coverage among the most vulnerable groups.
Has an Equalities Impact Assessment been carried out?	Each year, the Joint Committee for Vaccinations and Immunisations (JCVI) make a recommendation about which population groups should be included in the seasonal vaccination programmes. This is based on evidence, risk and cost-effectiveness. NEL ICB completes a comprehensive Equality and Health Inequality Impact assessment, to ensure any potential adverse impact on the local population's health and wellbeing is identified and mitigated, both in terms of planning and delivery.
Impact on finance, performance and quality	Funding for the COVID-19 campaign is allocated by NHS England, who commission delivery providers in consultation with NEL ICB colleagues. There are no additional resource implications/revenue or capitals costs arising from this report. The full 2025/26 campaign costs have been met from within existing resources. NHS England have significantly reduced the Access and Inclusion funding previously associated with the COVID vaccination programme. Outreach provision continues to be commissioned, and plans are being developed to ensure this resource is used effectively. However, the amount of activity delivered will reduce, and whilst this is unlikely to impact overall vaccination uptake, it is something NEL ICB and NHSE will monitor closely.
Risks	If coverage of Covid and Flu vaccinations is low, there is a risk of increased winter hospital admissions and excess deaths. There will not be a focus on Covid vaccination uptake in the national approach to comms. There is a risk that this may lead to a lack of awareness about the programme, and in particular, eligibility. NEL ICB has a 'Winter Wellness' communications plan prepared for roll-out, which includes messaging around

	vaccinations. System partners are encouraged to amplify Winter Wellness messaging.

1.0 Background

1.1 NHS England (NHSE) is responsible for ensuring the delivery of the COVID-19 vaccination programme across England. In North-East London, NEL ICB are the key delivery partner of NHSE, ensuring a successful campaign is delivered to people living in Tower Hamlets, Newham, Waltham Forest, City & Hackney, Barking, Havering and Redbridge, who meet the criteria as set out by NHSE.

1.2 **Flu commissioning**

The NHSE commissioned flu vaccination programme starts in September 2025. Commissioned providers include community pharmacies, GPs, Trusts, school providers and others under a service level agreement.

The focus will be to:

At least **maintaining** flu vaccination uptake in the 65 plus years, and increase uptake in:

- Children – all eligible ages
- those aged under 65 years in a clinical at-risk group
- Frontline Health Care Workers

1.3 The Board is asked to note the plans outlined in this report and for Board members to support a successful campaign where they are able.

1.4 NHS England outlines three clear priority areas, including:

- Improving access
- Ensuring vaccination delivery in convenient local places
- Ensuring a more joined-up prevention and vaccination offer

This paper provides assurance that plans are in place to deliver against these key priorities.

2.0 Key messages

2.1 Covid and Flu vaccinations are provided to eligible groups during the Autumn period to prevent morbidity and mortality from these infectious diseases during winter. Covid seasonal vaccination coverage has consistently been low in Tower Hamlets across all eligible cohorts, with inequalities by ethnicity and primary care network. NEL ICB is working to improve coverage in Autumn 2025, for example collaborating with the Local Authority to improve uptake of Covid and Flu vaccinations in Care Homes.

2.2 From Autumn 2025, eligibility for the Covid seasonal vaccination will be reduced. Health and Social care workers are no longer eligible, and the eligibility age criteria has reduced from age 65+ to 75+. Those who are immunosuppressed will continue to be eligible. This means the overall eligible population has reduced from around 60,000 in Autumn 2024 to just 15,000 in Autumn 2025.

2.3 There are challenges that may impact on the Autumn 2025 seasonal vaccination programme. Firstly, NHS England has significantly reduced the Access and Inclusion funding previously associated with the COVID vaccination programme. Outreach provision (e.g. vaccinations at community events) will continue to be commissioned however, the amount of activity delivered will reduce. Furthermore, there will not be a focus on Covid in national communisations, therefore population awareness of the programme and eligibility may be reduced.

3.0 Seasonal Vaccination Programme

3.1 Spring Covid Vaccination Programme coverage is provided through the Federated Data Platform, with the exception of Care Home coverage which is provided by the Clinical Effectiveness Group (CEG). The FPD data is owned by NHS England. Data cannot be provided in this paper as NEL ICB does not have permission to share the figures publicly. Performance highlights will be shared at the meeting.

3.2 Flu vaccination programme coverage data reports are produced by the Clinical Effectiveness Group to support management and oversight. Performance highlights will be shared at the meeting.

3.3 Autumn/Winter Seasonal Vaccination Planning – Overview

3.3.1 The Joint Committee for Vaccinations and Immunisations (JCVI) have recommended a change to the eligibility criteria for the COVID-19 vaccinations from Autumn 2025, which were agreed as national policy. There are two main changes:

- **Health and Social Care staff** are no longer on the eligibility criteria. However, they will continue to be eligible for the Covid vaccination if they are immunosuppressed. Health and social care staff will continue to be eligible for the flu vaccination.
- **Adults age 65 and above** were previously eligible for the autumn covid vaccination, however this has been revised and will now be adults age 75 and above.

3.3.2 To map roles and responsibilities for the Autumn 2025 campaign, NEL ICB are working with NHS England to ensure all eligible individuals in the community, in schools, care homes, who are housebound or who are eligible for other reasons are known to and are offered vaccination, by a suitable provider.

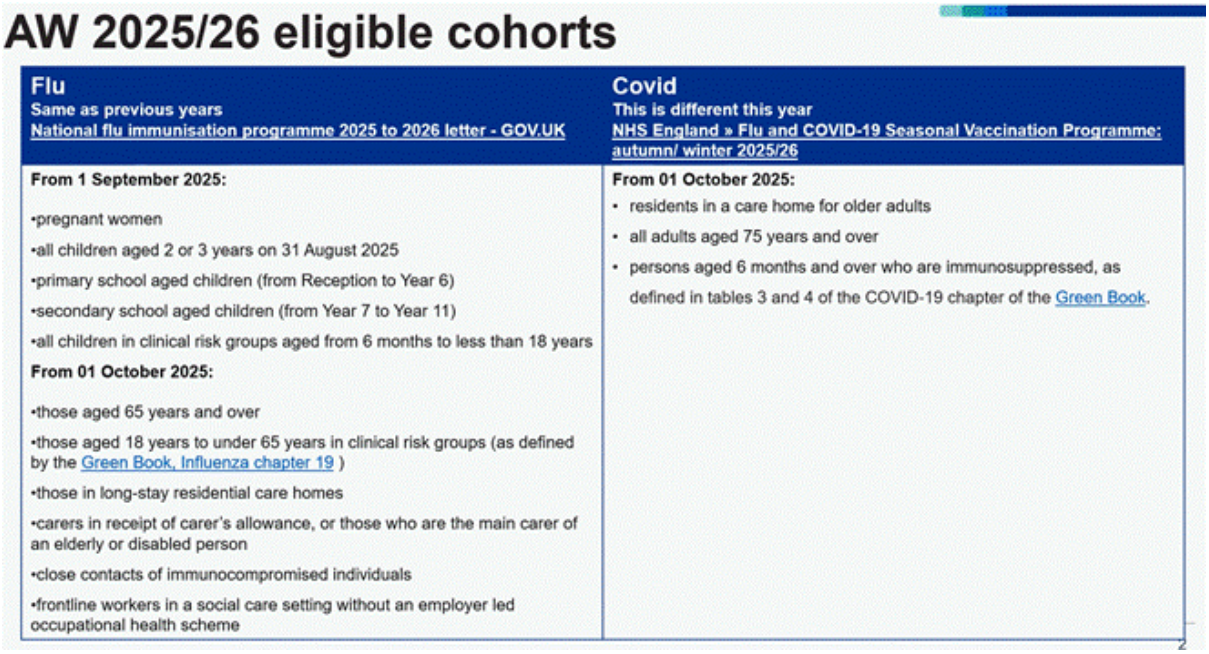
3.3.3 To make sure delivery arrangements are clear and providers have the information they require, NEL ICB are working with NHS England and commissioned providers to ensure all relevant SLAs/MOUs and data sharing and processing agreements are in place and are compliant with contractual and legislative requirements.

3.3.4 NEL ICB have confirmed the 2025/26 Access and Inequalities funding envelope with the commissioned outreach providers (Woodgrange Practice, based in Newham for Tower Hamlets, Newham and Waltham Forest). Significant funding reduction from the DH for this financial year, meaning ICB and providers are working closely to agree how A&I money should/could be spent. Proposals to be shared with local planning groups for review & approval.

3.3.5 Significant challenges with organisational change and ongoing uncertainty in both NHS England and NEL ICB. Team undergoing review of how we work and how we can build resilience into roles to ensure core functions remain viable. Improved system working and opportunities to streamline processes are key areas of focus.

3.4 Autumn/Winter Seasonal Vaccination Planning – Cohorts

3.4.1 The table below summarises the eligible cohorts for the Flu and COVID vaccination programme in Autumn and winter, and includes the dates from which vaccination is available:



AW 2025/26 eligible cohorts

Flu Same as previous years National flu immunisation programme 2025 to 2026 letter - GOV.UK	Covid This is different this year NHS England » Flu and COVID-19 Seasonal Vaccination Programme: autumn/ winter 2025/26
From 1 September 2025: •pregnant women •all children aged 2 or 3 years on 31 August 2025 •primary school aged children (from Reception to Year 6) •secondary school aged children (from Year 7 to Year 11) •all children in clinical risk groups aged from 6 months to less than 18 years **From 01 October 2025:** •those aged 65 years and over •those aged 18 years to under 65 years in clinical risk groups (as defined by the Green Book, Influenza chapter 19) •those in long-stay residential care homes •carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person •close contacts of immunocompromised individuals •frontline workers in a social care setting without an employer led occupational health scheme	**From 01 October 2025:** • residents in a care home for older adults • all adults aged 75 years and over • persons aged 6 months and over who are immunosuppressed, as defined in tables 3 and 4 of the COVID-19 chapter of the Green Book.

3.4.2 Care Homes:

- Complete a review of care home and house bound declines, identify themes and develop action plan with stakeholders to tackle known issues
- Identify an achievable improvement target and tangible supporting actions with system partners, informed by learning and data, and deliver quality improvement initiatives.
- Ensure all care homes with eligible residents and house bound individuals are known to an identified responsible provider and plans are in place to invite, visit and capture outcomes for all
- Develop a FAQs document to be shared with partners and providers to ensure system alignment on roles and responsibilities, key contacts and programme objectives/targets
- Develop a comprehensive dashboard for both cohorts to ensure in-programme tracking of delivery and provide assurance to the system

3.4.3 Immunosuppressed patients:

- Aim to vaccinate 400 people across NEL that are eligible due to immunosuppression and that have never been vaccinated before.

- Undertake a data quality review, ensuring NHSE FDP data is accurate by cross checking with CEG data for NEL and validated by a sample of PCNs. Communicate findings and learning to all providers.
- Identify with CEG a subset of the immunosuppressed cohort that are known to be those with conditions meaning there IS status is longer term.
- Identify opportunities to work in partnership with hospital trusts to supplement/lead an invitation plan for some cohorts, where this may be appropriate.

3.4.4 Age 75+

- ICB develop a suite of targeted comms that are intended to engage the diverse population of NEL in a programme of winter wellness. Plan for roll out is being finalised and will be shared with local comms leads.
- Across North East London, over 200 points of access available for people to book into, including evening and weekend provision.
- Ensure best practice, evidence-based approach to vaccination invite is recommended and there is high adoption of proposed approaches.
- All supported by regular, place-based meetings that facilitate joined up working as well as issue and risk management.

3.4.5 Healthcare workers (Flu only)

- Work has begun in support of NHS England to define key lines of enquiry for Trusts and others delivering flu vaccine to the Health Care workforce.
- All London ICBs have provided feedback to the regional team with regards a consistent approach to London Trusts and this is being taken forward.
- NHS England (Nationally) are promoting a target uptake improvement of 5% for healthcare worker vaccination.
- ICB will work with Trusts and the commissioner to identify what they can offer to support successful delivery of improvement plans.

4.0 Risks and mitigations

4.1 If seasonal vaccination coverage is low, there is a risk of excess winter morbidity and mortality. This will be mitigated through attempts to improve vaccination coverage outlined in section 3, above.

4.2 If there are inequalities in seasonal vaccination coverage, there is a risk of health inequalities in covid and flu morbidity and mortality. This will be mitigated through attempts to improve vaccination coverage outlined in section 3, above.

4.3 As the national communications will not include a focus on Covid-19, there is a risk of limited population awareness of the changes in eligibility criteria. This will be mitigated through the national invitation process as well as ICB communisations on winter wellness.

4.4 As the funding for the outreach vaccinations has been reduced, there will be less provision of vaccinations at community events. This will be mitigated by targeting the outreach provision to areas where coverage is low.

5.0 Conclusion / Recommendations

5.1 The Board is asked to:

- Note the update on COVID-19 vaccination eligibility.
- Note and support seasonal vaccination plans for Autumn/Winter 2025.
- Discuss how the partner organisations can support seasonal vaccination uptake in Tower Hamlets, especially in care homes, among immunosuppressed children, those eligible in Hospital Trusts (clinically vulnerable patients eligible for flu, and immunosuppressed patients for COVID).

6.0 Attachments

6.1 N/A

7.0 End

7.1 Matthew Cruice, 27/07/2025

Tower Hamlets Together Board

[07/08/2025]

Title of report	LBTH Adult Social Care CQC Inspection Update
Author	Joanna Bolton, ASC Transformation Lead
Presented by	Georgia Chimbani, Corporate Director for Health and Adult Social Care Lauren Rochat, Regulatory and Operations Lead, Health and Adult Social Care
Contact for further information	Joanna Bolton – Joanna.bolton@towerhamlets.gov.uk
Executive summary	LBTH Adult Social Care is being inspected by the Care Quality Commission as part of their Local Authority inspection regime. We are awaiting dates for our onsite inspection visit. This update provides an overview of the inspection next steps and the key messages from our self-assessment, including under the 'leadership' theme which will be particularly relevant to the THT Board. In addition, it provides an overview of some of the key roles (relevant to the Board) that we anticipate CQC will want to speak to/meet with as part of the inspection process. Contact details for the LBTH ASC inspection preparation team are also provided.
Action / recommendation	The Board/Committee is asked to: - Read the slides and listen to the presentation - Let us know if you hear from CQC - Respond to any communications from our inspection team internally in a timely way - Cascade any relevant key messages about ASC CQC inspection to your organisation's staff as appropriate - Reflect on our work as the Tower Hamlets Together partnership. What are you proud of and what examples can we draw on to evidence our joint working and the impact it is having for our residents?
Previous reporting	An online all partner briefing was held by LBTH on 17th June. A previous update on inspection preparation was presented to the THT Board in September 2024.

Next steps/ onward reporting	Written briefings will be provided to members of the board who may be requested to take part in the inspection. An update will return following publication of the inspection outcome.
Conflicts of interest	NA
Strategic fit	• To improve outcomes in population health and healthcare
Impact on local people, health inequalities and sustainability	The local authority CQC inspection is important and provides an opportunity for residents, carers, partners and staff to share their views on living and working in Tower Hamlets. The inspection outcome will provide an important insight into how the CQC understand our partnership working to be performing and delivering for residents and its findings will support us to further build and develop on plans to address health inequalities for our residents moving forwards.
Has an Equalities Impact Assessment been carried out?	NA
Impact on finance, performance and quality	There are no specific implications for the Board linked to Local Authority CQC inspection with the exception of the reputational risk linked to a negative outcome as outlined in section below."
Risks	The reputational risk that LBTH receives an 'inadequate' inspection rating from the CQC – mitigation: robust inspection planning and preparation linked to our ongoing transformation and improvement planning. Supporting stakeholders to understand the inspection process and key messages as part of the preparation.

Reports should be no longer than 5 pages including this report cover.

Consider your audience. Only use acronyms after spelling the subject/organisation name in full e.g

- North East London Integrated Care System (NEL ICS)
- Care Quality Commission (CQC)
- Patient Tracking List (PTL)
- Elective Recovery Fund (ERF)
- Patient Initiated Follow Up (PIFU)

Paragraphs should be numbered as below for ease of reference.

1.0 Introduction/ Context/ Background/ Purpose of the report

1.1 Be clear on why you are writing a Board or Committee paper. If your purpose is to inform, you may start off with some background information about the issue. If your purpose is to provide assurance, while your starting point may still be the same, the critical difference will be the need to assure the Board or its Committees about how services, for example, currently configured are either serving the needs of the population, or where they are not, how the proposals you intend putting in place will provide that assurance.

1.2 Be clear on what the 'ask' of the Board/Committee is:

- Decision
- Approve
- Discuss
- Note

1.3 Reports to either the Board or its Committees on specific tasks or activities should set out clearly, not only what has been done, but also what is expected in terms of decisions and actions.

1.4 Set out how the paper relates to the organisational corporate objectives and strategy. If a proposal is outside the organisation's strategy or policies, this needs to be highlighted.

2.0 Key messages

2.1 This should be a summary of the main high-level/key messages that you want to bring to the readers' attention.

3.0 Body of report

3.1 Tell a succinct story – with a beginning, middle and end. Get the balance right between presentation and substance. Condense lengthy reports into concise summaries, charts and dashboards, visually highlighting trends and key findings and more importantly, drawing out the key issues for consideration by Board and Committee members.

- Ensure any metrics or performance indicators are outcome based
- Include as much patient experience data as you can, keeping the patient/service user at the heart of the report
- Write with your audience firmly in mind
- Avoid acronyms (see above) and write in plain English. If you need to use an acronym, please ensure it is written in full in the first instance followed by the abbreviation.
- Ensure the 'so what' question is answered

4.0 Risks and mitigations

4.1 Highlight any risks that need to be brought to the Board or its Committees attention and the mitigations that are in place.

5.0 Conclusion / Recommendations

5.1 The 'recommendation' should relate back to the purpose of the paper and should be included on the first page of this template (action/recommendation field). If the recommendation is for a 'decision' to be made, the recommendation field should

explicitly state the decision the Board or its Committee is being asked to make. If the recommendation is to 'note', the recommendation field should state that members are asked to 'note' the report.

6.0 Attachments

6.1 List appendices as:

- Attachment/Appendix 1 [title]
- Attachment/Appendix 2 [title]

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Please note: if any of the attachments are large documents (10+ pages) please refer to them in your report, stating that an electronic copy can be made available upon request or where possible, include a web-link to where they are available on line.

7.0 End

7.1 The report should end with the name of the author and the date the report was drafted.

Adult Social Care (ASC), Care Quality Commission (CQC) Inspection Preparation: **Update for partners – THT Board**

7th August 2025

Georgia Chimbani – Corporate Director of Health and Adult Social Care

Lauren Rochat – Regulatory and operations Lead, Health and Adult Social Care

Purpose of this update

We want to keep our partners up to date on the progress we're making to prepare for the new system wide Adult Social Care inspections by the Care Quality Commission (CQC) and to share what we know about the inspection so far.

During this short update we will:

1. Provide an overview of the inspection process and key milestones
2. Outline the key messages from our self assessment
3. Update on support for you, next steps and how you can support preparation
4. Answer any questions you may have

About the CQC ASC Local Authority Inspection Process

CQC
Local Authority Assessment Framework

1. How we **work with people**

Includes assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, wellbeing, information and advice

2. How we **provide support**

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

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

This includes safeguarding, safe systems and continuity of care

4. **Leadership**

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

Key Events

Event	Timing
Survey of CQC registered providers	May
CQC interviews with selected contacts submitted during information return (Carers Centre, Age UK, Mind, Powher, Healthwatch etc)	July
On-site visit **dates** and case tracking request received	**6-8 weeks notice** of on-site visit given (earliest September)
SMT 3-hour presentation to CQC	around **1 month before** on-site visit
Data and performance focus group with CQC	around **1 week before** on-site visit
Report publication	Up to **3 months after** on-site visit

Key partners CQC speak to:

- Director of Public Health
- Acute Trust Lead
- Mental Health Trust Lead
- Chair of Integrated Care Board
- Place Chair
- Health and Wellbeing Board Chair

Key Strength: Partnership working and integration improves services for people

Examples of Partnership working referred to in our CQC self-assessment

Integrated Mental Health Services

- Section 75 Agreement with ELFT
- Co-located teams delivering seamless care.
- Recovery College and community connectors support holistic recovery.
- Barnsley Street Project: 24/7 drop-in mental health pilot based on Trieste Model.
- Dementia Memory Clinic: 4x accredited by Royal College of Psychiatry.

Hospital Discharge & Homelessness

- Transfer of Care Hub & Pathway Homeless Team
- Integrated social worker role at Royal London Hospital.
- Partnership with Barts Health and Look Ahead Housing
- 94.5% of discharges on the day identified as ready.

Carers Support & Innovation

- Co-produced hospital-based carer identification project.
- Model now replicated across North East London via Accelerated Reform Fund.

What Happens Next?

Next Steps

- Continuing on our improvement journey, ensuring we can demonstrate progress on our areas of focus by the on-site visit

- We will be sharing tailored briefings to support any partners invited to be interviewed by CQC

- Further information will be shared with partners at key milestones (including when we receive our onsite date notification)

Ask of Board members

We are asking our colleagues on the Tower Hamlets Together Board to support us as we prepare for inspection:

- Let us know if you hear from CQC
- Look out for any communications from our council inspection prep. team
- Reflect on our work as the Tower Hamlets Together partnership. What are you proud of and what examples can we draw on to evidence our joint working and the impact it is having for our residents?

Key contacts

In addition to your existing contacts in LBTH, if you want any further information or have any questions about CQC inspection specifically please speak to one of the adult social care team leading on inspection preparation for Tower Hamlets.

Key contacts are:

- Core Inspection Team email address - cqcinspection@towerhamlets.gov.uk
- Emily Fieran-Reed, Head of ASC Improvement, Transformation and Assurance (emily.fieranreed@towerhamlets.gov.uk)
- Jo Bolton, ASC Transformation Lead (joanna.bolton@towerhamlets.gov.uk)
- Sarah Murphy, Principal Social Worker (sarah.murphy@towerhamlets.gov.uk)

Thank you!

Any questions?

Appendix

Prioritising People Practice Framework
Strengths and Areas of Focus

Our Vision

PRIORITISING PEOPLE

Adult Social Care prioritises people by supporting them to meet their goals, be connected to others and be as independent as possible

Our Values

Together

We work TOGETHER across boundaries with partners to achieve the best outcomes

Open

We are OPEN and transparent

Willing

We are WILLING to challenge, innovate and be accountable

Excellent

We empower each other to be EXCELLENT and go the extra mile

Respect

We RESPECT all communities, they are heart of everything we do

Our Approach

- We work with people to identify and build on; their personal strengths, strengths within their friends and family and strengths in their community
- We empower and enable people to meet their own outcomes and aspirations
- We use a compassionate, kind, culturally attuned, inclusive, anti-oppressive and trauma-aware approach to support
- We quality assure our practice in various ways and at different levels to embrace excellent practice and drive improvement where necessary

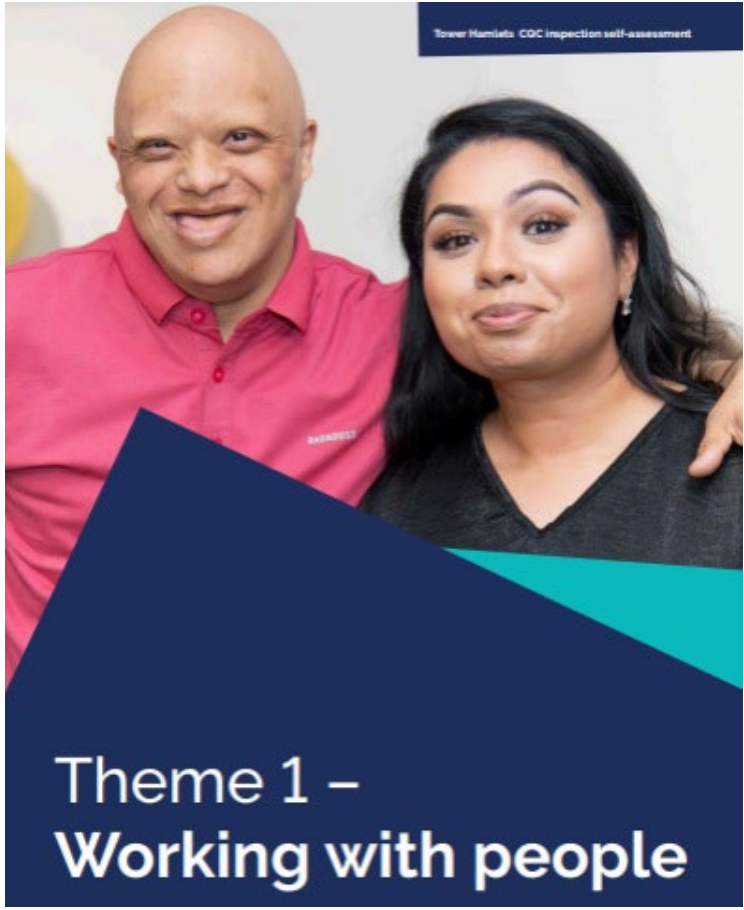
Working with people

Our strengths

- ✓ Information and advice service
- ✓ Digital inclusion
- ✓ Independent Living Hub (ILH)
- ✓ Integrated mental health and learning disability services
- ✓ Discharge processes

Areas we are focusing on

- ○ Managing demand and reducing the length of time people are waiting for assessment and review
- ○ Direct payments service model
- ○ Reablement outcomes
- ○ Ensuring consistency in co-production practice across the directorate



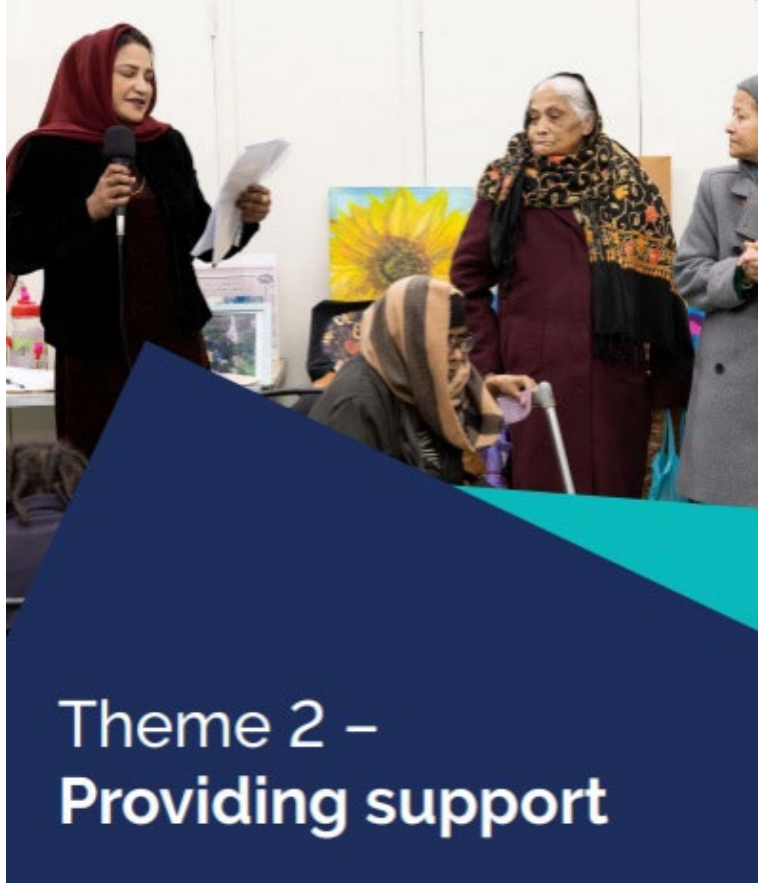
Providing support

Our strengths

- ✓ Co-produced development of services, ensuring services are shaped by lived experiences.
- ✓ Partnership working and integration improves services for people
- ✓ We commission well for prevention and early intervention with a range of innovative services designed to provide early help and prevent needs from escalating

Areas we are focusing on

- Enhancing our market oversight work - We want to be less reactive and more strategic in market shaping
- Further embedding co-production so people are more involved in every step of the development and delivery of our services



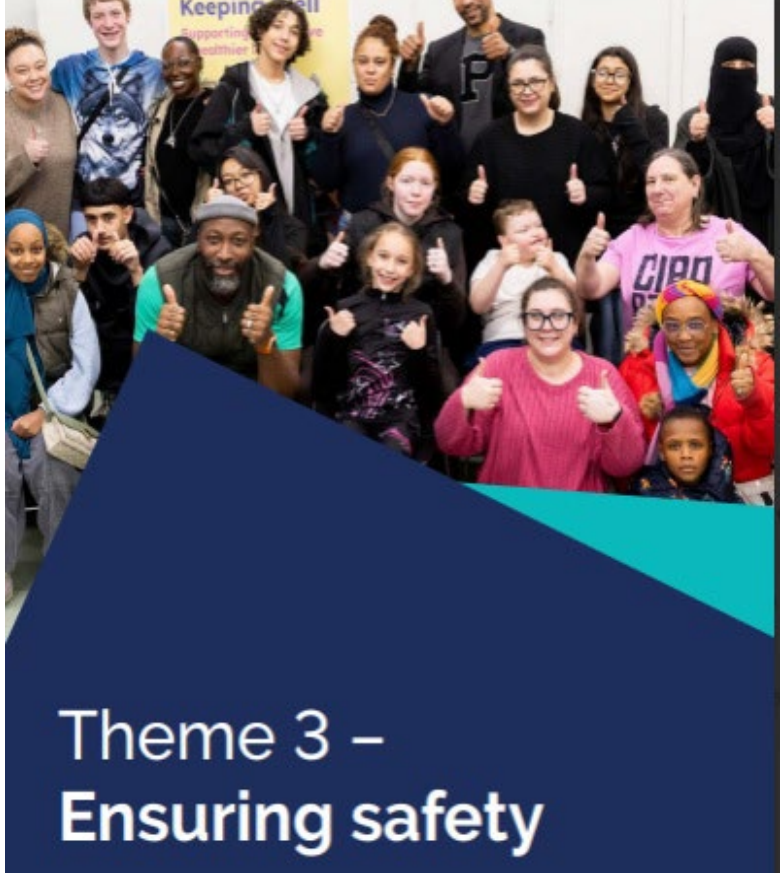
Ensuring safety

Our strengths

- ✓ Safeguarding culture focussed on learning and development and proactivity
- ✓ Needs led - placing the needs of adult at risk first and prioritising their safety
- ✓ Risk management supported by strong infrastructure and multi-agency working
- ✓ Deprivation of Liberty Safeguards (DoLS) dealt with in a timely way

Areas we are focusing on

- Improving timescales in line with Pan London recommendations
- Continuous learning on MCA and community DOLS
- Continuing to strengthen our Safeguarding Adults Board



Leadership

Our strengths

- ✓ Committed and strong leadership at all levels
- ✓ Strong partnership and integration
- ✓ Stable workforce

Areas we are focusing on

- Developing our future strategy
- Improving use of data and intelligence to enhance a performance culture that drives innovation