



TOWER HAMLETS HEALTH AND WELLBEING BOARD



Tuesday, 21 September 2021 at 5.00 p.m. Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

Due to ongoing Covid-19 restrictions, the press and public are encouraged to watch the meeting remotely through the <https://towerhamlets.public-i.tv/core/portal/home> site

Members:	Representing
Chair: Councillor Rachel Blake	(Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing)
Vice-Chair: Dr Sam Everington	Chair, Tower Hamlets Clinical Commissioning Group
Councillor Asma Begum	(Deputy Mayor and Cabinet Member for Children, Youth Services and Education)
Councillor Danny Hassell	Cabinet Member for Housing
Councillor Candida Ronald	Cabinet Member for Resources and the Voluntary Sector
Councillor Denise Jones	Mayor's Advisor for Older People
Dr Somen Banerjee	Director of Public Health, LBTH
James Thomas	(Corporate Director, Children and Culture)
Christopher Cotton	North East London CCG
Denise Radley	Corporate Director Health, Adults and Community
Randal Smith	Healthwatch Tower Hamlets
Fran Pearson	Safeguarding Adults Board Chair LBTH
Councillor Gabriela Salva Macallan	Chair of Health & Adults Scrutiny Committee
Councillor Andrew Wood	(Independent Member of the Conservative Group)
Co-opted Members	
Chris Banks	Chief Executive, Tower Hamlets GP Care Group CIC
Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Peter Okali	CEO of Tower Hamlets Council for Voluntary Service (THCVS)
Dr Paul Gilluley	East London and the NHS Foundation Trust
Jackie Sullivan	Chief Executive Officer Royal London & Mile End Hospitals
Marcus Barnett	Detective Chief Superintendent - BCU Commander
Richard Tapp	Borough Commander - London Fire Brigade
Helen Wilson	Tower Hamlets Housing Forum

The quorum of the Board is a quarter of the membership including at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group.

Questions

Before the formal business of the Board is considered, up to 15 minutes are available for public questions on any items of business on the agenda. Please send questions to the Officer below by **5pm the day before the meeting.**

Contact for further enquiries:

David Knight
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG
Tel: David Knight
E:mail: committee.services@towerhamlets.gov.uk
Web: <http://www.towerhamlets.gov.uk/committee>

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Role of the Tower Hamlets Health and Wellbeing Board.

- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.
- To prepare the Joint Health and Wellbeing Strategy.
- To be involved in the development of any Clinical Commissioning Group (CCG) Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.
- To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local HealthWatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.
- To carry out new functions as requested by the Secretary of State and as advised in guidance issued from time to time.

Public Information

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QR code for smart phone users.

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

7 - 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 - 30

To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on 29th June 2021. Also to consider matters arising.

In addition, as advised the last Board meeting was not formally quorate (**See Items 1.1 and 1.3**) and as a result the unrestricted minutes of the meeting of the Board held on 6th April 2021 (**See Appendix One**) require formal ratification.

2. ITEMS FOR CONSIDERATION

2 .1 Health and Wellbeing Story - Coping with Mental Health

The Board will receive a presentation on coping with Mental Health – To follow.

2 .2 Mental Health Strategy Update

31 - 50

The Board received a presentation and a report providing an update on the work being carried out on the Mental Health Strategy.

2 .3 Better Care Fund Update

51 - 64

2 .4 Health and Wellbeing Strategy

65 - 110

2 .5 Black, Asian, and Minority Ethnic (BAME) Acton Plan

111 - 136

3. ANY OTHER BUSINESS

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

Agenda Item 1.2

DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Code of Conduct for Members at Part C, Section 31 of the Council's Constitution

(i) Disclosable Pecuniary Interests (DPI)

You have a DPI in any item of business on the agenda where it relates to the categories listed in **Appendix A** to this guidance. Please note that a DPI includes: (i) Your own relevant interests; (ii) Those of your spouse or civil partner; (iii) A person with whom the Member is living as husband/wife/civil partners. Other individuals, e.g. Children, siblings and flatmates do not need to be considered. Failure to disclose or register a DPI (within 28 days) is a criminal offence.

Members with a DPI, (unless granted a dispensation) must not seek to improperly influence the decision, must declare the nature of the interest and leave the meeting room (including the public gallery) during the consideration and decision on the item – unless exercising their right to address the Committee.

DPI Dispensations and Sensitive Interests. In certain circumstances, Members may make a request to the Monitoring Officer for a dispensation or for an interest to be treated as sensitive.

(ii) Non - DPI Interests that the Council has decided should be registered – (Non - DPIs)

You will have 'Non DPI Interest' in any item on the agenda, where it relates to (i) the offer of gifts or hospitality, (with an estimated value of at least £25) (ii) Council Appointments or nominations to bodies (iii) Membership of any body exercising a function of a public nature, a charitable purpose or aimed at influencing public opinion.

Members must declare the nature of the interest, but may stay in the meeting room and participate in the consideration of the matter and vote on it **unless:**

- A reasonable person would think that your interest is so significant that it would be likely to impair your judgement of the public interest. **If so, you must withdraw and take no part in the consideration or discussion of the matter.**

(iii) Declarations of Interests not included in the Register of Members' Interest.

Occasions may arise where a matter under consideration would, or would be likely to, **affect the wellbeing of you, your family, or close associate(s) more than it would anyone else living in the local area** but which is not required to be included in the Register of Members' Interests. In such matters, Members must consider the information set out in paragraph (ii) above regarding Non DPI - interests and apply the test, set out in this paragraph.

Guidance on Predetermination and Bias

Member's attention is drawn to the guidance on predetermination and bias, particularly the need to consider the merits of the case with an open mind, as set out in the Planning and Licensing Codes of Conduct, (Part C, Section 34 and 35 of the Constitution). For further advice on the possibility of bias or predetermination, you are advised to seek advice prior to the meeting.

Section 106 of the Local Government Finance Act, 1992 - Declarations which restrict Members in Council Tax arrears, for at least a two months from voting

In such circumstances the member may not vote on any reports and motions with respect to the matter.

Further Advice contact: Janet Fasan Divisional Director Legal and Monitoring Officer, Tel: 0207 364 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	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. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	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— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
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	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (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.

LONDON BOROUGH OF TOWER HAMLETS

**THE ADVISORY MEETING TOWER HAMLETS HEALTH AND WELLBEING
BOARD**

HELD AT 5.17 P.M. ON TUESDAY, 29 JUNE 2021

**COMMITTEE ROOM ONE - TOWN HALL, MULBERRY PLACE, 5 CLOVE
CRESCENT, LONDON, E14 2BG**

Members Present:

Councillor Rachel Blake (Chair)	– (Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing)
Dr Sam Everington (Vice-Chair)	– (Chair Tower Hamlets Clinical Commissioning Group)
Dr Somen Banerjee (Member)*	– (Director of Public Health)
Christopher Cotton (Member)	– Deputy Director of Finance
Councillor Danny Hassell (Member)*	– (Cabinet Member for Housing)
Councillor Denise Jones (Member)	– Older People's Champion
Fran Pearson	– Safeguarding Adults Board Chair LBTH
Denise Radley (Member)	– (Corporate Director, Health, Adults & Community)
Randal Smith (Member)*	– Healthwatch Tower Hamlets
James Thomas (Member)	– (Corporate Director, Children and Culture)

Co-opted Members Present:

Vivian Akinremi	– Deputy Young Mayor Lead for Health & Wellbeing
Chris Banks	– Chief Executive, Tower Hamlets GP Care Group CIC
Marcus Barnett	– Metropolitan Police Service
Dr Paul Gilluley	– Chief Medical Officer - East London NHS Foundation Trust
Peter Okali	– Tower Hamlets Council for Voluntary Service
Jackie Sullivan	– Managing Director of Royal London Site, Barts Health
Helen Wilson	– Clarion Housing/THHF - representative to HWBB

Apologies:

Dr Ian Basnett	– Public Health Director, Barts Health NHS Trust
Councillor Asma Begum	– (Deputy Mayor and Cabinet Member for Children, Youth Services and

Councillor Candida Ronald – Education)
(Cabinet Member for Resources and
the Voluntary Sector)

Officers in Attendance:

Jamal Uddin – Strategy Policy & Performance Officer
David Knight – (Democratic Services Officer,
Committees, Governance)

*Board Members present in person. (Remaining Board Members attended from remote locations)

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

The Chair:

- ❖ Councillor Rachel Blake (Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing) welcomed everybody to the meeting.
- ❖ Welcomed Fran Pearson the new Chair of the Safeguarding Adults Board to this her first Board meeting
- ❖ Advised the Board that due to unforeseen circumstances and consequent exceptionally busy demands the primary care partners are joining online which means that according to the current formal terms of reference the meeting is not formally quorate and as a result the status of this meeting will be recorded as advisory. Nevertheless, it was noted that since the Board has no executive decisions to take it would not affect the determination of any of the business to be transacted at this hybrid meeting. In addition, the Board agreed that this hybrid meeting provided an opportunity for the Board to learn and to take stock of its terms of reference and the format of its meetings.

1.2 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests received at the meeting.

1.3 Minutes of the Previous Meeting and Matters Arising

The Chair **Moved** and it was:-

RESOLVED

That the unrestricted minutes of the meeting of the Board held on 2nd February 2021 be agreed subject to formal ratification at the next formal Board meeting (**Appendix One refers**)

1.4 Chairs Update

Councillor Rachel Blake (Chair) provide the Board with the following:

The Board noted that:

- ❖ The consultation on the Health and Well Being Strategy for the period for 2021-2025 had commenced last month and currently had received over 100 responses to the to the consultation. Although this was a positive step it was intended (i) to undertake a number of more in-depth conversations with some particular groups; and (ii) that all members of the Board should continue to use their own networks to promote the online survey and that it was important to have a genuine dialogue throughout the consultation.
- ❖ The ambitions outlined in the Strategy can definitely be delivered through the Tower Hamlets Together life course work streams that are already well established and demonstrates a clear link between the strategic direction established by the Health and Wellbeing Board **e.g.** “Ambition 1 To all access safe, social spaces near our homes, so that we can live active, healthy lives as a community” To achieve this the Board will work with partners across the Borough, including the Council’s Public Realm team and housing associations, to reduce traffic levels and make the best use of the Borough’s land/spaces. The intention being to ensure that all Tower Hamlets residents are owning and using the open spaces to lead active, social lives – whatever their age, sex, ethnicity, health condition or locality.
- ❖ The outcome of Black, Asian and Minority Ethnic Inequalities Commission inequalities report had been considered at the last meeting and it was accepted that the Board must take ownership of the recommendations. Accordingly, this will be followed up over the next couple of months so that the Boards action plan will be ready to be implemented **e.g.** if there's any particular recommendations that partner organisations would like to champion.
- ❖ The Health and Wellbeing Board terms of reference and the membership are now the subject of a refresh as (i) several members organisations and organisational structures that have changed; and (ii) there is a need to address challenges regarding about how the Board is representing the whole Community in the diversity of health and social care professionals and other leaders across the NHS, the Council, and the voluntary sector who are working together to solve problems and lead change to benefit of residents.

Dr Sam Everington (Vice-Chair) provided the Board with the following:

The Board noted the following critical issues that:

- ❖ There is continued disruptive impact of the Covid pandemic on NHS care. The latest available data indicates that the shutdown of most non

Covid services in the first wave, combined with drastic changes in patient behaviour, mean the NHS is facing a large backlog of non - Covid care, thereby storing up greater problems for the future.

- ❖ As the infection control measures and the ongoing diversion of resources towards Covid services during the second peak of hospitalisations has meant that this backlog of care will take even longer to work through as it continues to accumulate. Also (i) whilst Accident and emergency services (A&E) demand decreased to significantly lower levels, partially due to less road and alcohol related accidents during lockdown, there is concern that some patients avoided seeking care from A&E even when suffering life-threatening symptoms; and(ii) mental health consultations have increased.
- ❖ The pressure is therefore enormous and on top of that there is a tired workforce as a lot of people did not take holiday during Covid although they now being encouraged to do that. It is therefore really important people are aware of that.
- ❖ Maintaining appropriate staffing in healthcare facilities is essential to providing a safe working environment for healthcare personnel (HCP) and safe patient care.
- ❖ Health organisations are demanding an end to the abuse endured by healthcare workers during the pandemic and are calling on the public to join them.
- ❖ The Borough's health organisations were not allowed to vaccinate residents in the younger cohorts (31 and 46 per cent of the Tower Hamlets population are aged between 20 and 39) to compensate for the different vaccination rates between various ethnic groups in the older cohorts. Therefore, next month there will be thousands in this age group requiring vaccinations.
- ❖ In the autumn there will be the extra pressure of the influenza viruses and the Covid boosters.
- ❖ The Board needs to understand these above-mentioned challenges and pressures on the overall system that stretch across health and social care.

1.5 Home Care Transformation and Re-procurement

The Board received a presentation and a report providing an update on the work being carried out on the Home Care re-procurement programme. The main points raised during the discussion may be summarised as follows:

The Board:

- ❖ **Noted** that the adult social care system could not survive without the contribution of paid and unpaid carers who provide vital support for thousands of people every day and preventing people having to go into primary care.

- ❖ **Noted** that the Safeguarding Adults Board in its focus to ensure that safeguarding arrangements in the Borough work effectively has a particular interest in care at home and the quality-of-care services.
- ❖ **Agreed** that with regard to the paid care workforce there is need for a review on pay, training and development, career progression and professionalisation and recognition.
- ❖ **Agreed** that any service provider needed to be based locally and to provide local jobs and making a real contribution to the local economy.
- ❖ **Noted** that within the re-procurement programme (i) contract management has been strengthened; (ii) hospital discharges are to work as smoothly as possible; and (iii) reviews are now happening in a timely way.
- ❖ **Agreed** that (i) it had a key role as an anchor institution to support communities and home care providers in Tower Hamlets; and (ii) the Tower Hamlets Carers Centre can facilitate the identification of carers, improve care, and support and increase public confidence in care.
- ❖ **Observed** that many carers do not think of themselves as carers or are not identified by health and social care professionals as such (so called 'hidden carers') and do not know about the support available to them.
- ❖ **Noted** that feedback from various sources has indicated that partnership working has vastly improved since the advent of locality working with improved collaborative working and innovation that has made best use of the assets available in the Borough. This has built relationships and enabled key information to be routinely shared as necessary amongst stakeholders. This has led to improved quality of care and better outcomes for service users, where this model works.
- ❖ **Agreed** that effective coproduction is critical to set the right delivery and contractual model to provide the right care, at the right time, which supports people to be as independent as possible.
- ❖ **Observed** that there are a range of new market developments resulting from Covid-19 and a number of new models of Home Care that are now in place across the country.
- ❖ **Agreed** that it is important that we consider these developments carefully and capture them in the new contractual arrangements and was pleased to note that work in the Borough is helping to identify best practice and viable models that could be a good fit for Tower Hamlets.
- ❖ **Noted** that there may be a potential to link Service Provider payments to the achievement of desired contract outcomes. Whilst these arrangements need to be carefully considered they can incentivise better performance and alignment of Council and Service Provider objectives **e.g.** Nottinghamshire has introduced a payment system based on outcomes with 95% of the commissioned hours paid with the remaining 5% based on achievement of individual outcomes.

The Chair Moved and it was: -

RESOLVED

1. To **note** the presentation; and

2. To **agree** that consideration should be given to the development of appropriate milestones in regard to the Home Care re-procurement programme.

1.6 SEND Improvement Plan

The Board received a briefing that provided an update on Special Educational Needs and Disabilities (SEND) improvement work, looking at the priority areas and the key issues, main activities, and current challenges for each. The main points raised as part of the discussion may be summarised as follows:

The Board:

- ❖ **Noted** the importance of the transition for children and young people with SEND especially with regards to the provision for these students at key stage 3 and key stage 4 **e.g.** Young peoples' annual reviews at Year 9 do not routinely make adequate plans for transition to adulthood and any appropriate services.
- ❖ **Noted** that it is recognised that there is a need to improve the understanding of projected future demand for SEND and specialist education provision in particular has been identified as an area for coproduction with the parents and carers.
- ❖ **Noted** that senior leaders recognise the importance of continued investment in the early identification and considerable joint work has been delivered in order that families remain known to services, to ensure that no child with additional needs is missed.
- ❖ **Noted** that that effective processes are in place to ensure that vulnerable children with additional needs, including those where there are safeguarding concerns, are kept in view by services.
- ❖ **Observed** however that SEND is not systematically considered as a relevant need by all parts of the workforce. This is borne out in how consistently services outside of Education monitor and record information around SEND status which has the potential to negatively impact on efforts to identify and meet need in a timely way.
- ❖ **Agreed** therefore that it is important to keep the momentum going on the improvement journey. In particular Education Health and Care Plans (EHCP) are an area of concern as whilst progress has been made both in the working through the backlog that had built up due to Covid and the aim is to have all of those outstanding cases resolved by before the start of the next school year. However, the overall timeliness of plans issued is 27% (this includes the backlog) with the timeliness of plans since October at 53% therefore this needs to be considered as it impacts on the overview of this service and therefore the quality of annual reviews.
- ❖ **Acknowledged** that going forward that it was important to (i) strengthen the understanding of SEND priorities for all partners across the local area so that all parts of the system work together to address issues and drive improvement; (ii) secure the commitment of partners around areas of work which are 'in development' and would benefit

from a more joined up approach; and (iii) support partners to deliver key messages to wider staff and colleagues about their role in delivering the best possible services and outcomes for children and young people with SEND.

- ❖ **Noted** that SEND Local Offer focus group with parents and young people is meeting on termly basis. In addition, the Young People's Zone was launched in April and "You said We did" feedback had been made available on the Council's own website.
- ❖ **Agreed** that it needed to continue to monitor and track the measure of progress of (SEND) improvement work, looking at (i) the priority areas; (ii) the key issues; (iii) main activities; and the current challenges for each area; (iv) the effectiveness of programs and initiatives that are in place to support young people who have SEN to have better outcomes when making the transition to adulthood e.g. Higher education and employment; (v) how schools are supported by the local area in assessing and meeting the needs of children and young people with EHCPs and at SEND Support; (vi) how relationships with the service users and their families are maintained; and (vii) the design and monitoring of services.
- ❖ **Noted** that (i) "Children and Families Act" brought a clear expectation that most pupils with SEND are to be taught in a mainstream school, and that every teacher is a teacher of SEND; and (ii) the Tower Hamlets Education Partnership is strengthening their role in respect of SEND e.g., a substantive training offer is being developed.
- ❖ **Agreed** that (i) there cannot be a school improvement without improvement for children with SEND; and (ii) EHCP should be co-produced with families as it is an effective method of development.

1. Accordingly the Board noted the contents of the presentation and agreed to consider the issue's raised in more detail at future meetings.

1.7 Health and Wellbeing Story

The Board welcomed Heena Patel who provided a presentation on her experience and ideas as a Tower Hamlets Resident, Mental Health Carer, Local Mental Wellbeing Small Business Owner and NHS East London Foundation Trust (ELFT) employee. The main points arising from the discussions on this item may be summarised as follows:

The Board:

- ❖ **Thanked** Heena Patel for her reflections which provided a really strong meaningful challenge about (i) the board; and (ii) how online meetings perform in terms of people's access and engagement.
- ❖ **Accepted** the need to consider access to the Strategy's development and how it can establish and maintain a dialogue with the local voluntary, community, and faith sectors on the strategy evolution.
- ❖ **Recognised** that getting care right is critical for residents and their outcomes

- ❖ **Agreed** that activity at the local level should target the problem and develop collaborative ways of working that puts the patient/service user first, and cross organisational boundaries.
- ❖ **Acknowledged** the ongoing importance of awareness raising around carers as there is much to do to recognise and raise awareness about what a carer is and what support is available for carers in all kinds of settings.
- ❖ **Commented** that (i) with regard to the Carers Centre services as this is a commissioned service this can be monitored through the contract; and (ii) carers assessments and support plans should be about engaging in a dialogue with carers This is important as getting care wrong leads to poorer experience, poorer outcomes, and the costly use of limited resources, not just across the NHS but including social care, housing, and other public services.
- ❖ **Agreed** that creating time for local collaboration and taking a systems-wide approach involving commissioners, providers, local government, and the voluntary sector remains essential.
- ❖ **Agreed** that people want to be more involved in decisions about their care and those living with long term conditions want more support to manage their health and wellbeing on a day-to-day basis. Therefore, more needs to be done to involve people in their own health and care, to involve communities and the voluntary sector in improving health and wellbeing and to coordinate and personalise care and support including through personal health budgets.
- ❖ **Commented** that by ensuring the people are heard meaningfully in all discussions about the quality of their care will improve and help people to make informed use of available healthcare and add value to their lives. This will rely on ensuring that all those working in health and care have person-centered and community centered skills, competencies, values, and behaviour.

1. The Board noted the issues raised as a result of discussions on the presentation and agreed to incorporate the above-mentioned comments as appropriate within the Work Programme.

2. LOCAL ENGAGEMENT BOARD

The Board received and noted an update from the Local Engagement Board that had been set up in response to the Local Outbreak Control plan to hold the Council accountable and to support the strategic aim of addressing inequalities highlighted by the impact of COVID-19 on individuals and communities and ensure that the Borough's COVID-19 response is led by residents and communities. The main points raised as part of the discussion may be summarised as follows:

The Board:

- ❖ **Noted** that after an initial enthusiastic response to the Covid-19 vaccine the uptake by younger people has petered out, so it will take

longer to reach the levels of vaccination seen in older groups – this pattern is seen across London.

- ❖ **Noted** that the focus of the campaign is now on the 18- to 40-year-old cohort and was concerned that the NHS are seeing patients in this cohort who are fit and have no other medical problems in ICUs [intensive care units] due to Covid.
- ❖ **Noted** that with in Tower Hamlets a high percentage of the population is made up of the young people and therefore much work is needed to be done to reach out to this particular age group.
- ❖ **Noted** with concern that some residents feel that general practitioners' surgeries want them to register before they receive a vaccination.
- ❖ **Stated** that it wished to have the information provided to the Covid-19 community champions circulated to the Board and the Local Engagement Group.
- ❖ **Noted** that there are multiple sites in the Borough where people can get their vaccine, so whether it's at East Wintergarden, Westfield shopping centre, a local pharmacy, or the Art Pavilion in Mile End [Book a Covid-19 vaccination - Tower Hamlets - Your details - Section 1 - forms](#)
- ❖ **Agreed** that it was important to stress to those residents aged 18- to 40-year-old should have both doses of the vaccine to give them the maximum protection from Covid-19 and that they should book their second jab eight to ten weeks after their first dose. In addition, it was **noted** that partner agencies are advertising in advance what to expect and help answer any questions raised. They are also working with the local voluntary; community and faith sectors to understand how best to reach out to people within Tower Hamlets and to get them involved in the develop in the rollout of the vaccine programme
- ❖ **Noted** that there are areas in the Borough where there is a really low uptake and there is targeted door-to-door testing in those areas starting in Mile End West
- ❖ **Noted** that some of the reasons for this gap are practical and are being tackled with a more pragmatic focus on logistics. Hence why the vaccination programme has been rolled out into local and community venues to widen access and ensure getting a vaccine is as simple and easy as possible. Residents also need to be given adequate information as without clear and effective communication people are susceptible to misinformation. That can spread through friends and family, online and via social media, playing on existing anxieties.
- ❖ **Noted** that Tower Hamlets continues to be one of the fastest growing, youngest, and most diverse populations in England, with a quarter of the whole population aged 0 to 19 years old and therefore a significant percentage of the population are only now receiving their vaccinations. However, it is important to acknowledge the work that the GP Care Group has done and the work that has been taken forward around an ensuring the good uptake of vaccination although that is not to say that there are some real risks around people who are clinically vulnerable who have not had the full course **e.g.** the fear of the covid vaccine now particularly among the younger generation definitely needs a different approach.

1. The Board noted the points raised in the discussion and agreed to incorporate the above-mentioned comments as appropriate within future discussions.

3. ANY OTHER BUSINESS

In conclusion the Chair expressed her thanks to everybody who contributed at this evening and welcomed the Boards willingness to take on health inequalities which was the biggest challenge in Tower Hamlets at present in terms of improving health and wellbeing.

The meeting ended at 7.23 p.m.

**Chair, Councillor Rachel Blake
Tower Hamlets Health and Wellbeing Board**

Appendix One

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.01 P.M. ON TUESDAY, 6 APRIL 2021

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

Members Present:

Councillor Rachel Blake (Chair) – Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing

Co-opted Members Present:

Chris Banks – Chief Executive, Tower Hamlets GP Care Group CIC
Marcus Barnett – Met Police
Dr Ian Basnett – Public Health Director, Barts Health NHS Trust
Dr Paul Gilluley – Chief Medical Officer - East London NHS Foundation Trust
Peter Okali – Tower Hamlets Council for Voluntary Service
Randal Smith – Healthwatch Tower Hamlets
Helen Wilson – Clarion Housing/THHF - representative to HWBB

Apologies:

Dr Sam Everington – Chair, Tower Hamlets Clinical Commissioning Group
Councillor Asma Begum – (Deputy Mayor and Cabinet Member for Children, Youth Services and Education)
Councillor Candida Ronald – (Cabinet Member for Resources and the Voluntary Sector)
Vicky Clark – (Divisional Director for Growth and Economic Development)
Jackie Sullivan – Chief Executive Officer Royal London & Mile End Hospitals
Vivian Akinremi – Deputy Young Mayor and Cabinet Member for Health and Wellbeing

Others Present:

Farah Bede – Clinical Lead for IRIS
Abdul Doyas – Patient Welfare Association
Suroth Miah – Patient Welfare Association
Jamal Uddin – Strategy Policy & Performance Officer

Joe Hall	– Clinical Lead
Abdal Ullah	– Ward Councillor St Katharine's & Wapping
Warwick Tomsett	– Joint Director, Integrated Commissioning
David Knight	– (Democratic Services Officer, Committees, Governance)

1. **STANDING ITEMS OF BUSINESS**

1.1 **Welcome, Introductions and Apologies for Absence**

The Chair in her introduction informed the Board that (i) a number patients and their families of patients from Royal London were in attendance, as part of the discussions on Health and Wellbeing Story; (ii) there was a report on the primary care access and patient experience; and (iii) there will be update reports on (a) SEND Improvement; and (b) Covid 19 and vaccination programme.

1.2 **Declarations of Disclosable Pecuniary Interests**

There were no declarations of disclosable pecuniary interests received at the meeting.

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

The Chair **Moved** and it was:-

RESOLVED

That the unrestricted minutes of the meeting of the Board held on 2nd February 2021 be approved and signed by the Chair as a correct record of the proceedings.

1.4 **Chairs Update**

The Chair:

- ❖ Informed the Board that (i) the Health and Wellbeing Strategy was due to go on the Consultation Hub tonight although there are issue's with the Councils website so the Strategy may not be live until tomorrow; (ii) she would asked all partners agencies/stakeholders to sign post resident and professional groups to the associated online survey; and (iii) there would be a number of online webinars and would welcome any ideas on how the Partnership can encourage people to participate in this stage of the consultation.
- ❖ Provided an update around the Better Care Fund (BCF), the BCF requires the NHS and the Council to create a local single pooled budget to incentivise closer working around people, placing their wellbeing as the focus of health and **care** services, and shifting

resources into social **care** and community services for the benefit of the people, communities and health and **care** systems. It was noted that on the 25th of March, the Government had confirmed that the Better Care Fund will continue in 2021-22 and that the Clinical commissioning group (CCG) minimum contribution will grow, which is in line with the long-term plan settlement by 5.3% to £4.26 to enable the CCG to meet their 2021-22 BCF commitments. It was noted that (i) due to the national conditions and processes it has not yet been published but is expected very soon; (ii) The Partnership has also received the year end return which is being used in lieu of guidance during 2021. For the return the Partners will need to confirm that they have met the national conditions and provided planned and actual spending from the mandatory funding sources; including agreed spend on social care and NHS commissioned out of hospital services from the CCG minimum contribution. The returns are due on the 24th of May and as in previous years these will be sent on behalf of the Health and Wellbeing Board.

- ❖ Observed that the Council has now launched its Race and Inequalities Commission, and it has had some clear recommendations around health. One of the things at the centre of the Boroughs Health and Wellbeing Strategy is to the reducing of health inequalities by improving access to services **e.g.** there is a recommendation that addresses digital exclusion and the Board needs ensure that the Strategy really addresses that issue. Whilst another recommendation is for the Board to lead a high-profile campaign for the Government to provide adequate funding to address health inequalities. Which the Board was well placed to effectively address given its influential membership. It was noted that another recommendation was to review hostile environment policies and to reduce the checking of immigration status of service users. In addition to developing initiatives to support more Black, Asian, and Minority Ethnic residents to become health professionals and to review and strengthen clinical training in order to increase understanding in different cultural needs.

2. HEALTH AND WELLBEING STORY - ROYAL LONDON HOSPITAL PATIENTS AND FAMILIES GROUPS

The Board welcomed representatives from Royal London Hospital Patient Welfare Association that had been established to investigate allegations of “poor level of care” at the Royal London Hospital. The main points arising from the discussions on this item may be summarised as follows:

The Board

- ❖ Noted that concerns had been raised after relatives had apparently not been able to visit wards during strict lockdown periods and that claims had been made that some elderly family members had not received attentive care on the wards.

- ❖ Noted the Patient Welfare Association is calling for changes and suggesting how standards "should be improved" by involving families with patient care.
- ❖ Noted that Barts Health NHS Trust has stated that patient safety is its top priority and wants to listen to any feedback and concerns.
- ❖ Noted that the objective of the Patient Welfare Association is to give the people within the community, a voice for the voiceless where it is felt that care lacking.
- ❖ Noted that Patient Welfare Association were incredibly grateful to Jackie Sullivan (Chief Executive Officer Royal London & Mile End Hospitals) for having arranged a meeting on the 1st of April 2021 and that there is now a constant dialogue with the Trust on how the care of residents can be improved. The Patient Welfare Association was also looking forward to working with other groups to get the best possible care for all residents.
- ❖ Noted that Patient Welfare Association wants to look at (i) visitation rights to facilitate the elderly and vulnerable patients; (ii) treating patients with dignity and respect; (iii) improve on the work being done through the family contact centre that has been established and for there to be meaningful BAME representation in the running of this centre; and (iv) for meaningful overview and scrutiny of this issue.
- ❖ Noted that the Patient Welfare Association recognises the amazing work that front line staff have done by the Barts Health NHS Trust and community coming together during these challenging times. However, the Patient Welfare Association stated that there had been a serious lack in the care that the families of patients had received. The Patient Welfare Association wished to see patients treated with dignity and respect **e.g.** staff not considering people's cultural and religious needs. Patient Welfare Association indicated that this situation had been not helped by the complaints system which had been a barrier itself as it is not easy to navigate.
- ❖ Noted that the aim of the Patient Welfare Association is not to name and shame, it is simply to improve the level of care of every single patient receives from the Barts Health NHS Trust.
- ❖ Noted that the Patient Welfare Association wanted better access to patients who are vulnerable and have learning difficulties who cannot feed themselves as it is therapeutic, as it helps with their recovery process and support the nursing staff as at the end of day the wellbeing of the patient is in everyone's interest.
- ❖ Observed that the Family Contact Centre whilst the idea behind it was a good one, unfortunately, in a way, it has created a barrier as in the past family members could contact the wards directly and to get a live update. Whereas now through the Family Contact Centre they have got to go through staff there who are not necessarily part of the care team, who have to read the notes. Although the Patient Welfare Association have had reports where families have had to wait more than 48 hours, when generally the target time is within 48 hours.
- ❖ Noted that Barts Health NHS Trust are making changes to the Family Contact Centre as they acknowledge how difficult it can be for families to have a loved one in hospital at this time, particularly while there are

visiting restrictions in place to help keep everyone safe from Covid-19. According the Family Contact Centre is working to ensure they help families keep in touch with their loved ones. The Trust consider that the Centre will provide a key point of contact, to help ensure families are supported and updated about their relatives' condition and wellbeing. Through the Centres families can help raise concerns and questions with clinical teams, as well as help with practical issues including arranging end of life visits, providing language support, offering spiritual and religious support, booking virtual visits, and sending photos and messages to family members in the Royal London.

- ❖ Observed that the Patient Welfare Association wanted to see meaningful scrutiny of the provision of older patients at the Royal London and to have proper representation in the process of management and scrutiny of patient welfare that transcended all communities and more importantly all commercial and financial backgrounds., they just want you recognise the needs of the BAME communities.
- ❖ Noted that Healthwatch Tower Hamlets indicated that they would wish to have a conversation with the Patient Welfare Association outside this meeting and see how we can further the understanding of the work that they do and how they can use the insights and experience of families to feed into how Healthwatch bring data and information, to influence the decision-making other partners on the Board.
- ❖ Noted that Barts Health NHS Trust are working to the guidance that has been issued by NHS England which meant that the older people's wards did have open visiting ahead of the COVID-19. However, when Barts Health NHS Trust had to start working to protect both staff and patients there was a need to start restricting access. However, as part of the reduction of lockdown, the Trust are now working on reopening of their doors to visitors, according to the guidance. One of those key milestones being Monday 12th, April 2021 where the Trust will be able to have visitors and with track and trace they will need to be an identified person for a particular patient.
- ❖ Noted that the Trust still needs to be careful as Covid still circulating within community and by nature of being in hospital patients are much more vulnerable. Therefore, the Trust will need to work quite carefully with what is known about what is going on in the community and the hospital. However, the Trust considers that it is in a good position with the vaccine rates in the Borough and is working to improve the level of cultural input at the bedside, on the wards, that enables nurses and carers to understand those inputs.
- ❖ Noted that going forward the Trust is considering how it might work to increase volunteer involvement at the Royal London to support care and the Trusts Board has approved funding to increase the size of the Family Contact Centre team.
- ❖ Observed that the Trust is very keen to develop a positive dialogue with the Patient Welfare Association; Healthwatch; Care Quality Commission (CQC) and the Clinical Commissioning Group (CCG).

- ❖ Commented that it was important to use feedback from patients and their families so as to make meaningful changes and lasting changes that would result in the development of culturally competent services.

In conclusion, the Chair thanked everybody for their contributions to the discussions on this important issue.

The Chair then Moved, and it was **RESOLVED**:

1. that it was a positive step to develop the dialogue between the Royal London; the Patient Welfare Association; Healthwatch; Care Quality Commission (CQC) and the Clinical Commissioning Group (CCG) in regard to meaningful representation.
2. to reflect on these discussions in the development of the Health and Wellbeing Strategy; and
3. to consider how to improve the level of care for every single patient receives from the Barts Health NHS Trust

3. PRIMARY CARE ACCESS AND PATIENT EXPERIENCE EXPLAINED

The Board noted that the Covid-19 pandemic is re-shaping the provision of healthcare within Tower Hamlets. New national and local initiatives have also impacted on primary care delivery models and the patient experience. The Borough's communities are facing unprecedented challenges and therefore it is important to develop systems that address expanding health inequalities.

All organisations and systems within the Borough therefore need to reflect on these new challenges and effectively re-align their activities and operations. It was noted that working in partnership and integrating services where possible has the potential to transform the healthcare provision within the Borough against the most challenging social economic backdrop that our community faces. The main points arising from the discussions on this item may be summarised as follows:

The Board:

- ❖ Noted that whilst there has been considerable collaborative working between GP practices and community pharmacies there is still much that could be done.
- ❖ Observed that part of the role in GP surgeries is to transfer information to local communities on how to live healthier and how to access healthcare. The most accessible healthcare in some respect is within pharmacies, and a new plan for things is being undertaken in the north-west of the Borough is for patients to access the surgery, maybe online, with those who need something immediately they could get their medicine much quicker through consultation with the pharmacist. With the GP surgeries helping those patients with more complex medical problems. However, there is still more work to be done to open the communication channels so that patient can be referred quickly and have easy access between pharmacy the GP and vice versa.

- ❖ Commented that it is especially important to recognise that online access to services is not for everybody and going forward clarity is needed for people to know all the different pathways that they can use. The
- ❖ Noted that the Partners agencies have an ongoing programme of work to continually evaluate these kinds of issues, to try to make sure that they are breaking down barriers e.g. streamlining the online consultation process is not a static piece of work.
- ❖ Commented that whilst the Borough has come through a hectic scenario very quickly there is now a moment to reflect and think. The next phase is to really drill down and see what can be done around those patients that may be left behind by the new systems. The challenge is therefore about addressing the needs of the most vulnerable patients and the equalities agenda.
- ❖ Indicated that this is something that we should revisit and look to see what has been achieved. Also what measures are useful measures to be judged upon against the recommendations of the Black, Asian & Minority Ethnic Inequalities Commission.
- ❖ Agreed that the partners need to understand the impact that they are having and the consultation on the Health and Wellbeing Strategy would be an opportunity to consider this issue in more detail.

Recommendations:

The Health and Wellbeing Board **agreed:**

That the Board would receive a further report to evaluate how the needs of the most vulnerable patients and the equalities agenda are being addressed.

4. SEND IMPROVEMENT PLAN

The Board received and noted a briefing that provided an update on SEND improvement work, looking at the priority areas and the key issues, main activities, and current challenges for each. The main points arising from the discussions on this item may be summarised as follows:

The Board:

- ❖ Noted in response to concerns raised that the Borough was looking to increase the resources available within Tower Hamlets so as to reduce the need for SEND students to be in placements in schools outside of Tower Hamlets.
- ❖ Noted that there is considerable thought going into the concept of transitional safeguarding and looking at other safeguarding needs in context and not just looking at it from children's point of view at 17 and an adult at 18. Which it was felt showed that Tower Hamlets has considerable ambition in terms of looking forward in regard to this issue.
- ❖ Noted with regard to EHC plans, and the timescales the current annual figure is around 15.8% of plans are completed within the 20 weeks

which is way below where it should be. However, when looking at the monthly figures it is getting better, so a large part of those delays are historic cases which are part of the backlog and they will always be late. Whereas the more recent referrals into the system are being sorted in a much timelier way. Therefore whilst that is good, there is still a way to go to clear that backlog; to keep that timeliness on trend; and to strengthen our approach to SEND..

5. COVID 19 AND VACCINATION UPDATE

The Board received and noted update on Covid-19 and the vaccination update. The main points arising from the discussions on this item may be summarised as follows:

The Board noted

- ❖ If you do have the vaccine your chances of getting Covid are reduced by at least 80 percent and you are also less likely to pass Covid to your family and friends.
- ❖ 81 percent of the 65 plus age group have been vaccinated which is a little below the London average and London itself is below the national average.
- ❖ Noted that initially the Borough saw some significant disparities between the different ethnic groups. However, that disparity has now been reduced between the White population and the Asian population. However, it was noted that with the Black Population vaccinations have been increasing quite slowly and what is now evidenced from the emerging data from the second dose is that there are disparities again between the White population and the Asian and Black populations.
- ❖ Noted the importance of personal stories increasing confidence in the vaccine from those people who have had the vaccination, trusted figures within the community on social media and through other routes.
- ❖ Observed that ease of access is an important issue and there are only two vaccination sites within the Borough and then there the mass vaccination sites at Westfield and the Excel. Therefore there has been considerable discussion around the importance of ease of access. Therefore, work is being done around what the GP care group and AT medics are doing regarding community clinics and increasing access in the local general practices.
- ❖ Agreed that people need to understand why the vaccine it is so important, and a lot of advice and support is being provided in a range of community languages and formats.
- ❖ Noted that there has been a considerable amount of co-production working with organisations commissioned through the voluntary sector, particularly Bangladeshi; Somali; People with Disabilities and a number of faith settings.
- ❖ Was informed that there is a small grants programme aimed at supporting community clinics such as the London Muslim Centre and, Somali Centre which have all been successful.
- ❖ Noted that the vaccine roadshow has been working particularly in areas of low uptake.

- ❖ Agreed that Ramadan is a really important issue and noted that there is the consensus position from the British Islamic Medical Association, which says that having the vaccination does not invalidate the fast.

6. ANY OTHER BUSINESS

In conclusion the Chair expressed her thanks to everybody who contributed at this evening and welcomed the Boards willingness to take on health inequalities which was the biggest challenge in Tower Hamlets at present in terms of improving health and wellbeing.

The meeting ended at 7.03 p.m.

**Chair, Councillor Rachel Blake
Tower Hamlets Health and Wellbeing Board**

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<p>Non-Executive Report of the: Health and Wellbeing Board 21st September 2021</p>	
<p>Report of: Warwick Tomsett</p>	<p>Classification: Unrestricted</p>
<p>Mental Health Strategy update</p>	

<p>Originating Officer(s)</p>	<p>Carrie Kilpatrick Deputy Director Mental Health and Joint Commissioning</p> <p>Phil Carr Strategy and Policy Manager</p>
<p>Wards affected</p>	<p>All wards</p>

Executive Summary

The Mental Health Strategy proposed three key themes of focus for its five-year duration (2019-2024).

- **Theme 1** To raise awareness and understanding of the importance of mental health and wellbeing
- **Theme 2** To ensure early help is available particularly in time of crisis
- **Theme 3** To ensure the provision of high quality mental health care and treatment

A significant amount of work has been undertaken against these three themes in the last year and more is planned however due to the nature of the pandemic not all proposed actions have been taken forward in the way initially proposed.

This presentation seeks to provide an update against these themes and their associated actions / outcomes with a particular focus on recovery from Covid-19.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the presentation

1. REASONS FOR THE DECISIONS

- 1.1 The Mental Health Strategy 2019-2024 was approved by the Health and Wellbeing Board in November 2019 and was launched in early 2020. The strategy stated that an update would come back to the Board a year later and provide an update on progress. This presentation seeks to provide that update and also considers the impact of Covid-19 on future planned actions.

2. ALTERNATIVE OPTIONS

- 2.1 N/a

3. DETAILS OF THE REPORT

- 1.1 The strategy is a partnership strategy owned by the Health and Wellbeing Board and sets out our strategic priorities relating to mental health over the five years from 2019 to 2024. It is underpinned by a delivery plan that sets out priority activity and with monitoring against delivery. The delivery plan, as updated (September 2019) is attached for consideration.
- 1.2 The strategy considers adult mental health (18+) in its broadest sense – i.e. it seeks to promote mental wellbeing for people who live, work and study in Tower Hamlets as much as it aims to improve outcomes for people with serious mental health issues.
- 1.3 A major interdependency of the draft strategy is its relationship to mental health support offered to children and young people in the borough. Work undertaken by children's services is excluded from the scope other than referencing the CAMHS Transformation Plan and the Children and Young People's Strategy.
- 1.4 The Strategy is framed around three key priorities which emerged from (1) engagement work, (2) the current direction of travel as defined by best practice in our services and other areas and (3) the national policy framework and in particular the NHS Long Term Plan.
- 1.5 Each of these priorities/themes acts as a strategic driver to focus the work that is currently being delivered across the system, in a similar way to the current Health and Wellbeing Strategy with actions for delivery relating directly back to the three priority areas.
- Theme One : To raise awareness and understanding of the importance of good mental health and wellbeing
 - Theme Two : To ensure early help is available particularly in times of crisis

- Theme Three : Theme Three: To ensure the provision of high quality mental health care and treatment

1.6 The first theme broadly relates to prevention and promotion, the second to access and early intervention and the third relates to mental health care and treatment with a focus on personalisation and integration. In the strategy, each theme is followed by a summary of what we know about the issue, a list of the outcomes we want to achieve, and a description of the actions we will carry out to do this.

4. **EQUALITIES IMPLICATIONS**

4.1 The Joint Strategic Needs Assessment on Mental Health highlights a number of inequalities related to mental health that the strategy seeks to address:

4.2 **Gender:** Gender is a critical determinant of mental health and mental illness, and there are clear patterns of mental illness for different genders;

4.3 **Pregnancy and maternity:** Pregnant women and women who have recently given birth are at an increased risk of developing mental health problems;

4.4 **Sexual orientation and transgender:** LGBTQ people in the UK and transgender people in the UK are known to experience higher levels of mental health problems than in the general population;

4.5 **Ethnicity:** Different ethnic groups have different rates and experiences of mental health. In general in the UK, people from BAME groups are more likely to be diagnosed with mental health problems;

4.6 **Age:** There are also clear patterns of mental illness for people at different ages, although Dementia is primarily a condition that occurs in the older population;

4.7 **Disability:** Stigma and discrimination in relation to mental health is a key issue that has been particularly highlighted in recent years, especially the interplay between physical and mental health.

5. **OTHER STATUTORY IMPLICATIONS**

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),

- Risk Management,
- Crime Reduction,
- Safeguarding.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- Mental Health Strategy 2019-2024 (Appendix 1)

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:

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Appendix 1: Mental Health Strategy – Progress September 2021

Theme One : To raise awareness and understanding of the importance of good mental health and wellbeing		
What do we want to achieve?	What we will do?	Progress
Tower Hamlets is a safe and welcoming place when it comes to mental health	<ul style="list-style-type: none"> ○ A Campaign to tackle stigma and raise awareness, working with those with experience of mental health problems to do this ○ Increase mental health and wellbeing literacy across the borough including interventions to improve understanding of the impact stigma and discrimination have on the lives of people with mental health problems. ○ Provide training and development for all front-line staff to be able to identify symptoms and signpost or make appropriate referral to further support. 	<ul style="list-style-type: none"> ○ Time to Talk Day 2020 (6 February): communications about mental health awareness and stigma, including the launch of LBTH Mental Health First Aiders Network ○ PHE Psychological First Aid training promoted to frontline staff working across the covid response in statutory and voluntary/community sector organisations to build capacity for appropriate and supportive signposting and referral for people in distress. ○ Suicide prevention training, mental health awareness training, guidance and triage and signposting criteria were developed for the LBTH Covid helpline staff (3030) – ensuring people received the right support and were signposted to the correct level of intervention when accessing the front door of the LBTH response ○ PHE Better Mental Health grant activity (to be delivered 2021-2022): training about trauma-informed approaches including understanding of the impacts of trauma on people in Tower Hamlets, and ways to prevent re-traumatisation in the service environment, with a target of 2,000 staff trained by 2022 ○ TH Recovery College commissioned to deliver a suite of co-produced mental health training including specific courses on different MH conditions. ○ Joint commissioned Mind Service - Connecting Communities, providing a programme of mental health

		<p>promotion to reduce stigma and discrimination, through workshops, fun days, arts events; adapting to continue virtual events through the pandemic.</p> <ul style="list-style-type: none"> ○ Involvement in numerous local and national campaigns including ensuring ongoing mental health awareness. ○ CEPN delivering 'free' MH First Aid training at regular intervals throughout the year and it is open to all health, social and voluntary sector organisations.
<p>People to have a good understanding of what mental health is and how to promote it</p>	<ul style="list-style-type: none"> ○ Provide information to staff and residents on mental health and self-care. ○ Target information to the groups that are at a greater risk of developing mental health problems. ○ Participate in the 'Thrive London' programme to improve the health and wellbeing of all Londoners. Promote the Good Thinking online digital platform, which provides a range of resources to support better mental health. 	<ul style="list-style-type: none"> ○ Information about mental health and self-care shared with staff and residents via online platforms such as staff intranet, newsletters, social media (e.g. in alignment with national awareness days Mental Health Awareness Week, World Suicide Prevention Day, World Mental Health Day) as well as: <ul style="list-style-type: none"> ○ Promoted NHS traumatic stress prevention tools (1stContact.net) for all frontline staff (incl. voluntary/community sector) ○ Provided self-care guidance using WHO mental health in emergencies framework to all frontline staff working the covid response (statutory and non-statutory) ○ Promoted PHE Psychological First Aid training and Thrive London resources to community groups and organisations ○ Promoted the Good Thinking online platform as part of the signposting options for residents/staff experiencing mild to moderate distress ○ PHE Better Mental Health grant activity (to be delivered 2021-2022): Development and delivery of communications and engagement activities, including wellbeing volunteers (e.g. champions) aiming to

		<p>increase uptake of 5 ways to wellbeing, Good Thinking, Thrive resources; with engagement with groups that have higher risk of developing mental health problems and experience barriers to general mental health promotion activities (Bangladeshi, Somali communities; Carers; Faith Groups)</p> <ul style="list-style-type: none"> ○ Pamphlet developed to outline full list of local MH services and contact details alongside national support contact details such as Good Thinking, and shared with health and social care providers. This was available across websites, included in local publications 'Our East End', added to 'shielding info' packs etc. ○ Tower Hamlets Talking Therapies Service (THTT) developed a range of psychoeducation webinars and groups to support local residents to better understand mental health and wellbeing, make improvements, and reduce stigma through better awareness.
<p>Local employers to understand and be committed to promoting the mental health and wellbeing of their workforce</p>	<ul style="list-style-type: none"> ○ Improve access to employment for people living with mental ill health. ○ Embed mental health in all organisational policies and procedures. ○ Support local employers to engage with evidence based supported employment programmes such as Individual Placement and Support (IPS) and Access to Work to enable more people with mental health issues to join the workforce. 	<ul style="list-style-type: none"> ○ New IPS contract commenced in April 2020, designed to support improved access to employment for people living with mental ill health. This new service includes dedicated workers embedded within clinical teams supporting people with a range of presentations through individualised support. As the pandemic has had a significant impact on employment, they have adapted their offer to presenting needs. ○ PHE Better Mental Health grant activity (to be delivered 2021-2022): learning and development opportunities for small businesses on workplace wellbeing and mental health with support from LBTH Growth and Economic Development and Trading Standards teams, with a target to engage with 2,000 line managers and owners by July 2022

<p>Address wider determinants of mental health – deprivation, employment, environment, housing, crime, cohesion, loneliness and education</p>	<ul style="list-style-type: none"> ○ Work with colleagues across the Council to influence strategies, strategic boards and work programmes linked to wider social determinants – ensuring specific consideration is given to both population wellbeing and people with a mental health condition. This will involve; ○ Improving air quality in recognition that research has specifically linked poor air quality and mental health diagnosis ○ Improve the cleanliness and look of the borough, particularly on and around high-density housing estates ○ Improve the biodiversity of the borough in recognition of the link between green space and wellbeing. ○ Make better use of our open spaces by providing community activities, outdoor gyms and community growing projects to foster community cohesion and improve health and wellbeing ○ Review street lighting coverage to improve people’s sense of safety, enabling people to get out and about more ○ Encourage landlords to sign-up to our licensing scheme, improving wellbeing and security in private rented tenancies ○ Further embed Social Prescribing in Primary Care and Community ○ Navigators in Idea Store’s to signpost people into community services 	<ul style="list-style-type: none"> ○ Community Navigators embedded as the first point of contact for wider determinants support, including social support regarding social isolation and loneliness. A remote offer accessible online or by phone was in place throughout the pandemic; promoted through local networks to ensure all services (statutory and non-statutory) were aware of this provision. ○ Mental Health Awareness Week 2021 theme was Nature, internal and external comms focused on increasing uptake of open spaces in Tower Hamlets including parks, community activities, outdoor gyms, community growing projects ○ PHE Better Mental Health grant activity (to be delivered 2021-2022): <ul style="list-style-type: none"> • Pilot projects for developing and delivering trauma-informed approaches in local services that address determinants of mental health, including training, co-production, quality improvement (pilot sites will be employment and skills services, hostels, and midwife service) • Training audiences also include benefits/advice services, housing, anti-social behaviour officers and other services which address determinants of mental health
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Theme Two : To ensure early help is available particularly in times of crisis		
What do we want to achieve?	What we will do?	Progress
Individuals and communities are enabled to help themselves, help each other and know when and where to access support	<ul style="list-style-type: none"> Offer Mental Health First Aid training to staff across the partnership so staff are able to identify and respond to the first signs of mental ill health. We will ensure all front line housing staff receive training in this and suicide prevention 	<ul style="list-style-type: none"> CEPN delivering 'free' MH First Aid training at regular intervals throughout the year and it is open to all health, social and voluntary sector organisations. Priority given to housing Providers in first tranche.
Mental health-related information and advice is easily available, including but not only online	<ul style="list-style-type: none"> Provide improved advice on mental health, and give people more chances to interact with health and care services digitally. Target information and advice at groups we know are at an increased risk of poorer mental health 	<ul style="list-style-type: none"> All mental-health information covering a range of aspects (services, MH promotional materials, training and support offers) was available online through the council website, and could be accessed over the phone with support from Community Navigators, as well as Social Prescribers and Care Navigators. An evidence review was conducted and the findings disseminated to the voluntary and community sector to support services, groups and community leaders to target mental health information and advice at those with the most increased risk of poor mental health. Mental health-related information, advice and support / onward referral made available digitally in most services across the borough in response to covid. These services will maintain a hybrid choice based offer in the future: <ul style="list-style-type: none"> Mind Connecting Communities GPs / Social prescribers THTT Community neighbourhood team and community connectors Various outpatient diagnostic and treatment services.

		<ul style="list-style-type: none"> ○ THTT and Connecting Communities offer a range of digital therapy and support / network community groups. ○ During 20/21, all adult GP registered residents sent an SMS to raise awareness of THTT and self-referral options for common mental health disorders.
<p>People experiencing crisis have 24/7 access to the mental health support they need, with round the clock advice and support and treatment available in accessible settings</p>	<ul style="list-style-type: none"> ○ Provide a single point of access, 24-hour crisis response in a non-hospital setting ○ Work to increase the availability of intensive home treatment, particularly out of current operational hours ○ Enhance the pathway for residents in mental health crisis <ul style="list-style-type: none"> ○ Continue to ensure people are able to access a timely dementia diagnosis and early help, extending provision of crisis and community support 	<ul style="list-style-type: none"> ○ The CCG commissioned a 24/7 crisis line in 2019 which has been expanded to provide a second phone line / MH professional call handler to support the ongoing increasing demand. ○ A 24/7 Community Crisis Response Service was launched in July 2021 to support and assess people in crisis in the community at their home / place of their choice. ○ In July 2020, the together café - a community based space for adults who are struggling with a developing mental health crisis was launched. The café is open for service users to drop-in, with no referral process necessary. Service users are supported by one-to-one sessions as well as access to other activities. The service is open on evenings and weekends. ○ Mind – Connecting Communities service has worked to link a range of organisations to create a network of 'safe spaces' where members of the community who are struggling with their mental and emotional health will be welcomed and safe from stigma and discrimination. ○ The pandemic has significantly affected dementia diagnosis services nationally as vulnerable patients were shielding and diagnostic services closed for a period. Locally we have committed additional investment / resource to support return to contractual / national waiting time standards. Recovery of diagnosis services is a key priority for 21-22.

		<ul style="list-style-type: none"> ○ Redesigned Alzheimer’s Society Dementia service – which consists of two main elements: <ul style="list-style-type: none"> ○ Community based one to one support for people with dementia and/or their carers to lead fulfilling lives, reducing isolation and loneliness by identifying their own personal talents, strengths, and capabilities, and what they can bring to their peers and the wider community. ○ Dementia Friendly Community Network Development: This role will build upon the established local dementia cafes and singing for the brain group to support the development and delivery of more groups as identified through co-production. This role will work with the wider community including volunteers to develop and invigorate a range of community group opportunities.
Continue to deliver on actions to prevent suicide	<ul style="list-style-type: none"> ○ Continue to carry out the Suicide Prevention Plan, overseen by the Suicide Prevention Steering group. Actions include a commitment to offer suicide prevention training to more staff and residents 	<ul style="list-style-type: none"> ○ Public Health has coordinated the multi-agency suicide prevention steering group who meet quarterly to discuss and influence actions in relation to the suicide prevention strategy. ○ The multi-agency suicide prevention strategy for Tower Hamlets is currently being refreshed with support from steering group members, in the context of newly available Public Health England guidance and new real-time surveillance data, as well as new cross-directorate ways of working in the Council. ○ Suicide prevention training continues to be offered at regular intervals throughout the year and it is open to all health, social and voluntary sector organisations.
People have access to high quality, NICE-compliant early intervention	<ul style="list-style-type: none"> ○ Expand the provision of perinatal services for new and expectant mothers from pre-conception up to 24 months post-birth 	<ul style="list-style-type: none"> ○ Perinatal services expanded in 2020 to provide perinatal services for new and expectant mothers from pre-conception up to 24 months post-birth. Further

services including those for expectant and new mothers		<p>expansion scheduled during 21-22 and 22- 23.</p> <ul style="list-style-type: none"> ○ Maternal Mental Health Service to launch in October 2021. Service offering combined maternity, reproductive health and psychological therapy for women experiencing moderate-severe/complex mental health difficulties directly arising from, or related to, the maternity experience.
More people access NICE compliant psychological and talking therapies particular those from BME groups who have been under represented, and those with longer term physical health conditions	<ul style="list-style-type: none"> ○ Review talking therapies pathways across all providers of talking therapy services to inform future commissioning ○ Consider access to talking therapies for older people and people from BAME communities 	<ul style="list-style-type: none"> ○ Review planned for 2021/22 to assess needs of psychological therapy / talking the services to align with the national community mental health transformation programme. ○ THTT has undertaken patient surveys and engagement events with our population over the last year to identify health inequalities for local ethnic communities – i.e. to understand drivers for lower access rates, lower recovery rates, higher dropout rates and lower levels of satisfaction with service. In response, they have worked with communities to develop culturally sensitive materials, and provided culturally sensitive training for their staff. This remains a priority area of focus for 21-22. ○ THTT has made links with local residential care homes to widen access but older people are still under-represented compared to the demographic data and further focussed work with THTT, and LBTH commissioning is underway.
The family, friends and loved ones of people with mental health problems are supported	<ul style="list-style-type: none"> ○ Continue to proactively identify carers and continue to provide services to support them 	<ul style="list-style-type: none"> ○ Carers Centre commissioned to be the one stop service. It provides a wide range of carer related information and advice including, undertakes carer's assessments to identify support needs, welfare benefit advice, advocacy, and practical support to enable carers to continue in their caring role. ○ Connecting communities: provided by MIND in Tower

		<p>Hamlets and Newham offers support and activities to residents affected by mental ill health, including a carers support group.</p> <ul style="list-style-type: none"> ○ The Recovery College offers training courses for residents in the borough including courses around mindfulness, mental health stigma and carers caring for themselves. ○ Care coordinators consider carers support needs as part of their standard assessment process, as required or requested, care coordinators can undertake carer's assessments to create their own support plan
<p>The barriers to the most vulnerable at risk groups accessing support— e.g. homeless and rough sleeping, people identifying as LGBTQ - are addressed</p>	<ul style="list-style-type: none"> ○ Develop integrated mental and physical health services for rough sleepers and those who are homeless as well as expanding access to specialist homeless mental health support for rough sleepers. ○ Carry out more analysis on the experience of the most vulnerable at risk groups 	<ul style="list-style-type: none"> ○ Expanded RAMHP service, provided by ELFT, operating across East London Boroughs, to providing an equitable mental and physical health offer for our homeless and hostel population. The model is a nurse led model, incorporating, Psychology, OT and Peer Support expertise. The team targets inequalities for the Rough Sleeping population by having a low threshold for referrals. Referrals are based on suspected a mental health or psychological problem and being a recognised Rough Sleeping. ○ Parents and Careers Race Equality Framework Project. An ELFT Service User Led Project designed to advance equalities in East London. A practical tool to understand the areas in need of improvement within mental health care. With particular attention being paid to BAME communities facing inequalities. Seeking feedback from all communities across East London - i.e. City & Hackney, Tower Hamlets and Newham on experience of mental health services.

Theme Three : Theme Three: To ensure the provision of high quality mental health care and treatment		
What do we want to achieve?	What we will do?	Progress
<p>People to be able to access mental health care and support in a timely manner when they most need it</p>	<ul style="list-style-type: none"> ○ Work to ensure waiting times for mental health services are minimised, publishing waiting times for key services as part of our commitment. ○ Ensure advocacy services are available so that people with a serious mental health issue who use our services know what choices are available to them locally, what they are entitled to and who to contact when they need support ○ Ensure that service users are supported to report abuse and neglect and are able to take part in the safeguarding process in the way they want ○ Review our referral and diagnostic pathway for people with Autism Spectrum Disorder who are not eligible for mental health services, expanding access to those with a prior diagnosis in need of support ○ Offer Mental Health First Aid training to staff across the partnership so staff are able to identify and respond to the first signs of mental ill health. ○ We will ensure all front line housing staff receive training in this and suicide prevention 	<ul style="list-style-type: none"> ○ Ongoing work with all providers to review waiting times in light of the pandemic with additional investment / resource for those services most significantly affected, with return to waiting time compliance plans in place. Three services with significant challenged waiting times: <ul style="list-style-type: none"> - Dementia Diagnosis - Psychological Therapies (secondary care) - Autism Diagnosis ○ Advocacy service provided by Mind, with steady referrals and regular contact with ward staff. 100% of CTO clients informed of their right to advocacy. Robust plan in place to continue to promote advocacy awareness via ward and community meetings. Advocacy awareness training provided for all new ELFT ward staff. ○ CCG/ LBTH commissioned adult diagnostic and intervention service expanded to incorporate an increased offer of support for those with an existing diagnosis who need additional support. Further work underway during 21/22 to explore opportunities to co-produce an "autism hub" with an expanded offer of peer support. ○ LBTH has a Mental Health First Aiders Network coordinated by LOCD. The network has 52 members. The last batch of MHFA qualified in January and since then they have had 12-recorded interventions and a number of drop in sessions. ○ All Crisis Service staff trained in suicide prevention. All Housing staff offered access to programme as part of standard rollout

<p>Better and improved access to community based mental health support</p>	<ul style="list-style-type: none"> ○ Review the existing model for day provision and information and advice community services to increase personalisation and the integration of health and social care ○ Review our resettlement and rehabilitation team pathways to ensure our supported housing, residential and nursing care providers for people with mental health problems - including dementia – have access to specialist support. 	<ul style="list-style-type: none"> ○ New model in place delivered by Mind, ELFT, Working Well Trust and Hestia. Four inter-related services within the overall wellbeing and recovery umbrella. This new model provides: <ul style="list-style-type: none"> ○ A public facing multi-media specialist directory of resources ○ A phone and face-to-face navigation for 200 people per quarter ○ Café space that challenges stigma and social isolation through co-producing and co-delivering 40 activities a week with community partners and service users ○ 120 hours of person-centred 1:1 support ○ Recovery college which delivers 20 courses per term to over 600 students ○ 75 places with specialist mental health supported employment. 135 people per year supported to retain employment ○ Following a review of our supported housing provision, we have put in place an accommodation strategy team to improve the specialist support available locally. The team also provide a recovery focused, time limited service aimed at reducing social isolation, social exclusion and stigma, promoting and enabling the independence of people with mental health support needs, their integration into their local community and improvement in their quality of life. The team provide oversight and delivery of an ambitious move-on pathway for service users. ○ High quality trauma informed care embedded in THTT
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	<ul style="list-style-type: none"> ○ Develop trauma informed care, particularly for those who have witnessed or experienced violence, abuse and/or severe neglect either in childhood or adulthood ○ Ensure service navigators are available to people with complex needs and advocate for them to have peer experience and be skilled in negotiating the access barriers experienced by minority group 	<p>with both NICE recommended treatments for PTSD being offered</p> <ul style="list-style-type: none"> • Trauma Focussed Cognitive Behavioural Therapy (TFCBT) • Eye Movement Desensitisation Reprocessing (EMDR) <ul style="list-style-type: none"> ○ New Community Connector roles embedded within primary care networks along with peer support workers as part of community mental health transformation programme. Roles focused on improving access for marginalised groups.
People to have access to good quality inpatient services when they need them	<ul style="list-style-type: none"> ○ Work across East London with our partners to consider the current patient footprint, identifying any options for the future design of services that optimise safety and outcomes for service users ○ Review the current in-patient services for older adults with continuing health care needs related to dementia so that, where appropriate, we reduce the length of a hospital stay through adequate and appropriate community services and care homes that are able to meet the needs of people with dementia 	<ul style="list-style-type: none"> ○ Programme paused during pandemic ○ Review underway following the covid relocation of older adults dementia assessment ward to East Ham Care Centre. Review expected by December 2021.
Support to be personalised and recovery orientated, with people having greater access to peer support and employment	<ul style="list-style-type: none"> ○ Expand the provision of peer support in all of our statutory and voluntary sector services ○ More firmly embed peer support for people with Autism Spectrum Disorder who are not eligible for mental health services ○ Expand access to support for people with mental health issues to access and sustain employment with specific consideration given to under-represented groups (e.g. those known to the 	<ul style="list-style-type: none"> ○ Significant expansion in peer support workers embedded in local services in 20-21 through the locally commissioned Recovery and Wellbeing Services and the Community MH Transformation Programme. ○ CCG/ LBTH commissioned adult diagnostic and intervention service expanded to incorporate an increased offer of support for those with an existing diagnosis who need additional support. Further work underway during 21/22 to explore opportunities to co-

	criminal justice system)	<p>produce an “autism hub” with an expanded offer of peer support.</p> <ul style="list-style-type: none"> ○ New IPS contract commenced in April 2020, designed to support improved access to employment for people living with mental ill health. This new service includes dedicated workers embedded within clinical teams supporting people with a range of presentations through individualised support. As the pandemic has had a significant impact on employment, they have adapted their offer to presenting needs.
<p>People to experience more holistic treatment of their mental and physical health and more people with mental health problems to have good physical health</p>	<ul style="list-style-type: none"> ○ Develop new integrated models of primary and community care, increasing access to a greater number of people with mental health issues to ensure people’s holistic needs are met in one place ○ Increase the number of people with serious mental illness who access enhanced physical health checks; ensuring we target initiatives to promote physical health to those in most need 	<ul style="list-style-type: none"> ○ Well advanced Community Mental Health Transformation Programme in place, expanding integrated primary and secondary care for adults and older adults with serious mental illness. Embedded mental health practitioner roles in Primary Care Networks to meet the needs of people living with severe mental illnesses in primary care and expanding access to peer and non-clinical support. Despite the challenges of the pandemic, these services continue to support people into employment (including new key worker roles) and offer job retention support for those struggling in their existing role. ○ Physical health check rates are below target but above the London average. Rates have been impacted by the lack of capacity in primary care due to the vaccine roll out. HCAs are being employed to work across the secondary care primary care interface and are a key focus for 21-22
<p>More young people transitioning from Child and Adolescent Mental Health Services</p>	<ul style="list-style-type: none"> ○ Improve and expand the transition pathway for children and young people into adult mental health services ○ Improve and expand access to support for young 	<ul style="list-style-type: none"> ○ Priority area for 21-22 as part of the community mental health transformation programme

into adulthood to have a positive experience of services	people who do not go on to access adult secondary mental health services	
Mental health care and support to be co-designed and delivered by the people who use them	<ul style="list-style-type: none"> ○ Work with partners and our voluntary sector groups to embed coproduction in the design and delivery of our services. ○ Plan, carry out and monitor this strategy with people who have experience of mental health problems 	<ul style="list-style-type: none"> ○ Co-production embedded within all service design, procurement evaluations and delivery. Expansion of peer support an integral part of all transformation programmes. Significant progress for example in: <ul style="list-style-type: none"> ○ Community mental health teams ○ Autism diagnostic and intervention service ○ Community Dementia service ○ Wellbeing and recovery services ○ Perinatal service ○ Crisis cafes. ○ Whilst co-production is systematically embedded within all elements of service design and delivery, work to formalise the governance and oversight of strategy delivery was paused during the last 18 months.
Improved support for people with a dual diagnosis of substance misuse and mental health problem	<ul style="list-style-type: none"> ○ Work with the Drug and Alcohol Action Team, to consider the design of future support for people with a dual diagnosis including a serious mental illness and a substance misuse and/or alcohol problem 	<ul style="list-style-type: none"> ○ Joint working protocol agreed with ELFT/ Reset ○ Enhanced PIE Psychological in reach support commissioned from Bethnal Green CMHT for hostels. ○ Recovery drop-in sessions in place for all supported living schemes in the borough. ○ Priority area for 21-22 as part of the community mental health transformation programme

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>Tuesday 21 September 2021</p>	
<p>Report of: Denise Radley, Corporate Director Health, Adults and Community</p>	<p>Classification: Unrestricted</p>
<p>Better Care Fund 2021-22 update</p>	

<p>Originating Officer(s)</p>	<p>Suki Kaur Deputy Director of Partnership Development</p> <p>Phil Carr Strategy and Policy Manager</p>
<p>Wards affected</p>	<p>All wards</p>

Executive Summary

The Better Care Fund (BCF) is aimed at bringing together health and social care organisations to plan, fund and commission integrated services.

As the Health and Wellbeing Board provides approval for local Better Care Fund plans this presentation seeks to provide a timely update of recent actions including providing an overview of the considerations and outcome of our internal BCF review, updating on proposed and future changes to the BCF (including areas for future integration) as well as providing an update on changes expected at a national level and anticipated assurance dates for Better Care Fund plan sign-off for 2021-22.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the report and provide feedback on proposed areas of integration from 2022-23.
2. Consider how future Better Care Fund updates come to the HWBB

1. REASONS FOR THE DECISIONS

- 1.1 The Health and Wellbeing Board provides approval for local Better Care Fund plans. While national reporting on the programme was paused during the coronavirus pandemic it is felt that now is an opportune time to update the Board on the current and planned developments of the Better Care Fund.

2. ALTERNATIVE OPTIONS

- 2.1 N/a

3. DETAILS OF THE REPORT

- The Better Care Fund (BCF) is aimed at bringing together health and social care organisations to plan, fund and commission integrated services.
- The BCF was introduced in 2016-17 for implementation and has effectively been rolled over year on year while we await the outcome of a national review of the programme
- The BCF was rolled forward into the last financial year (2020/21), with national guidance for 2021-22 expected in mid-September 2021.
- Locally schemes are in place to address the 4 national standards of the Fund. The four standards are:
 - ❖ Delayed Transfers of Care (DTC) (reporting paused during pandemic)
 - ❖ Non-Elective Admissions (NEA),
 - ❖ Proportion of older people (65+) who were still at home 91 days after discharge from hospital into Reablement/rehabilitation services and
 - ❖ Permanent admissions to residential and nursing care homes (65+) per 100,000 population.
- Funds contributed to the BCF by CCGs are repurposed from existing revenue.
- The BCF grant to Local Authorities is the only external funding associated with the BCF.
- If the BCF was no longer in place, CCGs and Local Authorities will have to use other mechanisms to integrate funds and pull services together.
- Currently budgets are aligned within the BCF i.e. CCG and LBTH manage their own schemes and budgets. Service areas have been identified for further pooling or aligning budgets.

- Changes to scheme areas were discussed when the Joint Commissioning Executive was in place. The intention is to now transfer this responsibility to the THT Board
- Generally, as the Fund sits within Integrated Commissioning team there is visibility of the range of budgets across the system, and a recognition that these are the areas where resources need to combine in order to deliver our collective priorities.

4. EQUALITIES IMPLICATIONS

- 4.1 The Better Care Fund is focussed on integrating health and social care services to better support people with a diverse range of illnesses and conditions. These include people with mental health problems, people at risk of being admitted to hospital and people being discharged from hospital with appropriate support. It also funds Reablement which supports people to learn or relearn skills necessary for daily living following ill-health or disability; the adaptation of the domestic accommodation of people with disabilities to enable them to live at home, and the training of staff in the use of assistive technology.
- 4.2 As the Better Care Fund is used to fund a number of schemes across health and social care, equalities issues are picked up within each of these individual schemes.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- NONE

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:

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Better Care Fund Health and Wellbeing Board update

21st September 2021

**TOWER HAMLETS
TOGETHER**

*Delivering better health
through partnership*

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Better Care Fund

Health and Wellbeing Board update



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- Overview of Better Care Fund – general context
- Tower Hamlets Better Care fund - overview
- Review of the Better Care Fund and links to Tower Hamlets Together
- Opportunities for further aligned or pooled budgets
- Next steps

Better Care Fund overview



- The Better Care Fund (BCF) is aimed at bringing together health and social care organisations to plan, fund and commission integrated services.
- Our first BCF Plan was developed in 2016-17 and has effectively been rolled over year on year while we await the outcome of a national review of the programme.
- Locally schemes are in place to address the four national standards of the fund:
 - **Delayed Transfers of Care (DTOC)** (*note that reporting paused during pandemic*)
 - **Non-Elective Admissions (NEA)**,
 - Proportion of older people (65+) who were still at home 91 days after discharge from hospital into **Reablement/rehabilitation** services and
 - Permanent **admissions to residential and nursing care homes** (65+) per 100,000 population.
- The Health and Wellbeing Board is responsible for approving BCF Plans but to date there continues to be a significant time delay in issuing guidance at a national level.
- Other than the iBCF (a grant paid to local authorities) the BCF is not additional money and is instead repurposed from existing revenue.
- How this money is allocated as well as risk and gain share agreements are reviewed annually and form the basis of the Section 75 agreement between the local authority and CCG.

Understanding the Better Care Fund

The main aim of the Fund is to drive the transformation of local services to ensure people receive better and more integrated care and support. This transformation is driven by requiring local health bodies and local authorities in each Health and Wellbeing Board to pool funding.

CCG Contribution
 NHS England states the minimum CCG contribution to the BCF pooled fund, based on a relative needs formula.
 CCGs contribute ~ 65% of the fund.
 £35.6M across CCG in 2020/21

Local Authority Contribution
 NHS England states the minimum LA contribution to the Fund.
 LA contributes ~45% of the fund (including iBCF grant and DFG).
 £19.5M across LBTH in 2020/21

Improved BCF (iBCF)
 Is paid as a direct grant to Local Authorities to be used in the local BCF pool. Intend to be spent on:

- Meeting adult social care needs
- Reducing pressures on NHS
- Ensuring local social care provider market is supported

Better Care Fund (aligned)
 £55.2M across Tower Hamlets in 2020/21

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Tower Hamlets Better Care Fund 2020/21



- In Tower Hamlets we rolled over our 2016-2019 BCF plan into 2019-20 and 2020-21. This was based on national advice at the time as we await the outcome of the national review
- The BCF is received by the CCG and amounted to £21.9m in 2020-21. This was an increase of 5.5% from that received in 2019-20.
- The Disabled Facilities Grant (£2.3m), Improved Better Care Fund and Winter Pressures Grant (£16.3m) are received by the Council. The Winter Pressures Grant was merged with the iBCF in 2020/21
- Both the CCG Council make additional contributions to the pooled fund as of £13.7m and £0.8m respectively.
- This provides a total pooled fund of £55.3m in 2020-21.

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2020/21 Plan	£m
Minimum CCG Contribution	21.9
Additional CCG Contribution	13.7
CCG Total	35.6
iBCF & Winter Pressures	16.3
DFG	2.3
Additional LA Contribution	0.8
LA Total	19.5
BCF Total	55.2

Tower Hamlets Better Care Fund 2020/21



- We anticipate planning requirements to be released imminently with final plans submitted to the national team in November/December 2021.
- In advance of this (due to the delays) we have agreed with the CCG minimum increased by 5.3% and made several changes to the S75 in 2021-22. Most notably we have -
 - Reviewed the schemes currently listed in our Section 75 and added additional schemes where relevant to ensure link to the Better Care Fund priorities and operational spend
 - Established a 'Locality Development Fund' which is contributed to by both the CCG and Council. The primary purpose of the fund is to support the integration of services at a Locality level taking a population health approach e.g. integrating Primary Care Networks with Tower Hamlets Together, for supporting integration between primary care, voluntary sector, social care, health, housing etc, support the development of multidisciplinary team working, digital integration etc

Tower Hamlets Together Plan and the BCF



- As part of our review of the Better Care Fund we matched the current schemes of the BCF to the THT aims, priorities and ‘building blocks’:
 - **Care Close to Home** - maintaining people’s independence in the community
 - **Hospital to Home** - reducing the time people need to stay in hospital
 - **Building the resilience and wellbeing of our communities**
- Schemes are sub-divided into groups under each of the building blocks, for example: **early help community support services; services to support hospital discharge; community equipment; community health and social care services; carers support services**. This will support pathway planning and inform risk and gain share agreements
- Within this framework, the BCF funds core frontline services as well as commissioned provision

(1) Future pooling & aligning options

- The goal of pooling (and alignment) is to improve outcomes, improve people's experience of using services, and achieve greater system efficiency

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The THT Plan 'building blocks' and THT outcomes framework are seen as a key driver for adding new contracts, schemes and services to the Better Care Fund

- Pooled and aligned services (both in and out of the BCF) will also form a key component of the relationship between 'Borough Based partnerships' and Integrated Care Systems (ICS)

(2) Future pooling & aligning options



- A review was undertaken pre-Covid to look at which service areas would be suited for pooling (or aligning). As part of this review we looked at -
 - Information Advice and Guidance
 - Community Health services
 - Mental Health and Learning Disability services
 - Children's services
 - Public Health Grant funded services
 - Community Equipment
- Adding additional schemes to the BCF is currently a consideration for the 2022-23 Better Care Fund programme.

Better Care Fund

Next Steps



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- Continue to review BCF spend against THT priorities and THT outcomes framework
- Take forward use of the locality development fund
- Await national planning guidance and submit plans – with HWBB approval
- Continue discussions on options for further alignment and pooling of budgets

Non-Executive Report of the: Health & Wellbeing Board Tuesday 21 September 2021	
Report of: Denise Radley, Corporate Director Health, Adults and Community	Classification: Unrestricted
2021 Tower Hamlets Health and Wellbeing Strategy	

Lead Member	Councillor Rachel Blake (Cabinet Member for Adults Health and Wellbeing)
Originating Officer(s)	Somen Banerjee (Director of Public Health)
Wards affected	All
Strategic Plan Priority / Outcome	<p>Priority 1: People are aspirational, independent and have equal access to opportunities.</p> <p>Outcome 3: People access joined-up services when they need them and feel healthier and more independent.</p>

Executive Summary

This report presents the refreshed 2021 Tower Hamlets Joint Health and Wellbeing Strategy for agreement.

The primary aim of joint health and wellbeing strategies are to explain what priorities the Health and Wellbeing Board has set in order to tackle the needs of their local population, setting a small number of key strategic priorities for action that will make a real impact on people’s lives¹.

This refreshed strategy for Tower Hamlets has been developed through a period of unprecedented challenge. The Covid-19 pandemic has had significant impacts on health, wellbeing and the wider determinants of health. The refreshed strategy recognises both the long-standing health needs and inequalities in Tower Hamlets, and the emerging longer-term impacts of the pandemic.

Above all, this strategy has been driven by what local people have told us is important to them. A detailed programme of engagement and consultation with residents and local organisations spanning from winter 2019 to spring 2021 has been carried out. The findings have driven the principles and ambitions of the strategy and therefore the work of the Health and Wellbeing Board going forward.

¹ [Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies](#) (2013)

The strategy sets out six system-wide principles for improvement, and five ambitions for a 'healthy borough'. This high-level framework is intended to set the overall strategic direction of the health and wellbeing partnership in Tower Hamlets going forward. Once agreed, the six principles will be used as a basis to agree a set of outcomes and targets for which the Health and Wellbeing Board will be accountable. The actions required to meet the five ambitions will be articulated in the existing strategies and plans that sit underneath the umbrella Health and Wellbeing Strategy, including the Tower Hamlets Together plan and the Mental Health Strategy. Work will be carried out to map actions against existing strategies and address any gaps.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Comment on and agree the 2021 Joint Health and Wellbeing Strategy
2. Note that the strategy is due for final agreement at 21 September 2021 Health and Wellbeing Board.

1. REASONS FOR THE DECISIONS

- 1.1 Under the Health and Social Care Act 2012, Health and Wellbeing Boards have a statutory duty to develop a Joint Health and Wellbeing Strategy. It requires the Local Authority and Clinical Commissioning Group to work together to understand the health and wellbeing needs of their local community and agree joint priorities for addressing these needs to improve health and wellbeing outcomes and reduce inequalities.

2. ALTERNATIVE OPTIONS

- 2.1 The existing 2017-20 Health and Wellbeing Strategy could be extended. This is not recommended as it does not reflect the insights gained from residents and stakeholders over the last 18 months, and it does not take into account the medium and longer-term impacts of the Covid-19 pandemic on health and wellbeing.
- 2.2 The strategy and the proposed approach to delivering the strategy can be refined in line with feedback.

3. DETAILS OF THE REPORT

3.1 Background

3.1.1 The 2017-20 Health and Wellbeing Strategy

The last Health and Wellbeing Strategy was made up of five priorities:

- Communities driving change – changes led by and involving communities
- Creating a healthier place – changes to our physical environment
- Employment and health – changes helping people with poor working conditions or who are unemployed
- Children’s weight or nutrition – changes helping children to have a healthy weight, encouraging healthy eating and promoting physical activity
- Developing an integrated system – changes which will join-up services so they are easier to understand and access.

Achievements and progress against these priorities were set out in a 17 September 2019 Health and Wellbeing Board report, available to view [here](#). In addition to these priorities, a core focus of the Health and Wellbeing Board over the last 18 months has of course been the response to the Covid-19 pandemic – focusing on both the direct response to Covid-19 and the response to the wider, indirect health and wellbeing impacts of the pandemic.

3.1.2 Method of developing the new 2021 Health and Wellbeing Strategy

The framework for developing the new 2021 Health and Wellbeing Strategy was based on the following key stages:

- Discover: This stage focused on carrying out baseline analysis, analysing data and insights in our Joint Strategic Needs Assessments, existing resident and stakeholder feedback and identifying interdependent strategies.

- Engage: This stage focused on resident and stakeholder conversations, getting insight on what people think, feel and experience in relation to health and wellbeing in Tower Hamlets and what action could be carried out to resolve issues.
- Imagine: This stage focused on analysing the results of engagement, identifying a set of principles and ambitions arising from this.
- Shape: This stage focused on carrying out consultation with residents and with stakeholders on the proposed principles and ambitions of the strategy, asking respondents what they, their neighbourhoods and the Board can do in relation to these.
- Practical solutions: This stage focuses on producing the final strategy, using the insights and learning from previous stages.

The final stage – sustain – involves the delivery and monitoring of the strategy.

3.1.3 Consultation and engagement

A vast and detailed programme of consultation and engagement has taken place to inform and shape the strategy. This programme of work started in winter 2019, pre-dating the Covid-19 pandemic. It included a ‘resident conversation’ led by Healthwatch Tower Hamlets with 240 residents, and a vast range of conversations with stakeholders ranging from Safeguarding Adults Board to the Learning Disability Partnership Board. This engagement focused on the [Tower Hamlets Together Outcome Framework](#) to facilitate insights on what priorities the Health and Wellbeing Board should address through its strategy. Work continued at the start of the pandemic - including a survey carried out by Healthwatch Tower Hamlets with over 350 residents – then paused until the end of 2020.

The findings of engagement were then used to shape a set of principles and ambitions, which were subject to consultation between April and July 2021. 144 responses to the online consultation were received, and a number of follow-up conversations were had with key stakeholders.

More detail on the engagement and consultation activity carried out and the main messages arising from this are detailed in Appendix II.

3.2 The 2021 Joint Health and Wellbeing Strategy

- 3.2.1 The new, proposed 2021 Joint Health and Wellbeing Strategy is set out in Appendix I. The strategy acts as a high-level document explaining the priorities the Health and Wellbeing Board has set in order to tackle the needs of the Tower Hamlets population, as understood through our needs analysis and programme of engagement and consultation.
- 3.2.2 These priorities are articulated as six system-wide principles for improvement, and five ambitions for a ‘healthy borough’ – forming a basis for actions that will make a real impact on people’s lives.
- 3.2.3 The six system-wide principles for improvement are:

- i. Better targeting
 - ii. Stronger networks
 - iii. Equalities and anti racism in all we do
 - iv. Better communications
 - v. Community first in all we do
 - vi. Making the best use of what we have
- 3.2.4 The five ambitions for a healthy borough are:
- i. Everyone can access safe, social spaces near their home to live healthy lives as a community.
 - ii. Children and families are healthy happy and confident.
 - iii. Young adults have the opportunities, connections and local support to live healthy lives.
 - iv. Middle aged people are supported to lived healthy lives and get support early if they need to it.
 - v. Anyone needing help knows where to get it and is supported to find the right help.
- 3.2.5 For each of the principles and ambitions, the strategy states a commitment for action by the Health and Wellbeing Board.
- 3.2.6 Overall, the refreshed strategy recognises both the long-standing health needs and inequalities in Tower Hamlets, and the emerging medium and longer-term impacts of the pandemic; and seeks to address these by ensuring the Health and Wellbeing Board are working towards the same, shared set of priorities. The strategy is deliberately high-level, acting as an umbrella strategy under which sits a suite of strategies and plans that turn the ambitions into concrete action.

3.3 Next steps

- 3.3.1 Following agreement of the strategy, two main next steps are proposed.
- 3.3.2 Firstly, the six system-wide principles in the strategy will be used as a basis to agree a set of outcomes and targets for which the Health and Wellbeing Board will be accountable. It is proposed that this be done via a workshop with Health and Wellbeing Board members before December 2021. The Board will agree their current position in relation to the commitments against each principle, where they want to get to and in what timeframe. The Board will then agree targets for each principle and will be accountable for progress against these.

For example: The Board will agree how well partner organisations currently record the protected characteristics of their staff and residents. They could agree to have fully comprehensive data on this with no gaps within three years. They could agree to monitor progress by focusing on this topic once per year.

- 3.3.3 Secondly, the five ambitions for a 'healthy borough' are intended to be delivered through the suite of existing strategies and plans that fall under the

umbrella Health and Wellbeing Strategy. As such, we will map both the ambitions and resident and stakeholder feedback against existing strategies and plans and will address any gaps. This includes but is not limited to:

- The Tower Hamlets Together plan
- The plans held by the Tower Hamlets Together workstreams (Born Well, Growing Well; Living Well; Promoting Independence)
- The 2019-24 Mental Health Strategy
- The Suicide Prevention Strategy (currently under development)
- The Children and Families Strategy 2019-24: Every Chance for Every Child
- The Black, Asian and Minority Ethnic Commission action plan on health recommendations.

3.3.4 When agreed, the progress against the principles in the strategy will be regularly monitored by the Health and Wellbeing Board. The strategy will be reviewed when needed, as the Board is committed to continually listening, learning from and responding to the experience of people in the borough.

4. EQUALITIES IMPLICATIONS

4.1 The strategy sets out core priorities relating to targeting resources where they are most needed and understanding health needs around protected characteristics.

5. OTHER STATUTORY IMPLICATIONS

5.2 There is a statutory requirement to have a Joint Health and Wellbeing Strategy arising from the 2012 Health and Social Care Act.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 There are currently no direct financial implications of the proposed Health and Wellbeing strategy 2021-25. As the plan progresses, financial implications of potential actions to address any issues identified, will need to be assessed and contained within approved budgets.

7. COMMENTS OF LEGAL SERVICES

7.1 There are no Legal Implications at this stage.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- Appendix I: 2021 Joint Health and Wellbeing Strategy – To follow

- Appendix II: Consultation and engagement on the Health and Wellbeing Strategy – To follow

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- NONE

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Tower Hamlets Health and Wellbeing Strategy

2021-2025

Principles and Ambitions

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Foreword

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”

The recognition of this right, set out in the World Health Organisation Constitution of 1946, is at the core of our work as the Tower Hamlets Health and Wellbeing Board.

We are acutely aware that this is not a right that is enjoyed equally by everyone in the borough and the impacts of the global Covid-19 pandemic have held up a mirror to this injustice.

The pandemic has required us to respond with urgency but there have always been urgent epidemics of health conditions to address in the borough such as mental ill health, heart disease, diabetes, cancers, and obesity.

As with Covid-19, we see inequalities in the levels and impacts of all these conditions on people in the borough linked to factors including income, housing, employment education, ethnicity, gender, sexual orientation, and disability.

We can only address the injustice of the health inequalities we see in Tower Hamlets by working together based on an understanding of the experience of people in the borough and by taking anti-racist actions.

Our commitment is to serve the people of Tower Hamlets by working in partnership to enable everyone in borough to enjoy their right to the best possible state of health and wellbeing whoever they are.

This strategy sets out how we intend to focus our work

Tower Hamlets Health and Wellbeing Board
September 2021

About this document

This draft document summarises the high-level themes of the engagement and consultation process on the Tower Hamlets Health and Wellbeing Strategy and the strategic response of the Health and Wellbeing Board. It sets out system wide improvement principles that the Board will focus on and ambitions for a 'Healthy Borough' reflecting the health and wellbeing outcomes that matter to residents.

System wide improvement principles:

1. Better targeting
2. Stronger networks
3. Equalities and anti racism in all we do
4. Better communications
5. Community first in all we do
6. Making the best use of what we have

Ambitions for a 'healthy borough'

1. Everyone can access safe, social spaces near their home to live healthy lives a community
2. Children and families are healthy happy and confident
3. Young adults have the opportunities, connections, and local support to live healthy lives
4. Middle aged and older people are supported to lived healthy lives and get support early if they need to it
5. Anyone needing help knows where to get it and is supported to find the right help

There is further work that the Board will be undertaking over September to December 2021 to develop priorities for action.

What matters to people in Tower Hamlets about their health and wellbeing?

This strategy is grounded in what we have heard from people in Tower Hamlets about what matters to them about their health and wellbeing.

Before and during Covid-19 we engaged and consulted with hundreds of people across the borough and from all backgrounds about their experience of living in the borough, how this affects their health and what they would like to see improve.

People consistently told us about six principles that mattered most to them.

1. Resources to support health and wellbeing should go to those who most need it
2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme
3. Being treated equally, respectfully and without discrimination should be the norm when using services
4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them
5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing
6. We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.

We talked to people about what a 'healthy borough' would look like ie a place that supports the physical and mental health and wellbeing of everyone. They said that a 'healthy borough' is a place where:

1. Everyone can access safe, social spaces near their home to live healthy lives a community
2. Children and families are healthy happy and confident
3. Young adults have the opportunities, connections, and local support to live healthy lives
4. Middle aged and older people are supported to lived healthy lives and get support early if they need to it
5. Anyone needing help knows where to get it and is supported to find the right help

People talked to us about the barriers and assets to making these principles and aspirations a reality.

These reflected aspects of Tower Hamlets as a place: the experience of living in one of the fastest growing and youngest boroughs in the country, the diversity of the population, high density of housing, overcrowding, high levels of poverty as well as areas of great affluence, crime and fear of crime, the experience of racism, barriers to accessing services, the importance of safe, green spaces and the impact of air pollution in an inner-city borough.

They also reflected aspects of the health picture in Tower Hamlets across the life course.

These include concerns around maternal physical and mental health, infant health, higher childhood obesity, the impact of high levels of child poverty on health, child and adolescent mental health issues, sexual health (higher levels of sexually transmitted infections), domestic violence, disability and health, sexual orientation and health, the wellbeing of carers, health in middle age (higher levels of diabetes and early death from heart disease, stroke and lung cancer) and health in later years (higher levels of mental health issues and lower life expectancy at age 65).

Whilst the life expectancy gap between Tower Hamlets and England has reduced as the population changes, the discussions particularly reflected the levels of health inequalities that exist within the borough linked to deprivation, often at a very local level.

Our response

It is the role of Health and Wellbeing Board to look at everything that is impacting on people's health and wellbeing in the borough, understand what is working and act in partnership to drive change when needed.

We are immensely grateful to everyone who gave their time to contribute to the engagement and consultation on this strategy.

It has provided us with a strong sense of our borough today, what matters to people about their health and wellbeing, what barriers they face and what improvements they would like to see. It has also raised questions that need further exploration.

Developing these further and creating the conditions for discussion, debate and impactful action is part of the strategy.

We have reflected on how we respond and have concluded that we need to commit to:

1. Six system wide improvement principles
2. Five ambitions for a 'Healthy Borough'

These are outlined and explained in the sections that follow

System wide improvement principles

These reflect what we have heard about how we need to improve as a system across all our services and programmes that support people's health and wellbeing.

1. Better targeting

Tower Hamlets is a place where people's experience of health can vary hugely based on many factors including income, housing, education, age, gender, ethnicity, disability and sexual orientation.

The Health and Wellbeing Board will ensure that conditions (eg recording of protected characteristics, needs assessment, local insight, monitoring, audit) are in place to ensure that resources supporting health and wellbeing are being targeted where they are most needed.

2. Stronger networks

Connection is essential to wellbeing. Tower Hamlets has many fantastic networks that bring people together to provide support and information that can transform lives. The strength and importance of these networks was never so much in evidence through the Covid-19 pandemic.

The Health and Wellbeing Board will ensure that networks impacting on health and wellbeing are sustained and strengthened as part of its role in protecting and improving the health of people in the borough

3. Equalities and anti-racism in all we do

Discrimination is a public health issue. Whether due to race, gender, sexual orientation, disability, religion, or other factors it can impact deeply on wellbeing and a sense of trust in institutions whose role is provide services impacting on health and wellbeing.

The Health and Wellbeing Board members will ensure that as system leaders those who work in or use the organisations or settings, they represent feel part of an inclusive culture in which discrimination is not tolerated.

4. Better communications

Simple, clear consistent information and advice is essential to help people get the support they need to stay as healthy and well as possible. However, people respond differently to ways of communication. One size does not fit all and in a borough with such a diverse population communications messages relating to health and wellbeing need to be tested and shaped by the those they are seeking to reach.

The Health and Wellbeing Board will ensure that all health and wellbeing communications are developed with residents so that they have the impact that is intended.

5. Communities first in all we do

Everyone has a vital contribution to improve health and wellbeing for people in the borough. Real improvement needs a relationship where people share power to design, plan, assess and deliver support together.

The Health and Wellbeing Board will ensure that decisions, service developments and programmes impacting on health and wellbeing in the borough are driven by community needs and have coproduction and co-design at its core

6. Making the best use of what we have

In every community in Tower Hamlets there are valuable assets that support or could support people's health and wellbeing. The response to the Covid-19 pandemic highlighted this value through the way people came together to help and community assets such as voluntary sector organisations, housing associations, faith organisations and community centres provided support. Local green spaces and public amenities were critical to supporting people's wellbeing through challenging times.

The Health and Wellbeing Board will ensure that assets that are important to the wellbeing of people in Tower Hamlets are unlocked, sustained, and strengthened

Ambitions for a ‘Healthy Borough’

In developing this strategy, we talked to people about what a ‘healthy borough’ would look like, a place that supports the health of everyone. We also explored what needs to improve and ideas for how to make that change.

Based on these discussions, a ‘healthy borough’ would be a place where:

1. Everyone can access safe, social spaces near their home to live healthy lives as a community
2. Children and families are healthy happy and confident
3. Young adults have the opportunities, connections, and local support to live healthy lives
4. Middle aged people are supported to lived healthy lives and get support early if they need to it
5. Anyone needing help knows where to get it and is supported to find the right help

For all these ambitions there are plenty of plans and strategies already in place addressing the issues within them.

The role of the Health and Wellbeing Board is not to add to existing plans but to understand the impact of these on outcomes when taken as a whole, explore the extent to which they are applying the principles set out in the previous section, identify gaps, be a point of escalation, enable wider engagement and act where needed.

1. Safe, social spaces

The Health and Wellbeing Board will work with partners across the borough to make best use of land and spaces and to reduce traffic levels to ensure everyone can use open spaces and amenities to lead active, social lives - whatever their age, gender, ethnicity, healthy condition, disability or locality.

Feeling safe in the place that you live in, having places to connect with others, having access to nature and having places to be active are all important foundations of wellbeing. Tower Hamlets has many of these assets that are available to people and it is important that everyone knows about them, feels that they are for them and feels safe to make use of them. There are also many assets that are ‘locked’ that could benefit communities but are not being used fully. Levels of traffic and air quality in the borough are barriers for many residents to make best use of outdoor spaces.

2. Children and families - happy, healthy and confident

The Health and Wellbeing Board will ensure that through work with schools, voluntary and community groups, families and children themes children are getting healthy food, plenty of activity and learning the skills to manage their wellbeing as they grow up and parents and families have the support, they need to lead healthy and fulfilling lives.

Giving every child the best possible start in life is the best way to reduce health inequalities in later life. Healthy pregnancy, feeling safe and loved, engaging in active play, eating well, laying foundations for healthy habits, developing mental resilience, and having a nurturing network of family and friends are important elements of wellbeing through childhood, adolescence and future life.

Tower Hamlets has many assets that support the health and wellbeing of children including maternity services, health visiting, early help services, children's centres, child health services, child and adolescent mental health services, schools, youth services, out of school activities, play areas, parks and voluntary sector organisations.

There are plans and strategies in place that cover the important issues around the wellbeing of children and families. However, the consultation highlights a range of ongoing issues in the borough including unhealthy food outlets, life skills (including cooking), clear health messaging, mental wellbeing and resilience, safety, safeguarding, integration of services, disability access, available green space, food poverty, active travel and families in crisis.

3. Young adults - opportunities, connection and support for wellbeing

The Health and Wellbeing Board will ensure that it plays its part to work with employers across the borough to support a fair and thriving economy, and with community and voluntary groups to ensure young adults have strong networks of support, so that our young adults are leading healthy and fulfilling lives.

Young adulthood is a time of great transitions impacting on wellbeing including finishing education to starting work, forming relationships, moving to a new house and starting families. For those receiving care it can be a time of transition to adult services. It can be a phase of life where there is the opportunity to lay foundations for mental and physical wellbeing in later life. However, it is also a time of vulnerability to insecure housing, homelessness, mental health issues as well as engaging in damaging health behaviours such as smoking, problem drinking, risky sex and drug use.

Assets that particularly support the health of young adults in Tower Hamlets include adult education, colleges and universities, job and welfare services, homelessness services housing associations and a range of health and care services including family planning, primary care, transition, disability, mental health, smoking cessation, substance misuse and domestic violence services.

There are plans that address some key issues impacting on health and wellbeing of young people, particularly the most vulnerable. These cover issues such as employment opportunities, adult education, leisure provision, homelessness, substance misuse, reproductive health, mental health, suicide prevention and violence against women and girls.

The consultation highlighted the importance of support for young adults to access apprenticeships, training, mentorships. A diverse range of issues were also raised around workforce health, support for offenders, the challenge of women re-entering the workforce after having children, affordable access to leisure, the health needs of new populations entering the borough, identity and sense of belonging (linking this to gang culture), access to drugs, anti-social behaviour, violent crime and race equality

Many of the issues raised are addressed more directly in other partnership bodies. However, the importance of good employment, feeling safe and having strong support networks for the health and wellbeing of young adults in the borough means that the Health and Wellbeing Board has an important role in using its levers to strengthen and support the work of partners.

4. Middle aged and older people - staying healthy and well

The Health and Wellbeing Board will work with the health and social care sector, and with community and voluntary groups to ensure our borough and our services are age-friendly and ensure that those with health conditions are supported as early as possible so that they can lead active, and health lives for as long as possible.

Middle age and later years are times of major life events that impact on health and wellbeing such as changes in family circumstances, children leaving home, separation, change in employment status, retirement, and bereavement. In addition, it is in these years that long term conditions impact such as diabetes, heart disease, lung conditions, HIV and cancers. It is a time of vulnerability to mental health issues such as depression and dementia.

Access to well-integrated, high quality health and care services focussed on prevention and quality of life are increasingly important at this time as well as uptake of screening and immunisation services to protect health and identify health issues as early as possible.

Tower Hamlets has many assets to support the health and wellbeing of middle aged and older people. These include healthy lifestyle services such as smoking cessation, weight management and health checks. Pharmacies, general practices and screening services are critical to early identification and management of common long-term conditions. In later years integrated primary care, community, hospital, and social care services are vital to identify and support people with long term conditions, mental health

issues, disabilities, social isolation issue or end of life care needs. The support provided to carers and households in these services is essential. The borough is fortunate to have a strong voluntary sector that plays an indispensable role in supporting people.

A wide range of issues were raised in the consultation. In relation to health and care services there was a focus on challenges with primary care access, long NHS waiting times, addressing hidden mental health issues, the need for prevention and early intervention and the value of group education as well as clear communication messages. There was also a view that more could be done to encourage middle age and older people into leisure services.

More broadly, there was a strong theme around better support for older people, people with disabilities and people experiencing isolation. This highlighted the value of the voluntary sector, the importance of services such as befriending, support to integrate housebound people into the community and the big difference that can be made through amenities such as public toilets and well-placed benches as well as greater consideration given to disability access. It was also noted that the pace of change in the borough is particularly challenging to older people.

Many of the issues raised are those that can be addressed more directly by the Health and Wellbeing Board through the strategies and plans that are the responsibility of its members.

5. Anyone needing help knows where to get it and is supported to find the right help

The Health and Wellbeing Board will ensure that work with health, social care and wider community services across the borough improves join up, creates networks across organisations, and improves visibility and proactive communication services between services and those who need them most

Tower Hamlets has many assets that can support people's well-being. These may be health and care services, services that address wider factors that affect health such as housing, employment, welfare, and education. They may be voluntary organisation, food banks resident groups, self-help groups, walking groups or special interest groups. These are often very local assets can be life-changing for people whether it results in information exchange, connection, friendship, opportunity to be active or the provision of an important service.

To make the best use of these, people need to be able to know when they need them, find them easily, get information about them, be able to access them easily, have trust in those providing support and have a say in how that support is shaped.

In this consultation and many that proceeded it, people have continually expressed frustration at the difficulty of finding services and networks that support their health and wellbeing when they may be right on their doorstep. The consultation also echoed long standing issues about the importance of services and information being shaped by and designed with their users eg to meet cultural needs or those living with disabilities.

There was also a strong theme about the need for information systems to be connected. Within the health and care system people expect services to be joined up and integrated. They expect that if information is provided in one bit of the system it will be passed to the rest of the system. When information is lost or shared, people need to provide the same information repeatedly. This erodes confidence in services and is a barrier to using them.

There are plans to address these issues including a strengthened information and advice service, extensive user engagement programmes and ongoing work to join up information systems across health sector and with social care. However, the consultation highlights that there remains significant work to have a system that works for everyone.

Next Steps

The Health and Wellbeing Board needs to be continually listening, learning from, and responding to the experience of people in the borough.

This means that the principles, ambitions, and priority actions underpinning the work of the Board need be under continual review.

The next step is for the Board to agree on the priority actions and outcome measures for 22/23 based on its commitments around principles and 'healthy borough' ambitions (to be completed by December 2021).

1. Acting on the system wide improvement principles – next steps

The strength of the Health and Wellbeing Board is that it has representation from leaders across organisation and settings across the whole borough. The impact of applying the resource, assets and influence of these to a common purpose has the potential to drive the changes needed to improve health and wellbeing in the borough.

The next step is for the Health and Wellbeing Board to agree priorities for each of the improvement principles.

Example:

Principle 1 – Better targeting

Common issue:

Poor recording of protected characteristics with services (particularly disability, carer status)

Response

The Board will review how well partners organisations are currently recording protected characteristics of their staff and residents. They will agree what improvement they will make in one year and three years.

Shared outcome framework / statement indicator (see appendix)

'Regardless of who I am, I am able to access services for my physical and mental health'

Output indicators (possible)

% service users with full recording of protected characteristics

2. Acting on 'Healthy Borough' ambitions.

The actions needed to meet the ambitions for a 'Healthy Borough' are articulated in the strategies and plans that sit alongside and beneath the overarching Health and Wellbeing Strategy.

The next steps are to

1. Map the strategies and plan that impact on the ambition
2. Identify existing groups and processes that oversee those plans
3. Review how these strategies and plans are applying the system wide improvement principles
4. Identify gaps and take forward Board level discussions on how these will be addressed

Example:

Ambition 5 - Anyone needing help knows where to get it and is supported to find the right help

Issue identified:

People reporting difficulty in finding out about the right services that benefit their health and wellbeing

Response

Addressing this issue is already a priority of the Tower Hamlets Together plan and is overseen by the Tower Hamlets Together Board. To what extent are these plans addressing the issue and embedding the improvement principle? This plan and its outcomes could be tracked by the Health and Wellbeing Board and brought to the Board for discussion, review, problem solving and escalation.

Shared outcome framework / statement indicator (see appendix)

'I am able to access safe and high-quality services when I need them'

Output indicators (possible)

% satisfied with information and advice service

Appendix – Tower Hamlets Shared Outcomes Framework

The Tower Hamlets Shared Outcomes Framework was developed in 2017 as part of an extensive coproduction programme to understand what matters to people in the borough around their health and wellbeing. It is expressed in terms of 'I' statements that have been tested with residents. It is used by commissioners, services and voluntary sector organisations to help understand whether programmes to improve health and wellbeing are having an impact on outcomes that matter to people.

The framework consists of 17 'I' statements

Domain	I-Statement			
Integrated health and care system	I feel like services work together to provide me with good care	I believe the trust, confidence and relationships are in place to work together with services to decide the right next steps for us as a whole community		I want to see money being spent in the best way to deliver local services
Wider determinants of health	I am able to support myself and my family financially	I am satisfied with my home and where I live	I am able to breathe cleaner air in the place where I live	I feel safe from harm in my community
Healthy Lives	I am supported to make healthy choices	I understand the ways to live a healthy life		
Quality of Care & Support	Regardless of who I am, I am able to access care services for my physical and mental health	I am able to access safe and high quality services (when I need them)	I am confident that those providing my care are competent, happy and kind	I have a positive experience of the services I access, overall
Quality of Life	I have a good level of happiness and wellbeing	I am supported to live the life I want	My children get the best possible start in life	I play an active part in my community

The I Statements can be directly measured or assessed through related measures. These will be used alongside other health indicators (such as life expectancy, childhood obesity, premature death from cardiovascular disease, cancer, lung disease) to track progress.

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Consultation and engagement on the Health and Wellbeing Strategy

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Overview of activity

Consultation and engagement on the Health and Wellbeing Strategy took part in two main phases:

Page 90
1) *Engagement* with residents and professionals to imagine and inform the strategy & its priorities.

1) *Consultation* with residents and professionals on a set of principles and ambitions on which to base the strategy.

How have we done this?

Developing the Strategy

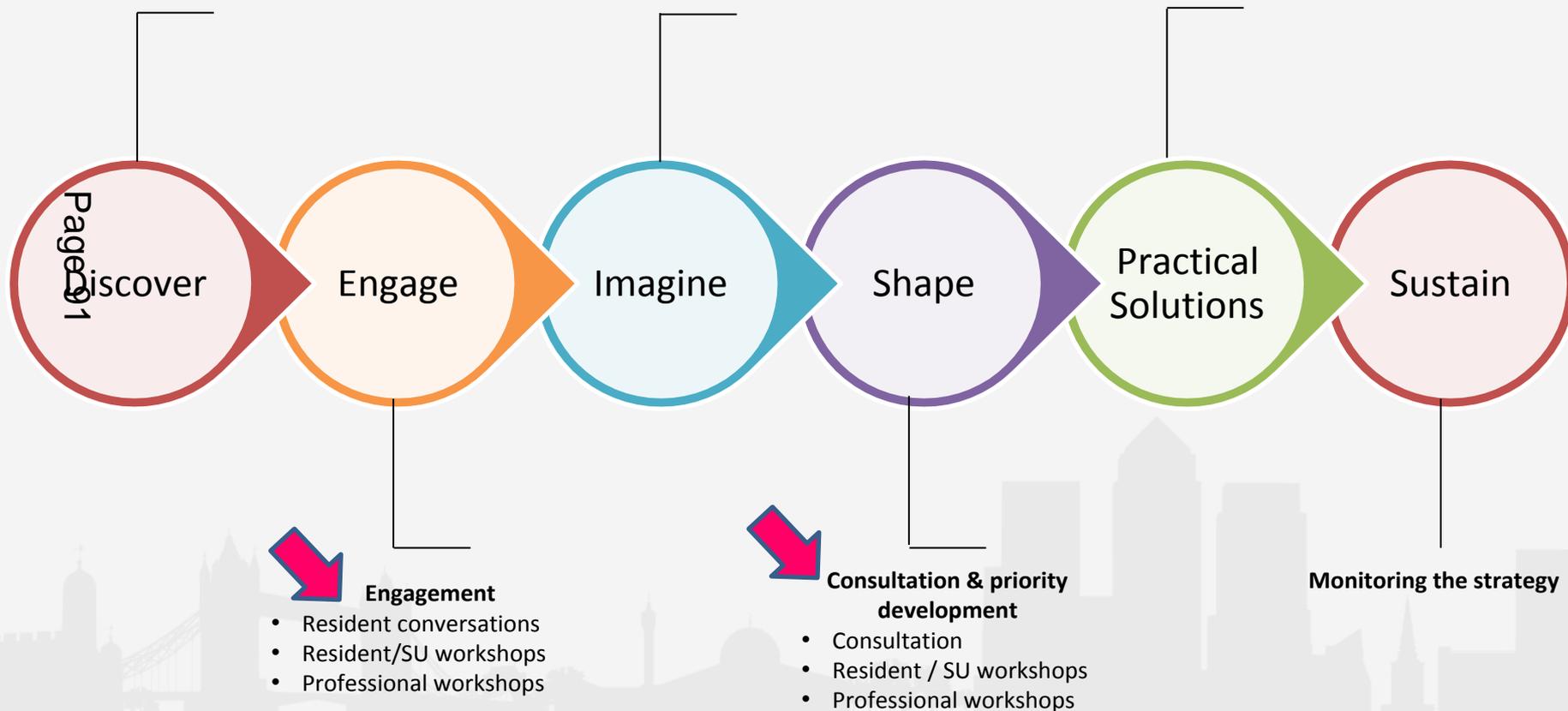
Baseline Analysis

- Public Health Annual Report
- Joint Strategic Needs Assessments
- Existing feedback & insights
- Interdependent strategies

What can we do?

- Engagement analysis
- Opportunity identification

Producing the strategy



Engagement – overview of activity

Residents

- Face-to-face ‘neighbourhood conversations’ in December 2019 with **240** residents, carried out with Healthwatch Tower Hamlets
- Phone and online ‘Covid-19 engagement’ survey with **354** people between March and June 2020, carried out by Healthwatch Tower Hamlets
- Carer’s Centre meeting
- Create Day Centre (service users with learning disabilities) meeting
- Local voices (service users with physical disabilities) meeting
- Swan Housing Tenants and Residents Association meeting
- Older People’s Reference Group meeting
- Macmillan Cancer Support Group meeting
- DeafPlus meeting
- Look Ahead (service users with learning disabilities) meeting
- Positive East (services users who are HIV positive) meeting
- Youth Council meeting
- Youth SEND Forum meeting

Professionals

- Health and Wellbeing Board
- Safeguarding Adults Board
- Children and Families Partnership Board
- North East Health and Wellbeing Locality Committee
- South West Health and Wellbeing Locality Committee
- South East Health and Wellbeing Locality Committee
- Tower Hamlets Homes Housing Management subgroup
- Housing Management Forum
- Tackling Poverty Reference Group
- Pan-Provider Forum in health and care
- Born Well and Growing Well Workstream
- Living Well Workstream
- Promoting Independence Workstream
- Learning Disability Partnership Board

All meetings and workshops were held face-to-face, prior to the Covid-19 pandemic at the end of 2019 and start of 2020

Engagement – main messages from Healthwatch Tower Hamlets



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Local people's vision for a

Good environment

Good community

Material security

Access to services

Children/
young people

Assets

- Parks and open spaces
- Open markets
- Leisure centres
- Faith groups
- Community, volunteer organisations
- Self-organised Covid-19 mutual support groups
- Local businesses, job creators
- Schools, professional training
- Housing associations
- Part-own part-rent housing schemes
- Advice charities (debt, employability)
- NHS services
- Social care services
- Local and national health and advocacy charities
- Digital access tools
- Youth clubs, sports clubs
- Children's centres
- Schools, libraries
- Exercising facilities

Obstacles, risks

- Air pollution- heavy road traffic
- Poor hygiene and safety- public spaces
- Restrictions to use of parks- Covid-19 lockdown
- Population churn, gentrification
- Perception of poor safety, antisocial behaviour
- Cancellation of events/ closure of socialising spaces- Covid-19 lockdown
- High cost of housing, esp. private renters and first time buyers
- Loss of jobs, difficulty finding work in the Covid-19 pandemic
- General economic recession in the Covid-19 pandemic
- Difficulties getting specialist appointments promptly; 'over-stretched services'
- Cuts to social care services; gatekeeping evaluation process
- Impact of Covid-19 pandemic on services.
- Air pollution, poor access to nature
- Gang crime, drug dealing, poor safety
- Social isolation and lack of opportunities to play/ socialise/take part in activities due to Covid-19.

Inequalities

- Younger people and those in precarious housing find it harder to eat healthy and keep healthy lifestyles.
- People in the borough's poorest wards experience more air pollution.
- Younger people and private renters feel less connected to their local area.
- Women and people living in housing association estates feel less safe.
- People with poor mental health are at higher risk of social isolation.
- Women, people from BAME backgrounds, younger people and parents of disabled children felt less able to support themselves and their families financially.
- Renters were less happy with their homes than homeowners; adults living with their parents were the least happy with where they lived.
- People from BAME backgrounds, older people and those with more complex medical needs (particularly those with mental health issues) were less satisfied with services.
- In the pandemic, those who are digitally excluded find it harder to access services.
- Younger people (under 24), White respondents and parents of special needs children were less likely to think children get the best start in life.
- Children in overcrowded, deprived or digitally excluded households are more affected by the Covid-19 pandemic.

Engagement – main messages from workshops

I am supported to live the life I want

Resident ideas & feedback:

- Relationships with friends & family are very important to health & wellbeing
- Places to meet with others help connect those with similar experiences.
- There could be increased specific local support for deaf people and LGBT people
- Assistive equipment is important.
- Carers often feel unheard and unsupported.
- There could be improvements to the taxi call service and more free exercise options

Professional ideas & feedback:

- Look at interventions for health promotion and support for patients' goals provided by GPs
- Offer more advice & support for people with long term health conditions
- Support with healthy meals such as cooking lessons
- Support with culture, language and faith
- Increase legal and housing advice
- Improve physical environment – greater access to green spaces and allotments, disability access within the built environment, town planning to enable cycling, and better waste management services.

I play an active role in my community

Resident ideas & feedback:

- Services valued for the opportunity to connect with others as well as practical support provided.
- Going to hubs, faith, volunteering roles, part of LGBT community & having a purpose - important to feel part of community.
- Can be difficult to make friends & social connections
- Feeling that community & people can be judgemental
- Social media & online networking important to some. Both positive and negative for health & wellbeing
- Look at increased offer of activities for young people & people with mobility issues
- More services and facilities could be LGBT friendly & promoted as such.

Professional ideas & feedback:

- Can tackle loneliness through community hubs & pharmacies
- Increase social prescribing
- Encourage residents to increase their participation in organisations and services such as gyms, Healthwatch.
- Increase opportunities and awareness for volunteering, e.g. via time-banking schemes.

My children get the best start in life

Resident ideas & feedback:

- Some felt there are a wide range of opportunities for young people in LBTH, others did not.
- Creative opportunities for young people could be increased.
- School is both a positive and negative for young people's health & wellbeing
- Pressure put on young people by schools has a negative impact on mental health
- Lack of sleep, low self-esteem, lack of liberties at home, romantic relationship problems - negative factors in health & wellbeing, only discussed by young people
- Need for more affordable activities for children and young people
- Lack of acceptance of LBGT people within the borough.

Professional ideas & feedback:

- Need increased focus on public health issues, e.g. childhood obesity.
- Look at increasing services & support for early years, e.g. about healthy routines.
- Increased preconception, antenatal & postnatal care.
- Target schools in deprived areas.
- Develop exercise programmes for children and mothers.

Engagement – main messages from workshops

I have a good level of happiness & wellbeing

Professional ideas & feedback:

- Ensure wider determinants of health are addressed
- Increase support for groups who may find things harder, e.g. if vulnerable, lower levels of English language or digital access
- Prevent loneliness and social isolation, e.g. via better ways of linking people together
- Develop a comprehensive directory of supportive provisions and local assets
- Develop a listening culture in services and a corporate culture of joy across all TH partners
- Increase the roll-out of programmes which develop children and young people's wellbeing and emotional skills.

Regardless of who I am, I am able to access care services for my physical and mental health

Resident ideas & feedback:

- Alternatives to online access should always be offered
- Accessibility including transport and disabled toilet facilities, is important for people with disability issues
- There are a lack of services which offer an interpreter
- Carers felt there is a lack of personalisation and “seeing the whole picture” by services.
- Public health offer is too generic and does not reflect diverse needs.
- There could be better monitoring of data on sexual orientation and the use of services.

Professional ideas & feedback:

- Improve the channels through which people get and information about services
- Improve online access to services, but also maintain non-internet access to services
- Improve access to mental health services
- Improve access and services for those with language difficulties, housebound patients and 16-25 year olds.
- Help people overcome fears of accessing health services.

I am able to access safe and high quality services when I need them

Resident ideas & feedback:

- Positive experiences of health services include care is personal and staff are kind
- Care packages and in-home support and equipment are important
- Knowing where to go to access healthcare is important
- The difficulty in getting support could be improved - better after-care, joining up services in one place, and providing tailored talking therapies

Professional ideas & feedback:

- Deliver services in a ways which are tailored to residents needs - phone, online, in person
- Improved ability to get an appointment with services
- Flexible appointment times to suit more people
- Appropriate referrals and communications between services, including better co-ordination between primary and secondary care, better integration of mental health services and increased understanding of referral criteria and pathways.

Engagement – main messages from workshops

I have a positive experience of service I use, overall

Professional ideas & feedback:

- Adopt a person-centred approach to care in places which feel most comfortable to the service user.
- Use relational based continuity of care, such as a named GP
- Ensure high-quality customer service.
- Ensure patients' expectations are managed and every contact counts
- Ensure consistency in domiciliary care across the borough
- Embed improvement through customer feedback in services' culture.
- TH partnership could gain a clearer overview of the system and of residents' needs.

I am confident that those providing my care are competent, happy and kind

Resident ideas & feedback:

- Positive comments focused on care feeling personal. Negative experiences involved rude or uncaring health staff
- Concerns raised over some staff lacking skills and expertise – suggest training on role of carers, autism, LGBT
- Carers felt unheard, particularly as often health staff would not discuss matters about the person they care for. Campaigns to encourage more empathy and decrease stigma of Bengali LGBT community members.

Professional ideas & feedback:

- Ensure health & wellbeing of staff members
- Train and develop staff, as well as increase supervision and staff ownership.
- Conduct further training in personality disorder and encouraging children to discuss mental health and wellbeing.
- Ensure staff have consistent and appropriate levels of knowledge, including of other services.

I understand the ways to live a healthy life

Resident ideas & feedback:

- People understand things like healthy food and exercise, but it isn't always practical
- Challenge for many to stick to a healthy diet - eating unhealthy food presented as a positive & negative
- Cost, speed, ease and advertisement of unhealthy food are barriers to reducing how much people ate it
- Suggestions include better education about healthy eating, portion sizes and the importance of drinking water

Professional ideas & feedback:

- Should improve communications on impact of making unhealthy choices on Introduce initiatives such as promotion of active travel to reduce dependence on cars
- Focus on early prevention, education and a range of community activities for different groups
- Explore peer-to-peer support
- life expectancy & quality of life

Engagement – main messages from workshops

I am supported to make healthy choices

Resident ideas & feedback:

- There are a wide range of local exercise facilities that support health and wellbeing
- Accessible exercise facilities are important.
- Cycling was identified as a healthy choice, but safety, price & lack of bike facilities are barriers
- People felt they could access healthy, fresh and cheap food
- Could introduce health coaches, incentives for buying healthy food, greater fast food regulation, safe spaces to cycle and cycling safety training.

Professional ideas & feedback:

- A wide variety of services exist to support healthy choices
- Look at reinforcing positive choices & behaviours, increasing early prevention programmes
- Identify what motivates children and young people to make healthy choices
- Enable healthy choices, e.g. via water fountains, cycle lanes, free gym access
- Campaign to remove unhealthy food outlets and increase healthier food outlets
- Increase partnership work with organisations offering healthy choices

I feel safe from harm in my community

Resident ideas & feedback:

- Feedback from some that they feel safe with good community cohesion & neighbours
- Drug dealing and ASB are barriers to feeling safe, and there are hotspots in public transport hubs & estates
- Feeling unsafe created feelings of anxiety and fear of being followed, may have to alter behaviour to stay safe.
- Insufficient responses to crime and ASB & insufficient lighting are barriers to wellbeing
- Look at greater police presence, lighting, cleaner streets, better CCTV, “Good Night Out Campaign”
- Traffic makes some feel unsafe walking & cycling.

Professional ideas & feedback:

- Increase safety for children and young people, e.g. safe spaces for young people
- Support schools to increase safety
- Increase promotion of services available and how people can report concerns
- Consider how to address the perception that there is high crime levels
- Increase community events to increase community cohesion and tackle loneliness
- Increase visibility & numbers enforcement officers

I am satisfied with my home and where I live

Resident ideas & feedback:

- Local parks, green spaces & nature are positive but could be increased
- Idea stores, cinemas, pubs, museums, community centres and shops are positive
- Need more spaces for young people to socialise
- Housing secure and close to friends is positive. Concerns on housing quality.
- Negatives: poor pavements, lack of public seating & toilets, litter, dog fouling & fly tipping, overcrowding on transport & street.
- Suggest more recycling bins, better pavements, more plants, flowers & art.

Professional ideas & feedback:

- Increase availability of housing options: More affordable housing, use vacant space for supported accommodation, promote home swaps
- More holistic and personalised approach to housing, e.g. child-friendly and accessible
- Flexible & integrated partnership approach between LBTH and housing
- Improving conditions in which residents live by: tackling overcrowding, ASB, domestic abuse, swift repairs, licensing scheme.

Engagement – main messages from workshops

I am able to support myself and my family financially

Resident ideas & feedback:

- Being employed supports health and wellbeing. Unemployment is a barrier
- There is a lack of employment opportunities for people who are deaf
- High cost of living & low incomes is a barrier to financial security
- Poverty, deprivation, injustice & inequality are barriers to health & wellbeing
- Suggestions included jobs listed in youth clubs & paid work experience in year 12
- Could be subsidies and free activities for certain groups

Professional ideas & feedback:

- Financial health centres, access to benefit entitlements, financial advice, advocacy & employment advice could support people to maximise their income
- Support for people into employment through education and training
- Ensure services are affordable and residents can access transport
- Develop understanding and consideration of financial circumstances whilst delivering services

I am able to breathe cleaner air in the place I live

Resident ideas & feedback:

- Parks and green spaces valued because they improve the local area & feeling that can breathe cleaner air there
- Pollution and poor air quality can be a barrier to health & wellbeing
- More greenspaces and making it easier to cycle were suggested

Professional ideas & feedback:

- Tower Hamlets partnership could lead through changes in staff travel to and during work
- Encourage residents use of greenspaces and to quit smoking
- Ensuring services are close to residents live so that active transport can be used
- Encourage residents to campaign and lobby about issues
- More campaigning by celebrities and ambassadors
- Putting on a wide range of events (e.g. buggy runs, car free days, junior park runs)
- Considering the built environment including: building designs as carbon neutral, increasing planting in open spaces, zero parking provision at new developments.

I feel like services work together to provide me with good care

Professional ideas & feedback:

- Improve the links between services and partnership working, e.g. housing & health
- Improve handovers between services
- Improve knowledge of care services available across the borough
- Develop a centralised online directory
- Better communication across sectors
- Develop shared health priorities, better understanding of how organisations contribute to common priorities
- Assess staff on their level of integrated working

Engagement – main messages from workshops

I want to see money being spent in the best way to deliver local services

Professional ideas & feedback:

- Consideration of the way services are commissioned
- Joint initiatives and resources to support health choices
- Health services that promote options
- Targeting resources for residents' needs
- Resources for community groups and the voluntary sector

I believe the trust, confidence and relationships are in place to work together with services to decide the right steps for us as a whole community

Professional ideas & feedback:

- Co-production of services and solutions from the start of projects
- Sharing co-production opportunities across the TH partnership
- Ensuring consultation is accessible for all local residents and not solely displayed online



Shaping the priorities

Analysis of engagement & findings

Principles

1. Better targeting
2. Stronger networks
3. Equalities & anti-racism
4. Communications
5. Community first
6. Using what we have

Future ambitions

Tower Hamlets in 2025 is a borough where...

1. We can all access safe, social spaces near our homes, so that we can live active, healthy lives as a community
2. Children and families are healthy, happy, and confident
3. Young adults have the opportunities, connections and local support they need to live mentally and physically healthy lives
4. Middle-aged and older people are enabled to live healthy lives and get support early if they need it – whether it is for their mental or physical health
5. Anyone needing help knows where to get it, and is supported to find the right help

Consultation – overview of activity

The consultation was launched on 16 April 2021 and ended on 9 July 2021

Public online survey

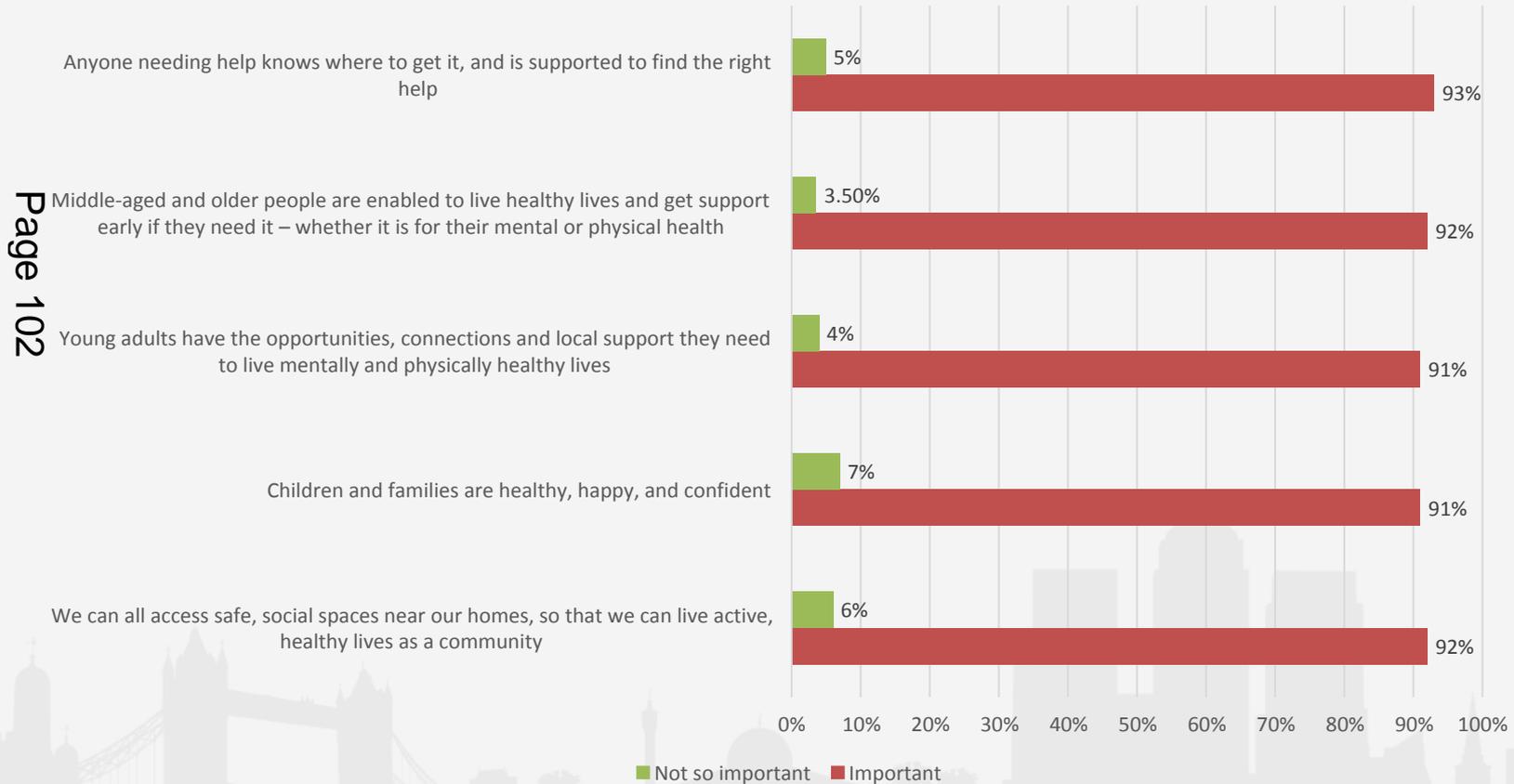
- 144 responses
- Age of respondents: 81% 25 to 64 years old, 13.4% over 65 years old, 1.4% under 25 years old
- 25% respondents have day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months
- 58% female, 26% male
- 58% women, 27% men
- 85% have a gender identity that is the same as the sex assigned at birth, 2% do not
- 70% heterosexual/straight, 7% day/lesbian, 3.5% bisexual
- 36% married, 43% not married
- 3.5% pregnant or gave birth in the last 12 months
- 44% White British ethnic background, 18% 'White other', 8% Bangladeshi, other groups all below 3% per group
- 29% Christian, 10% Muslim, 27% no religion or belief
- 43% have caring or parenting responsibilities

Meetings with professionals and residents

- Children and Families Partnership Board
- Tower Hamlets Housing Forum
- Health and Adults Scrutiny sub-committee
- South East Health and Wellbeing Locality Committee
- North West Health and Wellbeing Locality Committee
- South West Health and Wellbeing Locality Committee
- Covid Champions meeting
- Communities Driving Change Programme Leads
- Communities Driving Change Network & residents meeting
- Real Local Voices (two-part session)
- Carer Forum
- Place Directorate Leadership Team
- Health, Adult & Community Directorate Leadership team
- Children & Culture Directorate Leadership team
- Living Well Workstream
- Promoting Independence Workstream
- Safeguarding Adults Board

Online consultation – main messages

To what extent, do you agree that we have chosen the right ambitions to focus on for the next 5 years?



Online consultation – main messages

Ambition 1: We can all access safe, social spaces near our homes, so that we can live active, healthy lives as a community

To what extent do you agree with the initial actions for this ambition?

74% agree, 9% disagree, 17% not sure

What actions can you, your families and your local networks take to support the priority areas?

- Drive less, walk and cycle more
- Recycle more, don't drop litter
- Make use of open and green spaces, and create more by planting, forming & joining gardening clubs
- Volunteer and be active in things like Police ward meetings, responding to planning applications
- Report and work together to tackle crime and ASB

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Is there anything else the Health & Wellbeing Board should consider?

- Protect existing spaces and facilities
- Do more to tackle traffic levels, car use, climate change, car idling and air pollution. Mixed views on Liveable Streets initiatives.
- Make it easier and safer to walk and cycle
- Tackle noise pollution
- Do more to tackle knife crime and ASB
- Utilise local creative and arts charities
- Have a more accessible borough for people with a disability
- Have targeted interventions for women as more impacted by health inequality
- Do more on outdoor play.

Online consultation – main messages

Ambition 2: children and families are healthy, happy and confident

To what extent do you agree with the initial actions for this ambition?

73% agree, 10% disagree, 17% not sure

What actions can you, your families and your local networks take to support the priority areas?

- Push for healthier school meals
- Teach cooking and life skills to children and young people, and provide cooking kitchens & space to help this
- Teach kindness, empathy and anti-discrimination to children and young people
- Help maintain green spaces
- Join in with community activities
- Walk children to school

Is there anything else the Health & Wellbeing Board should consider?

- Provide more classes & education on cooking, nutrition and exercise
- Look at free meal provision in early year settings
- Look at healthy food provision in all settings including food banks
- Tackle the number of fast-food outlets
- Provide more education and access to support in relation to children and young people's mental health
- Protect and expand green spaces, play spaces, sports facilities and youth clubs
- Bigger emphasis on tackling child poverty
- Teach more parenting skills
- Have clear, accessible messaging on health
- Target interventions at vulnerable groups.

Online consultation – main messages

Ambition 3: Young adults have the opportunities, connections and local support they need to live mentally and physically healthy lives

To what extent do you agree with the initial actions for this ambition?

68% agree, 12% disagree, 19% not sure

What actions can you, your families and your local networks take to support the priority areas?

- Provide and/or take part in mentoring, coaching and providing guidance to young people
- Encourage young people to take up training, employment or apprenticeship opportunities
- Provide volunteering opportunities
- Provide employment opportunities, paying young people a fair wage
- Support businesses that employ young people
- Fight racism

Is there anything else the Health & Wellbeing Board should consider?

- Have a bigger focus on mental health in terms of raising awareness and access to support
- Create more & more accessible training and employment opportunities
- Have targeted interventions aimed at: women and girls, homeless, LGBT, victims of domestic abuse, young people excluded from school, those who are neurodiverse.
- Take a public health approach to tackling serious youth violence
- Help young adults feel part of their communities
- Protect 'safe spaces' and enable people to come together.
- Work more closely with universities.

Online consultation – main messages

Ambition 4: Middle-aged and older people are enabled to live healthy lives and get support early if they need it – whether it is for their mental or physical health

To what extent do you agree with the initial actions for this ambition?

72.5% agree, 9% disagree, 19% not sure

What actions can you, your families and your local networks take to support the priority areas?

- Page 106
- Volunteer, take an active role in communities, and encourage others to do the same
 - Reach out to and support those who are housebound or digitally excluded
 - Reserve time and space in services for this age group
 - Look out for neighbours
 - Help use and protect safe spaces and places of natural beauty

Is there anything else the Health & Wellbeing Board should consider?

- Provide more & more accessible toilets
- Focus on mental health, including providing more arts and education opportunities
- Provide more targeted support at groups including those in care homes, those in deprived areas
- Put a bigger emphasis on unhealthy behaviours, e.g. substance misuse
- Put a bigger emphasis on the wider determinants of health, especially housing and loneliness
- Provide culturally sensitive services
- Protect safe and well-maintained spaces
- Go back to face-to-face service provision after Covid-19 and understand the impact of the digital divide

Online consultation – main messages

Ambition 5: Anyone needing help knows where to get it, and is supported to find the right help

To what extent do you agree with the initial actions for this ambition?

77% agree, 6% disagree, 16.5% not sure

What actions can you, your families and your local networks take to support the priority areas?

- Get to know neighbours so can help signpost them to support
- Share knowledge with each other
- Alert GPs to unpaid carers
- Help with voluntary leafleting of information
- Help connect up health and social care

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Is there anything else the Health & Wellbeing Board should consider?

- Focus on recovery from Covid-19 pandemic
- Bigger focus on awareness & availability of support in relation to mental health
- Do more to support carers
- Tackle inequality facing those with a learning disability
- Engage with and hear from different communities
- Be clear where people should look to find information, being aware of the digital divide
- Integrate health and care systems, connect different departments
- Commit to concrete actions and be accountable for them.

Consultation workshops – main messages

- Generally **supportive** of ambitions.
- **Make links** to other local strategies & programmes including poverty review
- Services should do more to **share good practice**.
- Have a bigger emphasis on ‘**safety and violence reduction**’.
- Need access to open space, but also need to **feel safe** in that space.
- Safe spaces ambition should include community use of buildings/facilities closed due to funding or Covid-19. Maximise **community ownership of unused spaces**.
- Better **joint working with housing**
- Should have an ambition on **cross-disability accessible access to spaces**.
- Should have a focus on and be clearer on intended outcomes for people with **mental health** issues , those with a **disability, unpaid carers**.
- Strengthen commitments on **mental health** given Covid-19 impact.
- More opportunities to **co-design** with communities in a more meaningful way. Learn from & build on good practice.
- Tackle **food poverty**
- **Air pollution** – consider sources other than cars
- Concerns about **impact on services** arising from Covid-19 and financial pressures facing public services, and what this means for health & wellbeing
- Support and activities are not always **culturally sensitive**
- Look at how to better facilitate connections and tackle loneliness for **older people**.

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>Tuesday 21 September 2021</p>	
<p>Report of: Denise Radley, Corporate Director Health, Adults and Community</p>	<p>Classification: Unrestricted</p>
<p>Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission – Health Recommendations and Action Plan</p>	

Lead Member	Councillor Rachel Blake (Cabinet Member for Adults Health and Wellbeing)
Originating Officer(s)	Somen Banerjee (Public Health) Joanne Starkie (Strategy and Policy) Daniel Kerr (Strategy and Policy)
Strategic Plan Priority / Outcome	<p>Priority 1: People are aspirational, independent and have equal access to opportunities.</p> <p>Outcome 3: People access joined-up services when they need them and feel healthier and more independent.</p>

1 Executive Summary

This report presents the action plan in response to the Tower Hamlets Black, Asian and Minority Ethnic¹ Inequalities Commission health recommendations.

The Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission completed its review in March 2021, making recommendations across areas of community leadership, health, education, and employment. Nine of the 23 recommendations made by the Commission relate to health and care services.

The Health and Wellbeing Board are asked to further develop and refine the action plan (Appendix I) and associated deadlines so that our commitments to becoming an anti-racist and improving health outcomes for Black, Asian and Minority Ethnic communities are clear and meaningful.

2 Recommendations:

2.1 The Health and Wellbeing Board is recommended to:

- Note the actions taken by Board partners to date in carrying out the nine health recommendations of the Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission (Appendix I).

¹ This report and action plan uses the abbreviation “BAME” in line with the Commission report, however it is recognised that this term is subject to debate.

- Develop and refine the future action plan, timescales and action owners (Appendix I) for the Health and Wellbeing Board to lead on and oversee – with a view to having a streamlined, clear set of concrete actions that the Board is committed to.
- Agree the additional resources needed to carry out the action plan: it is proposed that in addition to existing staff resources, a 0.2 FTE, six-month staff post be created to lead on this, hosted by a partner organisation at an estimated cost of £2,800 per partner (local authority, Clinical Commissioning Group, Barts Health NHS Trust, East London Foundation NHS Trust, GP Care Group).

3 REASONS FOR THE DECISIONS

- 3.1 The findings of the Commission outline the local changes that need to be made in the health and care system to tackle inequality and improve health outcomes for Black, Asian and Ethnic communities. The action plan is intended to ensure that the findings are acted on in a meaningful way.
- 3.2 Additional staff resource to carry out the action plan is recommended to ensure there is sufficient, dedicated resource to carry out the commitments in the plan.

4 ALTERNATIVE OPTIONS

- 4.1 The contents of the action plan (Appendix I) can be amended in line with feedback.
- 4.2 The action plan could be carried out through existing staff resources.

5 DETAILS OF THE REPORT

Background

- 5.1 The Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission completed its review in March 2021, focusing on four areas:
- Community leadership
 - Health
 - Education
 - Employment.
- 5.2 The Commission found that the constraints of structural racism are most apparent when considering health outcomes of our Black, Asian and Minority Ethnic residents which are worse than those of White residents in many areas, with many Black, Asian and Minority Ethnic residents suffering from a higher burden of multimorbidity. A considerable emphasis needs to be placed on improving the partnership approach to tackle the wider determinants of health, with too many Black, Asian and Minority Ethnic residents experiencing poorer employment and housing conditions. Furthermore, access to health services needs to be improved by ensuring services meet the cultural needs of our diverse communities and developing strong and effective relationships with these community. Digital exclusion is a prevalent access barrier, exacerbated by the COVID-19 pandemic, alongside ineffective communication and inadequate translation services. The need to work with our Black, Asian and Minority Ethnic communities should be at forefront of our recovery agenda ensuring we deliver real improvement in health outcomes.

Health recommendations arising from the Commission

5.3 As a result of these findings, nine of the 23 recommendations made by the Commission relate to health. These are:

	Recommendation
1	Digital Exclusion Organisations address digital exclusion facing Black, Asian and Minority Ethnic communities which is having an impact on their ability to access services, employment, engage in community life and achieve their life outcomes.
2	Campaign and Social Determinants Lead a high-profile local campaign for the government to provide adequate funding to address health inequalities including socio- economic factors.
3	Hostile Environment Local NHS organisations to lead a local campaign for the government to review hostile environment policies which seeks to reduce the profile of the checking of immigration status of service users it is statutorily required to undertake.
4	Partnership That partnership structures and strategies are reviewed to deliver radical changes at pace on health inequalities in the borough.
5	Representation Tower Hamlets Partnership to develop initiatives to support more Black, Asian and Minority Ethnic residents to become health professionals (particularly underrepresented and smaller Black, Asian and Minority Ethnic communities).
6	Research The Health & Wellbeing Board, by the end of 2021, undertake detailed external research on causes of health inequalities amongst Black, Asian and Minority Ethnic communities which puts engagement of the community at the forefront of its work to identify issues and solutions.
7	Clinical Training Review and strengthen clinical training in order to increase understanding of different cultural needs and deliver better health services to all communities.
8	Co-designed Services That NHS organisation undertake meaningful engagement and involvement of Black, Asian and Minority Ethnic communities in design, development and delivery of services. Health organisations need to improve the way services are understood and support Black, Asian and Minority Ethnic residents so that they are empowered and confident to access them. This may mean they need to change the way that services are configured to make them more culturally appropriate.
9	Communication NHS organisations review their communication and engagement strategy which ensures guidance and important message is culturally appropriate and available in different languages and uses different approaches to ensure message is reach to different audiences.

- 5.4 Since the Commission published its recommendations in spring 2021, work has been carried out to develop plan, articulating the actions Health and Wellbeing Board and the Tower Hamlets Together partnership commit to carrying out in the short, medium and longer-term. These are presented in Appendix I. This action plan is presented to the Health and Wellbeing Board for discussion, refinement and further development².
- 5.5 Responding to the Covid-19 pandemic has of course been a key focus for the health and care system over the last year, and much of the work done to date to tackle inequalities facing Black, Asian and Minority Ethnic communities has been done through this lens (for example, work to tackle disparities in Covid-19 vaccination take-up levels). The work carried out to date is summarised in Appendix I.

Oversight and monitoring the action plan

- 5.6 The Health and Wellbeing Board will hold oversight of the action plan and will be responsible for the actions assigned to it. The Tower Hamlets Together partnership and Board will be responsible for the actions delegated to it by the Health and Wellbeing Board and will be accountable to the Board for delivery.
- 5.7 The progress of the action plan covering all 23 recommendations on community leadership, health, education and employment will be monitored by the Tower Hamlets Race Equality Network on a quarterly basis. The Network will lead on a thematic review, undertake further investigations into specific issues, and consider progress made against individual Pledges. The Race Equality Network will hold an annual event to publicly check and mark progress, and it will release an annual report which details achievements, challenges, and further findings.

Resources to carry out the action plan

- 5.8 Existing staff resources from all partner organisations will be needed to carry out the action plan.
- 5.9 In addition, it is recommended that an additional 0.2 FTE, six-month staff post be created to lead on this, hosted by a partner organisation at an estimated cost of £2,800 per partner (local authority, Clinical Commissioning Group, Barts Health NHS Trust, East London Foundation NHS Trust, GP Care Group). The role of the post-holder will be to coordinate key, cross-cutting activity including:
- Gathering equalities data across the system, collating, analysing and acting on this
 - Coordinating an audit of key public information in community languages and organising subsequent translations
 - Coordinating 'you said, we did' work related to co-production
 - Coordinating a 'lessons learned' exercise in relation to Covid-19 approaches targeted at Black, Asian and Minority Ethnic communities that we may want to replicate in future for other health issues.

6 EQUALITIES IMPLICATIONS

- 6.1 The focus of the Black, Asian and Minority Ethnic inequalities Commission was to explore inequalities facing our Black, Asian and Minority Ethnic communities. The findings, recommendations and actions which respond to them reflect this. The Commission noted the importance of intersectionality of inequalities facing different protected characteristics

² It should be noted that Appendix I will be presented to Cabinet in October 2022.

such as Black, Asian and Minority Ethnic women, different groups within Black, Asian and Minority Ethnic communities and deprivation. The actions provide a partnership response to the recommendations from this Commission will help to address inequalities in Tower Hamlets and provide a platform to ensure equalities remains at the forefront of our collective work

7 OTHER STATUTORY IMPLICATIONS

- 7.1 The main interfaces here relate to:
- 2010 Equality Act
 - 2014 Care Act
 - 2021 Health and Care Bill

8 COMMENTS OF THE CHIEF FINANCE OFFICER

- 8.1 In addition to existing staffing resources within the partnership, this report requests an additional resource to work on the action plan. The estimated cost for each of the five partnership organisations is £2,800 to fund a 0.2 FTE, six-month post.
- 8.2 There is further work required to cost up the short-term and longer-term funding requirements to carry out the proposed activities in the action plan (including health actions). The funding requirement calculation for each proposed activity would need to consider the use of existing resources (including internal staffing resource) within the partnership and potential funding sources. Funding would need to be secured through the relevant organisations' governance processes before a project could be initiated, and this would need to include permanent budget source to be agreed for any projects which would create funding requirements in future years (in addition to one-off funding).

9 COMMENTS OF LEGAL SERVICES

- 9.1 The Council has the legal power to undertake the activities referred to in this report.
- 9.2 The refined action plan refers to activities which may require the expenditure of various sums of money to achieve certain objectives. Where the identified sums are to be spent with external organisations then such expenditure will be subject to either an appropriate level of competition in line with the law or as grants in accordance with the Council's constitution (as the case may be). In either case, such expenditure will be subject to appropriate checks and measures (such as comparison with similar spend elsewhere and contract monitoring) to ensure the expenditure represents statutory Best Value.
- 9.3 The expenditure via grant or services contract will also be subject to its own approval process in accordance with the Council's constitution.

Linked Reports, Appendices and Background Documents

Appendices

- Appendix 1 – Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission - Health Recommendations and Action Plan – To follow.

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- NONE

Officer contact details for documents:
Or state N/A

Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission

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Health Recommendations and Action Plan

September 2021



Introduction



This action plan sets out the commitment of the Health and Wellbeing Board and Tower Hamlets Together partnership to tackle inequality and improve health outcomes for Black, Asian and Minority Ethnic communities in Tower Hamlets.

It has been written in response to the nine health recommendations made by the Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission, which concluded its review in March 2021.

The action plan looks at each of the nine recommendations:

- Page 16
- Summarising the key activity that has been carried out to date
 - Setting out future actions to be taken via the Health and Wellbeing Board (HWBB) and via the Tower Hamlets Together (THT) partnership.

Partners welcome the recommendations in the Black, Asian and Minority Ethnic Inequalities Commission report. Responding to the Covid-19 pandemic has of course been a key focus for the health and care system over the last year, and much of the work done to date to tackle Black, Asian and Minority Ethnic inequalities has been done through this lens (for example, work to tackle disparities in Covid-19 vaccination take-up levels). As lockdown lifts and we move into a different phase of the pandemic, this plan represents the commitments of the Tower Hamlets Together partnership and Health and Wellbeing Board in response to the Black, Asian and Minority Ethnic Inequalities Commission report.

The Health and Wellbeing Board will hold oversight of the action plan and will be responsible for the actions assigned to it. The Tower Hamlets Together partnership and Board will be responsible for the actions delegated to it by the Health and Wellbeing Board and will be accountable to the Board for delivery.

R1: Digital exclusion



Organisations address digital exclusion facing Black, Asian and Minority Ethnic communities which is having an impact on their ability to access services, employment, engage in community life and achieve their life outcomes.

What we have done

✓ The THT Executive agreed to tackle digital exclusion as a priority in summer 2020. As part of this, THCVS is leading on a co-production project to identify those most at risk of digital exclusion through its Digital Support programme due to financial poverty, lack of access and skills to use digital resources and language barriers and delivered a set of outcomes to address these.

Page 117 ✓ The public health response to the pandemic adapted to consider digital exclusion. A Covid-19 helpline was set-up to resolve issues and book vaccines, with call handlers who speak community languages. Posters and signs in community languages were placed around the borough in relation to Covid-19. Somali and Bangladeshi community organisations delivered outreach and support and codesigned tailored prevention and protection messages to the life course groups within these communities.

✓ The Communities Driving Change programme brought residents together in the 12 most deprived neighbourhoods. Most of the registered residents were Asian-Bangladeshi females between the age of 25 and 45, whose socioeconomic status was unwaged and who often had caring responsibilities. During Covid lockdowns WhatsApp groups, phone zoom and phone calls kept people in contact and projects running.

✓ In Barts Health renal medicine has been in the lead with remote access (telephone or video) to outpatients and undertook an equity analysis of patients who didn't attend for appointments. Results suggest that patients from some ethnic minorities were more likely not to attend appointments. Work was then undertaken with renal medicine (the largest user of remote access), which included reviewing access to bilingual health advocacy, advocacy staff calling non-English patients prior to video consultations to assess their needs and any concerns. As a result, setting up setting up 3-way consultations when necessary.

✓ Barts Health reviewed equipment needs, additional training for administrative and clinical staff in conducting 3-way video consultations and introducing a flag on the clinical records system so that patients with type needs are identified. This work is being conducted with a range of stakeholders adopting a coproduction approach.

R1: Digital exclusion



Organisations address digital exclusion facing Black, Asian and Minority Ethnic communities which is having an impact on their ability to access services, employment, engage in community life and achieve their life outcomes.

What we will do

Action	By who	By when
<p>1. The Health and Wellbeing Board will carry out more non-digital outreach to support Black, Asian and Minority Ethnic communities to access health and social care. Partners will promote the Covid-19 helpline with staff who speak community languages & translate Covid-19 signage and leaflets. Adult social care will carry out outreach in the community and health centres and will target Black, Asian and Minority Ethnic communities</p>	HWBB / Council	Dec-21
<p>2. The Health and Wellbeing Board will ensure there is always an option to interact with health and care services in non-digital ways, and will promote these to Black, Asian and Minority Ethnic communities through a variety of communication channels. Non-digital health & care options that paused during the pandemic will be restored as soon as is safe to do so. Digital exclusion in new virtual care settings will be addressed.</p>	HWBB / CCG	Mar-22
<p>3. The Health and Wellbeing Board will carry out more initiatives to support Black, Asian and Minority Ethnic communities who are digitally excluded to get online. This will be done via the new Tower Hamlets Connect service through outreach, the Carer Centre through outreach activity and through the THCVS Digital Support programme aimed at tackling the digital divide.</p>	HWBB / Council / THCVS	Mar-22

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R2: Campaign & social determinants



Lead a high-profile local campaign for the government to provide adequate funding to address health inequalities including socio- economic factors.

What we have done

- ✓ Tower Hamlets Together has led on tackling health inequalities by highlighting local health inequalities and drivers behind them.
- ✓ The council and its partners carried out analysis of the wider impact of Covid-19 in Tower Hamlets, and this included explicit analysis of the current and potential future impact of the pandemic on health inequalities. (This was presented to Cabinet in July 2020).
- ✓ The council and its partners have responded to national consultations and calls for evidence, using this as an opportunity to highlight health inequalities and the causes behind them.
- ✓ The council made a formal submission on adult social care funding to government committee. This set out how Covid-19 has impacted the adult social care sector in Tower Hamlets and its long-term funding needs following the pandemic. The response also provided a view on how additional funds can be raised to ensure the long-term stability of the sector and how the social care market can supported to improve innovation.

R2: Campaign & social determinants



Lead a high-profile local campaign for the government to provide adequate funding to address health inequalities including socio- economic factors.

What we will do

Page 120

Action	By who	By when
4. The Health and Wellbeing Board will agree a new Joint Health and Wellbeing Strategy. Partners will use this in a planned communications campaign to describe a shared narrative about health inequalities in the borough, their causes and the need for adequate funding.	HWBB / all	Mar-22
5. The Health and Wellbeing Board and Tower Hamlets Together Board will collectively respond to future government consultations over above organisational requirements and national calls for evidence.	HWBB/ THT Board	Mar-22
6. The Health and Wellbeing Board will act on and promote insights and analysis to tackle health inequalities. This includes Council analysis on the wider impacts of Covid-19 and Healthwatch insights into language, ethnicity and inequality.	HWBB / Council / Healthwatch	Mar-22

R3: Hostile environment



Local NHS organisations to lead a local campaign for the government to review hostile environment policies which seeks to reduce the profile of the checking of immigration status of service users it is statutorily required to undertake.

What we have done

- ✓ The GP Care Group has supported GP practices/clinics to campaign on this issue and many have taken the opportunities to do so
- ✓ Covid-19 vaccine clinics for people who are undocumented or with no recourse to public funds have been organised, explicitly promoted to people who may be worried

R3: Hostile environment

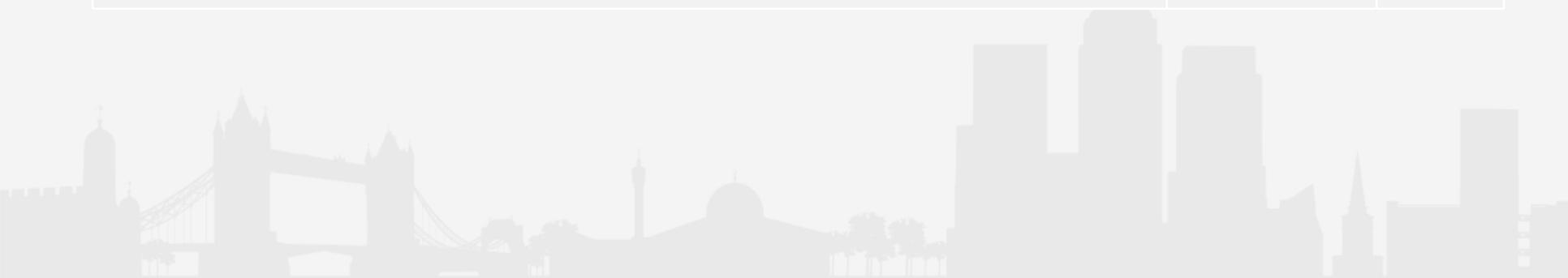


Local NHS organisations to lead a local campaign for the government to review hostile environment policies which seeks to reduce the profile of the checking of immigration status of service users it is statutorily required to undertake..

What we will do

Action	By who	By when
7. The Health and Wellbeing Board will support a local campaign - led by the GP Care Group - for the government to review hostile environment policies and reduce the profile of the checking of the immigration status of service users and patients .	HWBB / GP Care Group	Mar-22 Mar-22
8. The Health and Wellbeing Board will continue to support Covid-19 clinics for people who are undocumented or with no recourse to public funds.	HWBB / GP Care Group / Council	Ongoing

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R4: Partnership



That partnership structures and strategies are reviewed to deliver radical changes at pace on health inequalities in the borough.

What we have done

- ✓ The THT Board has invested in an anti-racism leadership development programme provided by the equality charity Brap. They are facilitating four sessions to guide and challenge THT board as individual and collective system leaders. This has included a focus on systemic racism and systemic change.
- ✓ The Associate Lay Member for Patient and Public Engagement on the THT Board has an expanded remit that now includes equality and diversity
- ✓ The Local Delivery Board (part of Tower Hamlets Together) is now reviewing Healthwatch insights on inequalities and the relationship with health outcomes
- ✓ Wider health inequalities have been captured in the recently agreed strategies, including the Community Safety Partnership Plan.

R4: Partnership



That partnership structures and strategies are reviewed to deliver radical changes at pace on health inequalities in the borough.

What we will do

Action removed p

By who

By when

9. All new and refreshed strategies commissioned by the Health and Wellbeing Board will have an explicit section on tackling Black, Asian and Minority Ethnic inequality and health inequalities. The new Health and Wellbeing Strategy will have a core principle of equality and anti-racism embedded in the strategy

HWBB /
Council

Sep-21

10. The Tower Hamlets Together Borough Plan will be reviewed to make clearer the health needs and inequality facing Black, Asian and Minority Ethnic communities. Tower Hamlets Together life-course groups will have race equality goals in each plan to address needs and under the overall mission of becoming an anti-racist borough.

THT Board/
CCG

Dec-21

11. The Tower Hamlets Together Board will invest in an anti-racism leadership programme beyond 2021 to drive deep cultural change and tackle the pervasive racial microaggressions, bias and stereotypes we know exist in our society and services. Actions beyond 2021 will be agreed.

THT Board /
CCG

Dec-21

12. The Tower Hamlets Together Board will look into investing in a programme of anti-racism training throughout all partner organisations – to be part of mandatory and refresher training for all staff and/or managers.

THT Board /
CCG

Apr-22

13. The Health and Wellbeing Board and Tower Hamlets Together Board will regularly scrutinise data on the ethnic background of people accessing health and care, their experience and their outcomes at a system-wide level, to understand areas of over or under-representation; with additional qualitative insights.

HWBB /
THT Board /
CCG /
Council

Apr-22

14. The Health and Wellbeing Board and Tower Hamlets Together Board will further diversify their membership, reviewing their Terms of Reference and membership to facilitate this.

HWBB /
THT Board

Mar-22

R5: Representation



Tower Hamlets Board to develop initiatives to support more Black, Asian and Minority Ethnic residents to become health professionals (particularly underrepresented and smaller Black, Asian and Minority Ethnic communities).

What we have done

- ✓ THT partners have agreed a joint Workforce and Occupational Development (OD) Strategy in March 2021 with commitments to tackle Black, Asian and Minority Ethnic inequality. One of the key priority areas is 'equalities, diversity, and inclusion' to which there is commitment "to ensuring equality, diversity and inclusion across the THT workforce" to achieve "a workforce that reflects the diversity of the community it serves" and "creating a diverse and inclusive culture." The intention is to continue to develop values-based processes and create a culture of care where staff feel empowered to raise concerns, innovate and continuously improve.
- ✓ Barts Health has reviewed the senior recruitment process and statutory reporting metrics (Gender pay gap, Workforce Race Equality Standard, Workforce Disability Equality Standard).
- ✓ Public health are recruiting to Public Health Apprentice roles from the local community.
- ✓ Barts Health has revised its senior recruitment process to be more inclusive. This includes (amongst changes to recruitment material, and the advertising/selection process) the use of an "inclusion Ambassador" – a specially trained, diverse panel member that must be present on all 8a+ panels to oversee a fair process. Barts Health have committed to providing 1-2-1 career coaching for every member of staff from a group that is not proportionately represented at senior levels.
- ✓ Barts Health has committed to 3% year on year growth of Black, Asian and Minority Ethnic staff in senior positions. This has been achieved over the last year, maintaining this growth would allow us to achieve representative leadership by 2028, a key target in the London Race Equality Strategy.
- ✓ Barts Health has a number of established programmes that bring members of the community into work (e.g. Project Search, Healthcare Horizons). These local employment and careers programmes have been successful in increasing the numbers of Tower Hamlets residents into jobs and career paths in the NHS. The Healthcare Horizons scheme works with a number of Tower Hamlets schools and provides careers advice, mentoring, work experience and careers events involving healthcare professionals. Both employment and careers programmes have 60%+ Black, Asian and Minority Ethnic participation.
- ✓ ELFT has completed a large project on 'values based recruitment'. One of the central aims behind this project is to 'enable those with potential and from more diverse backgrounds into the NHS than with traditional education and experience-based assessments'. Within their workforce priority to 'attract people into the NHS', there are 5 workstreams all with a strong focus on equality and diversity and inclusion at every level. They are designed to address the workforce challenges highlighted in Workforce Race Equality Standard.

R5: Representation



Tower Hamlets Partnership to develop initiatives to support more Black, Asian and Minority Ethnic residents to become health professionals (particularly underrepresented and smaller Black, Asian and Minority Ethnic communities).

What we will do

Action	By who	By when
<p>15. The Tower Hamlets Together Board will deliver the THT Workforce and Organisational Development strategy so that:</p> <ul style="list-style-type: none"> - Diversity targets are agreed - Progress against goals to have representative leadership is published. - Inclusion Ambassadors are included in more Interview Panels (starting in Barts Health and potentially rolled out across the partnership) - Each partner will review governance arrangements to ensure staff networks can contribute to and inform decision-making processes. 	<p>THT Board / CCG</p> <p>Barts</p> <p>All</p>	<p>Mar-22 Sep-21</p> <p>Apr-22</p> <p>Mar-22</p>
<p>16. The Health and Wellbeing Board partners will systematically and inclusively engage with local schools to promote careers in health and social care amongst young people from diverse background</p>	<p>HWBB / Barts Health</p>	<p>Sep-22</p>
<p>17. Health and Wellbeing Board partners will encourage recruitment from the community by giving greater access to health and care staff, facilitating preliminary career discussion with candidates identified by QMUL, job centre, ELBA, Tower Hamlets School Forum; and will agree an approach to providing work placements to local young people from underrepresented groups.</p>	<p>HWBB / Barts Health</p>	<p>Mar-22</p>
<p>18. Health and Wellbeing Board partners will increase Black, Asian and Minority Ethnic representation in leadership positions.</p> <ul style="list-style-type: none"> - The CCG aim to have a leadership that is representative of the overall Black, Asian and Minority Ethnic workforce by 2028 - Barts Health will carry out the first phase of their talent management approach, identifying high-potential candidates and those that have been through the Barts career development programme for Black, Asian and Minority Ethnic staff. 	<p>HWBB / CCG / Barts Health</p>	<p>Mar-23</p>
<p>19. An apprentice will be appointed by Public Health</p>	<p>Council</p>	<p>Mar-22</p>

R6: Research



The Health & Wellbeing Board, by the end of 2021, undertake detailed external research on causes of health inequalities amongst Black, Asian and Minority Ethnic communities which puts engagement of the community at the forefront of its work to identify issues and solutions.

What we have done

- ✓ The Health and Wellbeing Board and Tower Hamlets Together partnership have gathered community insights to support better understanding of causes of health inequalities amongst Black, Asian and Minority Ethnic communities. Healthwatch community insights have been reviewed by THT and will inform recommendations. Community insights gathered through Covid-19 community engagement has been collated into themes and will inform future learning and support outbreak control plan.
- ✓ Barts Health Trust has taken equity and inclusion as part of its key objectives, including how it will support and develop staff from ethnic minority backgrounds. A long-standing programme reviewing equity of healthcare is in place. As well as monitoring disparities in Covid-19 rates, this has identified significantly different backgrounds for Black, Asian and Minority Ethnic patients when looked at by site when it comes to prioritisation for elective care and waiting times in A&E.
- ✓ The Urgent Treatment Centre undertook a heart audit to determine which patients needed an ECG with epigastric pain, this influenced our protocols as we changed our age group down to 40 years old and adjusted in respect of people from different ethnicities.

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R6: Research



The Health & Wellbeing Board, by the end of 2021, undertake detailed external research on causes of health inequalities amongst Black, Asian and Minority Ethnic communities which puts engagement of the community at the forefront of its work to identify issues and solutions.

What we will do

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Action	By who	By when
20. The Health and Wellbeing Board will commission research in line with this recommendation and will agree solutions with Black, Asian and Minority Ethnic communities when the research is complete.	HWBB/ Council	Dec-21
21. Healthwatch will gather insights on the experience of Black, Asian and Minority Ethnic ethnic communities at the Royal London Hospital. Solutions will be agreed with Black, Asian and Minority Ethnic communities when the insight work is complete.	Healthwatch	Dec-21

R7: Clinical training



Review and strengthen clinical training in order to increase understanding of different cultural needs and deliver better health services to all communities.

What we have done

- ✓ The council has further developed anti-racism practice in adult social care. An anti-racism board has been established in social care with clear objectives and outcomes.
- ✓ Barts Health have launched an Academy Charter aimed at tackling inequalities in education and training
- ✓ Barts Health have put a focus on differentials in attainment – a particular concern for junior doctors in training
- ✓ Urgent Treatment Centre staff have been offered suitable training to increase better understanding of cultural needs

R7: Clinical training



Review and strengthen clinical training in order to increase understanding of different cultural needs and deliver better health services to all communities.

What we will do

Action	By who	By when
22. The Health and Wellbeing Board will oversee the further development of anti-racism practice in partner organisations. Partners will share training materials with each other. This includes Barts Health training to managers (currently being reviewed) & Council training on anti-racism in social work practice.	HWBB / Barts Health	Mar-22



R8: Co-designed services

That NHS organisation undertake meaningful engagement and involvement of Black, Asian and Minority Ethnic communities in design, development and delivery of services. Health organisations need to improve the way services are understood and support Black, Asian and Minority Ethnic residents so that they are empowered and confident to access them. This may mean they need to change the way that services are configured to make them more culturally appropriate.

What we have done

- ✓ The THT Executive Board user voice slots have focused on Black and Asian community leaders and service users, bringing much needed focus and challenge.
- ✓ Targeted engagement activity with Black, Asian and Minority Ethnic communities took place over Covid-19.
- Covid Ambassadors and Champions that are representative of the communities in Tower Hamlets were set-up so that important messages can be reached to all communities.
- Targeted outreach with engagement bus & ambassadors – based on epidemiology – was carried out and targeted focus groups – Bengali men, Somali women etc.
- Vaccination clinics were run in culturally appropriate settings such as the Granby Hall community centre (used by the Somali Senior Citizens Club).
- Door knocking took place to promote key messages re vaccines/testing – community languages spoken in the teams for greater reach/conversation/understanding and targeted leaflet door drops to promote local vaccine clinics.
- The Covid-19 helpline offered advice in several locally spoken languages.
- Local GPs have taken part in discussions on Bangladeshi TV channels such as Channel 5 and TVOne
- Information webinars in community languages were held
- ✓ Service re-design has been informed by insights from Black, Asian and Minority Ethnic communities. This includes the redesign of day support in adult social care agreed in 2021, and what people wanted from targeted or universal services.
- ✓ The Family Contact Centre was set up to support families with loved ones at the Royal London Hospital (RLH). As a result of visiting restrictions, the trust reviewed its PALs service due to feedback from families about access and information about inpatients particularly from the Bengali and Somali community. The centre was set up after co-design work with East London Mosque and WIT. It is hoped that with its relocation to the bottom floor of the RLH it will provide more accessibility for families and patients.
- ✓ The Barts faith and community network met to support issues such as COVID resilience across NE London, it has also helped to tackle vaccine hesitancy across boroughs such as Tower Hamlets by promoting the vaccine across BME groups and trusting the views of faith leaders. The faith leads have also helped design and take part in communication campaigns. The group is also helping to promote and co-design specific work areas access to Endoscopy and digital appointments.

R8: Co-designed services



That NHS organisation undertake meaningful engagement and involvement of Black, Asian and Minority Ethnic communities in design, development and delivery of services. Health organisations need to improve the way services are understood and support Black, Asian and Minority Ethnic residents so that they are empowered and confident to access them. This may mean they need to change the way that services are configured to make them more culturally appropriate.

What we will do

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Action	Milestone	By who	By when
23. Health and Wellbeing Board partners will continue to undertake meaningful engagement and involvement with Black, Asian and Minority Ethnic communities in relation to the Covid-19 response. Covid-19 Black, Asian and Minority Ethnic projects to raise awareness, codesign solutions and reduce disparities commissioned by public health will continue until January 2022. Public health will commissioning outreach to the Black Caribbean community to gain insight into and overcome vaccine hesitancy.		HWBB / Council	Jan-22
24. The Health and Wellbeing Board and Tower Hamlets Together Board will keep what worked well with our Covid-19 response on co-design. The partnership will develop and support Ambassadors and Champions that are representative of the communities in Tower Hamlets so that important messages on other health issues reach all communities.		HWBB/ THT Board / Council	Mar-22
25. The Health and Wellbeing Board will oversee the THCVS 'disparities project', working on capacity-building with Black, Asian and Minority Ethnic community-led organisations to voice structural inequalities, initially focusing on mental health.		HWBB / THCVS	Mar-22
26. The Health and Wellbeing Board and Tower Hamlets Together Board commits to always considering and acting on feedback & will produce an annual 'you said, we did' to describe this.		THT Board / HWBB / CCG	Apr-22

R9: Communication



NHS organisations review their communication and engagement strategy which ensures guidance and important message is culturally appropriate and available in different languages and uses different approaches to ensure message is reach to different audiences.

What we have done

- ✓ The THT Executive Board have discussed how to develop culturally appropriate communications and engagement supported by feedback from the lived experience slots e.g. with Women's Inclusive Team, Deputy Young Mayor for Health, and Coffee Afrique CIC.
- ✓ Information and learning has been collated information from the Communications Silver Pandemic group to inform communications and engagement activity going forward
- ✓ The partnership has developed better understanding of how to support multiple generation households and the complexities created by poor government messaging on pandemic safety measures whilst families are off work and school during lockdown. This type of confusion made lives very difficult to manage and delayed Black, Asian and Minority Ethnic residents getting vaccinated.
- ✓ The partnership has collaborated with Faith leaders and faith settings to disseminate key information and support testing and vaccine take up
- ✓ The partnership has utilised social influencers to reach large numbers of residents' particularly younger people

Please also see "what we have done" on digital exclusion and on co-design for further updates on this area.

R9: Communication



NHS organisations review their communication and engagement strategy which ensures guidance and important message is culturally appropriate and available in different languages and uses different approaches to ensure message is reach to different audiences.

What we will do

Page 134

Action	By who	By when
27. The Health and Wellbeing Board and Tower Hamlets Together Board commit to working with Black, Asian and Minority Ethnic -led organisations and service users to develop culturally appropriate communications and engagement. The THT Board will continue to have dedicated sessions to hear from people with lived experiences of services and act on messages related to communication and engagement.	THT Board / CCG	Ongoing
28. The Health and Wellbeing Board will carry out a 'lessons learned' exercise to identify good practice on communication on health issues with Black, Asian and Minority Ethnic communities during the Covid-19 pandemic. Board partners will replicate initiatives that worked well in the Covid-19 response on other health issues. Initiatives include utilising media targeted at the Bangladeshi community, ensuring signs and printed information in community languages, and targeted webinars and meetings.	HWBB / Council	Apr-22
29. The Health and Wellbeing Board will carry out an audit of what key information is available and translated in community languages and will pool resources to address key gaps.	HWBB / CCG	Mar-22

Please also see the digital exclusion actions, which apply to this section.