

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 6.53 P.M. ON TUESDAY, 20 FEBRUARY 2018

MP702 - TOWN HALL MULBERRY PLACE

Attendance

Name	Membership	Role
Councillor Denise Jones	Member	Chair – Cabinet Member for Health and Adult Services, LBTH
Dr Sam Everington	Member	Vice-Chair – TH CCG
Dr Somen Banerjee	Member	Director of Public Health LBTH
Amy Whitelock-Gibbs	Member	Cabinet Member Education and Children's Services
Simon Hall	Member	Acting Managing Director TH CCG
Councillor Sirajul Islam	Member	Cabinet Member for Housing and Statutory Deputy Mayor, LBTH
Debbie Jones	Member	Corporate Director of Children's Services
Denise Radley	Member	Corporate Director of Health Adults and Community
Randal Smith	Member	Co-Chair TH Healthwatch
Chris Banks	Co-opted	Chief Executive GP Care Group
Dr Navina Evans	Co-opted	Deputy Chief Executive of East London Foundation Trust
Alison Robert	Co-opted	Partnership Manager- Tower Hamlets Council for Voluntary Service
Jackie Sullivan	Co-opted	Managing Director Royal London And Mile End Hospitals – Barts NHS Trust
Simon Walton	Co-opted	Representing Tower Hamlets Housing Forum
Sue Williams	Co-opted	Borough Commander – Met Police
Dr Ian Basnett	Co-opted	Public Health Director, Barts Health NHS Trust
Dr Navina Evans	Co-opted	Chief Executive, East London and the Foundation Trust
Apologies		
Stephen Ashley	Stakeholder	Chair of Safeguarding Children Board, LBTH
Councillor Danny Hassell	Member	Non-executive majority group councillor (Labour)
Councillor David Edgar	Member	Cabinet Member for Resources, LBTH
Ann Sutcliffe	Co-opted	Corporate Director of Place, LBTH
Christabel Shawcross	Stakeholder	Chair of Safeguarding Adults Board, LBTH

Officers

Mark Baigent	Interim Divisional Director of Housing and Regeneration (substitute for Anne Sutcliffe), LBTH
Gulten Kaya	Senior Solicitor (substitute for Asmat Hussain – Corporate Director of Law and Governance), LBTH
Margaret Cooper	Head of Highways and Asset Management, LBTH
David Jones	Interim Divisional Director Adult Social Care LBTH
Abigail Knight	Associate Director Public Health LBTH
Rushena Miah	Committee Clerk, Democratic Services, LBTH
Danielle Solomon	Public Health Registrar LBTH
Jamal Uddin	Strategy Policy and Performance Officer, LBTH
Dianne Barham	Chief Executive Officer, TH Healthwatch Green Light Pharmacy
Sanjay Ganvir (via Skype)	

1. STANDING ITEMS OF BUSINESS:

2. WELCOME, INTRODUCTIONS AND APOLOGIES

Apologies were received from Councillor David Edgar, Councillor Danny Hassell, Anne Sutcliffe, Stephen Ashley and Christabel Shawcross.

3. DECLARATIONS OF DISCLOSABLE PECUNIARY INTEREST

There were no declarations of pecuniary interests.

3.1 MINUTES OF THE LAST MEETING AND MATTERS ARISING

Correction Amy Whitlock-Gibbs should be spelt Amy Whitelock-Gibbs.

Matters arising: the Board meeting scheduled for 27 March 2018 has been provisionally rescheduled to the 26 April 2018.

The Chair informed the Board that a 'Healthy Mile' walk will be taking place at Mile End Stadium, 20 March 2018, 9.45am and invited the Board to join her on the walk.

The minutes of the previous meeting were approved as an accurate record and signed by the Chair.

4. HEALTH & WELLBEING BOARD STRATEGY 2017-2020 - DELIVERING BOARD PRIORITIES:

4.1 DEVELOPING AN INTEGRATED SYSTEM - TOWER HAMLETS TOGETHER VISION AND GOVERNANCE

The meeting heard a proposal from Denise Radley, Corporate Director of Health Adults and Community LBTH, to formalise the accountability of the Tower Hamlets Together Board and the Joint Commissioning Executive to the Health and Wellbeing Board.

An Integrated Commissioning Director has been appointed. This is a joint post between the Council and Tower Hamlets Clinical Commissioning Group. This post will be responsible for setting out a joint commissioning approach in Tower Hamlets. The appointees name will be released in the next few weeks.

RESOLVED:

To draft a change to the Health and Wellbeing Board's Terms of Reference to reflect the incorporation of the Tower Hamlets Together Board and Joint Commissioning Executive into its governance structure.

4.2 TOWER HAMLETS TOGETHER OUTCOMES FRAMEWORK - UPDATE AND NEXT STEPS

Dr Somen Banerjee, Director of Public Health LBTH, provided an update on the Boards outcomes framework. He spoke about a piece of work commissioned by Tower Hamlets Together which aimed to identify local people's health priorities using a series of 'I' statements. The next phase of the work will introduce realistic and consistent measures to embed throughout health and social care services. He sought the Board's endorsement for the approach.

Comments from the Board included:

- THCCG welcomed the proposal to rationalise measures. They are in the process of reviewing their own measures and aim to apply a consistent approach across their organisation from April 2018.
- It was noted that the use of technology such as an 'app' to measure health data in real time, was a good idea.
- That activity data is not always indicative of the success of a service. The Tower Hamlets Together approach can provide useful community data on the quality of health services.
- That the approach could adopt a 'TripAdvisor' like tool that collected data in real time, was self-sustainable, attracted a wide breadth of feedback and was educational.
- Dr Banerjee explained that providers would be encouraged to develop their own outcomes so they could feel a sense of ownership.
- There was consensus on the need to join up health data with social care systems.
- The Board agreed that it was important to continue to measure both child and adult oral health as it was an important health indicator.

- Housing indicators were being recorded by the Council but it was difficult to engage with private landlords for similar data.

RESOLVED

To note the update.

4.3 HEALTHY PLACE

The Board heard an update from Abigail Knight, Associate Director of Public Health and Margaret Cooper, Head of Highways and Asset Management, on the Healthy Place priority action plan.

Key points from the presentation:

- The London Plan Healthy Streets initiative, developed by TFL, will be a requirement for the Council. The impact of transport on health will be measured and a new ten point tool has been introduced to assist Councils in making health impact assessments. There would be huge health gains if people walked 20 minutes a day and physical activity can help reduce some chronic conditions.
- Cotton Street was used as a case study to demonstrate the utilisation of space to encourage walking and community cohesion and Salmon Lane was used as a case study to exemplify how a street could be adapted to encourage better cycle and walking access.

Comments and Suggestions from the Board:

- There was a suggestion to add planting that has been proven to reduce pollution and to build more water drinking fountains to help reduce littering of plastic bottles.
- The Council should build creatively to encourage social interaction in public spaces. Ideas included installing table tennis and outdoor gyms.
- The Council must ensure that developments are fully accessible by different communities including people with physical disabilities.
- Driving should be discouraged and a greater number of streets should be pedestrianised i.e. close to schools.
- Greater political will could strengthen health measures. The Mini-Holland development in Waltham Forest was used as an example of a politically led development designed to positively impact health.

RESOLVED

To note the Healthy Place update.

To provide support to the Healthy Streets approach.

5. PHARMACEUTICAL NEEDS ASSESSMENT

The Board heard a presentation from Danielle Solomon, Public Health Registrar, on the Pharmaceutical Needs Assessment (PNA).

Key points from the presentation:

- It is a statutory requirement for a local authority to produce a PNA every three years.
- The document is useful to gauge other indicators such as population.
- The draft assessment indicates that there is no significant gap in provision of pharmacies in the borough. It is predicted that current provision can cope with future population growth.
- The PNA is subject to consultation until the end of March 2018, it will then be reviewed by the Board for sign off before being submitted to NHS England.

Via Skype, Sanjay Ganvir, Green Light Pharmacy, spoke about better utilising the community pharmacy network (CPN), now in a time of austerity. He said that the benefits of community pharmacy include: extended opening hours, electronic prescription and collection, free advice, and walk in-no appointments. He advocated for a shift in thinking that pharmacies only dispense medicines, there were a range of other services available.

He quoted a recent integrated care and discharge pilot which found that the CPN could be maximised by developing a pathway for an overarching care offer. It found that 20% of GP appointments could be done at a pharmacy.

Comments from the Board:

- Not having a community pharmacy at the Royal London site is a big gap in provision and is desperately needed.
- There are 48 pharmacies and 36 GP surgeries; there is nothing in place to drive up quality.
- Primary care stakeholders meet frequently and produce action plans but the pharmacies do not, this may explain the variance in patient satisfaction of pharmacy services.
- The Board agreed that pharmacies should be engaged with the hospital discharge process. Beds are often occupied for long periods because patients cannot be discharged without their medications. It was suggested that the community pharmacy offer should be fed back to the STP or Tower Hamlets Together for inclusion in the Community Plan as a work stream.

RESOLVED

To in principle, agree to the publication of the PNA, subject to consultation response.

6. BOARD DISCUSSION: HOW DO WE TACKLE LONELINESS IN TOWER HAMLETS?

Prompted by a survey launched by BBC Radio 4 called 'the loneliness experiment', the Chair raised a discussion point on how to tackle loneliness in the borough.

A short film was played which showed the impact of loneliness locally in Tower Hamlets. The video was well received, Members applauded the compassion of the people involved in the project in trying to address loneliness in the borough.

Comments and suggestions from the Board:

- Gateway's Winter Warmers volunteer scheme to check on elderly people was praised as well as schemes to move people out of large under occupied housing and into shared accommodation.
- There has been an increase in patients presenting with loneliness which is often categorised under mental health.
- Health professionals require a better understanding of the impact of loneliness on mental health.
- Loneliness is not an issue that only affects older people, young people such as first time mothers can also experience loneliness. There are life altering situations that can trigger loneliness.
- A systemised approach to tackling loneliness is required.
- Social prescribing should be expanded in primary care and integrated into the voluntary sector.
- There should be a public facing portal listing social prescribing services and voluntary services to assist with signposting.
- Social space at GP surgeries - facilities such as public wifi and a coffee cart should be available at GP surgeries.
- Basic IT skills, learning how to use an ipad can open up opportunities for interaction.
- At hospital discharge a 'social plan' should be incorporated into the discharge process.
- It is important to connect services to the voluntary sector. The voluntary sector has many befriending schemes but they are sometimes overlooked and charities are under pressure so cannot always send representatives to meetings.
- Address loneliness in infrastructure planning – take into consideration the social element when giving planning permission.
- The police do signpost to charities such as Age Concern when they come across an isolated person but due to increasing pressures, they no longer have enough time to provide social calls.
- Partnering older people with younger people has proven to alleviate loneliness and reduce anti-social behaviour.
- People should be encouraged to start hobbies and interests that they can sustain such as joining a community choir.
- Loneliness affects those with disabilities and chronic illnesses. A sub-group should be created to discuss this issue and take action.
- There is a need for community transport to get people out of the house and into the community.
- A 'friend through the phone' scheme similar to Age Concern.
- Sharing food and music can cross language barriers.

The Chair closed the discussion and thanked the Board for their ideas. It was agreed that the topic of loneliness should be included on the forward plan for the next municipal year.

Before the meeting came to a close the Chair thanked Councillors Amy Whitelock-Gibbs and Councillor Rachael Saunders for their work and contributions towards health and wellbeing in the borough. It was announced that Councillor Whitelock-Gibbs and Councillor Rachael Saunders will not be standing for re-election in 2018.

7. ANY OTHER BUSINESS

There was no other business

8. DATE OF NEXT MEETING

The next meeting will be held on:

Thursday 26 April, 6-8pm, Committee Room 1 (C1), Town Hall, Mulberry Place.

The meeting ended at 7.55 p.m.

Chair, Councillor Denise Jones
Tower Hamlets Health and Wellbeing Board