



# TOWER HAMLETS HEALTH AND WELLBEING BOARD



## SUPPLEMENTAL AGENDA

**This meeting is open to the public to attend.**

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<b>6. HEALTH AND WELLBEING STRATEGY 2016-2020, DEVELOPING A STRATEGY THAT WILL MAKE A DIFFERENCE- NEXT STEPS</b>	<b>1 - 64</b>

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# Health and Wellbeing Strategy

## Next Steps

Amy Whitelock Gibbs, Cabinet Member for Health  
Somen Banerjee, Director Public Health

***Reminder of what we agreed about the strategy!  
Tower Hamlets Health and Wellbeing Strategy will be 'a strategy  
with a small number of core, widely owned, accountable objectives,  
but that is adaptive and responds to feedback'***

**Transformational areas (working titles  
– feel free to reword your area!):**

- Page 2
- **Addressing health impacts of deprivation**
  - **Helping communities lead change around health**
  - **Healthy Place**
  - **Tackling childhood obesity**
  - **Developing a truly integrated system to support health**

**What does the Board need to focus on?**

Board members assigned to each of these areas :

- Understand what is currently going on in the area
- Identify 1 or 2 high level metrics linked to the area that would be important for the Board to track
- Identify 1 or 2 areas of system transformation that are already happening or need to happen where the oversight of the Board could add value

# This session

- Discuss proposals from each group bearing in mind criteria
  - Do these sound right?
  - Do they provide the basic for focussed collective action?
  - Is there anything that could strengthen the focus?

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## Criteria for areas of focus:

- Transformation will have significant positive impact
  - The area is considered to be an important health and wellbeing issue with regard to the size of the problem, inequalities issues and/or cost
  - There is good evidence for intervention (or credible potential to build evidence)
- The area matters to Tower Hamlets citizens
- System change is feasible
- There is collective will to achieve the change

# Following this session

- Initial draft of strategy to Board 9<sup>th</sup> August
  - Clear (jargon free) narrative of
    - Health and wellbeing picture of Tower Hamlets
    - What we are doing (acronym free!)
  - Areas of focus
    - Building on questions in templates
    - Officers to work with groups
    - Logic modelling on outcomes
  - This will be consultation document
- Final draft to Board 18<sup>th</sup> October
  - Principle
    - Clear, short
    - Annual cycle of priority review
  - Video?



# Health Impacts of Deprivation

## Employment and Health

Amy Whitelock Gibbs, Cabinet Member for Health, LBTH

Will Tuckley, Chief Executive, LBTH

Somen Banerjee, Director of Public Health, LBTH

Ian Basnett, Public Health Director, Barts Health

Kevin Kewin, Service Head, Strategy Policy and Performance

# Why is this an important issue for health and wellbeing in Tower Hamlets?

## Unemployment and Health

- Unemployment is linked to higher levels of
  - Limiting long term illness
  - Mental illness
  - Cardiovascular disease
- The impacts are linked to the duration of unemployment
- Psychological and physical impacts lead to
  - Lower income→lower living standards → reduce social integration/self esteem
  - Direct link to distress, anxiety and depression
  - Impact on health behaviours

## Working conditions and Health

- Poor work conditions are linked to poor health
  - Lack of control
  - Low wages
  - High job instability
  - Hazards
- Psychological and physical impacts lead to
  - General ill health
  - Depression
  - Cardiovascular disease/diabetes
  - Musculoskeletal disorders



# What is currently being done to improve outcomes?

- Review of employment provision in Tower Hamlets, April 2016 (this is informing the Employment Strategy)
  - Many previously categorised as unfit for work now fit for work
  - Mental health is barrier for 45% of those claiming ESA
  - 12,500 claiming ESA and IB (3x number claiming JSA)
  - Job Centre Plus and Work Programme engages with < 10% of group
  - Supporting people to gain and maintain employment is health intervention (and reduces use of health services)
- Emerging linkages to this agenda
  - Vanguard (Tower Hamlets Together)
  - Social prescribing
  - Making Every Contact Count
  - Workplace Charter

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*'The development of close strategic and operational links between health and employment is critical to the way forward in Tower Hamlets; to prevent unemployment, to maximise work opportunities for those who experience health and mental health problems and to support the long term unemployed back to work.'*

*Review of Employment Provision in Tower Hamlets, April 2016*

# Within this area, what does the Health and Wellbeing Board need to focus on?

1. Strengthening the strategic and operational links between health and employment
2. Developing the workplace as a setting for prevention and early help with a particular focus on those employing people with greatest health need

# Where would we like to be in 3 years (vision statement)?

## Local residents

- who are unemployed are supported to sustain or improve their health
- living with a physical or mental health condition or disability have an equal chance of working and building a fulfilling career that is good for their health

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## Local employers

- Actively support the health and wellbeing of their employees (particularly those with greatest health need)

# What are the top areas of action that the Board needs to focus on over the next 12 months to drive transformational change (max 2) and why?

## 1. Fully integrate health into the Employment Strategy

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- Learn from Islington Wellbeing and Work Partnership (and other programmes)
- Develop an action plan on employment and health within the Employment Strategy that is jointly owned by the HWBB
- Prioritise how the social prescribing work led by the CCG/Tower Hamlet Together effectively links with employment
- Hold an Employment and Health Summit to secure engagement and develop a coalition on this issue?

## 2. Use the London Healthy Workplace Charter as a lever improve the health of employees with the greatest health need

# What is required to make this happen?

- Senior level dialogue and commitment
  - Across the council
  - Between partners including Council, CCG, Tower Hamlets Together, Voluntary sector, Employers, Housing
- Dialogue with local people and insight into their experience and thoughts on how to address the issue

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A plan to translate high level commitment into transformation of culture and expectation at frontline

- Systems that make it easier to work across organisation (eg referral from employment to health and vice versa)
- Realistic targets

# What are the top indicators that the Board needs to track (max 3)?

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## Output

- Number of frontline providers trained around employment and health
- Number of local employers signed up to Workplace Charter

## Impacts

- Percentage of people with long term illness or mental conditions in employment

## Outcome

- Wellbeing change in those affected (eg using validated tool that can be feasibly used across agencies)

# Any other thoughts Learning from Islington Programme..



The aim is to improve employment outcomes for local residents with a health condition or disability..

**"My doctor is positive about employment and can point me to someone who can help"**

Support and encourage HCPs to integrate employment as part of helping patients to get and stay healthy. (Lea Ashman)

**"I am offered help with work and well-being issues when I go through assessment processes"**

Embed a stronger health and employment element in local benefit assessment processes, such as the FitNote and WCA. (Harvey Nicholls)

**"I am contacted quickly, by the right organisation, after accepting an offer of employment support"**

Establish a clear pathway from health services into local employment support. (Graeme Cooke, for Lis Maimaris)

**"Local commissioners work together to plan and buy support which works for me"**

Develop a local commissioning strategy for health-focused employment support. (Jenni Speller)

**"I get great support to find and keep work I enjoy and that benefits my health"**

Improve the quality of health-focused employment support, with stronger links to local health services. (Graeme Cooke, for Lis Maimaris)

**"New types of employment support are being tested which could work better for me"**

Test new models of health-focused employment support - e.g. supported employment trial. (Jenni Speller)

**"I have a fair shot at getting and keeping the jobs that are available locally"**

Promote more diverse recruitment and retention strategies among local employers. (Nicky Freeling)

**"I have access to more and better jobs because of public sector commitment"**

Increase recruitment and retention of disabled people in (or via) the public sector. (Nicky Freeling)

**"We have much greater insight into the connections between health and employment locally"**

Improve the collection and analysis of local health and employment data. (Mahnaz Shaikat)

**"We are actively engaging with the local people who matter"**

Inform, persuade and mobilise key local actors - residents, professionals and employers. (Louise Brown, for Lee Farrow)

**"We can tell if local employment support is effective, and for whom"**

Common assessment tools & outcome measures across local health-focused employment support. (Marnie Caton)

**"We are seeking change with, and alongside, local disabled people at every stage"**

Active involvement of local residents with lived experience in designing, testing and reviewing solutions. (James Blythe)

Addressing systemic challenges. A co-design approach. Learning what works. Changing the culture

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# Helping Communities Lead Change Around Health

(Di Barham & John Gillespie with  
support from Susie Crome, Emily Fieran  
Reed, Sade Johnson and Jessica Neece)

# Why is this an important issue for health and wellbeing in Tower Hamlets?

- The health system has limited capacity – and set to come under increased strain.
- People taking more ownership and being less passive has a positive health impact.
- Need to widen our focus beyond health (e.g. people don't go out because of antisocial behaviour – which has a health impact).



# What is currently being done to improve outcomes?

- Aberfeldy Estate – Big Local, Well London
- Arnold Circus
- Can Do Community Projects
- Patient Leaders
- Participatory appraisal/budgeting

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Why they work?

- Local, place and asset based
- Partners work together to enable and empower



# Where would we like to be in 3 years (vision statement)?

A neighbourhood level community asset based approach is the basic building block of health and social care delivery and supports 'local people to help local people' to grow resilience, increase self-reliance and address wellbeing.



# What does the Board need to focus on?

- Moving focus from being service providers to developing the capacity, skills, knowledge, connections and potential within communities to support their own wellbeing. Board partners need to move from being ‘fixers to **facilitators**’, and from ‘providers to **empowerers**’.
- Partners sign up to:
  - Change the way they work to support people to make better use of their own, community and statutory-held assets and resources.
  - A greater proportion of resources going directly to communities, rather than to professionals paid to help.

# Top areas of action the Board needs to focus on this year

- A **culture change** at all levels within partner organisations to one of working in partnership with patients, residents and communities to maximise assets.
- A growth in the **capacity** of local communities to identify assets, build networks and develop their own solutions to support needs.



# What is required to make this happen?

- Staff, from senior management down, attending action learning workshops to explore the impact of current ways of working on people's capacity, and to develop more enabling ways of working.
- Investment in community development and volunteering schemes/programmes.
- HWB sub-committee created (replacing Comms & Engagement) to develop effective ways of mobilising people to improve health and care outcomes and show a positive return on investment for Board consideration .

# Top indicators the Board needs to track

- Improvement in neighbourhood health and wellbeing attributable to actions of community groups and local people.
- Number of volunteer hours, volunteer experience and satisfaction.
- New Economics Foundation, Nesta and Royal Society of Arts developed evaluation tools for vanguards supporting social movements.





# Healthy place

Shazia Hussain – Service Head Culture Learning and Leisure

Somen Banerjee - Director of Public Health

David Edgar – Lead Member Resources

Adele Maher – Strategic Planning Manger

Tim Madelin – Senior Public Health Strategist

Peter Lamb – Public Health Speciality Registrar

# Why is this an important issue for health and wellbeing in Tower Hamlets?

- **Environment or place has direct and indirect impacts on health:**
  - Exposure to pollutants in air
  - Restriction on active travel
  - Poor quality housing
  - Poor physical infrastructure (open space / roads)
- **Effect of unhealthy place may be higher in TH due to**
  - high levels of deprivation
  - densely populated
  - Limited connectivity
- **To ensure a healthy place we must ensure we make the best use of limited space**
  - During a time of increasing population
  - To overcome a current deficit
  - During continued redevelopment and growth

# What is currently being done to improve outcomes?

## **Building a clear strategic direction with an evidence base**

- Local Plan
- Open Spaces Strategy – open spaces audit
- Leisure Facility Strategy / sports Participation Strategy
- Green Grid re-development
- Transport Strategy
- Borough wide and local redevelopment of Town Centre Strategy and Vision

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## **Building liveability into a local place**

- Pocket Parks
- Local Presence
- Heathy Living Hubs
- Healthy food environment

# Where would we like to be in 3 years (vision statement)?

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1. Healthy place is embedded in the Local Plan and delivered through the policies
2. 3 clearly defined local places with place based principles
  - clear function, quality and value of open spaces in those places
  - Places could be defined by areas of growth, deprivation, function
  - Connectivity and sense of place felt by residents
3. Health Impact Assessment embedded into the routine assessment of policies for their health impacts (including scrutiny)
4. Strategic investment made in:
  1. Open spaces
  2. Better connectivity of spaces
  3. Managing air quality
5. % of CIL secured for Better place priorities
6. Neighbourhood plans that are aligned with the Healthy Place priorities and contribute to the evidence to support this
7. Air Quality Improvement Plan

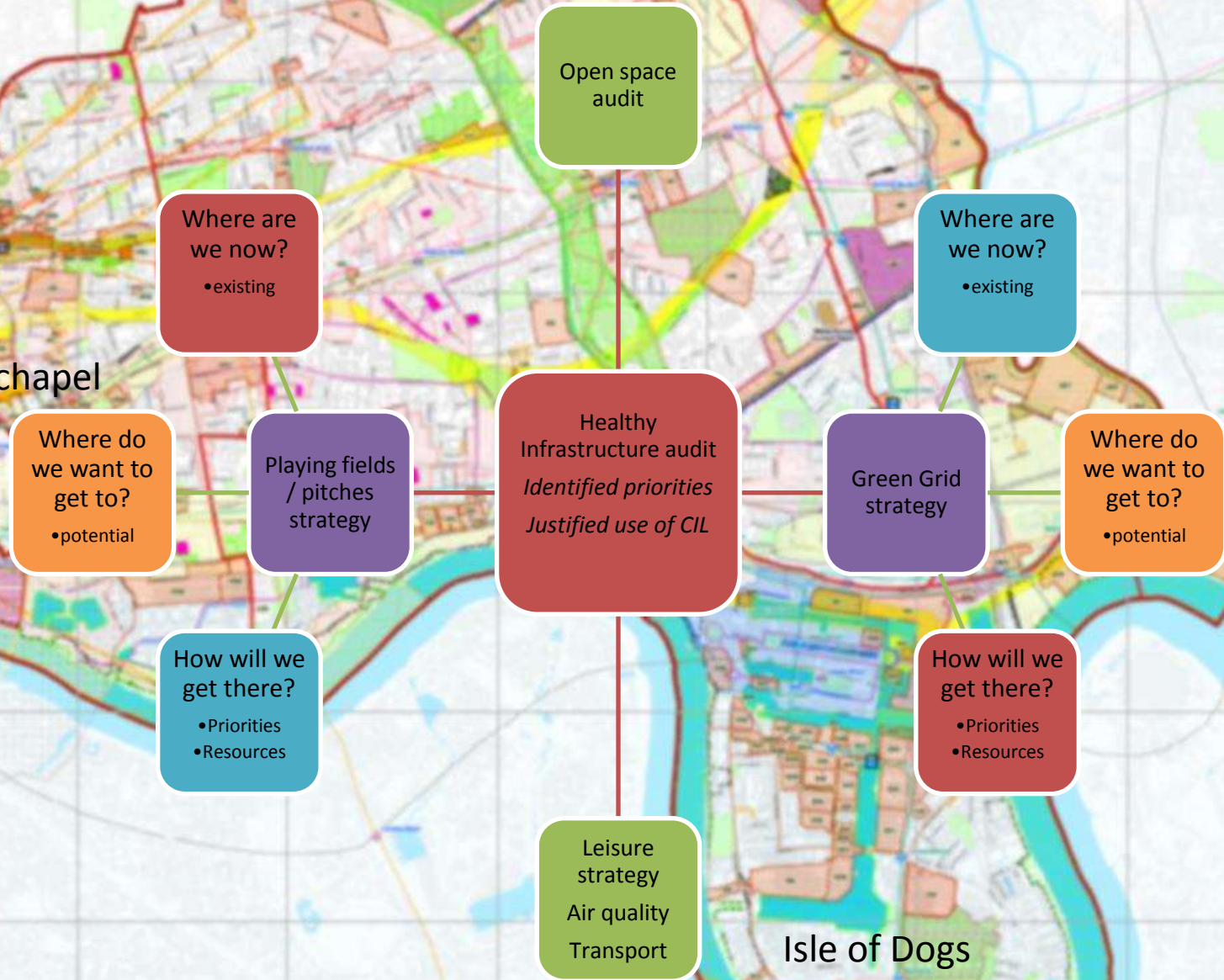
# Within this area, what does the Health and Wellbeing Board need to focus on?

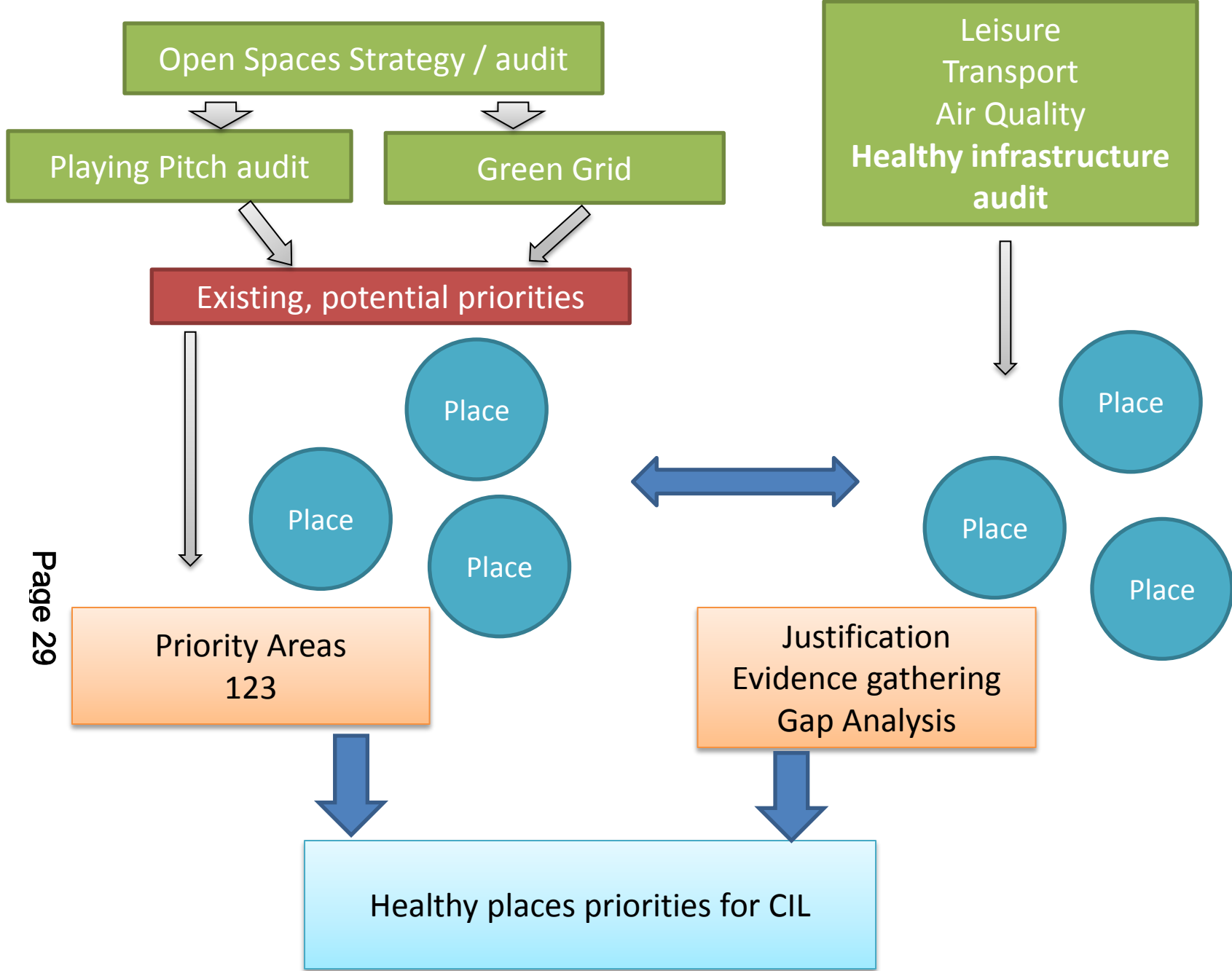
1. Overarching Campaign to promote this objective with clear intentions and messaging
2. Help drive and position the Green Grid
3. Ensure Health Impact Assessment is core part of O&S
4. Make a healthy place a priority for policy decision
  - CIL
  - Parking
  - Air Quality
5. Support / commission work to develop the evidence to make the business case

Whitechapel

Fish island

Isle of Dogs





# What are the top areas of action that the Board needs to focus on over the next 12 months to drive transformational change (max 2) and why?

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1. Developing strategic priorities for CIL in relation to Healthy Place (this will be key to aligning strategies and priorities across key service areas – coherent not in silos )
2. Developing a council wide policy on Health Impact Assessment
3. Developing a fuller action plan for the next 3+ years (as planning process is of long duration)



# What is required to make this happen?

1. Getting the Boards agreement on priorities and direction of travel for the Healthy Place objectives
2. Prioritising resources - CIL & S106
3. Prioritising Liveability agenda in policy decisions

# What are the top indicators that the Board needs to track (max 3)?

Health outcomes may have too long a lead time to be directly attributed to “healthy place” but the following could be used as indicators towards which Healthy Place could make a contribution.

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1. Annual increase on the provision of quality and function of open space
2. Annual resident survey on open green spaces
3. Look to a logic model of the project to establish proxy/intermediate outputs / outcomes
4. Develop a survey on increase in physical activity such as walking to create a baseline

# Any other thoughts?

The Health and Wellbeing Board should pick up  
Air Quality as an overarching priority and  
develop an Air Quality Improvement Plan

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# Healthy weight and nutrition in children

Cllr Rachael Saunders

Dr Sam Everington

Debbie Jones

Esther Trenchard-Mabere

***Reminder of what we agreed about the strategy!  
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with a small number of core, widely owned, accountable objectives,  
but that is adaptive and responds to feedback'***

**Transformational areas (working titles  
– feel free to reword your area!):**

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- **Addressing health impacts of deprivation**
- **Helping communities lead change around health**
- **Embedding health into planning – healthy place**
- **Tackling childhood obesity**
- **Developing a truly integrated system to support health**

**What does the Board need to focus on?**

Board members assigned to each of these areas :

- Understand what is currently going on in the area
- Identify 1 or 2 high level metrics linked to the area that would be important for the Board to track
- Identify 1 or 2 areas of system transformation that are already happening or need to happen where the oversight of the Board could add value

# Your group task:

In relation to the transformational area you are looking at, seven questions follow. We would like you to set out some high level bullets responding to these questions and feed these back at the HWBB on the 21<sup>st</sup> of June (each area will have 10 mins for presentation and discussion)

# Why is this an important issue for health and wellbeing in Tower Hamlets?

- Healthy physical development (ie nutrition and physical activity) makes a significant contribution to school readiness
- Healthy weight / good nutritional status in childhood will 'set you up for life' - key determinant of lifelong physical and mental health and wellbeing generally and in particular of key LTC – diabetes, CVD and cancers

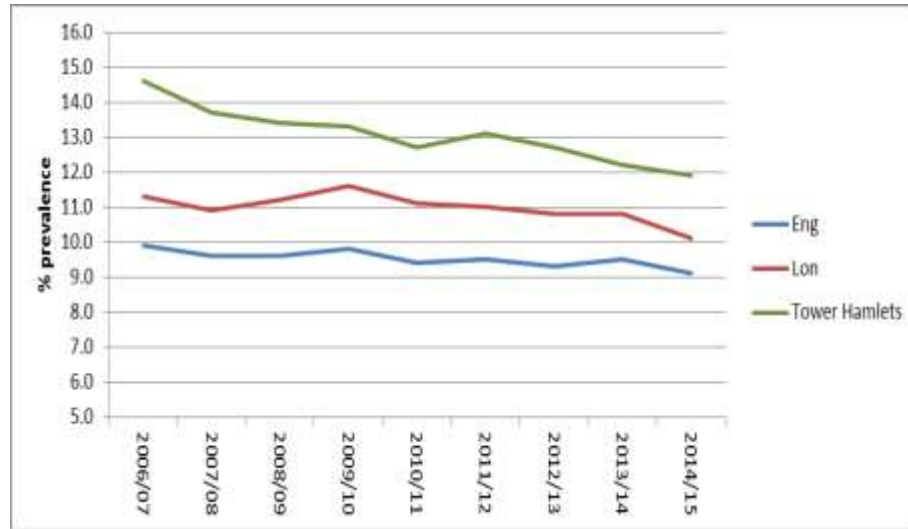


# What is currently being done to improve outcomes?

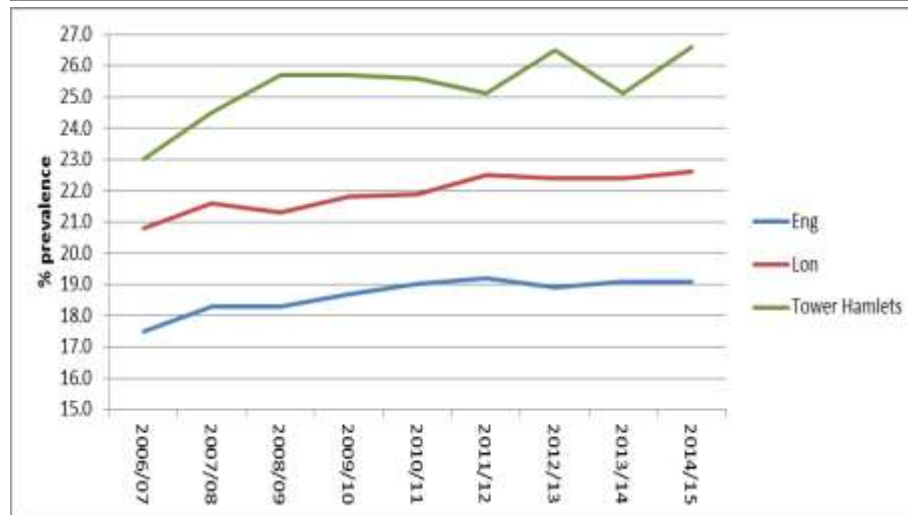
- Action on wider environment: – including food4health awards, ‘stealthy food’, green grid, pocket parks and play spaces
- MEND – child and family weight management (0–19 years, inc. post natal)
- Breastfeeding – support workers and Baby Friendly Initiative (maternity and community)
- Health Visiting service and Children’s Centres
- Healthy Early Years accreditation scheme
- Active Play (0-4 years and 5-11 years)
- Cook4life
- Healthy Families and Parent Ambassadors (Parent & Family support team)
- Healthy Schools (Healthy Lives Team)
- Active Travel (School Travel Adviser) and Bike It!
- School Health Service (including National Child Measurement Programme)
- Primary School Neighbourhood Pathfinders
- ‘Daily Mile’ – just being introduced

# Trends in child obesity

Reception (4-5 years)  
2006/7 – 2014/15



Year 6 (10-11 years)  
2006/7 – 2014/15



# Where would we like to be in 3 years (vision statement)?

- Sustained increase in proportion of 10-11 year olds with a healthy weight
- Long term aspiration to reduce levels of obesity to below national average

# Within this area, what does the Health and Wellbeing Board need to focus on?

- How best to engage schools and early years providers in promoting child health and wellbeing generally with focus on healthy weight / good nutrition
- How best to engage with parents and communities

What are the top areas of action that the Board needs to focus on over the next 12 months to drive transformational change (max 2) and why?

- Review and strengthen school based programmes
- Strengthen role and partnership between Maternity, Healthy Visiting and Children's Centres / Early Year providers (link to 'Tower Hamlets Together')
- Community engagement, including faith communities

# What is required to make this happen?

- Invite a Head Teacher or other representative from new Tower Hamlets Education Partnership onto the H&WB Board
- Get a 'Health Rep' on the governing body of every school
- Strengthen joint working between Schools, School Health (named nurses) and Healthy Lives team
- Work with schools to agree how best to monitor and achieve progress on health outcomes (e.g. a 'health dashboard') – so parents can see what school is doing for their child's health and wellbeing
- Learn from Stirling (Healthy Mile)
- Engage with Cross-Faith forum and other community organisations to develop a community engagement and communications strategy

# What are the top indicators that the Board needs to track (max 3)?

- Proportion of 4-5 year olds and 10-11 year olds who are a healthy weight (using NCMP data)
- Suit of supporting indicators tracking progress on obesity, overweight and underweight by age, ethnicity, gender and school
- Develop indicators on physical activity and healthy eating

Any other thoughts?





# Developing a Truly Integrated System to Support Health

Councillor Whitelock Gibbs

Jane Milligan

Denise Radley

Supported by Karen Sugars and Simon Hall

# Why is this an important issue for Health & Wellbeing in Tower Hamlets?

- Many of our population have multiple and complex needs (and significant health inequalities)
- A fragmented system is hard for residents to understand
- The wider system (not just health and social care) is needed to improve outcomes
- A fragmented system means waste and duplication
- We have rapidly shrinking resources
- We have a large and diverse range of community assets and voluntary organisations
- We need to look collectively at the total available investment
- (There are national drivers for integration)

# What is currently being done to improve outcomes?

- Vanguard for the multi-speciality community provider model (£4m) – “Tower Hamlets Together”, linked to:
- GP Federation (with Barts / ELFT) as new community health provider – development of new community model
- New providers and opportunities for new integrated models – Health Visiting, Learning Disability Health Service
- Joint Commissioning Review
- Integrated Personalised Commissioning pilot (very early days)
- We have some (but limited) integrated provision
- Social prescription
- Public Health led model of Healthy Living Hubs

# Where would we like to be in 3 years (vision statement)?

## People

- “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 practice and I can contact my Care Co-ordinator whenever I have any questions”
- “There are different people involved in supporting me but everyone listens to what I want and helps me to achieve my goals”

## Culture

- A mind-set across the integrated workforce of enabling people to achieve what they want and owning that we can make a difference
- Shared values which we can measure (e.g. pulse checks) and benchmark

## Model/Structures

- Better outcomes for our population, achieved more cost effectively
- Easy access to self-care and self-help which is widely used
- Simplified health and care support which is service-user led and co-ordinated across services/professionals
- More ‘multi-skilled’ staff (one part of the solution)
- Outcomes are genuinely defined by citizens (not by professionals or the services available)
- Service users report the system is clear, easy to use and ‘joined up’
- Co-ordinators/Navigators are key

# Within this area, what does the Health and Wellbeing Board need to focus on?

- Agreeing a Shared Vision
- Agreeing the system-wide changes needed and prioritising these
- Ensuring the priorities are moving us towards achieving the vision (measures)
- To lead and inspire a campaign to support the culture change required across the system

# What are the top areas of action that the Board needs to focus on over the next 12 months to drive transformational change (max 2) and why?

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- Agreeing a Shared Vision – there is a complex landscape of integration locally and a single, shared vision needs to be a ‘golden thread’
- Principles and model for integrated front-line teams – timely given new community health services provider and the need to develop an integrated model with adult social care and other LBTH services
- Integrated commissioning model – taking place now
- Campaign focused on culture change – “culture eats strategy for breakfast”!

# What is required to make this happen?

- Good planning
- Events to support the culture change
- Organisational development programme
- 'Golden Thread' from the Health & Wellbeing Strategy to the integrated commissioning strategies
- Ownership of the Strategy by partners and commitment of every partner to driving change

# What are the top indicators that the Board needs to track (max 3)?

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- Citizen self-reported measure to be developed (potential to go into ASC survey, Residents' Survey, patient groups) – focused on effectiveness of co-ordination
- Number (%) of staff in joint or multi-skilled roles
- Measure of culture change? Consider commissioning a quarterly 'pulse check' for use across our joint workforce during a time of change



# Any other thought?

- Integration as a back-drop/enabler rather than a HWB priority?? (5 is a lot of priorities)?
- There are lots of other lead bodies for integration - STP, TST, Tower Hamlets Together (THIPP/Community)
- Honesty about how far the integration can go – huge opportunities alongside significant governance and accountability challenges that we must overcome
- Potential for HWB to ‘adopt’ a campaign each year e.g. Self-Care Week to support the culture change piece
- Integrated Personalised Commissioning – potential not yet realised

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What is Health?  
What is Wellbeing?

# Why is this an important issue for health and wellbeing in Tower Hamlets?

- If we have a health and wellbeing strategy we need to have some consensus around what we understand by the term
- The workshops have identified that people have differences in their understanding of these terms

# What is currently being done to improve outcomes?

- There are a number of frameworks for assessing health and wellbeing that are being used by frontline providers
  - Basic clinical model
  - Recovery model
  - Practice Framework (social workers)
  - Employment agency assessment
  - Healthy trainer assessment
  - Social prescribing frameworks
  - etc

# Where would we like to be in 3 years (vision statement)?

- Commissioning
  - Commissioning of services impacting on health and wellbeing use common metrics to assess and compare impact
- Provider
  - Providers across the health and social care economy assess health and wellbeing needs through common frameworks that are focussed on the individual's overall wellbeing

# Within this area, what does the Health and Wellbeing Board need to focus on?

- Common measures across programmes to measure 'wellbeing'
- Consistent assessment frameworks based on wellbeing applied across whole systems by frontline providers

What are the top areas of action that the Board needs to focus on over the next 12 months to drive transformational change (max 2) and why?

- As part of the strategy, have a section that focusses on what people in Tower Hamlets understand by health and wellbeing
- Rapid review of the frameworks that are being used currently to assess health and wellbeing needs
- Identify a common metric of wellbeing that can be feasibly measured by providers and tracked by commissioners



# What is required to make this happen?

- Collective will
- Officer time
  - Engaging with public
  - Reviewing frameworks
  - Identifying a practical metrics
    - Wellbeing
    - General health

# What are the top indicators that the Board needs to track (max 3)?

- Wellbeing
- General health
- Patient Activation?