

# TOWER HAMLETS HEALTH AND WELLBEING BOARD



## FINAL AGENDA PACK

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

Contact for further enquiries:

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For further information including the Membership of this body and public information, see the main agenda.

**PAGE  
NUMBER(S)**

## **1. STANDING ITEMS OF BUSINESS**

### **1 .1 Welcome, Introductions and Apologies for Absence**

To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.

### **1 .2 Declarations of Disclosable Pecuniary Interests**

**5 - 8**

To note any declarations of interest made by members of the Board. (See attached note of Monitoring Officer).

**1 .3 Minutes of the Previous Meeting and Matters Arising 9 - 16**

To confirm as a correct record the minutes of the last meeting of the Tower Hamlets Health and Wellbeing Board. Also, to consider matters arising.

**1 .4 Offline papers for ratification**

**2. ITEMS FOR CONSIDERATION**

**2 .1 Health and Well Being Board Story - Impact of Covid-19**

The presentation will be shared at the meeting **via Teams**.

**All Wards**

**2 .2 Tower Hamlets Response to Covid-19**

The presentation will be shared at the meeting **via Teams**

**All Wards**

**2 .3 Health Tower Hamlets: Building the Vision Together (Covid-19 Update) 17 - 24**

Presentation Slides attached.

**All Wards**

**2 .4 Health and Wellbeing Board Development 25 - 30**

Presentation Slides **attached**.

All Wards

**3. ANY OTHER BUSINESS**

To consider any other business the Chair considers to be urgent.

## **DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER**

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

### **Interests and Disclosable Pecuniary Interests (DPIs)**

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

### **Effect of a Disclosable Pecuniary Interest on participation at meetings**

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

**Further advice**

For further advice please contact:-

Asmat Hussain, Corporate Director, Governance & Monitoring Officer,  
Telephone Number: 020 7364 4800

## APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority—</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to the Member's knowledge)—</p> <p>(a) the landlord is the relevant authority; and</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where—</p> <p>(a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either—</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

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**LONDON BOROUGH OF TOWER HAMLETS**

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

**HELD AT 5.03 P.M. ON TUESDAY, 9 JUNE 2020**

**ONLINE 'VIRTUAL' MEETING - [HTTPS://TOWERHAMLETS.PUBLIC-I.TV/CORE/PORTAL/HOME](https://towerhamlets.public-i.tv/core/portal/home)**

**Present:**

- |                                 |                                                                      |
|---------------------------------|----------------------------------------------------------------------|
| Councillor Rachel Blake (Chair) | – (Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing) |
| Dr Sam Everington (Vice-Chair)  | – (Chair of the Tower Hamlets Clinical Commissioning Group)          |
| Councillor Danny Hassell        | – (Cabinet Member for Children and Schools )                         |
| Councillor Sirajul Islam        | – (Statutory Deputy Mayor and Cabinet Member for Housing)            |
| Councillor Candida Ronald       | – (Cabinet Member for Resources and the Voluntary Sector)            |
| Councillor Denise Jones         | – Older People's Champion                                            |
| Dr Somen Banerjee               | – (Director of Public Health)                                        |
| Steve Collins                   | – Executive Director of Finance                                      |
| Selina Douglas                  | – Managing Director NHS Newham, Waltham Forest, Tower Hamlets CCG    |
| Debbie Jones                    | – (Corporate Director, Children and Culture)                         |
| Denise Radley                   | – (Corporate Director, Health, Adults & Community)                   |
| Vivian Akinremi                 | – (Deputy Young Mayor Lead for Health & Wellbeing)                   |
| Vicky Clark                     | – (Divisional Director for Growth and Economic Development)          |
| Chris Banks                     | – Chief Executive, Tower Hamlets GP Care Group CIC                   |
| Marcus Barnett                  | – Met Police Borough Commander                                       |
| Dr Ian Basnett                  | – Public Health Director, Barts Health NHS Trust                     |
| Peter Okali                     | – Tower Hamlets Council for Voluntary Service                        |
| Paul Gilluley                   | – East London Foundation Trust                                       |
| Jackie Sullivan                 | – Managing Director of Royal London Site, Barts Health               |
| Richard Tapp                    | – London Fire Brigade                                                |
| Helen Wilson                    | – Clarion Housing/THHF - representative to HWBB                      |
| Christabel Shawcross            | – Safeguarding Adults Board Chair LBTH                               |
| Councillor Kahar Chowdhury      | – Chair of Health & Adults Scrutiny                                  |

Councillor Andrew Wood	– Committee (Independent Member of the Conservative Group)
Matthew Mannion	– (Head of Democratic Services, Governance)
Dr Sally Hull	– Clinical Effectiveness Group
Warwick Tomsett	– Joint Director, Integrated Commissioning
Jamal Uddin	– Strategy Policy & Performance Officer
Chris Lovitt	– (Associate Director of Public Health)
Dr Anna Livingstone	– (GP, Limehouse - City & East London Local medical Committee)
Carol Saunders	– Tower Hamlets Keep our NHS Public
David Knight	– (Senior Democratic Services Officer)
Muhammed Uddin	– (Senior Councillor Support Officer)

**Apologies:**

Asmat Hussain	– (Corporate Director, Governance and Monitoring Officer)
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**1. STANDING ITEMS OF BUSINESS**

**2. WELCOME AND INTRODUCTIONS**

The Chair Councillor Rachel Blake (Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing) welcomed everybody to the meeting.

**2.1 Minutes of the Previous Meeting and Matters Arising**

That the unrestricted minutes of the Tower Hamlets Health and Well Being Board held on 13<sup>th</sup> January 2020 were confirmed as a correct record and the Chair was authorised to sign them accordingly.

**3. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS AND OTHER INTERESTS**

No declarations were received.

**4. ITEMS FOR CONSIDERATION**

**4.1 Covid-19 in Tower Hamlets - summary and current priorities**

The Board received a presentation providing a summary on the Covid- 19 epidemic in Tower Hamlets and the current. The main points of the discussions may be summarised as follows:

The Committee noted that:



- The Covid-19 epidemic has dominated the Councils workload and priorities since the crisis began and the lockdown was in place.
- The Mayor John Biggs wished to place on record his thanks to all the health practitioners; community activists and council officers who had been working hard on guidance for businesses on making workplaces 'Covid secure'.
- The Council are continuing to work with partners across Tower Hamlets to help tackle the spread of the virus and to make sure that residents, particularly those most vulnerable, are given all the support they need.
- Over the past few months, the communities of Tower Hamlets have come together to respond to an invisible challenge. However, it is at times of challenge that we also see the very best of the human spirit and in every corner of Tower Hamlets people have been working together from across the Boroughs diverse communities to tackle coronavirus have selflessly putting their hands up to help others;
- The local response to the pandemic has been second to none. It has been incredibly heartening to see so many volunteers, community groups, partner organizations and council staff working together.
- With regards to the development of recovery strategies we still do not know precisely what that means in terms of the new normal. Therefore, there needs to be a dialogue about what we can learn and how we can protect our community. Especially when considering the anxiety about the differential impact on groups of people across the country e.g. older people with chronic health conditions and the differential impact of Covid-19 on BAME communities.
- The Council, stakeholders and partners need to consider how they can give guidance to people across communities to help recover from this pandemic.
- It is important to understand people's circumstances e.g. their employment status; where they live; and personal health needs. Then to build a matrix of support for residents to keep them safe and to prepare to address any future recurrences.
- With regard to Safeguarding adults (i) there has been a higher than anticipated deaths of people with learning disabilities; and (ii) there is a need to look at some of the reasons for people have been reluctant to come forward for their health checks; (iii) the Black Asian Minority Ethnic communities higher levels of health need is also an issue that needs to be considered; (iv) how to shield those in this vulnerable category;
- It is recognised that there is an ongoing risk of further waves until an effective vaccine is available. Therefore, it is likely that until then a combination of current measures will continue to some extent depending on levels of Covid-19 in the population (social distancing, hygiene, test and trace, shielding); There remain important unknowns e.g. likelihood of reinfection, transmission of people with no symptoms. Hence, the challenge going forward is to work together to prevent

infection, contain outbreaks, provide assurance to residents, and enable a level of normality to return to people's lives.

- To prevent and manage any future coronavirus outbreaks that may occur in Tower Hamlets, it is important that there is effective testing and contact tracing will be critical to preventing and managing local outbreaks. Therefore, the Council and its partner agencies need to look at how they are supporting residents to get tested through the NHS Test and Trace programme e.g. Some of the more vulnerable and at-risk residents will continue to need support if self-isolating if there is any local outbreak, so engagement with these groups is vital.
- When lockdown restrictions start to lift, it is important that residents continue to follow government advice including keeping a safe distance from other people, practicing good hygiene and self-isolating if experiencing symptoms of coronavirus.
- The challenge now for the Council; its partners and stakeholders are to:
  1. Continue to work together to prevent infection,
  2. Contain any further outbreaks,
  3. Provide assurance to residents; and
  4. Enable a level of normality to return to people's lives

#### **4.2 Covid-19 in Tower Hamlets - resident perspective (Healthwatch)**

The Board received a presentation from Healthwatch providing a resident's perspective on the health and wellbeing in the COVID-19 pandemic. A summary of the discussions is outlined below:

The Board noted that:

- Healthwatch was in the process of carrying out a survey online and on the phone. They have also analyzed comments received from local people via telephone and email, NHS Choices, patient opinion, and social media.
- The internet plays a crucial role in how local people cope with the pandemic. Relatively few of those Healthwatch spoke to are digitally excluded; they tend to be older, more deprived, non-White and in poorer health.
- More than half of survey respondents used the internet to stay informed about keeping themselves safe during the pandemic.
- The Government website, the NHS website, BBC News, and social media were important sources of information. While most respondents found it easy to stay informed, some did voice concerns about contradictory or unclear advice.
- Online support groups represent a useful resource for local people to organise and offer advice.

- Access to food (including supermarket shopping among neighbours and support for vulnerable people struggling to afford food) is one of their main areas of concern.
- Patients hospitalised with Covid-19 reported a good standard of care. Although there were apparently reports of inpatients with other issues being discharged prematurely to free up beds for Covid-19 patients.
- Residents had found pharmacy staff to be helpful and supportive, but admin and communications problems happen, particularly in relation to repeat prescriptions and third parties picking up medicine.
- Primary care professionals, including GPs and 111 dispatchers, are not always able to answer patients' queries about Covid-19, as it is a new phenomenon and many aspects are unknown to the scientific community. This causes further worry to patients.
- Some community psychotherapy/mental health support services continue remotely via telephone while others are subject to cancellations. Patient opinion of telephone psychotherapy sessions vary. Complex patients under the care of Community Mental Health Teams can feel particularly unsupported.
- New and expecting parents are apparently experiencing disruptions to maternity and neonatal services, including some cancellations to antenatal and postnatal appointments, and delays in registering babies with a General Practitioner.
- Younger people living with a mental health issue, living alone or with housemates were more likely to experience social isolation.
- Those living with relatives other than their spouse and those experiencing financial precarity were more likely to have tense or unpleasant relations with members of their household.
- Most of the survey respondents who were in work worked from home. Some adapted without issues, while for others it was more challenging; particularly for those with childcare or adult care responsibilities and those who struggled with mental health issues.
- Affording their housing was a major concern for those experiencing loss of jobs or income; the economic downturn increased the risk of homelessness, which in turn meant higher vulnerability to Covid-19
- Consideration should be given to organizing neighbourhood-level grassroots groups to act as digital guides for the digitally excluded individuals who are shielding (including collection and donation of devices and dongles).
- People want professionals to be honest about what they do and do not know or what the science is currently able to tell us. There is the potential for the Board to take a lead on this and counteract some of the confusion coming from central government, in terms of providing clearer, better tailored information on topics such as masks and social distancing.
- Neighbourhood-level online support groups have organised efficiently to provide help for their neighbours, on an informal level. Social prescribers, providers of primary care and the Communities Driving Change programme should work with them to support the local community, making use of the networks they have created.

- Healthwatch had drafted the following recommendations:
  1. More proactive communication from GP Practices is needed on the best way to access GP services for different needs and groups; reassure residents that it's ok to see a doctor including reassurance around social distancing, mask wearing and staff testing.
  2. Provide additional triage training to practices that need it.
  3. Undertake more work to investigate what some of the challenges are for patients with remote appointments, including privacy for those sharing living spaces and the impact of health literacy on how people communicate about their symptoms.
  4. A lot of services have been put on hold that might have serious repercussions for patients, including cancer diagnosis, pain management, IVF, bone marrow transplant patient and post-surgery check-ups. Patients need honest communication about when, how, and how gradually services will resume, as well on when and why it is safe to attend hospital appointments.
  5. Increase the promotion of mental health self-help apps and support, including the possibility of counselling and therapy via online chat (with text, audio, and video options)
  6. Maintain a strong integrated care approach for those with severe mental health, substance misuse and housing problems.
  7. Support residents to access therapy and bereavement counselling reflecting religious and cultural diversity, particularly in relation to BAME communities.
  8. Patients, family, and unpaid carers have taken on more responsibility for caring over the lockdown. With the right support and training some may want to continue, elements of this where it improves their quality of life. This should be clearly offered as a personal choice and integrated with other forms of care support.
  9. Access to Covid-19 testing for care worker needs to be improved.
  10. Consider separate times for runners and cyclists at Victoria, Mile End, and the tow paths. People who need to socially distance find it exceedingly difficult to do so with runners and are therefore not going out to exercise as much as they want or need to.
  11. Health and Wellbeing Board partners should consider the provision of socially distanced workspace for residents who find it difficult to work from home.
  12. Employers need to invest in appropriate home working equipment for those who are being asked to stay at home for longer.
  13. Provide information on how to manage stress related to working from home, such as dealing with video engagement overload or distractions.
  14. Increase access to financial, employment and housing advice and information.

#### **4.3 Questions from public**

The Board received and considered the following questions from the public which may be summarised as follows:

- Many residents in Tower Hamlets live in a high-rise accommodation and are concerned about social distancing. Therefore, registered providers of social housing need to put up notices in the appropriate type face and reference the need to wear face coverings to limit the spread of infections through respiratory droplets. In response it was noted that Tower Hamlets Homes have designed a revised safety poster in association with public health colleagues' arm in consultation with residents.
- How does the Board propose to respond to the development of a primary care led Covid-19 Pathways to Recovery given that the latest reports confirm that particularly those residents with a Bangladeshi background are at much higher risk of severe illness and death? Therefore, Tower Hamlets urgently needs a local culturally sensitive test and trace system in addition to any arrangements made centrally by the government. In response it was noted that the Tower Hamlets scheme is a culturally and language appropriate scheme including (i) the swabbing of the nose(ii); the antibody test and (iii) vaccination for Covid-19 as and when it becomes available. This local scheme has been developed in conjunction with the Clinical Effectiveness Group at Queen Mary's, this multidisciplinary team includes GP clinical leads, clinical facilitators, data analysts and researches.
- Regarding the transition for dental practices towards the resumption of the full range of dental provision what is being done to support them to prevent a massive backlog of essential treatment; In response It was noted that there has been national guidance around dentistry and optometry. However, regarding the issue of ensure that surgeries are accessible this question will be raised at the regional level as the commissioning of dentistry optometry does not sit with the local Clinical Commissioning Group.
- A draft report from the Independent Scientific Advisory Group for Emergencies (iSAGE) says that the government track, and trace system needs a radical overhaul because it is "not fit for purpose. Whereas in Tower Hamlets GPs have always been ahead of the game and they were thinking about contact tracing and tracking before it became a national programme
- Tower Hamlets needs to do is make sure the local programme aligns with what is coming through nationally. However, together the Board Members and Stakeholders can develop a programme for Tower Hamlets that really works for residents and addresses some of the risks of and gaps of the national programme.
- Regarding the disproportionate effect of COVID-19 on BAME communities and risk assessments for the BAME employees. It was noted that one of the key issues is that whilst evidence indicates disparities between communities. It does not adjust for those residents who have a range of medical conditions. Therefore, in terms of risk assessments employers need to identify how people's specific

vulnerabilities impact upon any risk assessment which is something that has been discussed by the Councils Corporate Leadership Team.

- It was important to make sure that we are giving sort of tailored and specific advice for residents e.g. when the national guidance for a specific cohort of people changed locally a more cautious and safe approach has been urged
- The Council health messages regarding ovid-19 has been extremely positive/accessible and it would be of benefit for a coordination of such public health messages across all the Boards Membership.

In conclusion, the Chair stated that she is grateful for all the contribution's at tonight's meeting and the work that has gone into preparing for this meeting and looked forward to working with partners and stakeholders .

## **5. ANY OTHER BUSINESS**

Nil items

The meeting ended at 6.38 p.m.

Chair, Councillor Rachel Blake  
Tower Hamlets Health and Wellbeing Board

# **‘Healthy Tower Hamlets: Building the Vision Together’**

## Health & Wellbeing Strategy 2020-25

### Covid-19 Progress Update

# Issue for Board discussion



- Pre-Covid we were on a pathway for developing the new health and wellbeing strategy
- The key principles were coproduction, a locality focus and delivery
- We looked at health data, reviewed strategies, conducted workshops with providers and service users and completed a resident conversation
- We had planned a summit to bring all this together and think through priorities
- However, COVID-19 happened
- The experience of COVID-19 has both changed the landscape, highlighted strengths and weaknesses of the system and also transformed how we think about delivery
- **The issue for today is to discuss how we want to develop the new strategy in the light of the impact of COVID-19 and what we want to achieve together**



# Background slides

# Key principles for new strategy



## Everyone's health

Population health is an approach aimed at improving the health of an entire population. It requires working with communities & partner agencies. How all these contributions connect & work together defines a population health system

## Working together

Building on the excellent work that already exists, we want coproduction to be the central part of how we improve health and wellbeing in the borough: essentially working in partnership with people and communities to improve health and wellbeing

## Neighbourhood focussed

It is proposed that the Health & Wellbeing Strategy has a local focus, potentially looking at health and wellbeing issues in four areas (or 'localities') in the borough. Neighbourhoods should frame our engagement work and be the locus of our implementation.

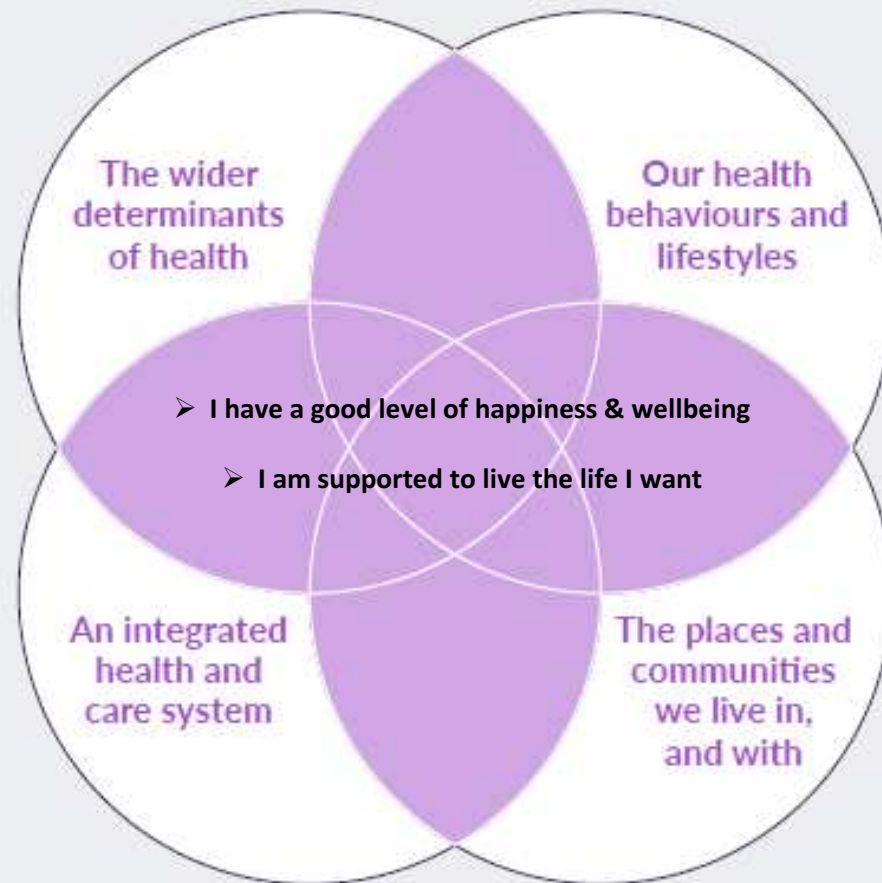
## Results

Partners are increasing our emphasis on outcomes, keeping the focus on what we want the impact of an action to be, rather than the action itself. The Health and Wellbeing Strategy will aim to lead on some of these outcomes, and to shape and influence others

# How to achieve good health & wellbeing?

- I am able to support myself and my family financially
- I am satisfied with my home and where I live
- My children get the best possible start in life

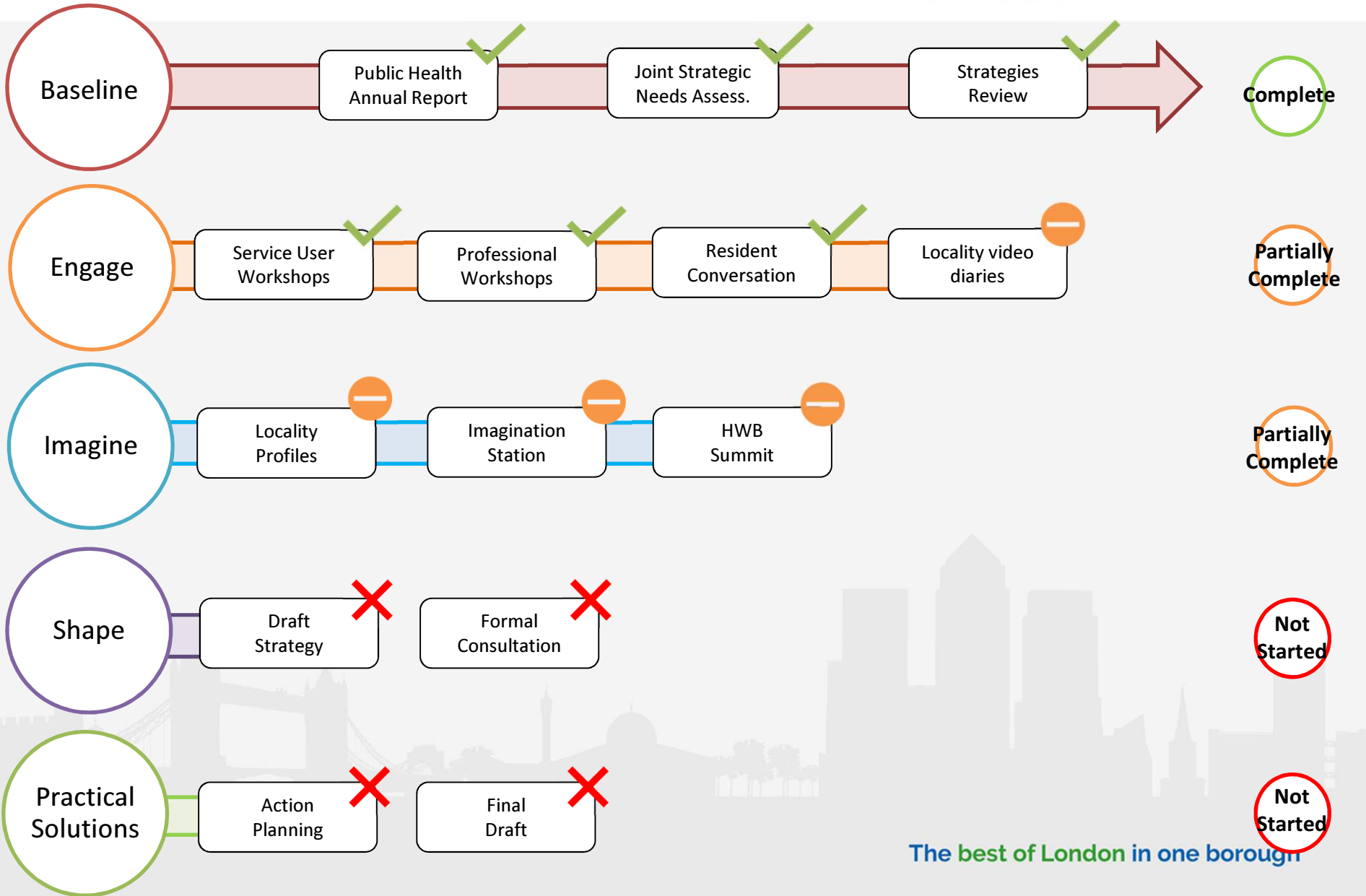
- I understand the ways to live a healthy life
- I am supported to make healthy choices
- I play an active part in my community



- I feel like services work together to provide me with good care
- I want to see money being spent in the best way to deliver local services
- I believe the trust, confidence and relationships are in place to work together with services to decide the next steps for us as whole community

- I am able to breath cleaner air in the place where I live
- I feel safe from harm in my community

# Where did we get to?



# Impact of Covid-19



- Reinforcement of existing patterns of health inequality - social gradient of Covid-19 mortality similar to 'all cause' gradient suggesting same set of social determinants
- Risk of further damage to most vulnerable due to economic fallout
- “Build Back Better” challenge including link between health equity and climate change

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# Tower Hamlets Health & Wellbeing Board

## Future Options

Thursday 24<sup>th</sup> September 2020

# Health & Wellbeing Boards - Background



- Established via the Health and Social Care Act 2012 with [statutory guidance](#). Council's host but they are system focussed.

## Statutory duties include

- Prepare and publish **Joint Strategic Needs Assessment (JSNA)** which provides a wide source of information and data for health, care and wellbeing planning and commissioning, customised to the needs of the area and developing over time;
- Prepare and publish **Joint Health and Wellbeing Strategy (JHWS)** which sets out the vision, priorities and action agreed at the HWB to improve the health, care and wellbeing of local communities and reduce inequalities for all ages;
- Developing arrangements between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision. Overseeing the deployment of **Better Care Fund (BCF)** resources locally is a key part of that remit.



# Local agenda setting



## 1. Standing items:

- JHWS activity and monitoring
- Local protocols
- Health and wellbeing story

## 2. Consultation items:

- Local strategy/policy development which will have an impact on JHWS and wider determinants of health in Tower Hamlets
- National and regional programme

## 3. Areas of interest/concern:

- Steer from chair/mayoral and local priorities
- Board champions/task and finish groups

# Forward Programme – discussion



## Standing items:

- HWB story – areas of focus?
- Covid19 update / impact
- HWB strategy 2020/25 development

## Local Delivery:

- Health and Social Care integration – future developments
- Public Health workstream updates i.e. Tobacco control, diabetes
- JSNA review - impact of covid 19
- Local Priorities i.e. Loneliness /Air Quality

## Strategy development / Annual Reports:

- Better Care Fund Plan 2020/21
- Children's Obesity Strategy
- Children's / Safeguarding Adults Annual Report 2019/20
- Public Health Annual Report 2019/20

## Discussion items:

- Tower Hamlets Together delivery updates (6 monthly)
- Role of HWBB and its relationship to Integrated Care System
- CCG merger
- Local Care Networks (Primary Care Networks)

# Best practice



- Digital innovation, community engagement and social media
  - *Barking and Dagenham live-stream meetings and generate questions via Twitter*
  - *Big Leeds Chat – a citywide event attracting 500 people to discuss health and wellbeing priorities as one health and care system*
- HWBBs working together across ICS footprint
  - *Coventry and Warwickshire Place Forum is made up of the health and wellbeing boards from Coventry and Warwickshire with representation from Coventry and Warwickshire STP, NHS England and others. The forum has developed an Alliance Concordat which describes how partners will collaborate in a place-based approach– prioritising prevention, strengthening communities and sharing responsibility]*
- Clear and defined roles and relationships with other partnership boards both within the local authority and across health and community partners
  - *Bradford and North East Lincolnshire, are developing into a central ‘place board’, responsible for aligning and coordinating the work of the other strategic partnerships*

# Future options



- Develop strategic relationships with WEL/NEL HWBBs
- Improve digital engagement and community participation at HWBB meetings
- Explore alternative options for wider discussion outside of statutory HWBB meetings (community workshops and themed conversations)
- Covid-19 governance and member engagement