



**Tower Hamlets**  
Clinical Commissioning Group

# what

## would you do?



**healthwatch**  
Tower Hamlets

May 2019

## Executive summary

**Healthwatch Tower Hamlets talked face to face with 346 local residents in local street markets in the Borough over four days in early May 2019.**

### Prevention and healthy neighbourhoods

Walking was by far the most popular form of exercise among all respondents. A campaign to incentivise walking would have to take a multi-layered approach to engage with different age groups: a rewards scheme for young people, community events for families with children, and group walks for seniors. These efforts should be combined with improving the cleanliness of parks and open spaces.

Generally, people feel they can do the activities that they like in Tower Hamlets, however, there are obstacles. The most important obstacle to exercising more is air pollution, followed by safety.

### Primary care

Most local residents are open to the idea of multiple services functioning under the same roof as a GP surgery. *Mental health/ psychotherapy, dentist, pharmacy, social care services, nutrition and weight management classes, a children's centre and a community space* have been named as the most relevant services to co-locate.

A majority of respondents would use an NHS GP app to access primary care services. The most popular use for the app would be **checking test results**, although many app users would also consider **having online consultations**.

### Personalisation

The opinion of local residents in terms of **Tower Hamlets as a healthy place to live** is leaning positive; although those who suffer from chronic illness or mental health issues take a slightly more negative view.

People who felt that **they were not treated as an individual with specific needs** and that **services do not work well together** brought up experiencing a lack of support or a lack of information when they were in a difficult situation.

**Older people** generally find Tower Hamlets a good place for them to live in.

In terms of **prioritising services while on a limited budget**, local residents believed that **hospital and GP services** should be prioritised.

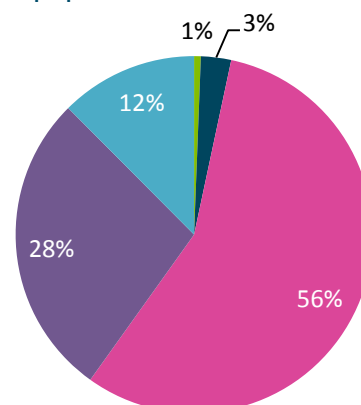


## Background

In May 2019 we conducted a series of ‘What would you do?’ engagement events in **four local street markets** to understand local residents’ thoughts and expectations around shaping health and social care services in the context of the NHS Long Term Plan. The street markets were selected to enable us to engage with people in the four locality areas used for the purpose of delivering integrated health and social care services within our integrated care programme. We focused the question structure around three key themes of the local STP plan **prevention, personalisation, primary care** and on **improving neighbourhoods** as healthier spaces.

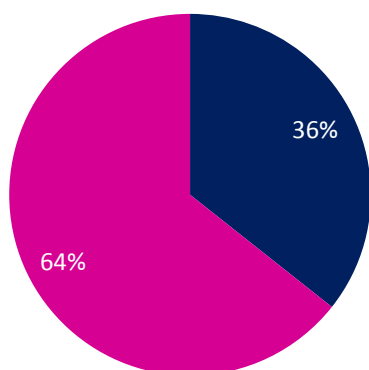


We engaged with **346 local residents** over the course of **four events**. They were a diverse sample, representative of the borough’s population.



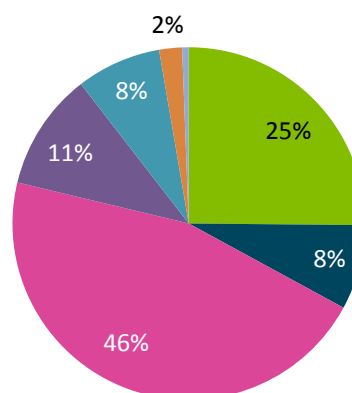
Age

■ Under 18 ■ 18 to 24 ■ 25 to 49 ■ 50 to 65 ■ 65+



Gender

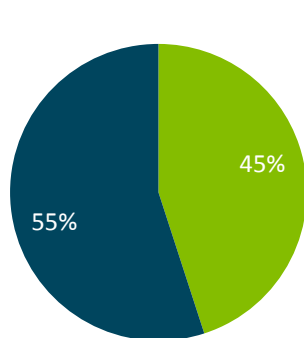
■ Men ■ Women



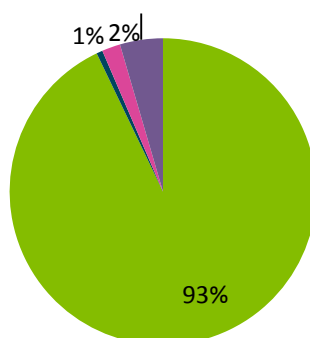
Ethnicity

■ White British ■ White Other  
■ Bangladeshi ■ Asian Other  
■ Black or Black British ■ Mixed  
■ Other

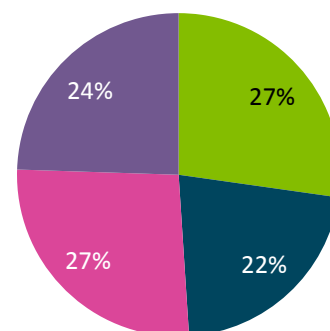




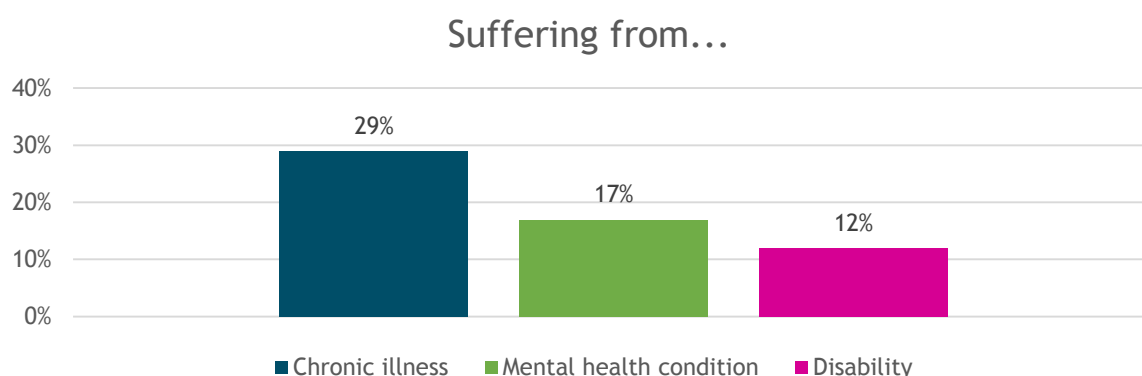
**Parent status**  
 ■ Parent of under 18  
 ■ Not parent of under 18



**Sexual orientation**  
 ■ Heterosexual  
 ■ Gay man  
 ■ Lesbian  
 ■ Rather not say



**Locality**  
 ■ North East  
 ■ North West  
 ■ South East  
 ■ South West



## Methodology

The purpose of the events was to engage local people in thinking about how they could be more involved in managing their own health through better prevention, primary care and personalisation services and support. Events were held in key community street markets:

- Roman Road Market
- Watney Market
- Chrisp Street Market
- Whitechapel High Street



Each participant received an **activity booklet**, somewhat similar to an **interactive survey**.



Healthwatch staff and volunteers guided each participant through completing the activity booklets. When they had completed the booklet, including basic equalities information and contact details, they exchanged it for a snack box and bag.

# Summary of Findings:

## Prevention and healthy neighbourhoods

By far, **walking** was the most popular form of exercise among all respondents. It was preferred by both men and women, and by all ethnic groups. It was also preferred by respondents aged 25 or over; while those under 25 preferred working out at home, outdoors or at the gym.

A **campaign to incentivise walking** would have to take a multi-layered approach to engage with different age groups: a rewards scheme for young people, community events for families with children, and group walks for seniors. These efforts should be combined with improving the cleanliness of parks and open spaces.

Generally, people feel like they can do the activities that they like in Tower Hamlets, however, there are obstacles. The most important obstacle to exercising more is **air pollution** caused by heavy traffic and construction sites, followed by **safety**, particularly in relation to concerns around drug dealing, drug use, violent crime such as muggings, and anti-social behaviour.

In order to reduce air pollution, local residents support **planting more trees, extending parks** and creating more **pedestrian and cycle paths** to provide an alternative to driving. In order to improve safety, they support **engaging young people in more social and physical activities** (such as organised sports) with a view to promote healthy living at the same time as keeping them “off the streets”.

Many residents find **gyms in the borough** to be difficult to afford, and called for subsidised gym memberships for those who cannot afford the full price. Outdoors gym equipment in parks had also been suggested as an alternative.

## Primary care

Most local residents are open to the idea of multiple services functioning **under the same roof as a GP surgery**. *Mental health/ psychotherapy, dentist, pharmacy, social care services, nutrition and weight management classes, a children’s centre and a community space* have been named as the most relevant services to co-locate.

A majority of respondents would use an **NHS GP app** to access primary care services. The most popular use for the app would be **checking test results**, although many app users would also consider **having online consultations**. Most older people are still reluctant to use online services, but a sizeable minority of them are open to it.

## Personalisation

The opinion of local residents in terms of **Tower Hamlets as a healthy place to live** is leaning positive; although those who suffer from chronic illness or mental health issues take a slightly more negative view.

Residents in good health felt *better supported to make healthy lifestyle choices*; they were more satisfied with *their living conditions* and with *air quality* than their peers suffering from chronic illnesses, mental health conditions or disabilities.

People suffering from **mental health issues** had a more negative view on almost all indicators: they felt *less safe in their neighbourhood, less able to support themselves financially, less*



confident that they can access good healthcare services, less likely to feel that their specific needs are being addressed and also more disenfranchised in relation to local decision-making.

People who felt that **they were not treated as individual with specific needs** and that **services do not work well together** brought up experiencing a lack of support or a lack of information when they were in a difficult situation.

Older people generally find Tower Hamlets a good place for them to live in.

In terms of **prioritising services while on a limited budget**, local residents believed that **hospital and GP services** should be prioritised.

## Healthy neighbourhoods

### Physical activity in the borough

We asked local residents to tell us **what they like to do in order to stay physically active**.

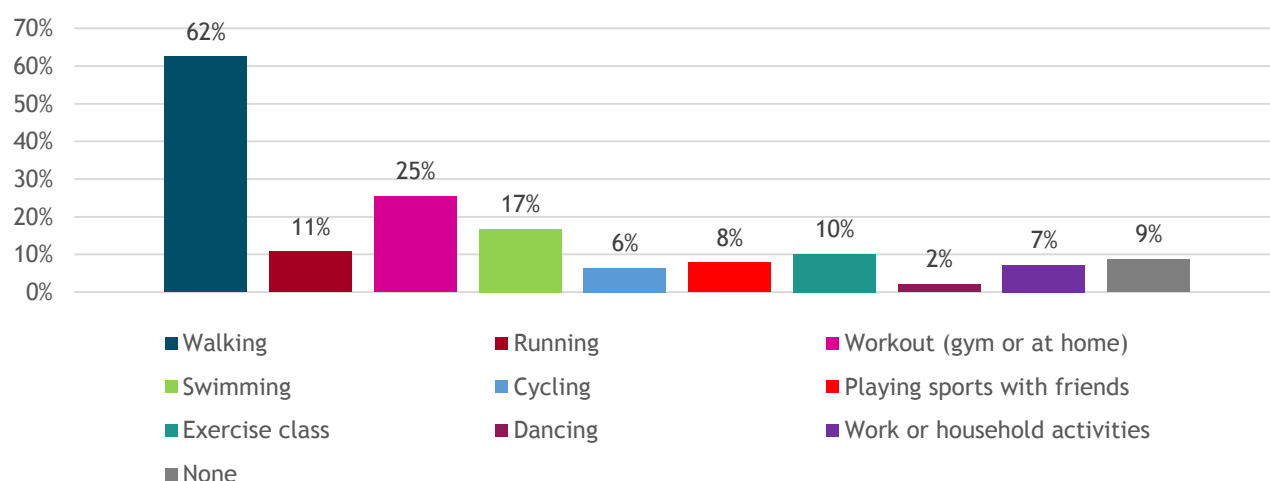
By far, **walking** was the most popular form of exercise, named by **62%** of respondents. It was preferred by both men and women, and by all ethnic groups. It was also preferred by respondents aged 25 or over.

**25%** said that they enjoy **working out** (at a gym, at home or outdoors). This form of exercise was preferred by young people aged under 25.

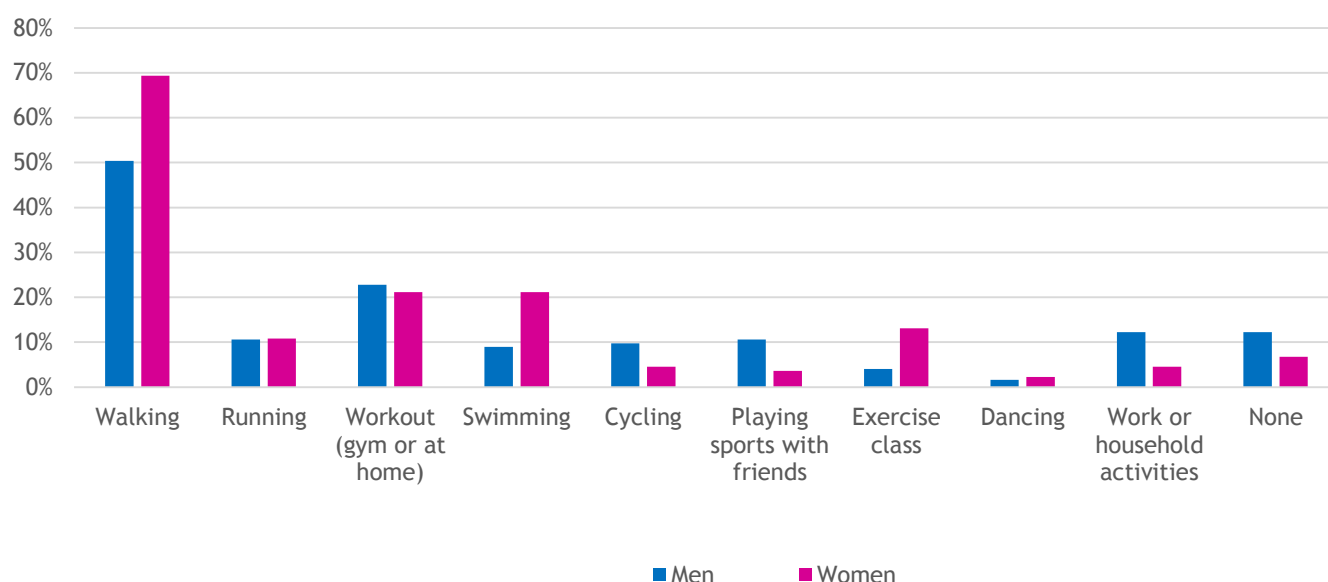
**17%** mentioned **swimming**, **11%** **running or jogging** and **10%** taking **exercising classes** (such as yoga, pilates, aerobics or Zumba).

**7%** relied on **housework or professional work** (such as cleaning, gardening or shopping) for physical activity and **9%** could not name any type of physical activity they enjoy doing.

All respondents



**Women** were more likely to walk, swim or take exercising classes than men, while **men** were more likely to play sports with friends (such as football, badminton or tennis) or to cycle. Men were also more likely to be physically active at work or while doing housework; but also to not be physically active at all.

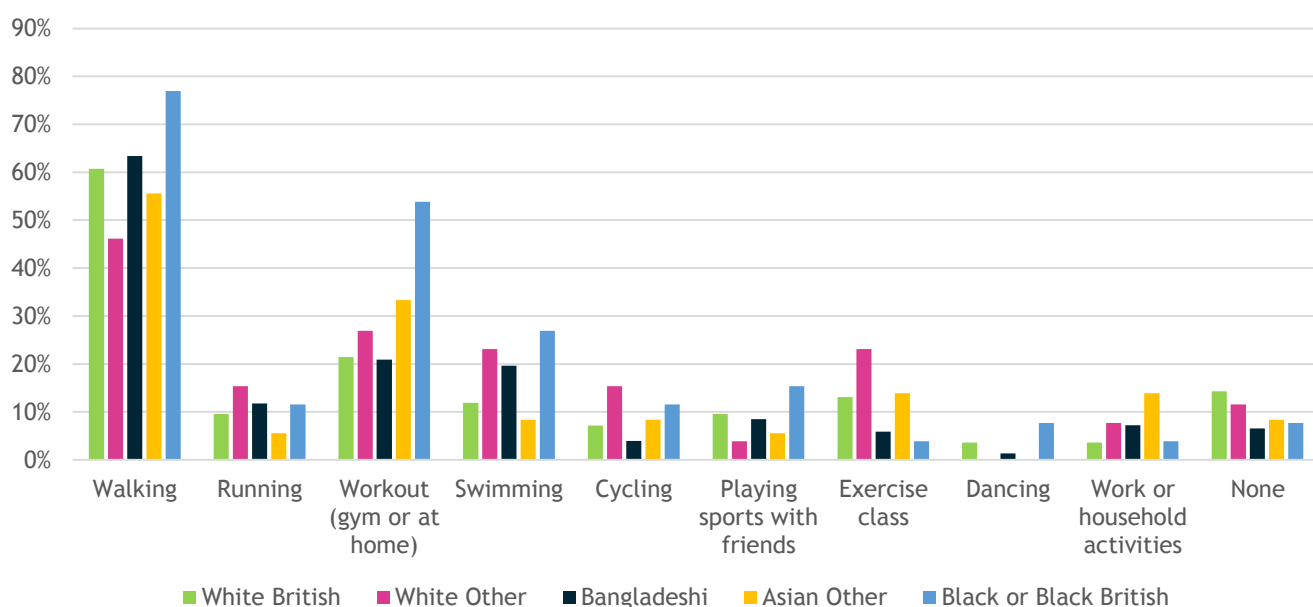


Differences between ethnic groups were relatively small.

People of white ethnicities (British and non-British) were more likely to not engage in any kind of physical activity.

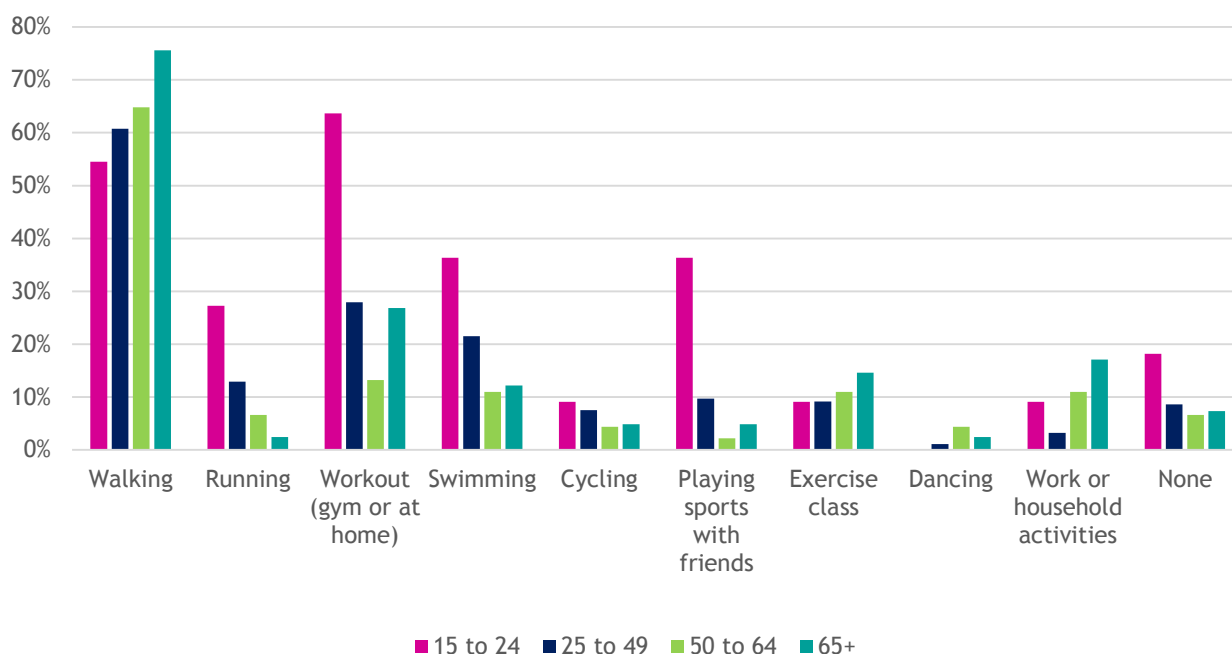
Black/Black British people walked the most; they were also the most likely to work out, swim or play sports with friends.

White Other (non-British) people walked the least, but they were more likely than other groups to cycle, run or attend exercise classes.

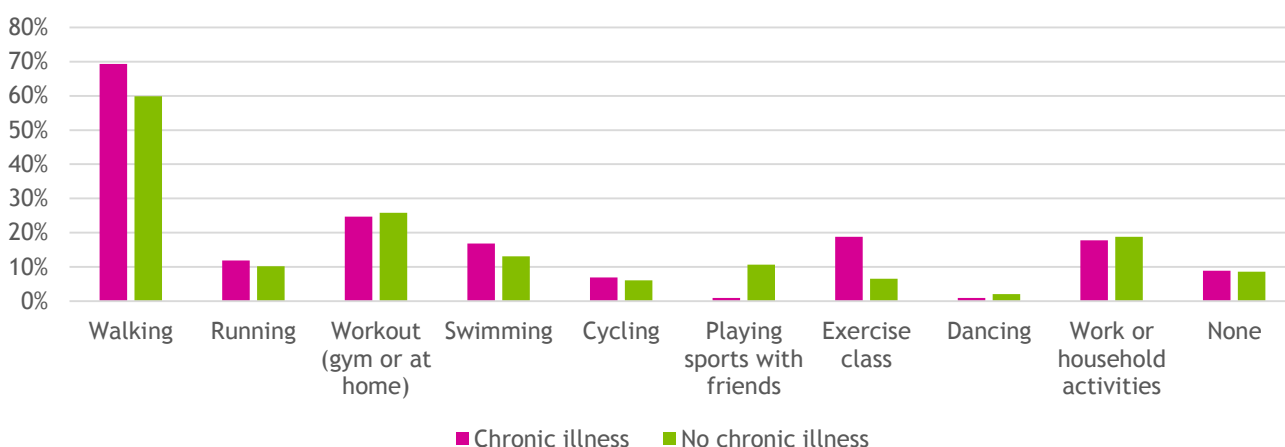


The older respondents were, the more likely they were to name **walking** as their preferred form of physical activity.

Young people aged under 25 were more likely to work out, run, swim or play sports with friends than any other groups.



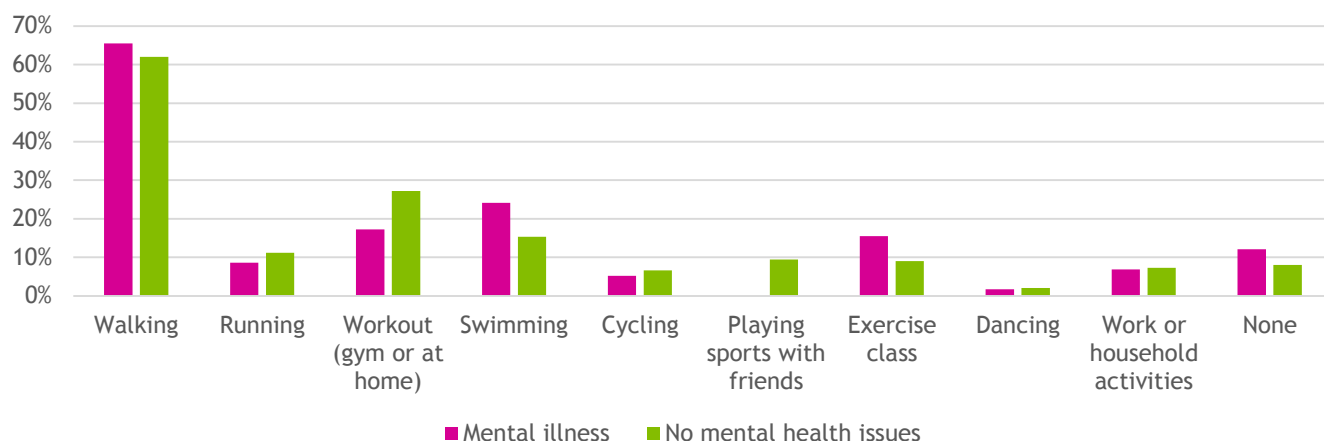
There were only small differences between people who suffered from a chronic illness and those who did not. People who suffered from a chronic illness were more likely to take exercise classes (possibly because some classes - such as tai chi or chair-based exercise- are designed specifically for people with certain physical limitations or issues), but less likely to play sports



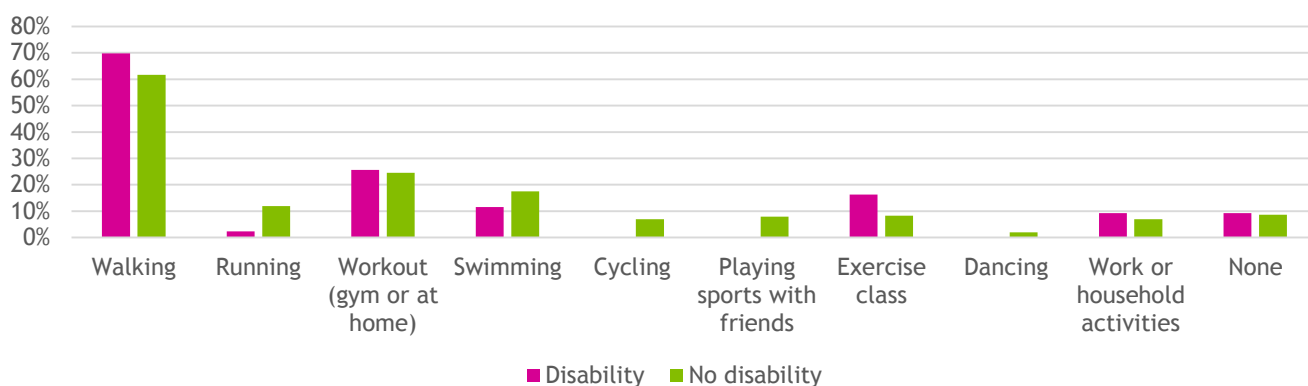
with friends.

People who suffered from a mental illness were slightly more likely to not exercise at all, and none of them said that they were playing sports with friends. On the other hand, they were somewhat more likely to swim or attend exercise classes.





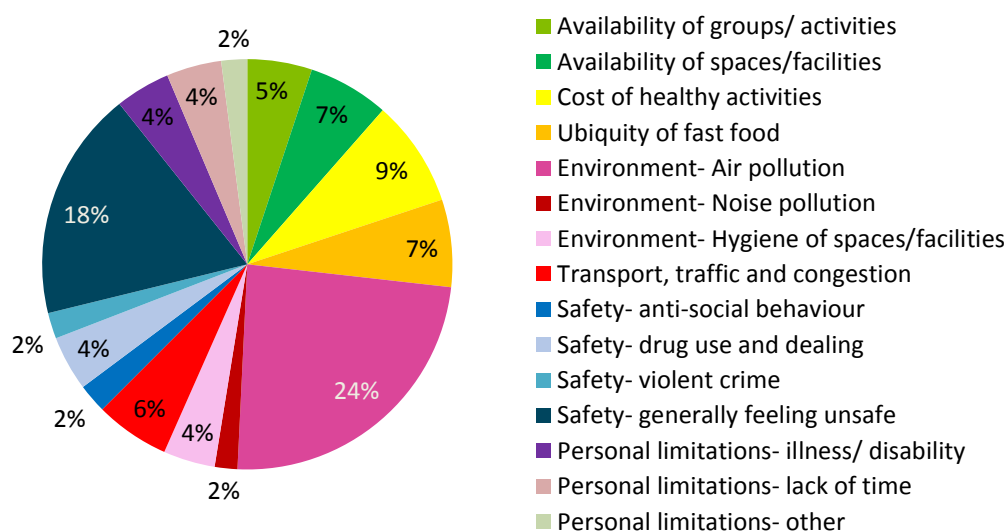
While people with a disability were less likely to run, cycle or play sports, they mentioned working out at similar rates as non-disabled people; and walking and exercise classes at higher rates. Organisations such as Ability Bow, which run tailored exercising classes for people with various disabilities, are a valuable community resource.



## Obstacles to staying healthy

We asked local residents to tell us whether they feel they can do the types of physical activity they enjoy in Tower Hamlets. 91% said yes.

We asked residents what makes it difficult for them to stay healthy and physically active. 69% of respondents named at least one problem.



The environment and safety issues, named by 30% of respondents each, were considered the biggest obstacle to healthier and more active living.

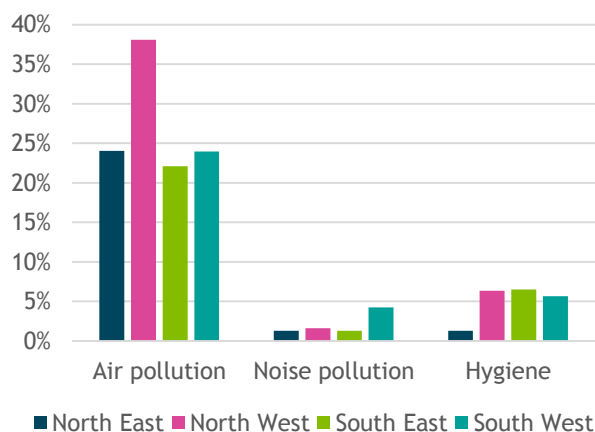
The biggest environmental concern was **air pollution** (named by 24% of all respondents). Most respondents who cited **safety issues** said that they felt generally unsafe, but drug use/dealing (4%), anti-social behaviour (2%) and violent crime (2%) were specifically named by some.

5% of respondents complained of the **lack of organised activities** such as classes or walking groups, and 7% mentioned the **lack of facilities** such as gyms and parks. A further 9% commented that while activities and facilities do exist, they are **difficult to afford** for local residents. Specifically, several Muslim women mentioned that, for cultural and religious reasons, they would prefer to have more **women-only spaces and facilities**.

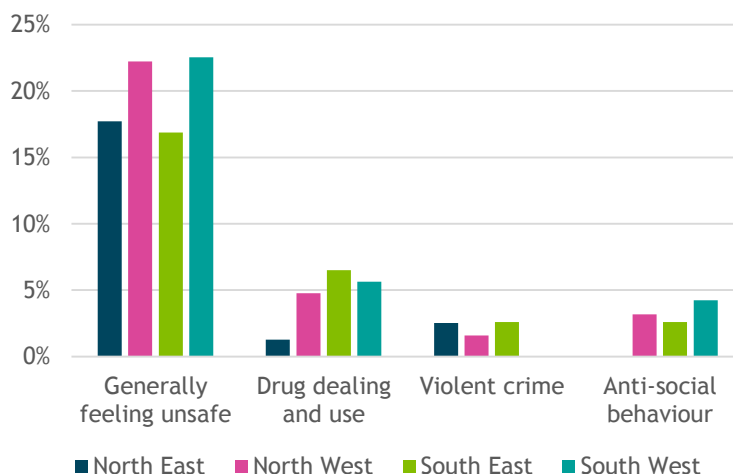
10% of respondents found **personal limitations**, such as illness, disability or lack of time to be the main obstacles preventing them from being more active.

The **North West** locality had the most complaints about air pollution. Respondents in the **North East** locality were somewhat less likely to complain about issues such as hygiene of public spaces, drug use and anti-social behaviour, but more likely to bring up instead the lack of organised activities.

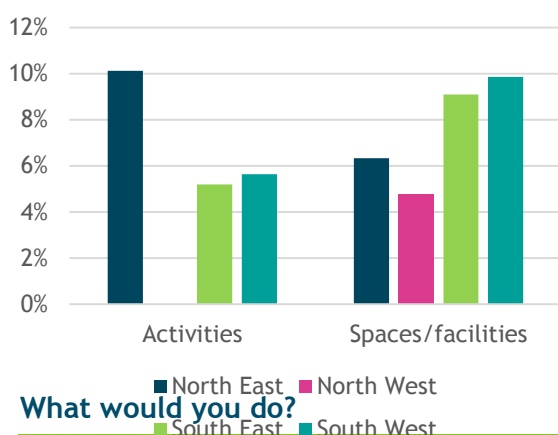
Environmental factors-  
localities



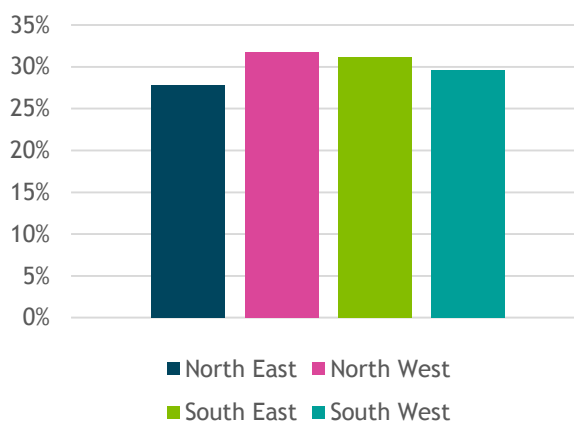
Safety factors- localities



Availability of spaces and  
activities



No issues mentioned



The **North West locality** is particularly affected by air pollution, while the **South West locality** has bigger issues with noise pollution than the other three. In the **North East locality** there were less complaints about hygiene than in the other three.

Respondents in the **west of the borough** were more likely to report feeling generally unsafe, while those in the **North East locality** were less likely to report concerns around drug use or anti-social behaviour.

Respondents in the **south of the borough** were the most likely to complain about insufficient spaces and facilities, and those in the **north east** about lack of organised activities.

## Designing healthier neighbourhoods

### Overarching themes

The borough is relatively well-served by parks and open spaces, although many residents have expressed the view that even more are needed. There is a high level of interest for more youth- and family-oriented activities in parks; such as organised sports for children and teenagers; as well as for developing play areas/ family areas in the green spaces that don't yet have one (especially the smaller ones, that could be extended for this purpose). Some residents also suggested organising park-based outdoor activities for seniors (such as walking groups and light exercise classes).

The borough is also well-served by gyms and leisure centres; however they are not necessarily affordable to all residents. Subsidised gym membership or gym/swimming pool entries in leisure centres should be available for those who would have trouble affording them at full price, such as benefits recipients. Gyms are also primarily designed with fit, able-bodied people in mind; they should be more inclusive of people who have disabilities or limitations in the use they can make of them.

Outdoor gyms in open spaces would be welcomed as a free alternative to gyms, and exercise groups for different age groups and abilities could be organised around them. Whether indoors or outdoors, spaces where organised or team sports can be played are often overcrowded.

Across the borough, there are many fast food and takeaway shops selling primarily or exclusively unhealthy foods. Healthier groceries such as fresh produce are available, but have difficulties competing with fast food outlets in terms of price and convenience. Residents would support local initiatives around food co-ops, growing food/allotments, community gardening and family-friendly cafes with healthier menus as a solution.

There is a generalised concern around young people selling or dealing drugs. Perceived risks of drug dealing, petty theft and violent crime (such as muggings or knife crime) discourage some residents from using parks. Involving young people, particularly boys, in social and sporting activities has been suggested as a way of preventing this. Community and cultural centres are valued by local people; and many residents feel that more should exist. They could play a crucial role in providing activities both for the young (preventing crime) and for the elderly (preventing loneliness and isolation).

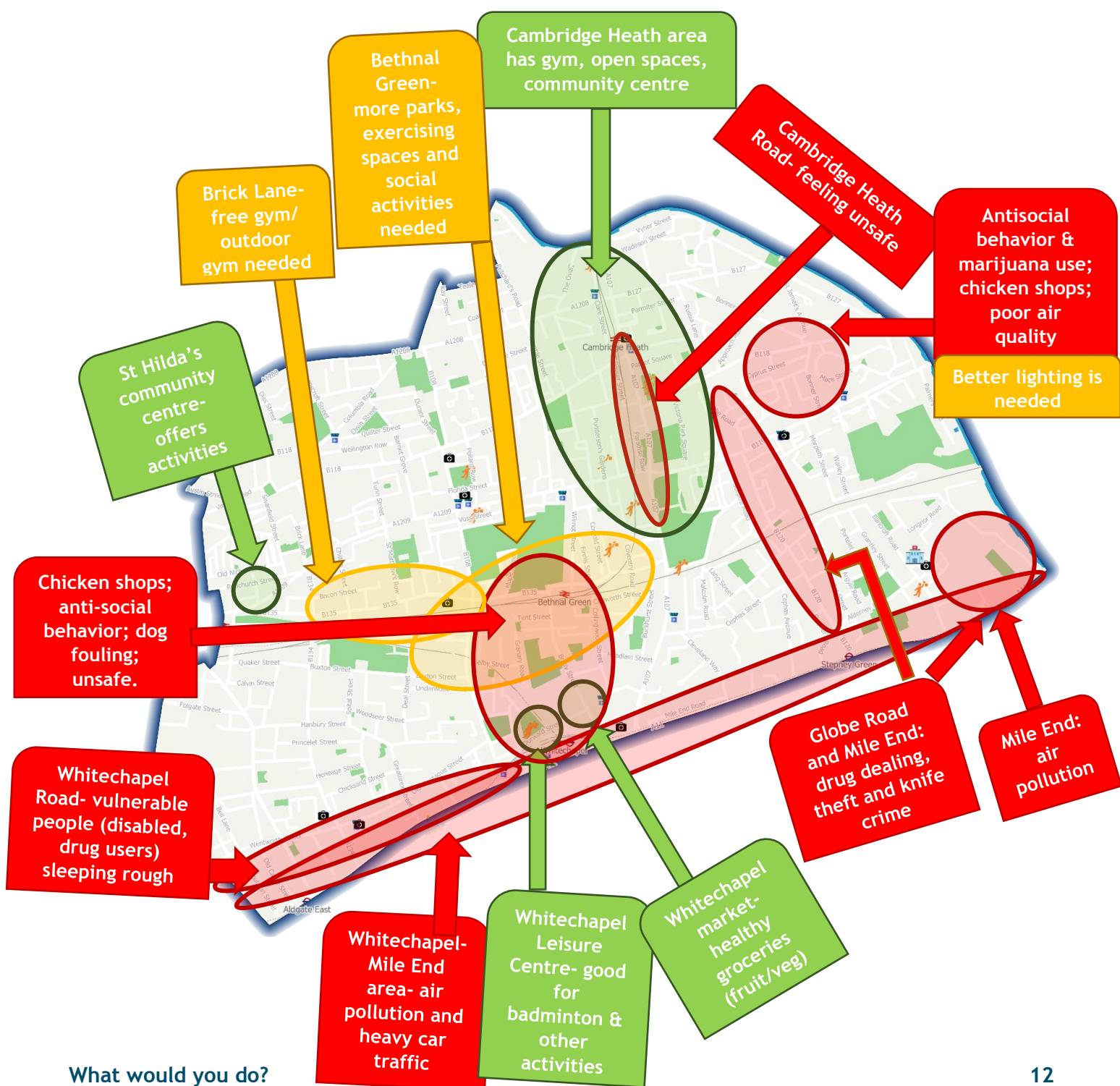
### North West Locality

Air pollution along Whitechapel Road and Mile End Road- particularly around Mile End, is caused by heavy car traffic. Residents have expressed a desire for more walking paths and cycle routes, possibly connecting parks; thus encouraging alternatives to driving through the area.

The locality is home to the Whitechapel Market, where a good selection of fresh fruit and vegetables can be bought, but also to numerous fast food and takeaway shops serving primarily or exclusively unhealthy options. Community gardens and fruit and veg street stalls have been suggested as solutions.

Multiple residents complained about poor hygiene, dog fouling and improperly disposed of rubbish in the Aldgate- Whitechapel- Bethnal Green area. There are reports of vulnerable homeless people, including sufferers from various disabilities and those who engage in substance abuse, sleeping rough on Whitechapel Road. The areas around Cambridge Heath, Bonner Road and Globe Road are affected by drug using and selling, which makes local residents feel unsafe. Better street lighting and more community-building activities have been suggested as solutions.

## North West Locality





## North East Locality and Victoria Park

Victoria Park is a valuable community resource well-used by local residents. The outdoor gym in the park is appreciated by local residents; children's play areas and courts for team sports could be installed next to it. Outdoor exercise classes for mums' groups could be held near play areas. Installing more park benches and public toilets would make the park more accessible to people who are elderly, chronically ill or partially mobility-impaired.

The park could be further used to promote healthy living, for instance by opening more cafés serving affordable healthy food in the park, expanding the community garden for growing vegetables, or by organising more group classes and family-oriented events. The park would also be suitable for guided walks and trips.

The Council has occasionally closed the park for events and festivals; which local people have found to be disruptive, both as it means they lose access to the park temporarily, and because of rubbish abandoned in the park after events.

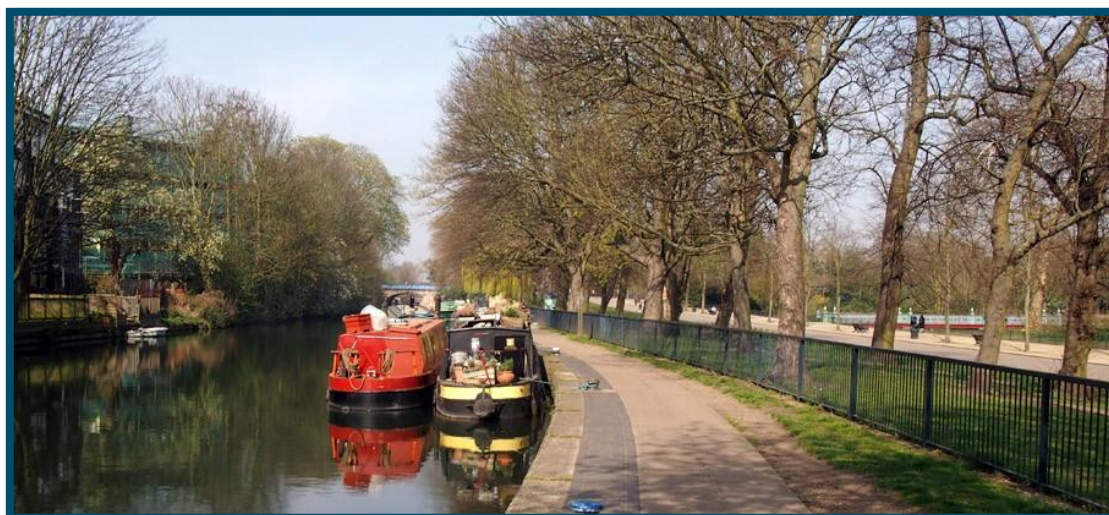
Overall, the area is suitable for running, cycling and walking, as well as well-served by gyms, but more opportunities for organised physical activity are needed by local residents, targeting different groups that would struggle to otherwise exercise on their own (e.g. the elderly, parents of small children). Several residents have said that they feel poorly informed about activities taking place in the borough. Leaflets, posters and the internet could be used to promote local events.

As the Mile End area is particularly affected by air pollution, multiple respondents expressed the view that the area around Victoria Park should be further pedestrianised, with some car-free zones around residential streets. More walking routes should go around the park and walkways should be available on both sides of the canal, and cycle routes should be separate from pedestrian footpaths.

They also expressed desire for better cycle routes, away from cars but also clearly separated from pedestrian routes, in order to avoid road accidents. A bike share/ bike rental scheme has also been proposed. Residents living in blocks of flats report not having a space for bike storage in their home.

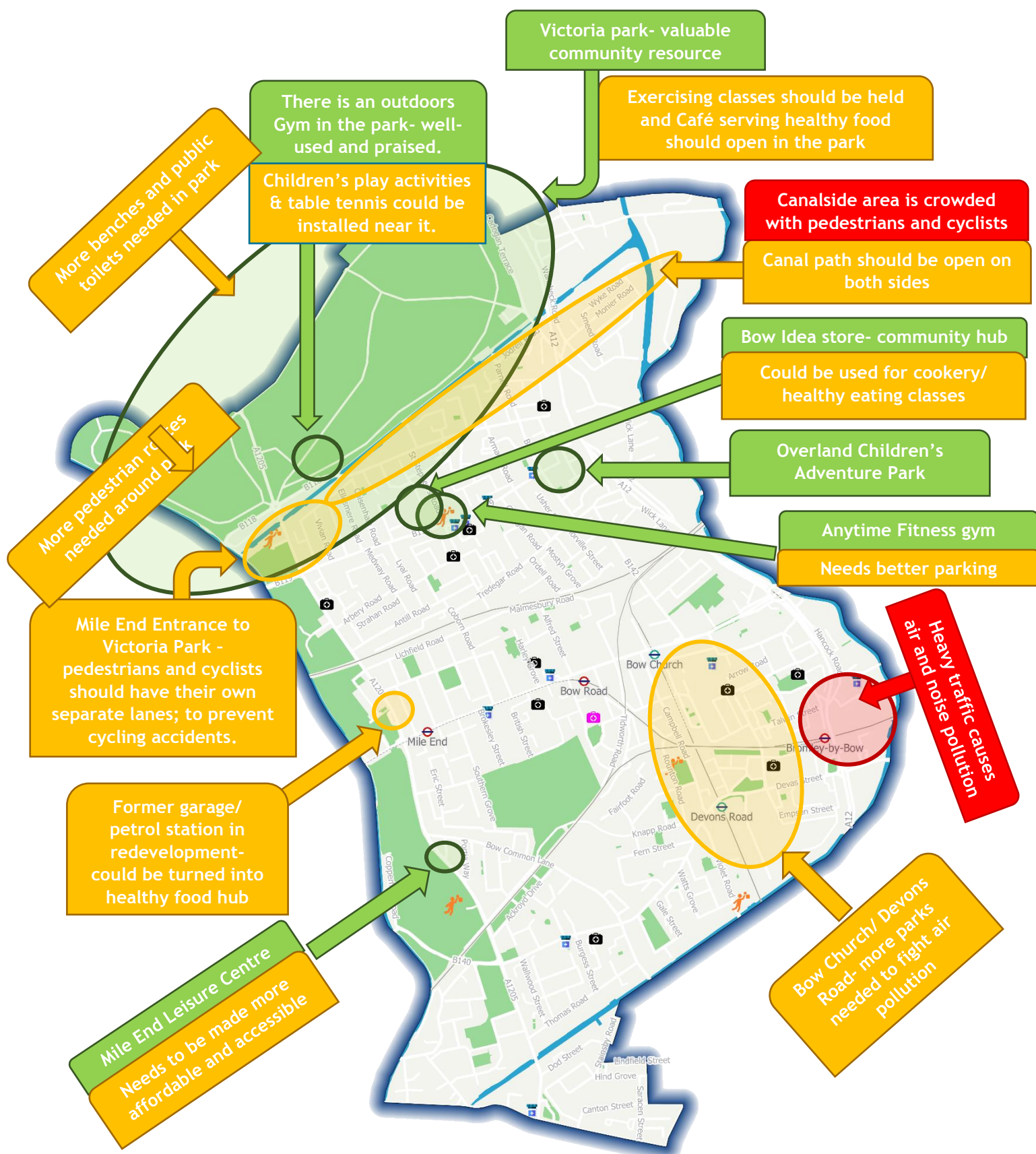
Better provision of electric charging points around the Mile End Station has also been proposed as a solution.

The Idea Store in Bow acts as a community and information hub; it could be used for activity such as cookery classes, to promote learning around healthy living.





## North East Locality



## South West Locality

The South of the locality is well-served by parks, that many residents think of as pleasant places to walk in; walkways and cycle routes between parks could encourage walking and cycling, both as leisure activities and as an alternative to driving. Some residents have expressed a preference for more trees and landscaping choices closer to preserving the natural environment of the area.

In the North of the Locality, rather than bigger parks, there are only smaller green spaces, not suitable for children to play in. They should be expanded to accommodate play areas. Furthermore, the area between the Watney Market, the Royal London Hospital and Aldgate is perceived to be unsanitary and unsafe, because of drug use and anti-social behaviour. Older residents have remarked that in many areas in the locality, there are no or few benches.

The North and central areas of the locality are busy with traffic, as they are crossed by main roads connecting Central and East London. Lorries often circulate on these main roads, creating congestion and slowing down traffic. Residents often experience traffic jams. The Limehouse area is particularly affected by air pollution resulting from ongoing traffic. It has been suggested that Cannon Street Road (connecting Whitechapel Road and Commercial Road) could be made one-way to cut down on traffic.

Public transport along the routes is often over-crowded, making it harder for people to travel. The DLR is accessible for wheelchair users, but the Overground is not. There is no direct bus route connecting Wapping (the South of the locality) and Victoria Park. A transport scheme for children young people (similar to school buses) could improve their access to parks. Cycle lanes are good and cycling should be more heavily promoted as an alternative to driving.

The Watney Market offers a good selection of groceries, including fresh fruit and vegetables. Nonetheless, residents on low incomes find healthy food difficult to afford. Multiple residents have expressed desire for more allotments. Sweet shops are ubiquitous.

The locality is gentrifying rapidly; new flats and office buildings have been built, and some residents feel that sense of community is diluted or lost.

## South East Locality

The locality is well-suited for walking and running, and is well served in terms of community activities (those offered by HARCA, The Cabin in Poplar and Neighbours in Poplar constitute examples). The Cabin in Poplar is offering activities specifically for men- a group not particularly addressed by other organisations. Most community organisations are in the Poplar area, while provision of similar services in other parts of the locality may be poorer. The New City College and Idea Store provide resources for learning. There is a need for a new youth centre and more youth activities, particularly among youth anti-social behaviour and drug use concerns.

The area experiences air and noise pollution, partly because of road traffic and partly because of construction sites (which also cause road disruptions, worsening the traffic, and make it more difficult for pedestrians to walk on pavements. Road traffic around the Blackwall Tunnel is particularly heavy and a few residents have expressed concerns about road safety and speeding drivers. The area is well-served by public transport.

The north of the locality is relatively poorly served by parks; Langdon Park is beloved by locals, but seen as too small- it could be extended with the addition of an outdoor gym and play area. More pedestrian routes could be developed around it. Poplar Park is a useful space but insufficiently used- its use could be promoted by organising events for families and children.

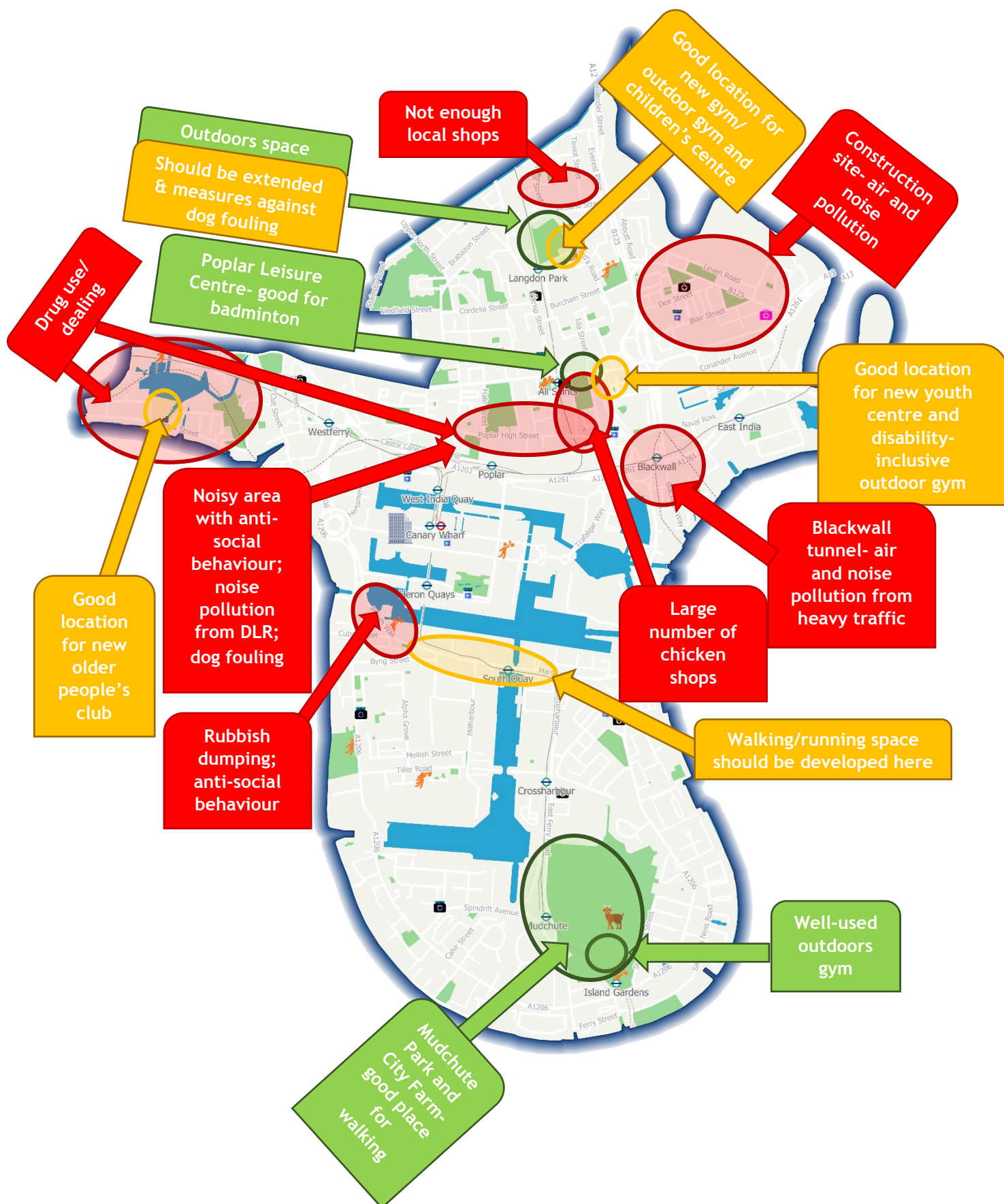
Some parts of the borough are poorly served by local shops; and with a high prevalence of fast food outlets.

## South West Locality





## South East Locality

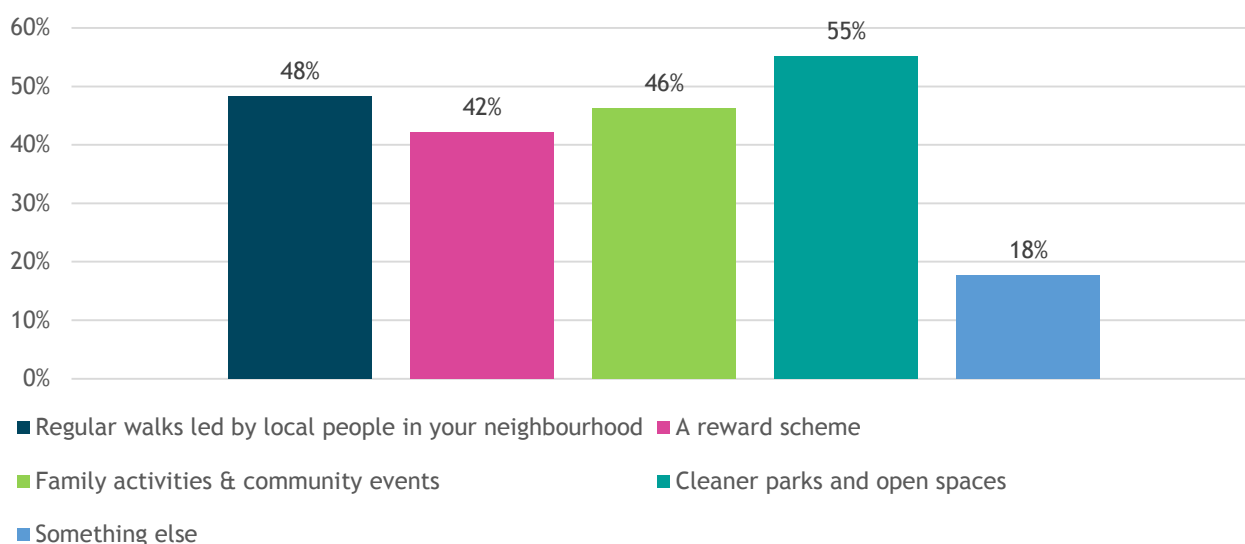


## A walking campaign for Tower Hamlets

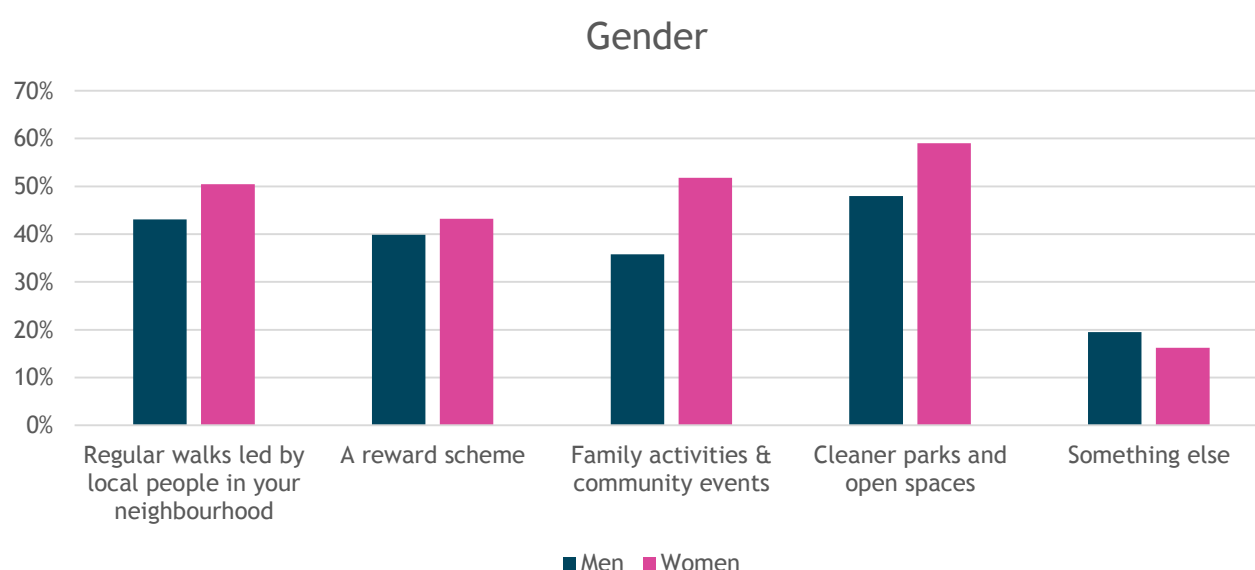
Based on engagement on both this series of events and previous research projects, we have learned that **walking is the preferred form of staying active for a majority of Tower Hamlets residents.**

Therefore, we asked local residents: **What kind of measures or incentives would get you to walk more in your local area?**

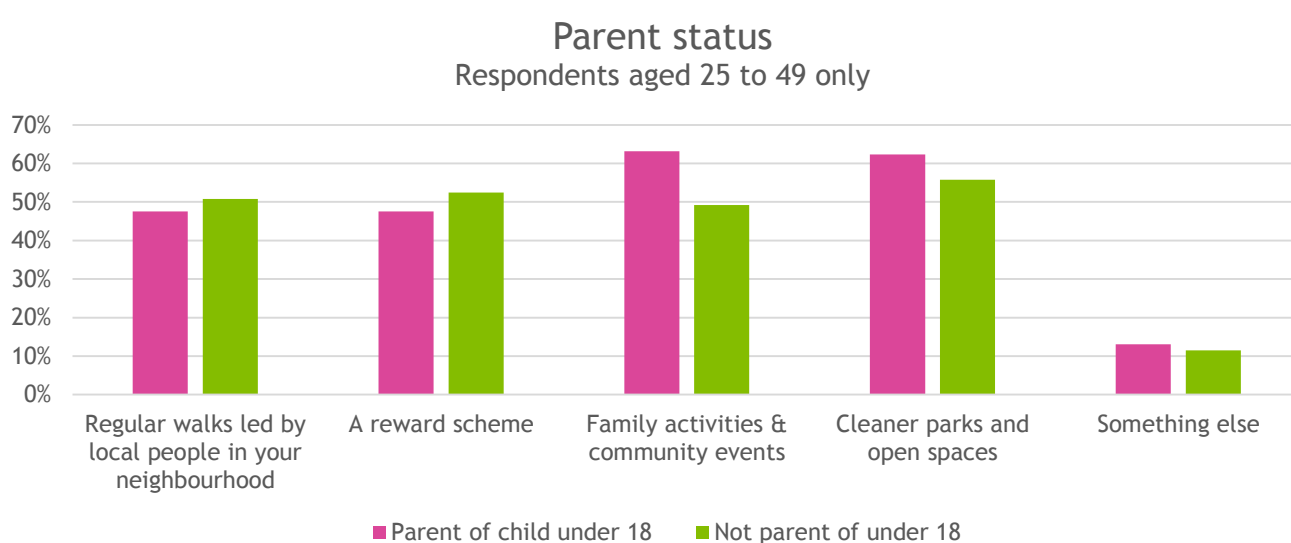
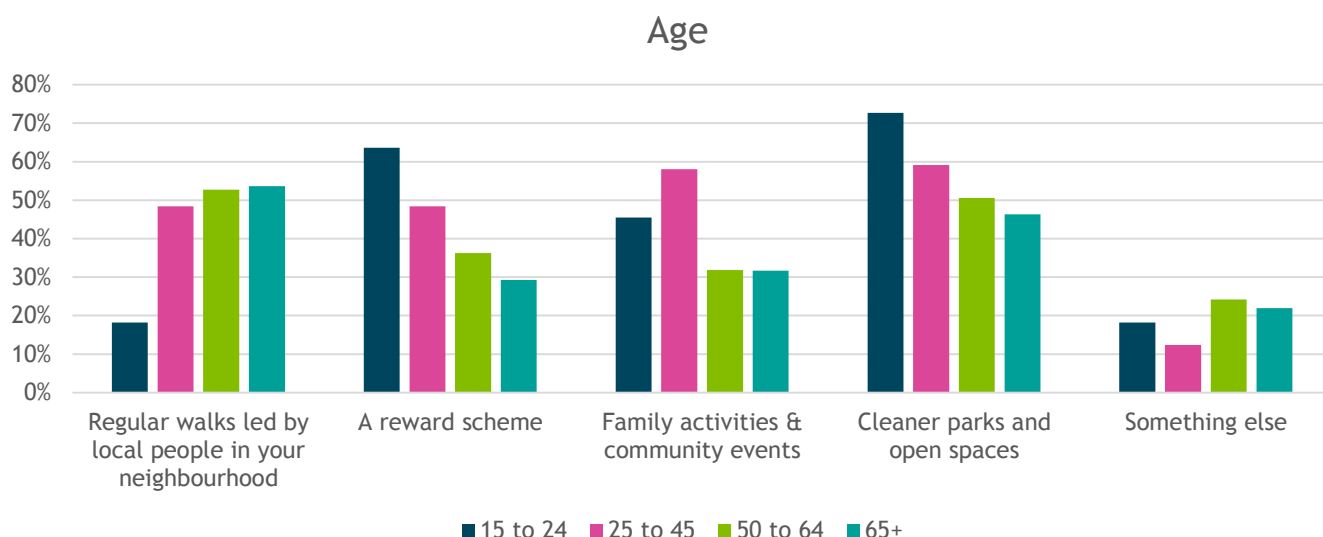
Most respondents placed importance on **cleaner parks and open spaces**; however, a good response was received in relation to most suggested prompts.



Regular walking groups, family activities and improved cleanliness were more important factors **for women than for men**. A **reward scheme** was more popular with younger respondents and **regular walks** for older respondents. Among respondents aged between 25 and 49, **family activities and community events** were a more important factor for those who had children aged under 18 than for those who did not.







This segmentation highlights the need for a **multi-faceted, targeted approach** to a campaign to get people walking.

For example, the following could be tried at the same time:

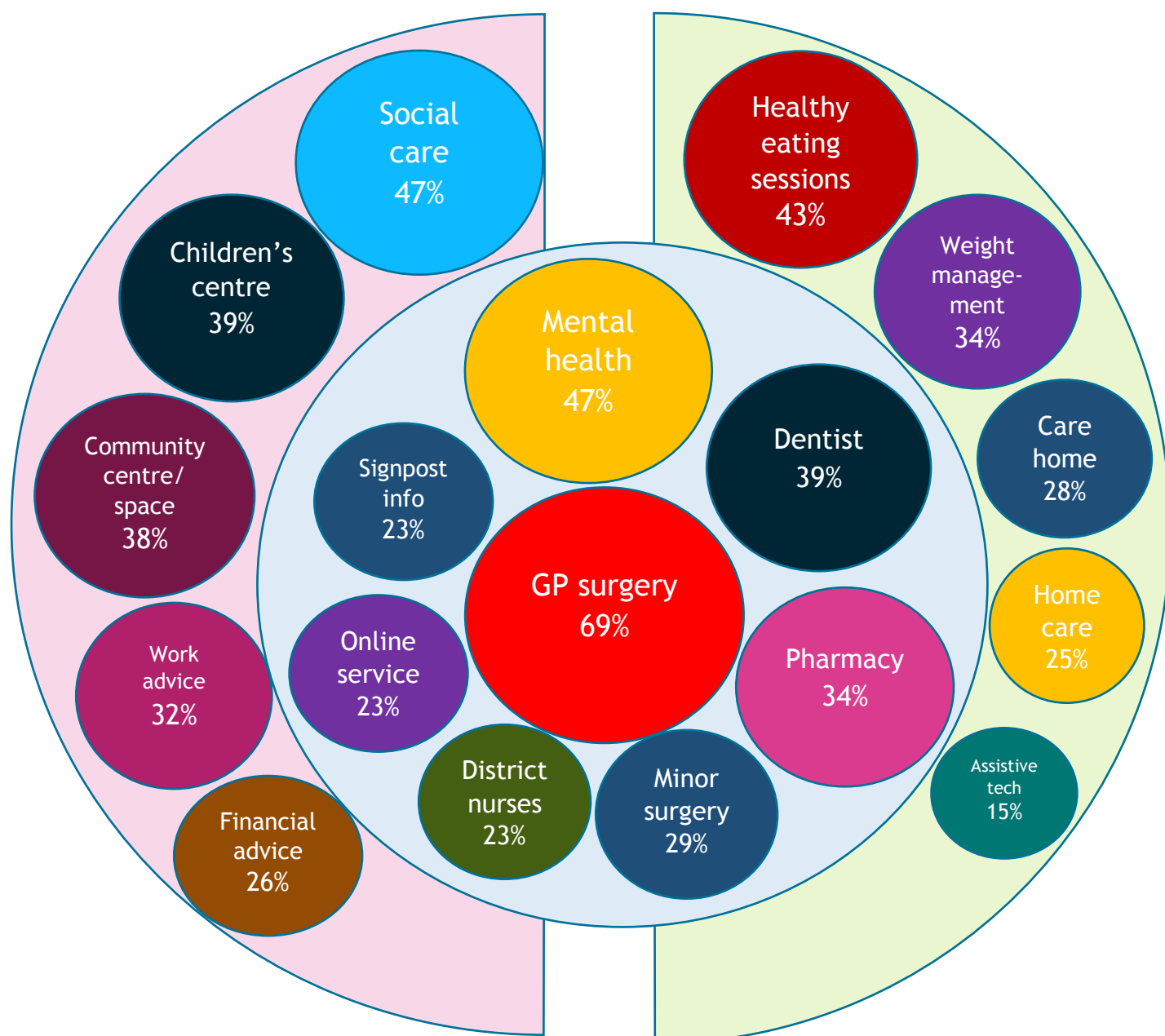
- A gamified “treasure hunt” smartphone app in the style of Pokemon GO, in which users would pick up reward vouchers using their smartphones from physical locations in the borough, then activate them with extra walking; targeting younger residents.
- A series of community events in parks, combining walking and healthy eating education, targeting families with children of primary school age
- Thematic walking tours (ex: local history, architecture, memory lane), targeting older people.

# Primary care

## Designing a health and well-being hub

We asked participants to our “What Would You Do” events to design a Health and Well-being Hub, in which multiple services work together, under the same roof.

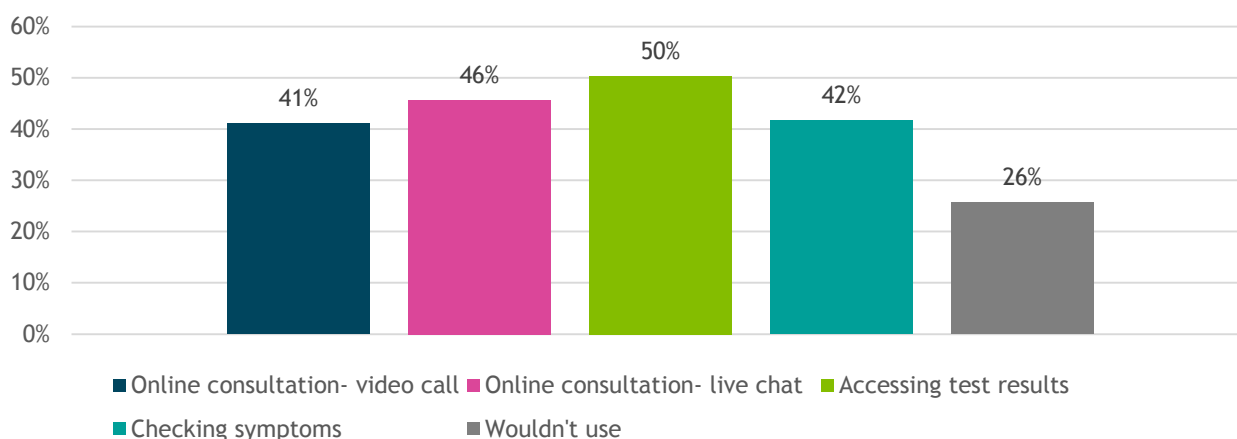
Here is what the participants came up with:



## Digital inclusion

We asked participants to our “What would you do?” events whether they would use a newly launched GP app, for purposes such as having online consultations, checking symptoms or accessing their test results.

Half of all service users told us that they would like to **access their test results** through the app, and nearly half expressed interest in some form of online consultation or symptom checker. Only

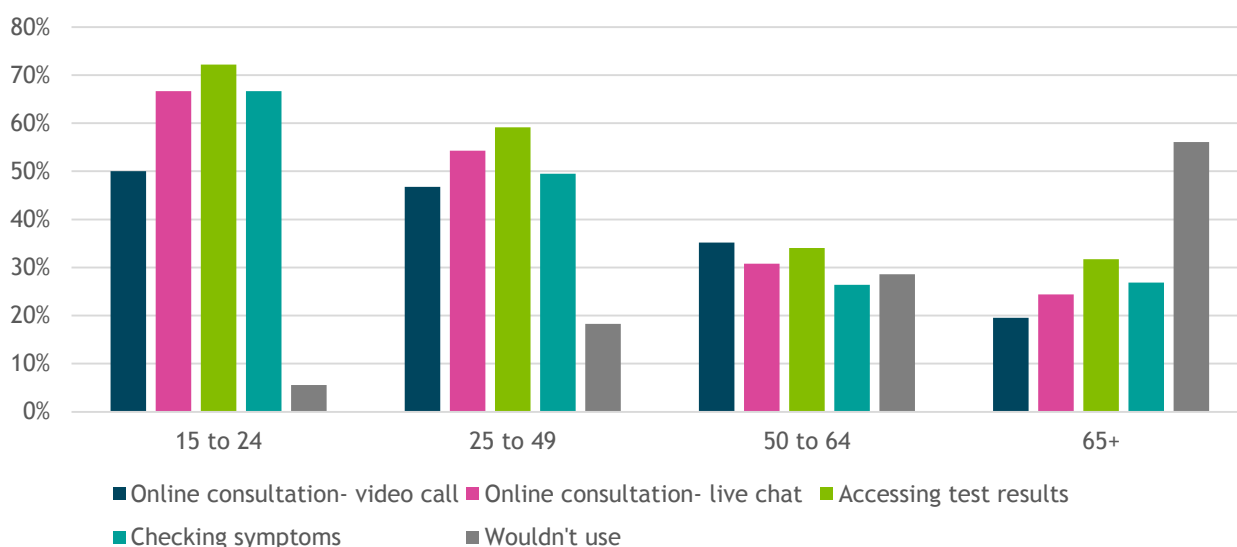


just over a quarter said that they wouldn't use the app at all.

Having online consultations **by live chat** is preferred to having them by video. One possible solution to allow visual-based diagnosis would be to develop a live chat platform that allows the sending of images, or a video function that is only turned on when needed.

Older people tend to have lower levels of internet literacy, which means that improvement plans based on improving digital access or introducing online tools may be less beneficial to them than for other demographics. In total, only 26% of the 346 event participants said they wouldn't use such an app, but 59% of the 41 people aged 75+ did.

Nonetheless, a minority of older people would still be interested in using online services: 22% would consider using a video consultation, 27% a live chat-based online consultation, 34% would like to access their test results online and 29% to use a symptom checker tool.

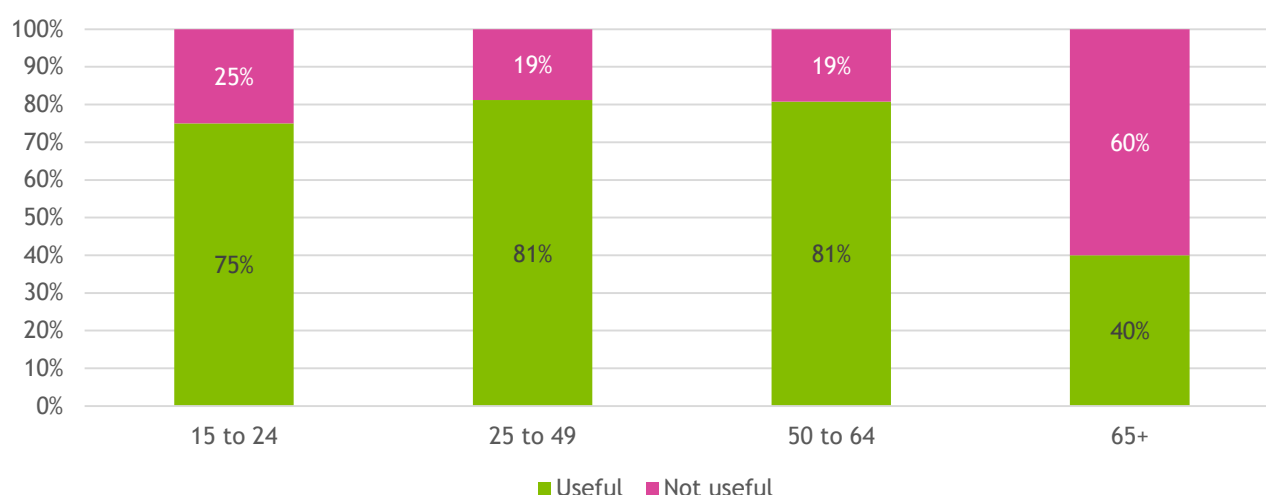
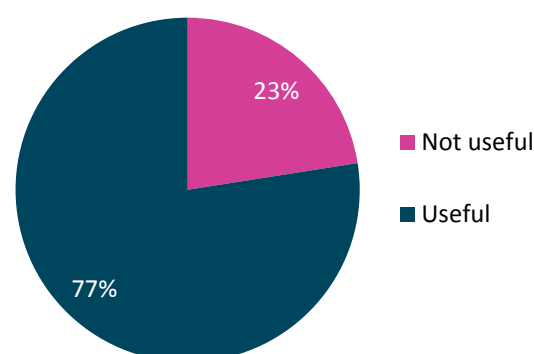




We also asked participants their feelings about whether they would find GP registration via a *Tower Hamlets-wide centralised website* useful, as this initiative is due to be implemented in the autumn of this year.

**More than three quarters of respondents believed that such a website would be useful for people like them.**

People aged over 65 were less likely than all others to find the website to be useful.

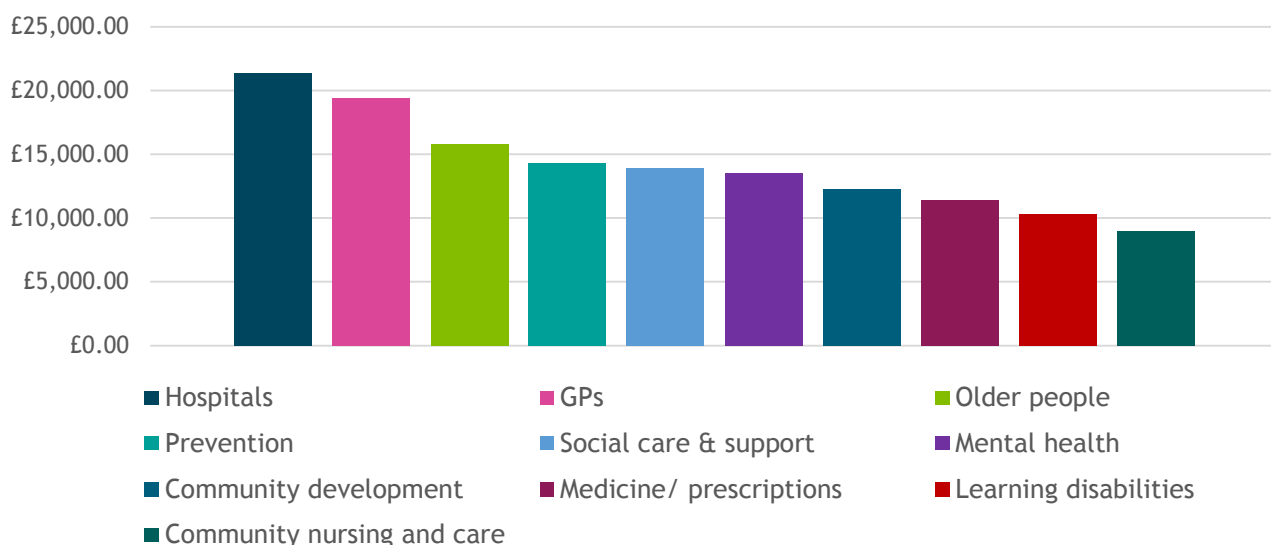


## Prioritising budget spending

Participants to the four “What Would You Do” events were invited to take part in a budget-prioritising exercise.

They were given “prop currency” stickers with the value of £200 (one sticker), £100 (two stickers) and £50 (two stickers) and they were asked to assign them to a list of healthcare, community and social services.

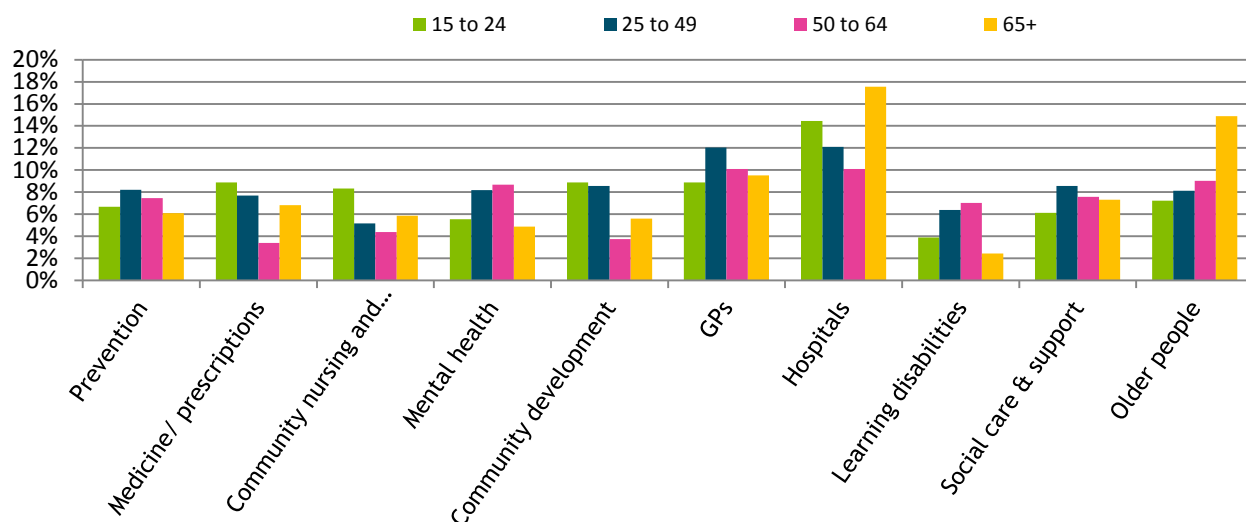




Respondents prioritised **hospitals** the most, followed by **GPs**.

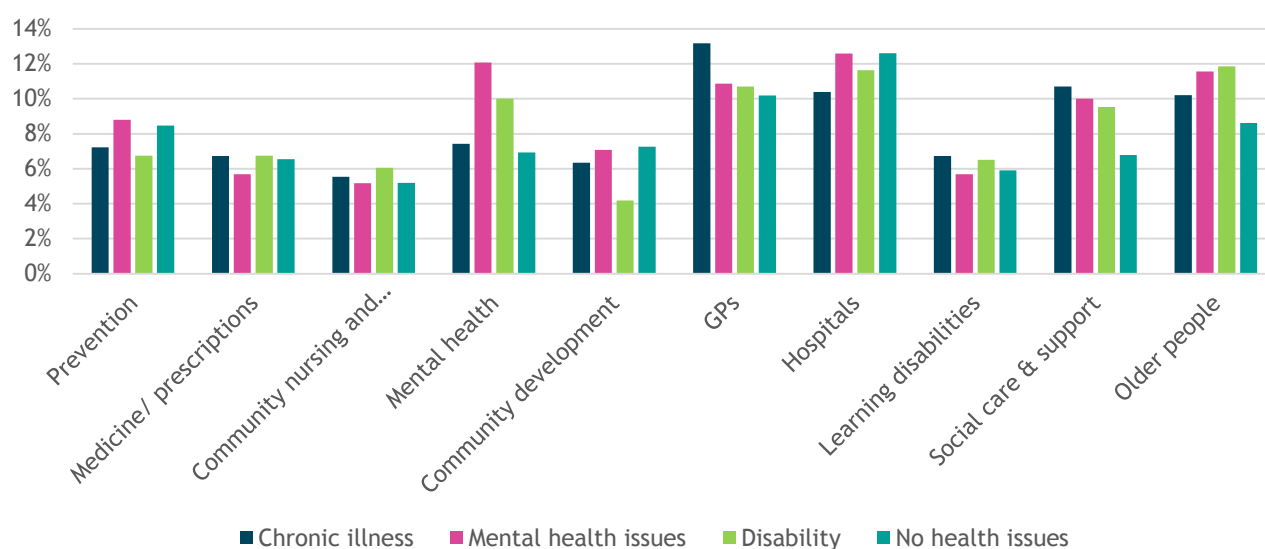
Differences between people of **different age groups** and **health statuses** were relatively minor; nonetheless, they show a trend of people prioritising *services they perceive as relevant to them, personally*.

People aged under 50 valued *community development* more, while those aged 65 or over prioritised *older people's services* and *hospital services*.



People who suffered from chronic conditions were more likely to prioritise spending for **GP surgeries** and **social care/ support**, while those with mental health issues prioritised **mental health** and **hospitals** more.

**Older people's services** were prioritised more by disabled respondents (possibly because people are more likely to become disabled later in life, and possibly because older and disabled people's needs have a degree of overlap), while **community development/ organisations** were prioritised by able-bodied respondents more.



## Personalisation and experience with services

As part of our four “What would you do?” engagement events, we asked local residents to express the extent to which a series of descriptors of how residents’ experience of their local area should be matches their personal experience, on a sliding scale (recoded as a 0 to 100 scale).

Overall, local residents’ views on most indicators was **leaning positive**; with the exception of “I can breathe clean air in my neighbourhood”, which was leaning negative.

Differences between **those in good health and those with poorer health outcomes** were relatively small, but consistent. Residents in good health felt *better supported to make healthy lifestyle choices*; they were more satisfied with *their living conditions* and with *air quality* than their peers suffering from chronic illnesses, mental health conditions or disabilities.

People suffering from **mental health issues** had a more negative view on almost all indicators: they felt *less safe in their neighbourhood*, *less able to support themselves financially*, *less confident that they can access good healthcare services* and also *more disenfranchised* in relation to local decision-making.



Definitely no

Definitely yes

I am supported to make healthy lifestyle choices

I am satisfied with my home and where I live

I can breathe clean air in my neighbourhood

Health and social care services work well together

I can access good healthcare services if I need them

I feel safe in my neighbourhood

I can financially support myself and my family

I have a say in how my local community is run

I can access good social care services if I need them

I am treated as an individual; my specific needs are considered





People who felt that **they were not treated as individual with specific needs** and that **services do not work well together** brought up experiencing a lack of support or a lack of information when they were in a difficult situation.

- *There is not enough support for people with mental health issues.*
- *Lack of information leaves many people not knowing what is going on. I often, as many have to wait weeks for an appointment (GP) months for a hospital appointment.*
- *Not all health and social care services are personalised, they talk about person-centered planning but don't always practice it. This is frustrating and tiring. All professionals that feed into health and social care should undergo MANDATORY training to ensure that not only do they understand personalisation but that they can then put the training into practice and offer a truly personalised approach.*
- *Support for carers needs improving; communication between services needs improving.*
- *If I get my doctor I get great help, but to get an appointment is hard and that's wrong. But I feel we shouldn't have to wait forever to see a doctor. Also when you need help from an OT or social services they should do what they have to do and come when needed and when you need a team you should get it.*
- *The Government / local authority do not really have a regard for the challenges individuals face in Tower Hamlets. Funding is a big issue. 'Ethnic Minorities' are at the bottom of the barrel.*
- *Social Services - do not work well with health especially where needs fall in both categories - they DO NOT work well together, if at all. GP Surgeries - impossible to get an appointment at the GP. You need to call in the morning when its impossible to get through and a lot of people actually go to the surgery to make an appointment. However if you're unable to go to the surgery because of illness or disability it becomes impossible to see the GP.*
- *The time that they have given for social work carers is not enough. You only get a really short slot of time. I suffer from mental illness as well as physical. They don't have time to care for you. I've had so many different carers. I don't have time to talk to you now as I'm with my carer and he can only give me a slot of time to take me out to do my shopping etc. I've had so many different carers. It's getting worse and making me more ill. They are not listening to me about my care needs and my care package and it terrifies me. They don't bother with my mental health.*
- *Tried to get universal credit, social worker didn't get information from GP. in 2018 I had to rely on food banks for food, I was starving.*



## Older people in Tower Hamlets


We also asked participants to our four “What would you do?” engagement events their opinion on whether Tower Hamlets is a good place for older people.

Very hard



Very easy

How easy is it to live as an older person in Tower Hamlets?

 = everyone

 = older people (65+)

Older people’s perception of the borough in this respect leaned positive, being slightly more positive than that of other respondents.

In terms of services that would empower older people to live the best possible life, the 41 respondents aged 65+ who took part in the four “What Would You Do?” events came up with the following:

- Eight people mentioned **improving public transportation**, including free travelcards for older people and a dedicated affordable/ subsidised taxi service, designed with older people in mind. A further three people mentioned better **accessibility in public spaces** other than transportation for the mobility-impaired.
- Four people mentioned **improved domiciliary care provision**, including better access to healthcare from home (such as visits from GPs or district nurses) and provision of housing that meets older people’s needs, including adaptations such as stairlifts.
- Four people said they wanted **more information on available services and support**.
- Three people asked for **better financial support**, such as increases in pensions and disability benefits.
- Three people asked for **better provision of social care services**.

The suggestion, based on our previous research, that bespoke financial management and budgeting classes should be offered to older people to alleviate uncertainty about their financial situation was welcomed by participants to “What Would You Do?” events: **70% of residents aged 65+ and 82% of all residents**.



## Next steps

Our feedback will be used to support the co-production of services within our integrated care partnership Tower Hamlets Together (THT). We will continue to analyse the data alongside our existing data to provide:

- three separate reports to the THT life course Programme Boards: Born Well Growing Well; Living Well; and Promoting Independence.
- further detailed reports to the STP under their headings of prevention, primary care and personalisation incorporating additional local data sources.
- A report on older people's experience of health and social care services and how well they work together to support people to remain as independent as possible.

Over a hundred residents who took part in this engagement left their contact details. They will be sent a copy of the final report and invited to take part in continuing engagement with the STP. They will also be invited to take part in local and regional co-production and co-design projects and supported through access to our community insights data.

We engaged with a further 106 local residents through the online NHS Long Term Plan survey bringing the total number of residents consulted to 452.

Our community insights will also directly support the involvement of local residents in co-producing and designing services moving forward. Over a hundred local people left us their contact details to stay engaged with the outcomes of the consultation and we aim to involve them locally, Borough wide, regionally and across the STP area in ongoing service design and decision making. The STP area has prioritised Prevention, Primary Care and Personalisation and we will both provide more detailed reports and raw data on these topics and continue to gather and present community insights to measure trends in improvement.

Following on this joint working we have proposed a partnership with the East London Health Care Partnership for the Local East London Healthwatch to provide a regional joint community insights system across the STP area. The community insights system will:

- provide a statistically significant evidence base of community views to influence service design improvements and measure outcomes and impacts;
- provide analysis of community views looking at thematic areas as well as analyses by provider, commissioner, individual site, department, conditions, equalities groups etc.
- enable local people to be involved in the gathering, coding, reporting and presenting of community insights;
- enable us to understand where in the care pathway that patients and different groups of patients are experiencing problems or blockages;
- add to a range of evidence allowing service designers and departments to identify issues more quickly and tackle them in smart targeted ways.
- build a more comprehensive picture of integrated/person centred care, identify gaps and measure whether we are moving to agreed outcomes;
- avoid duplication and learn and build on existing information, avoiding consultation fatigue and demonstrating impact;
- ensure greater evenness of quality of information gathered;
- report back to the local community the difference that their involvement has made to the health and wellbeing of East London residents improving their understanding of the health system and giving them a greater sense of responsibility for managing limited resources.

- enable all of the Healthwatch to work in a co-operative and co-ordinated way without bringing any additional regional burden.

## Acknowledgements

Over 25 volunteers from our strategic partner organisations (listed below) and from our local community worked alongside staff over the four street market events and we really wouldn't have been able to gather these insights without them. Their joint involvement will ensure that the findings will be directly used in co-producing services as we move forward.

- London Borough of Tower Hamlets including staff from Public Health, Adult Social Care and Governance and Resources
- Tower Hamlets Clinical Commissioning Group
- Tower Hamlets CVS
- Tower Hamlets Together
- The GP Care Group

We would also like to thank Tower Hamlets CCG for the additional funding for the engagement which allowed us to undertake an event in each locality of the Borough.