

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD**

**HELD AT 6.30 PM ON WEDNESDAY, 26 JULY 2017**

**COMMITTEE ROOM MP702, 7TH FLOOR, MULBERRY PLACE, 5 CLOVE  
CRESCENT, LONDON E14 2BG**

**Members Present:**

Councillor Rachael Saunders (Chair)	Deputy Mayor for Health and Adult Services
Dr Sam Everington (Vice-Chair)	Chair of NHS Tower Hamlets Clinical Commissioning Group
Councillor Danny Hassell (Member)	Cabinet Member for Children, Schools and Young People
Councillor David Edgar (Member)	Cabinet Member for Environment
Councillor Sirajul Islam (Member)	Deputy Mayor for Housing (Statutory Deputy Mayor)
Dr Somen Banerjee (Member)	(Director of Public Health)
Simon Hall (Member)	Acting Chief Officer, NHS Tower Hamlets Clinical Commissioning Group

Patrick Goulbourne (Co-Optee)

**Co-opted Members Present:**

Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Dr Navina Evans	East London and the Foundation Trust
Sue Williams	Borough Commander
Patrick Goulbourne	London Fire Brigade

**Others Present:**

Councillor Amy Whitelock Gibbs	(Cabinet Member for Education and Children's Services)
Charlie Ladyman	Co-Chair Healthwatch Tower Hamlets
Fahimul Islam	Young Mayor
Jackie Sullivan	Managing Director of Hospitals, Bart's Health Trust

**Officers in Attendance:**

Speciality Registrar in Public Health  
Interim Project Manager, Learning Disability  
Interim Service Head of Commissioning and Health

**1. STANDING ITEMS OF BUSINESS**

## **2. WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE**

The Chair, Councillor Rachel Saunders, welcomed everyone to the meeting and then asked for introductions.

Apologies for absence were received from Councillor Amy Whitelock Gibbs, Charlie Ladyman – Co-Chair Healthwatch Tower Hamlets, Jackie Sullivan – Managing Director of Hospitals, Barts Health Trust, Jane Ball – representative from Tower Hamlets Housing Forum, Fahimul Islam – Young Mayor and Stephen Ashley – Independent Chair of the Local Safeguarding Children’s Board.

### **2.1 MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING**

The minutes from the Board meeting of 18 April 2017 were agreed and approved as an accurate record of the meeting.

Somen Banerjee, Director of Public Health, referred to the actions from the minutes of the last meeting, namely:

- Page 4 refers to a repository where data and intelligence is collated in one place. Mr Banerjee stated that Healthwatch had confirmed that they have a repository that can be used for this purpose.
- Page 7 refers to Barts NHS Trust sharing findings of their research into sugar reduction and healthier foods with their new catering and facilities provider. Mr Banerjee pointed out that there was potentially an opportunity around the catering contract.

## **3. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**

None.

### **3.1 FORWARD PLAN**

Members were asked to note the forward plan for the Health and Wellbeing Board for the 2017/18 municipal year.

Councillor Hassell referred to ‘Physical Activity and Sport Strategy’ report, stating that it was agreed at the last Board meeting that the report was brought forward from the 20 December 2017 meeting, to be considered at the 5 September 2017 meeting. Mr Banerjee explained that the intention was to bring the report to the 7 November 2017 meeting, however, stated that the timeline had slipped. He said that if the report came before the board in December, then it would give the Board sufficient time to comment on the consultation document.

Denise Radley, Corporate Director of Health, Adults and Community Services, stated that a report on information governance needed to be added to the agenda for 5 September 2017.

The Chair and Board Members agreed the amendment.

#### **4. TERMS OF REFERENCE, QUORUM, MEMBERSHIP AND DATES OF MEETINGS**

The Chair explained that the Council had had its AGM where she had been appointed Chair of the Health and Wellbeing Board.

The Chair welcomed Patrick Goulbourne, Borough Commander for Tower Hamlets at the London Fire Brigade and Alison Robert – Partnership Manager, Tower Hamlets Community and Voluntary Sector as co-opted Members of the Board. She added that Charlie Ladyman – Chair of Healthwatch was on maternity leave and confirmed that Sebastian Austin Thomas Pisano was born on 3 July at the Royal London Hospital and that both mother and baby were doing well. The Chair welcomed Karen Bollan who attended on behalf of the Health watch Chair.

The Chair pointed out that nothing significant had changed in relation to the Board's Terms of reference, Membership and Quorum for the 2017/18 municipal year.

**RESOLVED** – That:-

1. The Terms of Reference, Quorum, Membership and dates of future meetings be noted.
2. It be noted that Councillor Rachel Saunders was the new chair of the Health and Wellbeing Board following the announcement of the Mayor's Executive Team at the Annual Meeting of the Council held on 17 May 2017.
3. Patrick Goulbourne, Borough Commander at the London Fire Brigade was welcomed to the Board as a co-opted member, whilst noting that the appointment would support the Boards' priorities around community safety and health.

#### **5. HEALTH AND WELLBEING BOARD STRATEGY 2017-20 - DELIVERING THE BOARDS PRIORITIES**

##### **5.1 DELIVERING INTEGRATED SYSTEMS - PRESENTATION**

Ms Radley provided a presentation on the Health and Wellbeing Board Strategy 2017-20, specifically on developing an integrated system. In doing so, she explained the intention to deliver better health services through partnership work. Her presentation also covered the following points:

More People Saying

- “I have easy access to information, advice and guidance which helps me to find what I need”
- “It’s easy to get help from my GP practices and I can contact my Care Coordinator whenever I have questions”
- “There are different people involved in supporting me but everyone listens to what I want and helps me to achieve my goals.”

#### Tower Hamlets Together

- Our integrated health and social care partnership for the borough (in NHS terms an “accountable care system”).
- Tower Hamlets Together Health & Wellbeing Board – position as high level board overseeing the partnership and adopt branding – clear democratic accountability for the partnership.
- Implications for the role and remit of the Board – Paper to September Board.
- Tower Hamlets Together governance structure under this – borough focus on integrated health and social care – streamline.
- HWB development session – shared vision and governance (to be re-arranged).
- Development of joint commissioning within this framework – Director of Integrated Commissioning.
- East London Health & Care Partnership, Transforming Services Together (subsidiarity).
- Locality focused health and social care delivery model.

#### Shared Vision

Key elements are:

- Arranging care around the person
- Tackling poverty /deprivation
- Care closer to home
  
- Task – to restate the vision in simple terms

#### Community Engagement

- Tower Hamlets Together engagement activity to date
- THT Engagement Forum
- Community commissioning work on community contract in CCG
- Co-produced local strategies e.g. carers, older people
- Developing the measures around the effectiveness of co-ordination
- Needs to be clear how this happens at all parts of THT – public engagement and co-production
- Providers – we need to get the networks right
- Locality Integrated Care Boards – review of role

### Fully integrated health and care system

- New Joint Role – Director of Integrated Commissioning
- Joint Commissioning – the culture changes needed to achieve this
- Transparency around total spend and contractual arrangements
- Define what “accountable care” means to us in TH – accepting it is NHS language and has no single definition – focus on a collaboration which aims to address our local issues within a clear financial envelope
- Future of the alliance contract model within the CCG
- Consolidation/alliance versus provider plurality and diversity

### Culture Change

- Focus on individuals and outcomes
- Tiered model – what are we doing to support different parts of the population
- OD programme – how do we get the right measures
- Trust and confidence in staff taking the right decisions close to the front line – support when people make a mistake
- Getting the measures – bringing together how each organisation tracks
- Overall measure of satisfaction?
- Feedback to services – how do we make this a system wide approach?
- What is key to delivering culture change? Single point of access?
- Sufficient focus on adult social care

### Further Reflections

- Single registration? A part of the picture. Primary care single process around registering for primary care. Making every contact count.
- c30 people who wanted to engage – link into THT Residents Forum
- Re-run the diagnostic around ‘Stepping Up to the Place’
- Communications – joined up enough?
- Devolution opportunities?

The Chair described the proposals as risky and said that it was important that it was made clear where accountability would rest.

Dr Sam Everington, Chair of the Tower Hamlets Commissioning Group, congratulated Tower Hamlets Council for their work in this area and stated that, from a national perspective, the Council was ahead of the game.

Members noted the presentation.

## **5.2 HEALTH AND WELLBEING STRATEGY - DELIVERING THE PRIORITIES: HEALTHY PLACE**

Somen Banerjee, Director of Public Health introduced the report which provided an action plan that set out what will have been achieved by March 2018, the overall plan for the year, what will be done in the next three months

and how success would be measured for each of the actions within the 'healthier place' priority.

Mr Banerjee referred to page 32 of the report and explained that previously the Board had agreed on areas that would need improvement.

Councillor Edgar referred to Action 2.1 and asked how money was being spent to try and shape the process. It was also pointed out that prioritising was important in this instance as every application submitted could not be assessed. Councillor Hassell impressed the importance of selecting the right applications.

Dr Everington referred to Action 2.1 and stated that 50% of children were vitamin D deficient and said this was a measure of them not spending much time outside.

Councillor Edgar stated that it was important to change people's views with regard to children playing outside. He referred to certain signs (for example – no ball games allowed) that restricted children playing and said that people needed to become more tolerant. He pointed out that many people considered children playing in green spaces to be anti-social behaviour. Ms Radley explained that the Council had been specific in saying that they did not consider such activity to be anti-social behaviour.

Dr Ian Basnett, Public Health Director of Barts Health NHS Trust, stated that it was important to consider what could be done collectively. He suggested that initiatives such as supporting cycle to work schemes and bans on idling vehicles would be advantageous and said that it would be beneficial to ask membership organisations to sign up to the initiatives. Mr Banerjee agreed that there were many existing frameworks which could be turned into local pledges.

Patrick Goulbourne, Borough Commander for London Fire Brigade (LFB), explained that the LFB had committed to change their fleet to electric vehicles. He made the point that it would be beneficial if other organisations made a similar commitment.

### **5.3 SHARED OUTCOMES FRAMEWORK**

Mr Banerjee introduced the report and explained that the foundation of the Health and Wellbeing Strategy was a shared outcomes framework that

articulated the partnership aspiration for improvement of health and wellbeing in the borough.

Mr Banerjee stated that the work commissioned by Tower Hamlets Together in 2016/17 involved working with partners and the public to identify a set of primary outcomes and primary and secondary indicators to track progress against primary outcomes. He then explained that the report outlined the plans for 2017/18 to establish the Outcomes Framework as a foundation and central point of reference and logic modelling for driving improvement in health outcomes.

Dr Navina Evans, Director of Operations and Deputy Chief Executive of East London NHS and the Foundation, stated that she was interested in patient reported outcome measures. She explained that if they worked well, what was discovered could be a reflection on the whole system.

Dr Basnett described the content of the report as being excellent. He asked that, in setting the system up, could a capability be created to analyse the information from an equality perspective.

## **6. INITIAL DRAFT OF THE ADULT LEARNING DISABILITY STRATEGY**

Lonica Vanclay, Interim Project Manager, Joint Commissioning, Clinical Commissioning Group, introduced the report and explained that the report presented a near final draft of the annual learning disability Strategy with information about the process and timescales for completion. She stated that the aim was to provide the Board with an opportunity to input to and guide the Strategy.

Ms Vanclay explained that in drafting the Strategy, they had sought views from those with learning disabilities, partners and carers. She stated that those with learning difficulties had lower life expectancies and lower employment levels than the rest of the population.

Ms Vanclay said that the Strategy set out key actions for the next few years and confirmed that it would be brought back to the Board for final sign off.

The Chair asked that it was made clear in the Strategy how people with learning difficulties have gained employment and that case studies were used to highlight the point.

Ms Radley said that this was a big issue and asked if there was more that could be done in this Council to improve the number of people employed with learning difficulties.

Mr Banerjee asked where the drive would come from in Primary Care for this to happen and whether GPs were being championed.

**RESOLVED** – That the Health and Wellbeing Board:

1. Agrees that the Strategy does use Health and Wellbeing branding

2. Agrees that the joint Chairs of the Board do wish to have a foreword under their signature in the Strategy.
3. Notes that the final designed version will come to the Board for approval on 5 September 2017 (then to CCG Governing Body on 6 September and Cabinet on 19 September).
4. Agrees that the Learning Disability Partnership Board report to the Board through the Joint Commissioning Executive.

## 7. SUICIDE PREVENTION PLAN - DRAFT FOR CONSULTATION

Dr Hannah Emmett, Speciality Registrar in Public Health, gave a short introduction on the report and provided a presentation on creating a Suicide Prevention Plan for Tower Hamlets and, in doing so, focussed on the following points:

### Context

- 5 year forward view for mental health: requirement for all local authorities to have a suicide prevention plan in place by 2017.
- National target – 10% reduction 2016-21
- Public Health England guidance: risk factors and possible areas for action

### Risk Factors – children and young people

- Mental ill health and domestic violence in the family
- Academic and exam pressures
- Physical, emotional or sexual abuse or neglect
- Social isolation or withdrawal
- Bereavement of a family member or friend
- Physical health conditions that have a special impact
- Bullying either in person or online impact
- Excessive alcohol use or illicit drug use
- Suicide-related internet use
- Mental ill health, suicidal ideation, self-harm

### Focus for consultation

- Are these the right priorities?
- Are the monitoring arrangements sufficient?
- Should the zero suicide option be adopted?

### Risk Factors

- Long-term circumstances e.g. history of drug or alcohol abuse
- Acute life events e.g. loss of employment or debt

### Key Issues



- Numbers relatively small
- Far-reaching impact
- Specific local concerns

#### Local data

- Men outnumber women 4 to 1
- Over half suicides are aged 20-39
- Most common methods are injury and hanging

#### Improving help for those in crisis – long term aims

More people will:

- Feel in control of their mental health
- Know how to access help when they need it
- Access mental health services in an appropriate setting

#### Improving help for those in crisis – in the next 12 months

We will:

- Examine the needs of people attending A&E in crisis
- Map the current crisis referral pathway and address any gaps

#### Shaping the Strategy

- LBTH Council departments
- NHS
- Emergency services
- Universities and schools
- Voluntary sector
- Transport services
- Directorate Leadership Team (DLT) and Corporate Leadership Team (CLT)
- Mental Health Partnership Board
- Drug and Alcohol Action Team
- Educational psychology
- TH Inter Faith Forum

#### Early intervention and prevention – long term aims

More people will:

- Access services in the early stages of mental illness
- Be assessed for mental illness when they are most at risk
- Have the personal tools to help them cope with stressors

#### Early intervention and prevention – in the next 12 months

We will:

- Work with specialist mental health services for targeted groups
- Improve signposting of our existing preventative work

#### Identifying the needs of vulnerable people – long term aims

- Frontline staff will recognise signs of mental illness and have a range of referral options

- Service users in temporary accommodation will be followed up appropriately
- Responsibility for service users housed outside the borough will be clear

#### Identifying the needs of vulnerable people – in the next 12 months

We will:

- Share safeguarding lessons learnt
- Improve practice in non-clinical statutory services
- Improve support for specific vulnerable groups

#### Addressing training needs – long term aims

We will:

- Ensure that suicide prevention is embedded in the wider community
- Meet the training needs of clinical and non-clinical staff

#### Addressing training needs – in the next 12 months

We will:

- Provide the first phase of suicide prevention training to frontline staff
- Address general mental health training needs

#### Zero suicide

- No suicide is unavoidable
- Represents shift in outlook from part of mental health care to being a never event
- Where successful 'boldness' has galvanised teams
- If not zero, how many?

#### Communication and awareness – long term aims

We will:

- Have a communications strategy that promotes local work and supports relevant national campaigns
- Supporting responsible reporting of suicide in the media

#### Communication and awareness – in the next 12 months

We will:

- Identify sites where suicides occur and install appropriate signage
- Use social media to foster links between statutory and third sector services

#### Key areas of discussion

- Children and young people
- Bereavement support
- Zero suicide

#### Next Steps

- Public consultation
- Review by steering group

- Agree action plan for coming year
- Approval of Health and Wellbeing Board

#### Questions

- Are these the right priorities?
- Are the monitoring arrangements sufficient?
- Should the zero suicide aspiration be adopted?

The meeting then became inquorate due to the two representatives from the NHS Tower Hamlets Clinical Commissioning Group (CCG) leaving the meeting. The Chair agreed that the Board would make 'shadow decisions' and would have them formally ratified at the next meeting of the Health and Wellbeing Board.

Dr Emmett explained that they were committed to undertake public consultation in the next few weeks as final approval of the Suicide Prevention Plan was required in September 2017. Consequently, the Chair explained that the Board would contact CCG colleagues outside of the meeting to confirm that they were happy with the recommendations made by the Board, to enable the September deadline to be met.

Debbie Jones, Director of Children's Services, pointed out that in relation to suicide, under reporting was a big issue. She asked if there was anything further that could be done to flag up the risks. Chris Lovitt, Associate Director of Public Health, explained that it was important to know when a death was being considered as a suicide. He pointed out the importance of organisations such as the Metropolitan Police sharing information as the plan required cooperation. Sue Williams, Borough Commander for the Metropolitan Police, stated that her staff attended every suicide call in the borough and confirmed that they would have a lot of relevant information that could be shared. She also added that deaths from high rise buildings were not treated as suicides.

Dr Evans welcomed the plan and explained that after suicides, the NHS looked into the care that that person had received. She confirmed that there was a lot more that could be done.

Mr Goulbourne referred to the responsibility that employers had to provide support to staff and stated that it was important that this was included in the Strategy.

Ms Bollen suggested increasing the consultees by possibly seeking the views of those that have attempted suicide and relatives of those who had committed suicide as a way of obtaining relevant and meaningful information. Mr Lovitt confirmed that they were identifying sites where suicides often occur with the intention of strengthening their knowledge on the subject. He confirmed that he was happy to amend the consultation document, subject to agreement by CCG representatives.

Councillor Islam referred to the communication and awareness section of the draft consultation document and suggested including some information on how different religions respond to and view suicide.

Ms Williams stated that, as a result of 3 PC suicides, the MPS had produced a Strategy on suicide. She confirmed that the 3 PCs had had underlying mental issues and that colleagues had been aware that something was wrong. She referred to the importance of giving appropriate advice and guidance to employers, colleagues and peers.

The Chair gave the view that a significant barrier was resources as support could not be offered to everyone who was at risk of suicide. She stated that if the target was zero suicides, then there would be pressure to reach that target and it may be considered as failure if zero was not reached. She confirmed that the ambition should be that suicide did not happen.

Mr Banerjee suggested that the paragraph in the consultation document that read “the national target is a reduction in the suicide rate by 10% over the period of 2016 to 2021” be removed and instead to explain that suicide should be a “never event”.

The Health and Wellbeing Board were recommended to:

1. Consider whether these are the correct priorities
2. Consider whether the action plan addresses the priorities
3. Consider whether the monitoring arrangements are sufficient
4. Request the Suicide Prevention Plan to return, post consultation, to the September Board for adoption.

The remaining Members of the Board agreed that the above recommendations were put to the Health and Wellbeing Board on 5 September 2017, for formal adoption.

**8. IMPROVED BETTER CARE FUND 2017-19 - NEW ADULT SOCIAL CARE MONIES**

Karen Sugars, Interim Service Head of Commissioning and Health, introduced the report and in doing so, explained that in June 2013, the Government Spending Round set out plans for new funding arrangements, now referred to as the Better Care Fund (BCF). She confirmed that the aim of the BCF was to deliver better outcomes and secure greater efficiency in health and social care services through better integration of provision and to accelerate health and social care integration across the country.

Councillor Hassell stated that he was pleased to see planned work around anti-social behaviour and mental health. The Chair asked for a note setting out the work being done in those areas.

The Health and Wellbeing Board were recommended to:

- 1.1 note the current position concerning the development of the Improved Better Care Fund programme for 2017-19.
- 1.2 approve the approach being followed and the proposed programme summarised in Appendix 2.
- 1.3 agree that oversight of the final programme should be delegated to the Joint Commissioning Executive.
- 1.4 agree that, subject to agreement by the Joint Commissioning Executive, the proposed contingency provision should be allocated to further initiatives.
- 1.5 agree that, subject to the finalisation of the proposals, schemes should be initiated with immediate effect.

The remaining Members of the Board agreed that the above recommendations were put to the Health and Wellbeing Board on 5 September 2017, for formal adoption.

## **9. RE-COMMISSIONING OF THE SCHOOL OF THE SCHOOL HEALTH SERVICE AND CHILD AND FAMILY WEIGHT MANAGEMENT SERVICE**

Abigail Knight, Associate Director of Public Health for Children and Families, introduced the report. She explained that the School Health service and the Children and Family Weight Management service were funded from the local authority public health grant and were moving into the final year of three year contracts and, as a result, would need to be re-commissioned.

The Chair stated that child obesity was a priority for the Board and explained that there was a sub-group charged with reviewing the issue. She stated that the subject needed a more detailed conversation and Councillor Hassell requested an update on what pressures there were.

The Health and Wellbeing Board was recommended to review the briefing and comment on the proposed new model.

The remaining Members of the Board agreed that the briefing was reviewed and that the proposed new model was further commented on at the next Health and Wellbeing Board on 5 September 2017.

## **10. ANY OTHER BUSINESS**

### Health and Wellbeing Development Session

The Chair explained that the Board was trying to schedule a Health and Wellbeing development session to focus on shared vision and governance. The Chair proposed setting a date in September to continue discussions. She

asked that colleagues provide details of their availability to Jamal Uddin – Strategy, Policy and Performance Officer.

The Chair also suggested the Board consider extending the start of the next Board meeting by an hour to facilitate the development session (i.e. 5<sup>th</sup> September at 4.30pm).

#### Physical Activity and Sport Strategy

The Chair explained that a previous meeting of the Health and Wellbeing Board, Members had shown interest in engaging with the Physical Activity and Sport Strategy. She stated that it would not be possible to bring an update to the Board at the September 2017 meeting but confirmed that she would like to hold a consultation session with Board members only, in order to encourage Board participation.

#### Healthwatch Community Event

The Chair confirmed that Healthwatch was holding a community event with Health and Wellbeing Board partners on Wednesday 9 August at 11.30am – 3.30pm. She stated that the event would take place in Victoria Park next to the large children’s playground. She confirmed that:

- Board Members were encouraged to attend and spread the word; and
- An e-flier would be circulated to Board Members for information.

### **11. DATE OF NEXT MEETING**

The meeting ended at 8.34pm

Chair, Councillor Rachael Saunders  
Tower Hamlets Health and Wellbeing Board