



TOWER HAMLETS HEALTH AND WELLBEING BOARD



SUPPLEMENTAL AGENDA

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1 .2 Minutes of the Previous Meeting and Matters Arising

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To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on 2nd November 2021. Also to consider matters arising.

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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, 2 NOVEMBER 2021

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

Members Present:

Councillor Rachel Blake (Chair)	
Dr Sam Everington	
Councillor Asma Begum (Member)	– (Deputy Mayor and Cabinet Member for Children, Youth Services, Education and Equalities (Statutory Deputy Mayor)
Councillor Danny Hassell (Member)	– (Cabinet Member for Housing)
Gail Arnold (Member)	– Interim Borough Delivery Director,
Dr Somen Banerjee (Member)	– (Director of Public Health)
James Thomas (Member)	– (Corporate Director, Children and Culture)
Christopher Cotton (Member)	– Deputy Director of Finance
Denise Radley (Member)	– (Corporate Director, Health, Adults & Community)
Randal Smith (Member)	– Co-Chair for Healthwatch Tower Hamlets.
Fran Pearson (Stakeholder)	– Safeguarding Adults Board Chair LBTH
Amy Gibbs (Stakeholder)	– Chair of Tower Hamlets Together

Co-opted Members Present:

Vicky Clark	– (Divisional Director for Growth and Economic Development)
Chris Banks	– Chief Executive, Tower Hamlets GP Care Group CIC
Peter Okali	– Tower Hamlets Council for Voluntary Service
Dr Paul Gilluley	– East London Foundation Trust
Jackie Sullivan	– Managing Director of Royal London Site, Barts Health
Marcus Barnett	– Detective Chief Superintendent - MPS Central East Borough Command Unit

Officers in Attendance:

Dianne Barham	– Director of Healthwatch Tower Hamlets
Tony Collins	– We Connect Communities Partnership

Liam Crosby	– Associate Director of Public Health (Acting)
Thorsten Dreyer	– (Head of Intelligence and Performance)
Astrid Grindlay	– Public Health Registrar
Larissa Howells	– Director of Services at Age UK East London
Darren Ingram	– Service Manager, Integrated Commissioning, LBTH
Gavin James	– (Barts Health NHS Trust)
Warwick Tomsett	– Joint Director, Integrated Commissioning
Jamal Uddin	– Strategy Policy & Performance Officer
Suki Kaur	– Deputy Director of Partnership Development
Simon Twite	– (Strategist, Tower Hamlets Public Health)
David Knight	– (Democratic Services Officer, Committees, Governance)

1. STANDING ITEMS OF BUSINESS

2. WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Chairs Update

- ❖ **Better Care Fund (BCF)– Noted** the planning requirements were published at the end of September 2021 with the submission date on the 16th of November 2021. The expectation is that regional assurance will then take place between the 16th of November 2021 and the 7th of December 2021. The outcome of regional assurance will then be shared on the 7th of December, 2021 with formal approval letters issued from the 11th of January, 2022 the Board had quite an extensive discussion about this at the last meeting and Members all recognised that the Better Care Fund is a real is an opportunity for the Health and Well-Being Board Partners and the Towerhamlets Together Partnership to really drive integration there is an expectation that the Section 75 agreements will be signed and in place by the 31st of January, 2022. The biggest change for this year is the metrics which now focus on avoidable admissions; length of stay; discharged to normal place of residence and residential admissions.
- ❖ The Board was reminded that it had undertaken a review the local BCF scheme earlier in the year and the Section 75 proposals do reflect this. It was noted that whilst there is a requirement for the local Health and Well-Being Boards to sign off local plans, as the next Board meeting is not now scheduled until the 1st of February 2022 the current approach is for there to be a delegated signed off by Denise Radley Corporate Director Health, Adults and Community and Deputy Chief Executive and Siobhan Harper from Northeast London (NEL) CCG. Although the Chair will review the BCF proposals before they are submitted on the

16th of November 2021 this is as mentioned above a delegated submission by the Corporate Director Health, Adults and Community and Deputy Chief Executive on behalf of the Board.

- ❖ **Adult Social Care Strategy 2021** – It was **noted** that the Board is developing a new strategy in adult social care that will set out the plans over the next 3-5 years, outlining what will be done differently and what difference it will make. The Strategy has gone through a very extensive engagement and co-production process in the run up to publication and this strategy is now being finalised and will be launched in the coming weeks. The Chair stated that she hoped that everybody present had, had a chance to feed into the process, but she will ensure that the Board will see the consultation proposals and if Members have not yet read the draft that when they review the document they will agree that all the issues are covered although if Members wish to raise any issues then they should get in touch immediately.
- ❖ **Board Terms of Reference – Noted** that due to changes in NHS structures and ways of working within the current pandemic has warranted an interim review of the current Health and Wellbeing Boards Terms of Reference. With a view to taking a more in-depth review as to how the Board are organised following the establishment of the Integrated Care Boards (ICBs) and Partnership in 2022 and to really energize some of those structures Accordingly, the Board will undertake this light touch review now and by the next municipal year their would be an in-depth refresh on how the Board is be organised going forward.
- ❖ **Community Champions - Noted** a Community Champions will be recruited and work is ongoing to identify a community champion to join the Board.
- ❖ **2021 United Nations Climate Change Conference – Noted** that the 2021 United Nations Climate Change Conference COP26, the 26th United Nations Climate Change conference was being held Glasgow, Scotland and it has been suggested as Health and Well-Being Board could show their support to the development of climate-resilient and low-carbon health systems by submitting a letter to COP26.

3. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

Nil items

4. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

4.1 6th April 2021 - Tower Hamlets Health and Wellbeing Board

That the unrestricted minutes of the meeting of the Board held on 6th April 2021 be approved as a correct record of the proceedings and the Chair was **authorised** to sign them accordingly.

4.2 29th June 2021 - Tower Hamlets Health and Wellbeing Board

That the unrestricted minutes of the meeting of the Board held on 29th June 2021 be approved as a correct record of the proceedings and the Chair was **authorised** to sign them accordingly.

4.3 21st September 2021 - Tower Hamlets Health and Wellbeing Board

That the unrestricted minutes of the meeting of the Board held on 21st September 2021 be approved as a correct record of the proceedings and the Chair was **authorised** to sign them accordingly.

5. ITEMS FOR CONSIDERATION

5.1 Health and Wellbeing Board Terms of Reference (ToR)

Noted that the Health and Social Care Act 2012 had helped establish statutory health and Wellbeing Boards in April 2013. Since its inception, the ambition has always remained that health and wellbeing boards will build strong and effective partnerships, which improve the commissioning and delivery of services across NHS and local government, leading to better health and wellbeing outcomes for local people. The Board operates according to the Council's Constitution and according to the Terms of Reference for the Board itself. The main points of the discussion have been summarised as follows.

The Board

Noted that a few changes in NHS structures and ways of working within the current pandemic has warranted a quick review of the current Health and Wellbeing Boards Terms of Reference resulting in two proposed amendments to the current Terms of Reference.

1. In April 2021, Tower Hamlets Clinical Commissioning Group (CCG) along with the six other Northeast London (NEL) CCGs – City and Hackney, Newham, Waltham Forest, Barking and Dagenham, Havering, and Redbridge started working together as a commissioning alliance to develop an aligned approach to collaborating with providers to ensure long term sustainability. As a result of these changes in NHS structures, the position of independent chair of Tower Hamlets CCG no longer exists. It is proposed that a suitable clinical representation from the NHS Northeast London CCG is identified.
2. Due to the pandemic, the Government made allowances to local Authorities to host committee meetings until end of May 2021. Since then, Tower Hamlets has been operating a hybrid model providing a quarter of the membership attend the meeting physically as per Terms of Reference. Health and Wellbeing Board Terms of Reference holds an additional premise that the quarter of the membership 'includes at least one representative from the NHS Tower Hamlets Clinical Commissioning Group.' There is no legal precedent for this requirement and to ensure that meetings are quorate the proposal is to

remove the additional premise from the Terms of Reference with boards agreement.

Noted that a further review of the Terms of Reference would be undertaken in the coming months following development of Integrated Care System and NHS reorganisation in April 2022.

Noted that some existing aspects of the Board's current Terms of Reference had been accidentally omitted from Appendix 1 to the report and thus changes to be considered should be restricted to those specified in paragraph 3.3 of the report.

Accordingly, the Board **RESOLVED** that it is

1. **Agreed** to amend the Board's Terms of Reference as follows.
 - a. **Replace** the current Vice Chair role description with 'Clinical representative of NHS North East London Clinical Commissioning Group (NEL CCG).
 - b. **Replace** the current wording under the Quorum heading with "The quorum of the Board in the Terms of Reference is a quarter of the membership".
2. **Agreed** that a further review of the Terms of Reference will take place in the coming months following development of Integrated Care System and NHS reorganisation in April 2022.

5.2 HWB Story - We Connect Communities Partnership

The Board received a presentation that outlined the information, advice, and advocacy offer, across health and care, in Tower Hamlets. The main points of the discussion and questions raised are summarised as follows.

The Board

- ❖ **Noted** that the Council leads on the transformation and redesign of a joined-up approach to information and advice across health, social care and social welfare and is a key driver in empowering residents with making more informed choices and control. The new and integrated Tower Hamlets Connect Service went live on 19th of July 2021 and takes a strengths-based approach to information and advice, supporting people to help themselves and achieve their goals.
- ❖ **Understood** that Tower Hamlets Connects supports the Council to manage demand on its adult social care front door and those of health partners by providing free, quality-assured information, advice and advocacy across health, social care, and social welfare.
- ❖ **Observed** that Tower Hamlets Connects is equipping residents with the correct information and advice support at the right time to enable

residents to support themselves, live fulfilling lives and to be as independent as possible.

- ❖ Was **advised** that the service offers early help and support to residents and carers through a digital portal, a help/advice telephone line service and face-to-face support in community and primary care settings.
- ❖ **Noted** that a key element of the information and advice offer is the Tower Hamlets Together [Digital Portal](#). This website provides the digital front door for all residents with or without health or care needs. It provides residents with a suite of information and advice pages, a service directory, and an events calendar.
- ❖ **Noted** the Compassionate Neighbours project that supports people in Hackney and Tower Hamlets who are living with chronic life-limiting illness and those that are feeling isolated from their local community.
- ❖ **Observed** that Compassionate Neighbours support people in the local community by (i) Visiting regularly; (ii) Offering friendship and a listening ear; (iii) Telephone support; (iv) Supporting people to do the things they like and enjoy; and (v) Supporting people to stay connected to their community, family, and friends.
- ❖ **Noted** with interest the “Love Your Neighbour” project that is East London Cares' friendship matching scheme, which brings older and younger neighbours together to spend time one-to-one. Older and younger neighbours are matched up based on location, interests, and personality. They get together once a week and build friendships that help bring a little of the outside world in for neighbours who can struggle to get out. Younger neighbours can also support their older neighbours to get and about and enjoy all that Tower Hamlets have to offer – whether that is the cinema, the theatre, or parks and museums.
- ❖ **Noted** that the programme aims to bridge divides that can make London an isolating and lonely place for younger and older neighbours alike. Through conversation, company and companionship, younger and older neighbours can support one another to stay vibrant, visible, and connected. It is mutually beneficial: younger and older neighbours share stories, advice, skills, laughter, and new experiences. The East London Cares' Love Your Neighbour programme kicked off in January 2020 and in response to Covid-19, had to change quickly to support friendships at a distance. Long-standing friends began calling one another regularly, including on FaceTime, and through the Phone a Friend project, new matches were made between younger and older neighbours who continue to speak regularly over the phone.
- ❖ **Commented** that the presentation had been an inspiring account of what has been achieved by people working together and that there is now quite a body of data in Tower Hamlets that sets out the kind of risk of loneliness and isolation and how for some people can quite easily segue into being at risk of needing other types of protection and that the Care Act that set up Safeguarding Adults Board's gives this Board the responsibility around prevention. Accordingly, it was felt that there would be of benefit to have some examples of positive intervention that had been provided by this work **e.g.**, people being lifted out being at risk.

- ❖ **Understood** that the We Connect Communities Partnership had done some, work around about self-protection **e.g.**, not letting people in the door and reminding people to double check about a person's identity.
- ❖ Was **informed** that referrals can be made via the Jubilee Street Practice and the Partnership are in the process of setting up an email contact for the Scheme.
- ❖ **Agreed** on the importance of the Partnership developing alternative approaches to service delivery underpinned by the principles of community involvement **e.g.**, how the NHS Trusts Carers Centre could work with the Partnership.
- ❖ **Welcomed** the intention to appoint a coordinator who will support those providing emotional and social support and developing truly natural, mutual friendships.
- ❖ **Agreed** that the way different services can feed into this is critical particularly around the acute services.
- ❖ **Recognised** that loneliness and social isolation are some of the most challenging public health risks and loneliness is now as prevalent in the young as it is in the elderly, it just manifests itself differently. It never discriminates between young and old, rich, and poor and that is why more needs to be done to tackle loneliness and social isolation.
- ❖ **Agreed** that in an increasingly digital age, those who are not engaging effectively with the digital world are at risk of being left behind as digital skills are increasingly important for accessing information and services.

Accordingly, the Board resolved to formally

1. **Note** the presentation and stated that it would welcome further updates on the Tower Hamlets Connect service.

5.3 Introduction to Tower Hamlets Connect - Information and Advice service

The Board received a presentation that outlined how residents accessing the Tower Hamlets Connect service are be supported online, on the phone, and in person. Noted that the Service has been commissioned to be the front door for adult social care and to support residents as far as possible in the community. The main points of the discussion and questions raised have been summarised as follows.

The Board:

- ❖ **Noted** that access to adult social care is underpinned by a digital portal developed by Tower Hamlets together partners with a key focus of the services to reduce duplication.
- ❖ **Noted** that the main objectives of the project are to make sure that residents are getting the help that they need when they need it in the way that they need it and to ensure that agencies are coordinating their resources.
- ❖ **Noted** that the priority for Tower Hamlets Connect in 2022 is to establish these pathways; understand the available wider support

services; collaborating with partners to identify where there are gaps and capacity issues; and really understanding accessibility.

- ❖ **Understood** that Tower Hamlets Connect are providing people with the support and information they need to access and to keep the help that they need and to retain their independence, and if possible before they need intervention from adult social services.
- ❖ Was **informed** that residents can access the service by visiting the portal; the helpline; email enquiry@towerhamletsconnect.org or by texting information and advice service.
- ❖ **Noted** that the Partnership includes a number of agencies such as the Council, the NHS, Metropolitan Police, London Fire Brigade, Tower Hamlets Council for Voluntary Service, Queen Mary University, Tower Hamlets College, East London Business Alliance, Tower Hamlets Housing Forum, Canary Wharf Group. However, it was important to note the longer-term ambition is to strengthen relationships across the entire system with the wider voluntary sector, community health and emergency services.
- ❖ **Agreed** that (i) those who could benefit from social prescribing schemes include people with mild or long-term mental health problems, vulnerable groups, people who are socially isolated, and those who frequently attend either primary or secondary health care; and (ii) the core principles of social prescribing are to promote health and wellbeing and to reduce health inequalities in a community setting, using non-clinical methods addresses barriers to engagement and enable people to play an active part in their care.
- ❖ **Noted** that social prescribing is a move away from the drug description method which is fundamentally only 20% of what people need, it is about accessing a whole raft of services within the Borough and not necessarily from the partner agencies. Therefore, this method aims to deliver such a service in an integrated fashion that means that there must be a spreading of the load within the system.
- ❖ **Recognised** that some people are more able to be signposted than others and the agencies need to be proactive in taking the lead on identifying what residents accessing the Tower Hamlets Connect service need and the providers need to make sure that they follow up and see that the service identified is being taken up **e.g.** just because somebody says they will access a service for themselves does not mean that they will or that they are able to.
- ❖ **Agreed** that there is a need to provide the reassurance to any resident wants to receive assistance and to establish an accurate picture of the needs of an individual or their carer, regardless of whatever method of assessment is used – i.e., supported self-assessment, face-to-face assessment, or phone.
- ❖ **Indicated** that it is important to consider any issues related to language barriers **e.g.**, residents who do not speak the local language are disadvantaged in terms of access to healthcare services and have shown that residents who face language barriers have poorer health outcomes compared with patients who speak the local language.

- ❖ **Noted** that whilst Tower Hamlets Connect are accessing translation services and are working to increase accessibility there is more work to be done improve access to healthcare services.

Accordingly, the Board **agreed** that the presentation had been extremely helpful and gave a real sense of what service integration will look like.

5.4 **Northeast London Integrated Care System (NEL ICS) discussion and Tower Hamlets Together (THT)**

The Board received a report that provided an overview of the upcoming changes via the forming of the NEL Integrated Care System (ICS) and the impact of this at a borough level - the Tower Hamlets Together (THT) Partnership. The main points of the discussion and questions raised maybe summarised as follows.

The Board

- ❖ **Understood** that the system has undergone a meaningful change recently, especially at the Clinical Commissioning Groups (CCGs) and system levels, due to implementation of requirements set out in the NHS Long Term Plan.
- ❖ **Noted** the focus on the direction and ambitions of the NEL Integrated care systems (ICSs) changes and the potential form and functions options that are available to Borough's partnerships as part of the wider changes.
- ❖ **Agreed** that it is important that the structures and processes ensure accountability, transparency, inclusiveness reflecting what the objectives are in terms of reducing health inequalities and making sure that services are as integrated as they can be.
- ❖ **Agreed** that it was important to understand the CCG's functions; how these will transfer to the ICS and moving the responsibility of population management system management to the provider side.
- ❖ **Acknowledged** that you could look at this transition as considering lean and mean as one of the options or partners might look at it as setting up another commissioning body. However, that risks the establishment of a body that is much bigger and is extraordinarily complex and risks reinventing the CCG; damaging the existing relationships within the Borough and creating a body for unproductive talk rather than action with endless papers and briefings and not addressing the disengagement of doctors and nurses in the system that will come at a massive cost. The focus needs to be kept the existing experienced team focused on advising the ICB on how to help residents including self-management, of long-term conditions, a swift response to acute illness, the provision of reablement, and improved community health provision to residents may help reduce the numbers of hospital admissions.
- ❖ **Noted** that the Councils own scrutiny function is keen to understand what is being done to prepare for these changes e.g., what conversations are being had with the NHS locally about the changes;

what expectations the local NHS might have about health scrutiny's involvement; the impact the health scrutiny functions.

- ❖ **Agreed** that (i) the timetable for adoption needs to include consultation with the Tower Hamlets Healthy Adults Scrutiny Sub Committee; (ii) residents and partner agencies are engaged in a meaningful way; and (iii) we use the strengths and established structure's that we have of as a Health and Well-Being Board to really make this work.

The Board:

1. **Noted** the proposed opportunities of integration from April 2022; and
2. **Agreed** that there should be a standing item on the Board's agenda on the development of the Integrated Care System in the Borough.

5.5 **Black, Asian and Minority Ethnic Inequalities Commission - health section update**

The Board noted that the Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission health recommendations and action plan had been considered by the Health and Wellbeing Board on the 21st of September 2021. The main points of the discussion and questions raised summarised as follows.

- ❖ **Noted** that nine of the twenty-three recommendations made by the Commission relate to health and wellbeing.
- ❖ **Noted** that the report sets out the progress and immediate priorities for delivery against the Health Theme of the action plan.
- ❖ **Indicated** that it would wish to see some hypothesis to be developed now about addressing people's lives within structural, social, and contexts, and social change. **e.g.**, the list of 10 things for the next 9 months to 5 years, 5 to 18, adulthood, people living with long term conditions; complex care and driving out inequalities.
- ❖ **Agreed** things that such research must involve people in the community and must build on the work that has been undertaken since the start of the pandemic **e.g.**, through the delivery of services in which residents participate in the creation, design, steering, and management of services.
- ❖ **Indicated** that with vaccine hesitancy continuing to present significant obstacles partners need to have programmes to maintain the public's trust in the partnership, based on local needs with data broken down for agencies to find out better ways to manage the challenges and situations presented by Covid.
- ❖ **Noted** the work being taken forward at London level by Kevin Fenton the Regional Director of Public Health, NHS London that has indicated that stakeholders have expressed deep concern and anxiety that if lessons are not learnt from this initial phase of the epidemic, future waves of the disease could again have severe and disproportionate impacts. Accordingly, agencies need to be united in the commitment that urgent, collaborative, and decisive action is required to avoid a

repeat of this in the future **i.e.**, the members of the Health and Well-Being Board will continue to gather insights on the experience of Black, Asian, and Minority Ethnic communities in relation to the Covid.

Accordingly, the Board formally:

1. **Noted** current progress and plans for delivery against recommendations in 2021/22.
2. **Considered** the equalities considerations as set out in Paragraph 4.1 of the report.
3. **Indicated** how agencies should be taking forward research on causes of inequalities in Black Asian and Minority Ethnic Communities.

5.6 **Strengthening research infrastructure and collaboration in Tower Hamlets**

The Board received a briefing that provided the Health and Wellbeing Board with an update on current work to strengthen research collaborations in Tower Hamlets. The main points of the discussion and questions raised are summarised as follows.

The Board:

- ❖ **Noted** that this work is to provide the underlying infrastructure, collaborations, and processes to enable research on several 'wider determinants' of health, as set out in the priorities of Tower Hamlets Partnership and the Boards Strategy.
- ❖ **Noted** that as part of this work agencies are developing a bid for the National Institute for Health Research (NIHR)-funded 'Health Determinants Research Collaborations' to develop underlying infrastructure to support research (rather than to do research)
- ❖ **Welcomed** the offers by Barts Health, Northeast London Foundation Trust, Tower Hamlets Housing Forum (THHF) and Healthwatch to help with a Black, Asian and minority ethnic inequalities research. In addition, Health Watch have the Community Insights Repository that primarily enables the processing of vast quantities of information, qualitative and quantitative, resulting in a large, robust evidence base of user and resident views.

Accordingly, the Board formally **noted** the current work to strengthen research collaborations in Tower Hamlets and the offers by Board Members to help with Black, Asian and minority ethnic inequalities research.

5.7 **SEND Inspection update**

The Board received a presentation that provided an update to the Health and Wellbeing Board on SEND improvement work and the outcome of the Joint Area SEND Inspection in Tower Hamlets which took place in June/July 2021. The main points of the discussion and questions raised maybe summarised as follows.

The Board:

- ❖ **Noted** that the improvement work is directly concerned with equalities and by driving improvement work will improve outcomes for children and young people with Special Educational Needs and Disabilities **e.g.** importance of attainment in terms of both socialization and the ability to engage with education and development.
Noted that with regard to Education and Health Care Plans (EHCP) the inspectors were impressed with the progress that had been made in terms of completing assessments in a timely way e.g. that quality of all EHCP's was consistent in all assessments and the resulting plans.
- ❖ **Noted** that as part of the improvement planning (i) there was a need within the next 12 months to strengthen the systematic completion and the quality of annual reviews of EHCP's; and (ii) there was a commitment to significant additional resourcing, focused on those annual reviews.
- ❖ **Noted** that work is being undertaken to develop the holistic pathways that would provide supportive therapies to help maintain good health and wellbeing for children and families
- ❖ **Noted** that the CCG has invested additional funds over the next two years to help clear the backlog and address the waiting times regarding EHCP's.
- ❖ **Noted** that with regards to communication and engagement with parents there are plans that are being developed and produced with parents and carers around (i) better communication, in particular to ensure that every parent is clear about the support services that they are entitled to; (ii) better engagement with parents and carers through a program of listening events as well as building on the existing strengths for parent representatives such as the Parent Care Forum and the SEND parent champions; (iii) every parent or carer with a young person who has special educational needs or disability feel that they are co-producing the educational health and care plan; and (iv) parents and carers feeling that they are deeply engaged in the annual review of their services to meet their child's needs.
- ❖ **Noted** that the Service would welcome the continued support and challenge that the Board has provided over the past 12 months on SEND **e.g.**, a six-monthly review with the Board to see what measures have been taken to demonstrate the kind of momentum of improvement against all the priority areas.
- ❖ **Agreed** that it was immensely helpful to have such detailed contributions from all the relevant partner agencies at the Board.

Recommendations:

The Health & Wellbeing Board:

1. **Received** and **noted** that feedback on the SEND Improvement update.
2. **Provided** comments on how Board members will support the response to the priority areas identified in the findings of the Joint Area SEND

Inspection in Tower Hamlets.

6. ANY OTHER BUSINESS

The Board:

- ❖ **Noted** the continued access problems in general practice and that patients have reported finding it difficult to book appointments and access treatment and that councillors are to receive a briefing on access to general practitioners to help them understand and be able to advocate for the issue. However, it was agreed that the Board needed to continue to maintain a watching brief on this issue.
- ❖ **Noted** that a letter should be sent to the Department of Health and Social Care prepared and signed by the Chair setting out that the Board's Membership collectively supports the need to resolve the current access problems in general practice.

Finally with no other business to discuss, the Chair called the meeting to a close, and thanked scrutiny members for their attendance and participation tonight.

The meeting ended at 7.07 p.m.

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

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