

Tower Hamlets Health and Wellbeing Board

Supplementary Agenda

Tuesday, 6 February 2024 at 5.00 p.m.
Council Chamber - Town Hall, Whitechapel

Members:

Chair: Councillor Gulam Kibria Choudhury

Vice Chair:

Councillor Kabir Ahmed, Cabinet Member for Housing Management and Performance
Councillor Saied Ahmed, Cabinet Member for Resources
Councillor Maium Talukdar, Cabinet Member for Education & Childrens Services
Dr Somen Banerjee, Director of Public Health, LBTH
Layla Richards, Acting Director Representing Corporate Director Children Social Care
Denise Radley, (Corporate Director, Health and Social Care)
Matthew Adrien, Service Director at Healthwatch Tower Hamlets
Dr Neil Ashman, Chief Executive of The Royal London and Mile End hospitals
Dr Ian Basnett, Public Health Director, Barts Health NHS Trust
Councillor Ahmodur Khan, Chair of the Health Scrutiny Sub-Committee
Councillor Amy Lee, Non-Executive Largest Opposition Group Councillor
Lucie Butler, Director of Nursing and Governance, Barts Health
Amy Gibbs, Chair of Tower Hamlets Together
Zainab Arian, Acting Chief Executive Officer at Tower Hamlets GP Care Group CIC
Vicky Scott, Chief Executive Officer THCVS
Warwick Tomsett, Joint Director, Integrated Commissioning
Helen Wilson, Clarion Housing/THHF - representative to HWBB

Co-opted Members:

Substitutes: Councillor Suluk Ahmed, Councillor Iqbal Hossain and Councillor Mohammad Chowdhury

[The quorum for this body is 3 voting Members]

Contact for further enquiries:





Joel West, Democratic Services Officer (Committee),

joel.west@towerhamlets.gov.uk

020 7364 4207

Town Hall, 160 Whitechapel Road, London, E1 1BJ

<http://www.towerhamlets.gov.uk/committee>



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Public Information

Questions

Before the formal business of the Board is considered, up to 15 minutes are available for public questions on any items of business on the agenda. Please send questions to the Officer below by 5pm the day before the meeting.

Viewing or Participating in Committee Meetings

The meeting will be broadcast live on the Council's website. A link to the website is detailed below. The press and public are encouraged to watch this meeting on line.

Please note: Whilst the meeting is open to the public, the public seating in the meeting room for observers may be limited due to health and safety measures. You are advised to contact the Democratic Services Officer to reserve a place.

Meeting Webcast

The meeting is being webcast for viewing through the Council's webcast system.
<http://towerhamlets.public-i.tv/core/portal/home>

Electronic agendas reports and minutes.

Copies of agendas, reports and minutes for council meetings can also be found on our website from day of publication.

To access this, click www.towerhamlets.gov.uk/committee and search for the relevant committee and meeting date.

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Scan this QR code to view the electronic agenda



A Guide to the Health and Wellbeing Board

The aim of the Tower Hamlets Health and Wellbeing Board (HWBB) is to improve the health and wellbeing of Borough residents. To achieve this, the Board will carry out the following:

To encourage joint working between health or social services providers in Tower Hamlets for the advancement of the health and wellbeing of Borough residents.

To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.

To prepare the Joint Health and Wellbeing Strategy.

To be involved in the development of any Clinical Commissioning Group Commissioning (CCG) Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.

To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local HealthWatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.

To carry out new functions as requested by the Secretary of State and as advised in guidance issued from time to time.

The quorum of the Board in the Terms of Reference is a quarter of the membership.

Public Engagement

Meetings of the committee are open to the public to attend, and a timetable for meeting dates and deadlines can be found on the council's website.



London Borough of Tower Hamlets
Tower Hamlets Health and Wellbeing Board

Tuesday, 6 February 2024

5.00 p.m.

2. Health Promoting Leisure Services - TO FOLLOW (PAGES 7 - 16)

ATTACHED:

5. Partnership Executive Group Plan (PAGES 17 - 20)

COVER REPORT ATTACHED:

Next Meeting of the Tower Hamlets Health and Wellbeing Board

Tuesday, 16 April 2024 at 5.00 p.m. to be held in Council Chamber - Town Hall,
Whitechapel



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Health & Wellbeing Board

6th February 2024

Developing a Health Promoting Leisure service

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Draft Theory of Change

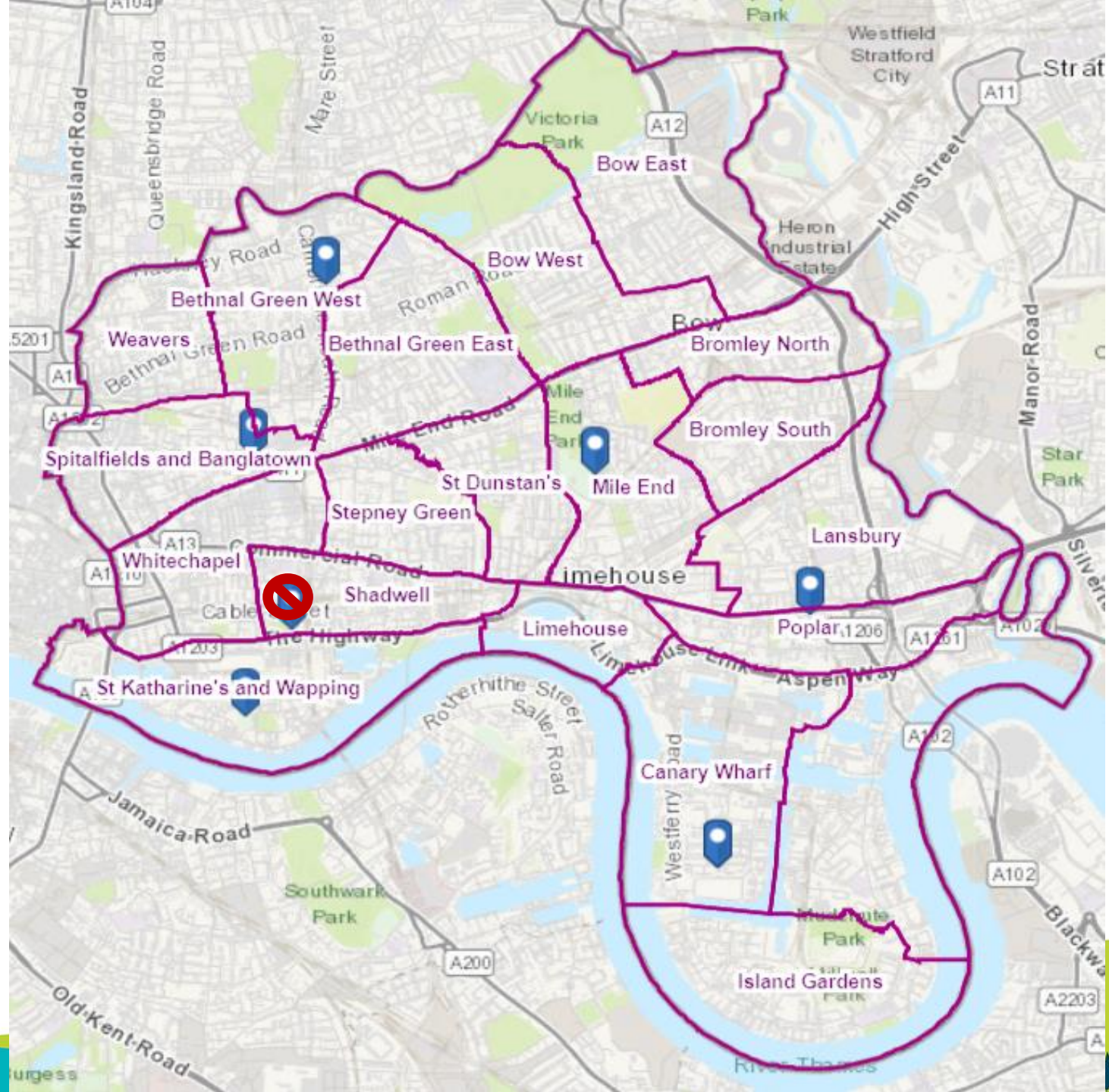
Agenda Item 2



The centres

Starting at the top left:

- York Hall Leisure Centre
- Whitechapel Sports Centre
- St Georges Leisure Centre (*currently closed and in redevelopment – TBC reopening late 2026*)
- John Orwell Sports Centre
- Mile End Park Leisure Centre & Stadium
- Poplar Baths
- Tiller Leisure Centre



Our Principles



The best of London in one borough			
A Tower Hamlets for Everyone	Equalities & inclusion	Smarter Together	
Tackling the cost-of-living crisis	Providing homes for the future	Accelerating education	Boosting culture, business, jobs, and leisure
Investing in public services	Empowering communities and fighting crime	Working towards a clean and green future	A council that listens and works for everyone
Partnership			
Outcomes focused			
Digital			
Fastest growing & most densely populated place in the UK			
Business districts generating third highest economic output in the UK			
We host some of London's best destinations			
We are a centre for world class learning and innovation			
We are a borough with a proud history of diversity, equality and inclusion			

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- Ensuring we listen to the whole community and design an offer that is equitable and commercially viable.
- Using a range of ways to engage people at a time and place of their choosing – and to be clear what can be influenced and what is information sharing.
- Bringing ideas forward ahead of time for validation with local people.
- **Wherever possible, co-designing, testing and accepting solutions with the community.**
- **Using insourcing to build a more inclusive and holistic offer.**



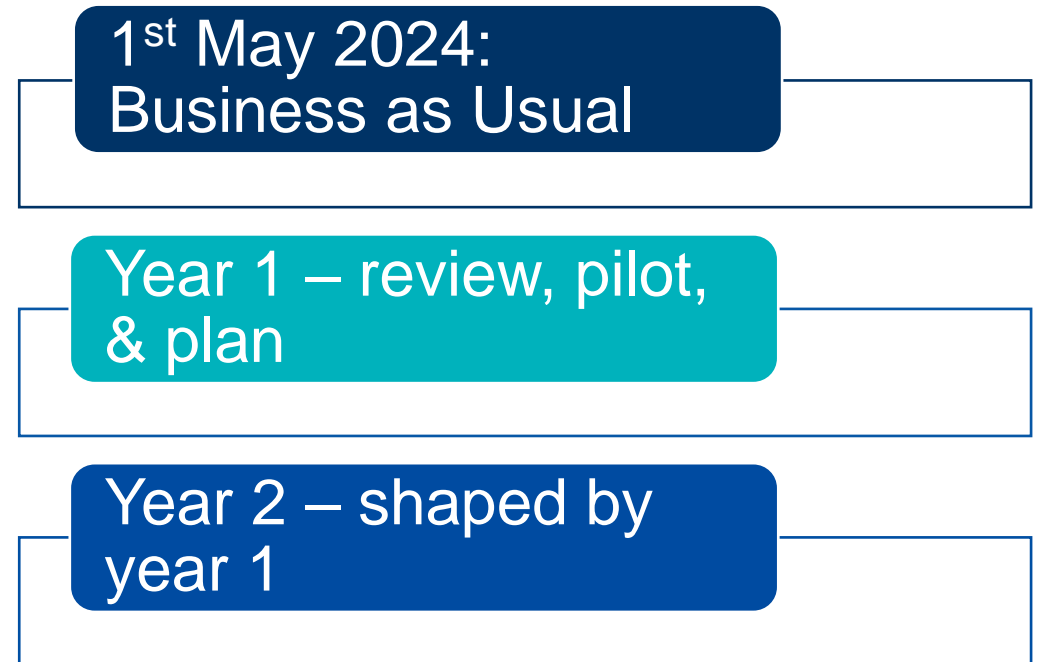
Why insourcing?



- “Once in a generation opportunity” to improve health & wellbeing and reduce health inequalities
- Opportunity to work with key internal and external stakeholders **including from health and social care sectors.**
- Change the focus to return on investment and measure of social impact.

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Phased Approach



Why developing a theory of change?

- To provide a **joint strategic vision** on how the new leisure service will support health and wellbeing and who will be prioritised within the new offer.
- To agree with partners and stakeholders **how we will come together as a system to support and implement activities** that will address inequalities through supporting those most likely to benefit from being more active.



Systematic process for developing a theory of change



- Reviewed our **data and intelligence** (e.g. physical activity, health inequalities etc.)
- **Engaged the community** and conducted resident feedbacks, user insights with various groups to understand people's needs and experience
- **Engaged with various partners** including primary care, secondary care, PH, ICB, VSC etc.
- **Reviewed guidance** (e.g. NICE, Sport England) and **best practice** from other areas.



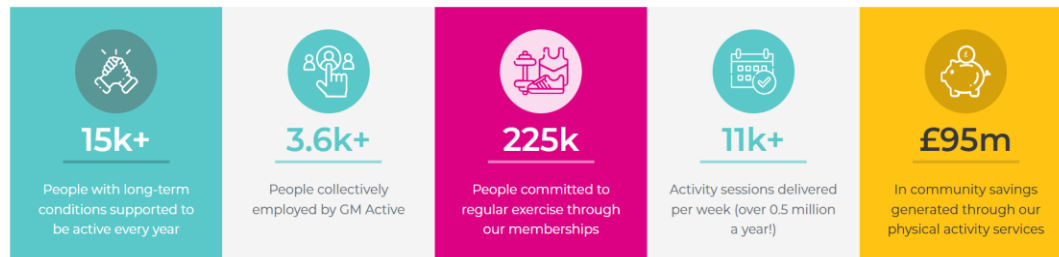
Practice example: what might good look like?



GM Active

- Shared strategic approach across Greater Manchester's leisure services
 - Part of whole-system approach
- Focus on health and wellbeing, and on increasing activity for groups who face the largest health and physical activity barriers.
- Demonstrating results:

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Bromley MyTime Active

- Joint strategic approach
- Wide range of services from across H&SC – e.g. Dementia friendly, Exercise on Referral, Cardiac rehab and secondary prevention, pain rehab,
- Groups for SEND, older age, etc



Health promoting leisure services

Universal offer

- Wider physical activity offer, including branding & comms, workforce development and making it accessible.

Commissioned/ targeted offer

- Specific pathways / EOR schemes for target groups

Health & Wellbeing activities/services

- Co-location of services (e.g. health, social care VCS etc.)



Priority Groups to be supported by the new leisure



Priority Groups	Sub-groups	Priority Sub-Groups for targeted support
Older people (55+) and long term unemployed	<ul style="list-style-type: none"> • People on low income • People from Asian, Black and Other backgrounds • Women (lower healthy life expectancy) 	<ul style="list-style-type: none"> • Intersectionality: BAME women on lower income/long-term unemployed. • Over 65+ (highest inactivity prevalence)
Children and young people	<ul style="list-style-type: none"> • Early years and children under 5 • Primary aged school children • Secondary aged school children and adolescents • Children living with physical or learning disability • Children living in lower income household • Children living with excess weight • Children known to CAMHs or with mental ill health • Children from Asian and Black ethnic backgrounds • Girls (lower participation in PA) • Young carers 	<ul style="list-style-type: none"> • Intersectionality: e.g. BAME Girls from lower income household • Children known to CAMHS or with mental ill health
People living with mental ill health	<ul style="list-style-type: none"> • People with mild to moderate MI • People with severe MI • People living with autism • People living with learning disability 	<ul style="list-style-type: none"> • People living with severe MI and LD
People at risk of, or living with, a long-term condition.	<ul style="list-style-type: none"> • People on low income and/or from certain ethnicities/ with caring responsibilities • People living with excess weight • CVD • Diabetes • Musculoskeletal Disorder • Cancer • Chronic Respiratory Disease • Physical Disability • People living with multiple conditions 	<ul style="list-style-type: none"> • All (review evidence on the impact of PA for different conditions e.g. cancer)

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Targeted / Commissioned offer



Developing a Health Promoting Leisure services



Inputs		Outputs		Mechanisms of change		Outcomes	
1	Strong partnership with NHS, social care, CVS and community groups to co-locate/co-deliver services which prioritises health over commercial interest.	1	Health and social services are co-located or co-delivered within leisure services	Capability <ul style="list-style-type: none"> • People have the knowledge, skills, and ability to engage with the leisure offer • People feel supported and confident to be treated respectfully without discrimination. 	Short-term <ul style="list-style-type: none"> • Increased numbers of patients referred or connected to physical activity interventions run by the leisure service by healthcare professionals and social prescribers. • Increased number of people from priority groups accessing the leisure offer. • Increased confidence, satisfaction and trust with the leisure services 		
2	Training available and clear physical activity pathways developed across primary and secondary care into physical activity opportunities.	2	Clear pathways available allowing healthcare professionals to link the needs of patients with appropriate physical activity interventions.				
3	Work with our Active Partnership to fully embed physical activity into social prescribing and personalised care	3	Social prescribing and personalised care roles are confident to connect (and record) patients to appropriate physical activity interventions	Opportunity <ul style="list-style-type: none"> • People have access to diverse, equitable, attractive, and affordable physical activity and H&W offer appropriate to their needs. 	Medium-Term <ul style="list-style-type: none"> • Everyone is aware of and has access to safe and social physical activity opportunities near their home. • Everyone who needs help to be physically active knows where to get it and is supported to find the right help • Residents and professionals are aware of the physical activity guidelines and the benefits of being physically active. 		
4	Commitment to implement a health hub and work collaboratively with partner using open active data to develop a clear picture of the local physical activity and H&WB opportunities	4	A health hub using community activity finder solution is available providing a comprehensive, cohesive, and easily accessible physical activity and H&WB offer.				
5	Investment in leisure workforce training including from the health sector.	5	Friendly and knowledgeable Leisure workforce able to support people facing barriers to engage in physical activity.				
6	Leisure rebranding and use of behavioral science and evidence-based public health campaign and messages,	6	Inclusive & empowering communication promoting a sense of belonging and tackling stigma and discrimination, engaging priority groups.	Motivation <ul style="list-style-type: none"> • People feel motivated and empowered to engage with the offer and see it as a source of connection, belonging, and enjoyment. 	Long-Term <ul style="list-style-type: none"> • Decreased rate of physical inactivity among priority groups • Increased social cohesion and cultural shift in the leisure being a health and well being space • Improved health outcomes from priority groups • Reduction in health inequalities 		
7	Commitment to invest in the implementation of an attractive, equitable & affordable physical activity offer that meets the needs of people who are inactive.	7	Attractive, equitable & affordable offer meeting the needs of people with different demographics/priority groups.				
8	Local commissioners are funding specialist evidence-based physical activity interventions within leisure centres.	8	Attractive and affordable specialist offer for people are at risk of, or living with a condition that could be prevented or improved through being more active				
9	Community activators/officer roles available to develop and coordinate physical activity and W&B peer support groups	9	Peer-support network of local champions and volunteers to encourage participation and promote a sense of belonging.				
10	Healthy eating and drinking policy prioritising health over commercial interest.	10	Healthy food and drinks prioritised within the leisure centre				
11	Commitment to evaluation and to demonstrate impact to inform the development of the offer over time.	11	Work with partners (e.g. 4Global, HDRC etc) to collect and analyse relevant quantitative and qualitative data				

Ask for the H&WB Board




- Do you have comments on the logic model?
- How can we come together as a system to support delivery of the logic model?
- How can we get engagement and commitment in your organisations to build pathways for priority groups?

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Agenda Item 5

Non-Executive Report of the: Health and Wellbeing Board 20 th March 2023	 Tower Hamlets Health and Wellbeing Board
Report of: LBTH	Classification: Unrestricted
Report Title: Strategic Implementation of the Partnership Plan	

Originating Officer(s)	Kirsty Roberts, Strategy and Improvement Lead
Wards affected	All wards

Executive Summary

The new Partnership Plan agrees:

- **A new shared vision:** Residents and partners working together to improve quality of life, advance equality, opportunity and empowered communities
- **Shared outcomes including to address inequalities,** improve neighbourhoods and tackle climate change
- Each call to action can add value to current work and **prepare us for the challenges and opportunities of the future**

Recommendations:

The Health and Wellbeing Board is recommended to: consider how it's members can contribute to achieving the calls to action and review alignment of it's programme of work with the Partnership Plan

Health and Wellbeing Strategy:

The Health and Wellbeing Strategy is grounded upon 6 principles that matter most to residents of Tower Hamlets. Detail how this report relates to these principles:

1. Resources to support health and wellbeing should go to those who most need it

<p>The Partnership Plan sits above the health and wellbeing strategy, overall there is good alignment, but further strengthening this could support better co-ordination of resources and activities for cross-cutting areas that health sector colleagues currently struggle to influence e.g. health implications of housing issues.</p>
<p>2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme</p>
<p>Covered in call to action 2 (everyone in TH should be able to enjoy good mental health and wellbeing) the next PEG discussion will focus on mental health and wellbeing, asking partners to sign up to prevention concordat and good work standard.</p>
<p>3. Being treated equally, respectfully and without discrimination should be the norm when using services</p>
<p>Covered in call to action 1 (TH will be a fair, inclusive and anti-racist borough)</p>
<p>4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them</p>
<p>n/a</p>
<p>5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing</p>
<p>The Partnership Plan uses the system-wide improvement principles, taken from health partnership and is working to apply these across the wider partnership.</p>
<p>6. We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.</p>
<p>n/a</p>



1. REASONS FOR THE DECISIONS

1.1.

2. ALTERNATIVE OPTIONS

2.1.

3. DETAILS OF THE REPORT

3.1.

4. EQUALITIES IMPLICATIONS

4.1.

5. OTHER STATUTORY IMPLICATIONS

5.1.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1.

7. COMMENTS OF LEGAL SERVICES

7.1.

Linked Reports, Appendices and Background Documents

Linked Report

- INSERT LINK

Appendices

- INSERT LINK

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- These must be sent to Democratic Services with the report
- State NONE if none.

Officer contact details for documents: