Tower Hamlets Health and Wellbeing Board

TOWER HAMLETS

Tower Hamlets Health and Wellbeing Board

Agenda

Tuesday, 19 September 2023 at 5.00 p.m.
Council Chamber - Town Hall, Whitechapel

Members:

Chair: Councillor Gulam Kibria Choudhury

Vice Chair:

Councillor Kabir Ahmed, Cabinet Member for Housing Management and Performance
Councillor Saied Ahmed, Cabinet Member for Resources
Councillor Maium Talukdar, Cabinet Member for Education & Childrens Services
Councillor Ahmodur Khan, Chair of the Health Scrutiny Sub-Committee
Councillor Amy Lee, Non-Executive Largest Opposition Group Councillor
Matthew Adrien, Service Director at Healthwatch Tower Hamlets
Dr Neil Ashman, Chief Executive of The Royal London and Mile End hospitals
Zainab Arian, Acting Chief Executive Officer at Tower Hamlets GP Care Group CIC
Dr Somen Banerjee, Director of Public Health, LBTH
Dr Ian Basnett, Public Health Director, Barts Health NHS Trust
Lucie Butler, Director of Nursing and Governance
Amy Gibbs, Chair of Tower Hamlets Together
Vicky Scott, Chief Executive Officer THCVS
James Thomas, (Corporate Director, Children and Culture)
Warwick Tomsett, Joint Director, Integrated Commissioning
Helen Wilson, Clarion Housing/THHF - representative to HWBB

Co-opted Members:

Substitutes: Councillor Suluk Ahmed, Councillor Iqbal Hossain and Councillor Mohammad Chowdhury

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

Joel West, Democratic Services Officer (Committee),
joel.west@towerhamlets.gov.uk
020 7364 4207
Town Hall, 160 Whitechapel Road, London, E1 1BJ
http://www.towerhamlets.gov.uk/committee

Tower Hamlets Council
Tower Hamlets Town Hall
160 Whitechapel Road
London E1 1BJ

Public Information

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.

Viewing or Participating in Committee Meetings

The meeting will be broadcast live on the Council's website. A link to the website is detailed below. The press and public are encouraged to watch this meeting on line.

Please note: Whilst the meeting is open to the public, the public seating in the meeting room for observers may be limited due to health and safety measures. You are advised to contact the Democratic Services Officer to reserve a place.

Meeting Webcast

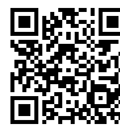
The meeting is being webcast for viewing through the Council's webcast system.
http://towerhamlets.public-i.tv/core/portal/home

Electronic agendas reports and minutes.

Copies of agendas, reports and minutes for council meetings can also be found on our website from day of publication.

To access this, click www.towerhamlets.gov.uk/committee and search for the relevant committee and meeting date.

Agendas are available on the Modern.Gov, Windows, iPad and Android apps

Scan this QR code to view the electronic agenda 

The best of London in one borough

Tower Hamlets Council
Tower Hamlets Town Hall
160 Whitechapel Road
London E1 1BJ

A Guide to the Health and Wellbeing Board

The aim of the Tower Hamlets Health and Wellbeing Board (HWBB) is to improve the health and wellbeing of Borough residents. To achieve this, the Board will carry out the following:

To encourage joint working between health or social services providers in Tower Hamlets for the advancement of the health and wellbeing of Borough residents.

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 Commissioning (CCG) 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.

The quorum of the Board in the Terms of Reference is a quarter of the membership.

Public Engagement

Meetings of the committee are open to the public to attend, and a timetable for meeting dates and deadlines can be found on the council's website.

London Borough of Tower Hamlets

Tower Hamlets Health and Wellbeing Board

Tuesday, 19 September 2023

5.00 p.m.

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 Minutes of the Previous Meeting and Matters Arising (Pages 7 - 14)

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

1 .3 Declarations of Disclosable Pecuniary Interests (Pages 15 - 18)

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

2. ITEMS FOR CONSIDERATION

2 .1 Health Wellbeing Board Story - London Bangladeshi Health Partnership (Pages 19 - 30)

2 .2 Gender Inequalities in Healthy Life Expectancy - initial findings from 2021 census (Pages 31 - 60)

2 .3 Tower Hamlets Together Board's Priorities (Pages 61 - 80)

2 .5 Health Wellbeing Board's Terms of reference (To Follow)

3. ANY OTHER BUSINESS

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

3 .1 Sexual and reproductive health strategy information (Pages 81 - 84)

The best of London in one borough

Tower Hamlets Council
Tower Hamlets Town Hall
160 Whitechapel Road
London E1 1BJ

Next Meeting of the Tower Hamlets Health and Wellbeing Board
Tuesday, 5 December 2023 at 5.00 p.m. to be held in Council Chamber - Town Hall, Whitechapel

The best of London in one borough

Tower Hamlets Council
Tower Hamlets Town Hall
160 Whitechapel Road
London E1 1BJ

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.01 P.M. ON THURSDAY, 20 JULY 2023

COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL

Members Present:

Councillor Gulam Kibria Choudhury (Chair)	–	(Cabinet Member for Health, Wellbeing and Social Care)
Councillor Kabir Ahmed (Member)	–	(Cabinet Member for Regeneration, Inclusive Development and Housebuilding)
Councillor Iqbal Hossain	–	(Cabinet Member for Culture and Recreation)
Councillor Maium Talukdar (Member)	–	(Deputy Mayor and Cabinet Member for Education, Youth and Lifelong Learning (Statutory Deputy Mayor))
Councillor Ahmodur Khan (Stakeholder)	–	(Scrutiny Lead for Adults and Health Services0
Dr Somen Banerjee (Member)	–	(Director of Public Health)
Ralph Coates (Member)	–	(Tower Hamlets | Metropolitan Police Service)
Denise Radley (Member)	–	(Corporate Director, Health, and Social Care)
James Thomas (Member)	–	(Corporate Director, Children's Services)

Apologies:

Councillor Amy Lee	–	Non-Executive Largest Opposition Group Councillor
Councillor Saied Ahmed		Cabinet Member for Resources and the Cost of Living
Councillor Suluk Ahmed	–	Cabinet Member for Equalities and Social Inclusion
Dr Neil Ashman	–	Chief Executive of The Royal London and Mile End hospitals
Dr Ian Basnett	–	Public Health Director, Barts Health NHS Trust
Lucie Butler	–	Director of Nursing and Governance
Detective Chief Superintendent James Conway	–	MPS Commander for Central East
Fran Pearson	–	Safeguarding Adults' Board Chair
Warwick Tomsett	–	Joint Director, Integrated Commissioning
Helen Wilson	–	Clarion Housing/THHF -

representative to HWBB

Officers in Attendance:

Lipi Begum	–	Partnership Board Co-ordinator
Liam Crosby	–	Associate Director of Public Health (Acting)
Sam Crosby	–	THCVS - Development Manager
Nick French	–	Better Care Fund Manager
Suki Kaur	–	(Deputy Director of Partnership Development)
Ellie Kershaw	–	(Acting Director, Growth and Economic Development)
David Knight	–	(Democratic Services Officer, Committees, Governance)
Ranjit Matharu	–	Partnership Board Manager
Abdul Mumin	–	Partnership Board Leader
Joseph Leach	–	(Business Intelligence and Performance Lead)
Charlotte Pomery	–	Chief Participation and Place Officer North East London Integrated Care Board
Katy Scammell	–	Associate Director of Public Health
Roberto Tamsanguan	–	GP and Tower Hamlets Place Clinical Director
John Williams	–	Engagement and Community Relations Manager - NHS North East London

1. WELCOME AND INTRODUCTIONS

The Chair, Councilor Gulam Kibria Choudhury – Cabinet Member for Adults, Health, and Wellbeing welcomed everybody to the meeting.

2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

No declarations of interest were received at the meeting.

3. QUESTION FROM THE PUBLIC

The Chair invited Mr. Ted Maxwell to submit the following questions related to agenda item 7.3:

Can the health professionals around this table - including the council's public health team and any representatives from partners across the borough - describe how your views about the council's proposals to remove the current street layouts in Bethnal Green have been taken into consideration so far? Do you believe you are part of a co-production process?

Will you, as a Board, ensure that a robust Health Impact Assessment is undertaken by the council before any decision about the future of "Liveable

Streets" is made, so that health and wellbeing considerations can be seen to be properly considered?

In response to the questions, Board members made the following points:

- some of the Liveable Street's proposals may contribute to delay in the response times of emergency services.
- whilst walking and cycling should be made more attractive through the infrastructure the Council builds and maintains, it must be coproduced in a way that works for all stakeholders.
- whilst increased walking and cycling levels can make a positive contribution to improving health and tackling obesity, such programs can also be divisive and therefore it is important that through the coproduction of such schemes everyone needs to understand the scheme in order to build as broad a coalition of support as possible.
- coproduction must proceed in a way that works for both the public and stakeholders who will be affected by the scheme. There is a risk that some of these stakeholders can be overlooked if they are not mapped out at the outset of any coproduction, for example those who need to deliver into, out of, or through the area (**e.g.,** the role of taxis in providing accessible transport for community elders and the mobility-impaired).
- the Council has a health impact assessment policy which it applies when it is appropriate to do so.

4. MINUTES OF THE PREVIOUS MEETINGS AND MATTERS ARISING

4.1 Tower Hamlets Health and Wellbeing Board - Monday, 20th March, 2023

The Chair of the Board moved, and it was: - **RESOLVED**. That the unrestricted minutes of the meeting held on 20th March, 2023 were confirmed as a correct record and the Chair of the Board was authorised to sign them accordingly.

4.2 Tower Hamlets Health and Wellbeing Board - Tuesday, 23rd May, 2023

The Chair of the Board moved, and it was: - **RESOLVED**. That the unrestricted minutes of the meeting held on 23rd May, 2023 were confirmed as a correct record and the Chair of the Board was authorised to sign them accordingly.

5. ITEMS FOR CONSIDERATION

5.1 Better Care Fund (BCF) 2023-25 Plan

The Board received a report on Better Care Fund (BCF) 2023-25 Plan that asks for approval of the Tower Hamlets Better Care Fund Plan for 2023-25 as part of the NHS England Assurance process. A summary of the discussions on this report is set out below:

The Board:

- **Understood** that the Better Care Fund (BCF) is aimed at bringing together health and social care organisations to plan, fund and commission integrated services.
- **Noted** that the BCF Policy Framework sets out four national conditions that all BCF plans must meet to be approved. These are: (i) A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board; (ii) Plan for enabling people to stay well, safe and independent at home for longer and provide the right care in the right place at the right time; (iii) Provide the right care in the right place at the right time; and (iv) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.
- **Noted** that the Tower Hamlets BCF has been rolled over from the previous year. A review will be carried out in 2023 of the BCF areas of spend with the intention to make changes to the 2024-25 plan next year.
- **Noted** the BCF 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.
- **Noted** that as the BCF is used to fund a number of schemes across health and social care each scheme has a contract and within that there will be performance indicators in relation to how that money is spent by both the Council and the Integrated Care Board.
- **Noted** that in relation to the BCF there is a finance group that meets on a quarterly basis that goes through and looks at the spending against each of the schemes.
- **Noted** that this year's BCF winter schemes are fully committed, and they are based on last year's outturn.
- **Noted** in regard to the Inflationary price uplifts they are not currently in line with inflation and is a central government decision.
- **Noted** that the healthcare infrastructure is having to respond to a significant backlog of planned care. Increases in non-covid activity, as well as increased acuity in patients, are resulting in system-wide pressures, in particular across primary care, the ambulance service, Emergency Departments and mental health services.
- **Agreed** that it was important to closely monitor key services to ensure that they are absolutely as effective as they can be and that there needs to be **(i)** a review of the Better Care Fund spend areas during 2023; and **(ii)** a report with recommendations to be presented to the HWBB in December 2023.

In conclusion the Health and Wellbeing Board **resolved** to:

1. **Approve** the Better Care Fund Plan for 2023-25; and
2. **Support** a review of the Better Care Fund spend areas during 2023 with the report and recommendations to be presented to the HWBB in December 2023.

5.2 Health Wellbeing Board - Terms of Reference

The Board **noted** that since publication of the report, it has become apparent that the proposed membership arrangements in the new draft terms of reference may not satisfy statutory voting and representation requirements of all stakeholders.

Accordingly, the Health and Wellbeing Board **resolved** to defer the decision on the Terms of Reference to a meeting later meeting in the current Municipal Year to allow time for these concerns to be fully investigated and resolved.

6. ANY OTHER BUSINESS

6.1 THT Monthly Briefing

The Board received an update from Amy Gibbs Independent Chair of Tower Hamlets Together (THT) The Board **noted** that instead of receiving an update from Amy Gibbs Independent Chair of Tower Hamlets Together (THT) a detailed briefing had been circulated as part of the agenda pack.

6.2 Summary – North East London (NEL) Joint Forward Plan

The Board **noted** that the NHS are required by law to publish a plan that explains how health and care organisations across north east London will work together to enable residents to get the care that they need. This could be physical care – seeing a GP, getting hospital treatment or care at home, or it could be mental health care when residents are struggling or having a crisis. A summation of the discussion on this item is set out below:

The Board:

- **Noted** that the Joint Forward Plan spells out who will take the lead in getting residents the help and care they need.
- **Noted** that there was extensive consultation on this plan involving residents and organisations involved in caring for the local population (GPs, hospital doctors, councils, Healthwatch and local charities) to agree this plan as the way forward to improve the health of everyone who lives in North East London.
- **Noted** that the Plan will be reviewed each year to make sure that it is tackling the long-standing local issues.
- **Agreed** that a new approach is needed in regard to how the relevant agencies should work together to deliver health and social care for local people across the Borough.

- ❖ **Agreed** that more time and resources needs to be spent on prevention helping people to take better care of themselves before they get sick and then need to rely on the NHS and others.
- ❖ **Agreed** the important role that the built and natural environment has on health and well-being, with the local plan being a real opportunity to improve health outcomes and address health inequalities.
- ❖ **Agreed** that both the built and natural environment are part of the wider determinants of health and wellbeing across the life course and have an influence on people's physical and mental health, and on health inequalities.
- ❖ **Agreed** that the quality of the built and natural environment can affect connectivity within a neighbourhood and people's social networks, the location and quality of housing, exposure to air and noise pollution, safe and accessible transport, and opportunities for active travel. It also plays a crucial role in promoting access to open space, employment, and healthy food options.
- ❖ **Agreed** that some of the most pressing health challenges – such as obesity, poor mental health issues, physical inactivity and the needs of an ageing population are influenced by the built and natural environment.
- ❖ **Agreed** that the planning, design, construction and management of spaces and places can help to promote good health, improve access to goods and services, and alleviate, or in some cases even prevent, poor health thereby having a positive impact on reducing health inequalities.
- ❖ **Agreed** that is would therefore be helpful for the Plan to be more specific about how it will tackle the long-standing local health issues (**e.g.,** the quality of the built environment such as the connection between where new homes are delivered and that air quality).

In conclusion, the Chair thanked everybody for their presentations and contributions to the discussions on this critical issue to improve the health and lives of everyone in the Borough.

The Chair then Moved, and it was **RESOLVED** to note the Plan and to incorporate the points raised above to help the partnership focus its work with and for all the Boroughs residents to create meaningful improvements in their health, wellbeing, and equity.

6.3 Coproduction and the approach to the Health Wellbeing Board future meetings

The Board received a report that was asked to reflect on the coproduction principles (currently in draft) and to comment on the proposed approach to future Health and Wellbeing Board meetings and how coproduction principles can be built into future meetings. The discussions on this report have been summarised below:

The Board:

- **Noted** that at the heart of coproduction is that ‘people should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing’.
- **Agreed** that coproduction is at the heart of addressing inequalities in health. Applying consistent principles to programmes as well as to the approach of the Health and Wellbeing Board across the health and care system is fundamental.
- **Noted** that **(i)** over the past 6 months, partners and residents have come together to agree shared principles of coproduction across the health and care system; and **(ii)** the Health and Wellbeing Strategy has been grounded upon what matters most to residents of Tower Hamlets.
- **Agreed** that residents should not be the passive recipients of health care services, but the active agents of their own lives trusted to make the right choices for themselves and their families.
- **Agreed** that coproduction changes all this. It makes the system more efficient, more effective, and more responsive to community needs. More importantly, it makes social care altogether more humane, more trustworthy, more valued and altogether more transforming for those who use it.
- **Agreed** that co-production shifts the balance of power, responsibility, and resources from healthcare professionals more to the individuals, by involving residents in the delivery of their own services. It recognises that “people are not merely repositories of need or recipients of services” but are the very resource that can turn public services around (**i.e.,** by treating residents and the wider community as potential assets, rather than as passive recipients, the healthcare agencies will be able to leverage previously invisible or neglected resources – the capacities and knowledge of service users and the wider community itself).
- **Agreed** that co-production also means unleashing a wave of innovation about how services are designed and delivered and how public goods are achieved, by healthcare professionals working alongside residents.
- **Agreed** that it was important to consider co-production within the context of the equality duty to ensures that all that all healthcare professionals play their part in making the local community fairer by tackling discrimination and providing equality of opportunity for all.
- **Agreed** on the importance of greater transparency so that all stakeholders involved in the co-production of a service are informed of the relevant governance and commissioning timeframes which may provide the parameters of any associated work.
- **Agreed** on the need for clarity to communicate those decisions that are in scope of the co-production process and those that are not.
- **Agreed** that when discussing the key components of co-production these should include: **(a)** defining people who use services as assets with skills; **(b)** breaking down the barriers between people who use services and professionals; **(c)** building on people’s existing capabilities; **(d)** working with local peer and personal support networks alongside professional networks; and **(e)** facilitating services by helping

organisations to become agents for change rather than just being service providers.

- **Agreed** that there should be an opportunity for a continuing dialogue on the proposed approach to future Health and Wellbeing Board meetings and how coproduction principles be developed and shared.

In conclusion, the Chair thanked presenting officers and all attendees for a really helpful and informative discussion on **(i)** the coproduction principles (currently in draft) and the proposed approach to future Health and Wellbeing Board meetings; and **(ii)** how coproduction principles can be both developed and shared.

6.4 Vote of Thanks

The Chair informed those present that this will be David Knights last Health and Wellbeing Board meeting as he sadly leaves the Council on August 25th , 2023 as he will be retiring as a Democratic Services Officer after 40 years of public service.

The Chair and Deputy Mayor on behalf of the Board placed on record their sincere thanks to Mr. Knight for his invaluable service to the residents of East London as an officer over the past 40 years and for the diligent discharge of his duties over that time.

7. CLOSE OF MEETING

With no other business to discuss, the Chair called this meeting to a close. Members were advised that the next meeting is scheduled for 19th of September 2023 at 5.00 p.m. to be held in Town Hall, 160 Whitechapel Road, London, E1 1BJ. Finally, the Chair thanked everybody for their attendance and participation tonight.

The meeting ended at 6.37 p.m.

Chair, Councillor Gulam Kibria Choudhury
Tower Hamlets Health and Wellbeing Board

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

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

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

Interests and Disclosable Pecuniary Interests (DPIs)

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

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

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

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

Effect of a Disclosable Pecuniary Interest on participation at meetings

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

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

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

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

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

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

Further advice

For further advice please contact:-

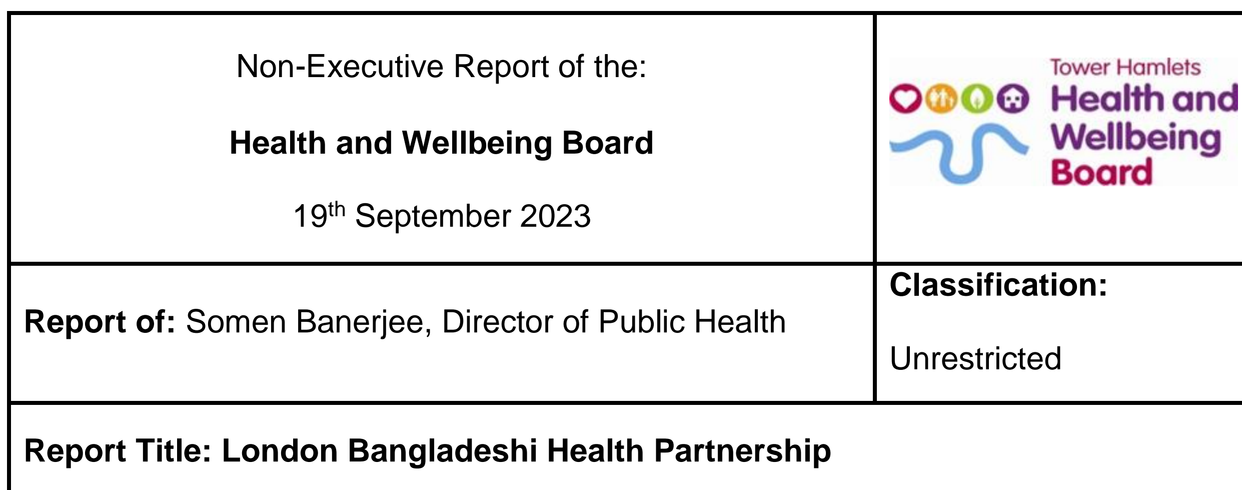
Asmat Hussain, Corporate Director, Governance & Monitoring Officer,
Telephone Number: 020 7364 4800

APPENDIX A: Definition of a Disclosable Pecuniary Interest

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

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	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.

This page is intentionally left blank



Non-Executive Report of the: **Health and Wellbeing Board** 19th September 2023	Tower Hamlets Health and Wellbeing Board
Report of: Somen Banerjee, Director of Public Health	**Classification:** Unrestricted
Report Title: London Bangladeshi Health Partnership	

Originating Officer(s)	Somen Banerjee, Director of Public Health
Wards affected	All wards

Executive Summary

The London Bangladeshi Health Partnership (LBHP) is a new partnership across London. Its aim is to bring together an interdisciplinary group of key health partners with Bangladeshi community organisations and representatives to support the development of a strategic workplan, aiming to respond to the health priorities of Bangladeshi communities in London and mitigate against health inequity.

For more information see home (lbhp.co.uk)

Tower Hamlets has by some distance the highest number of people who define their ethnicity as Bangladeshi of any local authority. Local data demonstrates significant health inequalities including substantially higher levels of diabetes and cardiovascular disease than other ethnicities in the borough.

For this reason, the work of the LBHP has particular relevance for Tower Hamlets. The purpose of this item for the LBHP to share its vision and priorities.

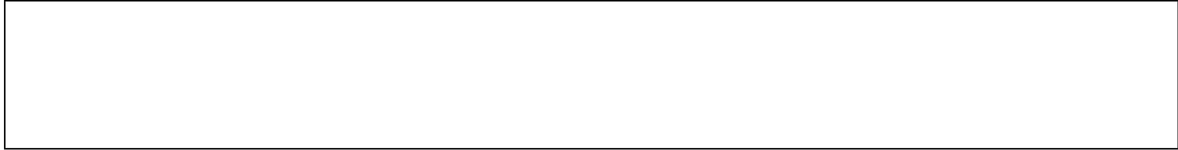
Recommendations:

The Health and Wellbeing Board is recommended to discuss how it can support and engage with the LBHP going forward.

Health and Wellbeing Strategy:

The Health and Wellbeing Strategy is grounded upon 6 principles that matter most to residents of Tower Hamlets. Detail how this report relates to these principles:

1. Resources to support health and wellbeing should go to those who most need it
The LBHP is focussed on addressing health inequalities
2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme
The LBHP is focussed on connecting with community organisations and residents
3. Being treated equally, respectfully and without discrimination should be the norm when using services
The LBHP is focussed on addressing health inequalities relating to health and care services
4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them
The LBHP is focussed on ensuring communities have the information they need shared in a way that works for them.
5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing
The LBHP is focussed on empowering communities to support 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.
The LBHP is focussed on bringing partners assets together to support health and wellbeing.



1. **REASONS FOR THE DECISIONS**

   1.1. **No decision, this is an item to share awareness of this new partnership**

2. **ALTERNATOVE OPTIONS**

   2.1. **N/A**

3. **DETAILS OF THE REPORT**

   3.1. **N/A**

4. **EQUALITIES IMPLICATIONS**

   4.1. **The purpose of the LBHP is to address health inequalities in Bangladeshi communities across London**

5. **OTHER STATUTORY IMPLICATIONS**

   5.1. **N/A**

6. **COMMENTS OF THE CHIEF FINANCE OFFICER**

   6.1. **N/A**

7. **COMMENTS OF LEGAL SERVICES**

   7.1. **N/A**

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.

- These must be sent to Democratic Services with the report
- State NONE if none.

Officer contact details for documents:

TOWER HAMLETS

Health in Bangladeshi communities in Tower Hamlets

Dr Somen Banerjee
Director of Public Health
London Borough of Tower Hamlets

Presentation to Bangladeshi Health Network
16th August 2023

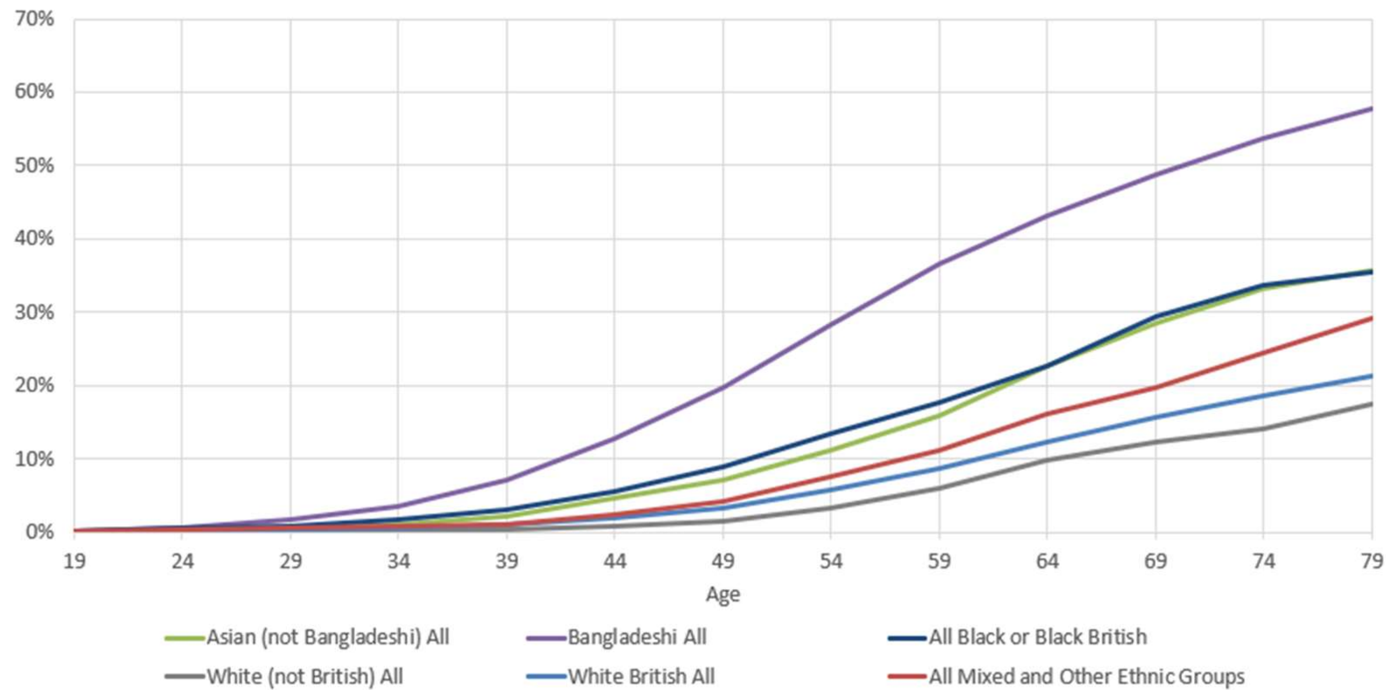
Deprivation and ethnicity

Local IMD and Ethnicity in ages 15-79 in Tower Hamlets

	Bangladeshi	Black or Black British	Other/Mixed ethnicities	White British	White (not British)	Asian (not Bangladeshi)
5 least deprived	7%	13%	19%	20%	26%	32%
4	16%	18%	21%	24%	22%	20%
3	25%	25%	23%	25%	22%	18%
2	28%	24%	19%	15%	15%	14%
1 most deprived	28%	24%	19%	15%	15%	14%

84,000 people

Diabetes

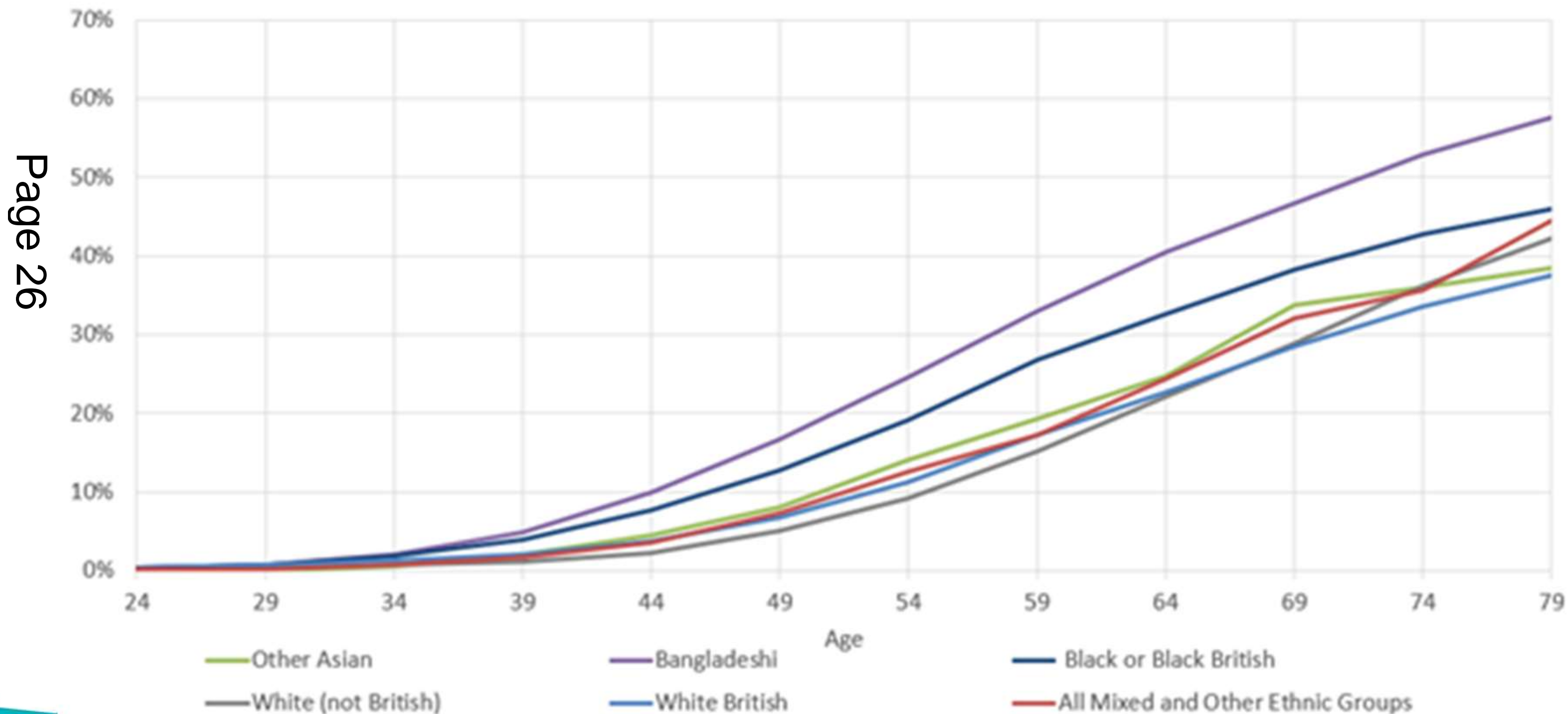


Bangladeshi

At age 70, chance of diabetes 1 in 2 compared to 1 in 4 in rest of population

The best of London in one borough

High Blood Pressure

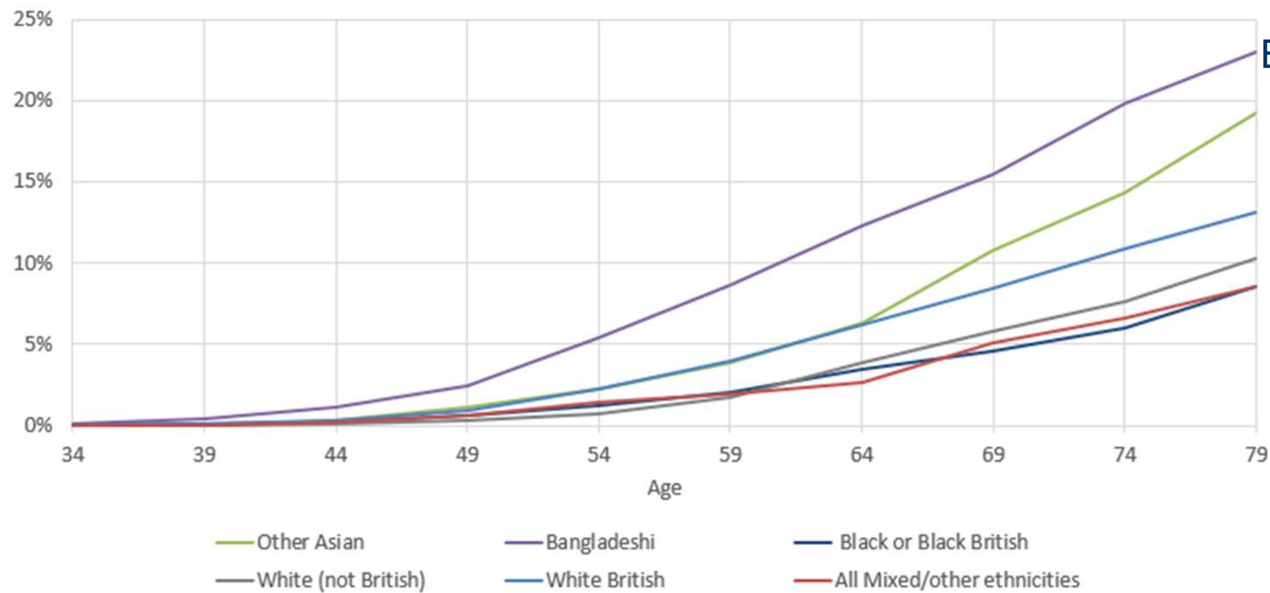


Bangladeshi

At 70, chance of high blood pressures 1 in 2 compared to 1 in 3 for rest of population

The best of London in one borough

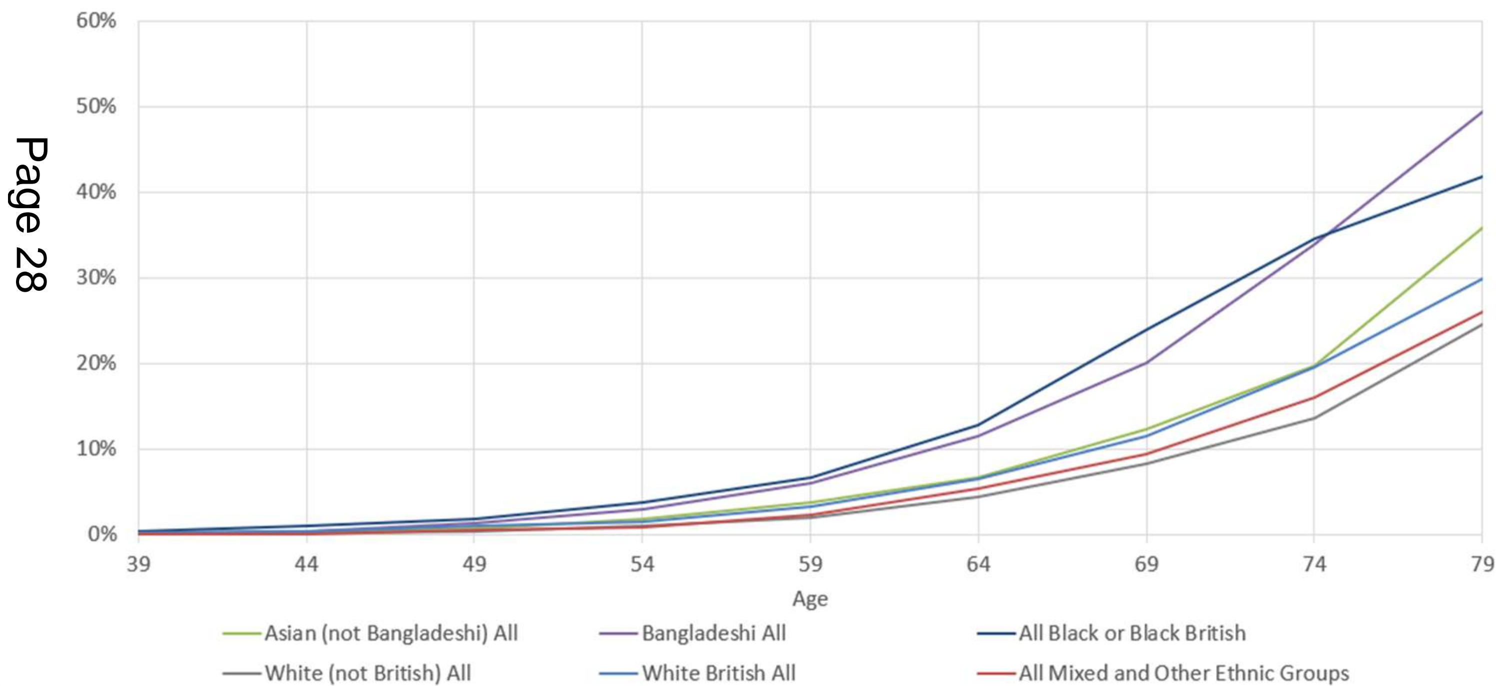
Heart Disease



Bangladeshi

At age 55 the chance of being diagnosed with heart disease is around 3x rest of population

Kidney disease



Bangladeshi

By age 70 around 1 in 5 likely to be diagnosed with Kidney Disease compared to 1 in 10 of rest of population

The best of London
in one borough

Tower Hamlets Health and Wellbeing Strategy principles

1. Resources to support health and wellbeing should go those who most need it
2. Feeling connected is vital to wellbeing and importance of this should be built into services and programmes
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 coproduced with those who it is targeted at
5. People should feel that they have equal power in shaping and designing services
6. We should all be working together to make the best use of the assets that we already have

The best of London
in one borough

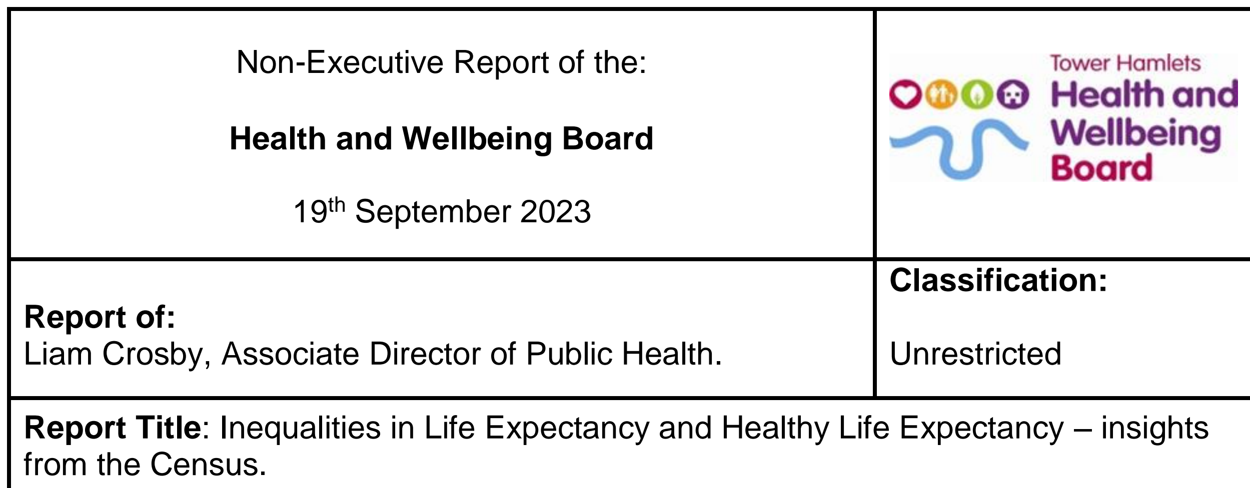
3 reflections from COVID

- What if we responded to the pandemics of non communicable disease with the same urgency as we did for COVID?

- If something is not measured it is not truly valued. Our ethnicity monitoring remains poor and patchy across the system, and where it is available it is not used as a matter of routine

- We are only successful in so far as we are connected to the communities we serve to develop solutions together.

The best of London
in one borough



Non-Executive Report of the: **Health and Wellbeing Board** 19th September 2023	Tower Hamlets Health and Wellbeing Board
Report of: Liam Crosby, Associate Director of Public Health.	**Classification:** Unrestricted
Report Title: Inequalities in Life Expectancy and Healthy Life Expectancy – insights from the Census.	

Originating Officer(s)	Liam Crosby, Associate Director of Public Health Alex McLellan, Health Intelligence Lead Hannah Choi, Senior Public Health Intelligence Analyst.
Wards affected	All wards

Executive Summary

This report presents the HWB with updated insight into inequalities in Life Expectancy (LE) and Healthy Life Expectancy (HLE) among residents of Tower Hamlets.

Life Expectancy and Healthy Life Expectancy are key measures of overall population health. They are metrics of the overall burden of mortality (LE), and of mortality plus poor health (HLE), and allow comparisons between different groups, to quantify the scale of inequalities in health that groups experience.

The Census, and new mortality data, allows us additional insight into inequalities in these metrics. LBTH's Health Intelligence Team have analysed these data; this HWBB report presents a short summary of some of the results. More analysis has been undertaken to inform a range of health and public health priorities.

Key Findings include:

- Life expectancy in Tower Hamlets overall has improved, but faster in less-deprived areas of TH. The gap between most- and least-deprived groups has grown. Males in the most deprived areas of Tower Hamlets live 8.8 years shorter, and females 6.3 years shorter, than those in the least deprived areas of the borough. This gap is driven by particular clinical conditions.

- Healthy Life Expectancy has improved for males, but for females remains much below regional averages. Females live 7.5 years less, on average than males.

- The sex differential in Healthy Life Expectancy is larger in Asian and Mixed ethnic groups. It is driven primarily by larger numbers of long-term unemployed females in TH than elsewhere.

.

Potential implications of this analysis include:

- Understanding the reasons behind differences in population metrics can help target our efforts to reduce health inequalities.

- Efforts to reduce inequalities in life expectancy should focus on particular conditions, which affect more deprived residents much more than less deprived and contribute to the depribation gap. These include cardiovascular diseases, respiratory conditions, and cancers. The CORE20+5 framework is appropriate to tackle inequalities in life expectancy in Tower Hamlets.

- In order to reduce the sex differential in Healthy Life Expectancy, initiatives and policies should enable more women to work, and focus on health improvement for long-term unemployed women in Tower Hamlets..

Recommendations:

The Health and Wellbeing Board is recommended to:

- Note the information about inequalities in Life Expectancy and Healthy Life Expectancy.
- Consider actions required to tackle, and to further understand, inequalities in Life Expectancy and Healthy Life Expectancy between Tower Hamlets residents

Health and Wellbeing Strategy:

1. **Resources to support health and wellbeing should go to those who most need it** –
   Detailed analysis of the drivers of health inequalities in Tower Hamlets allows us to target interventions and resources to those with greatest need. Focusing our efforts appropriately can reduce health inequalities. The analysis presented here helps us to understand which population sub-groups are suffering particularly poor health, allowing focus of resources towards 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** –
   The results of this analysis highlight the importance of employment – an important determinant of connection. It shows that Tower Hamlets' large number of unemployed females – particularly in deprived neighbourhoods and particularly in the Bengali community – is a key factor in shaping health inequalities.

3. **Being treated equally, respectfully and without discrimination should be the norm when using services –**
   N/A.

4. **Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them.**
   The HWB is invited to consider how information such as that presented here can be made available in clear, simple ways to commissioners, services, and residents.

5. **People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing**
   Providing information such as this can be important to enable people to have equal power in designing services.
   .

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**.
   Focusing our efforts appropriately can reduce health inequalities. The analysis presented here helps us to understand which population sub-groups are suffering particularly poor health, allowing focus of resources towards those who most need it.

1. DETAILS OF THE REPORT

1.1. The slide deck listed in Appendix presents the details of this report.

1.2. The report is based on data from the Census, and from recently updated Mortality data for 2020-2021; it uses these sources to provide information about inequalities in Life Expectancy and Healthy Life Expectancy.

1.3. The Census provides rich data; additional analysis has been undertaken but is not presented here. Please contact the authors of this report for further information.

1.4. Life Expectancy:

- Life expectancy at birth is defined as the average number of years that would be lived by babies born in a given time period, if mortality levels at each age remain constant.
- Life expectancy has improved for both males and females in Tower Hamlets and is now similar to the London and England averages.

- Life expectancy increased faster for least deprived groups in Tower Hamlets, meaning the gap in life expectancy has increased in recent years.
- The conditions that contribute most to the “deprivation gap” in life expectancy are circulatory, respiratory conditions, and in the case of Males: cancer.
- The implication of this is that efforts to reduce inequalities in life expectancy should focus on conditions – including CVD, COPD, Cancers, that contribute mos to the ‘deprivation gap’, because they affect more depried residents more than less deprived. The CORE20+5 framework is appropriate to tackle inequalities in life expectancy in Tower Hamlets.

1.5. Healthy Life Expectancy:

- Tower Hamlets has an unusual sex difference in Healthy Life Expectancy: females can expect to live 7.5 fewer years in good health than males.
- As mortality (LE) is similar between males and females, the sex differential is due not to different death rates, but to differences between the sexes in the burden of poor health.
- In Tower Hamlets:
  - Sex disparities in self-reported health are greater in Asian ethnic groups.
  - Within occupational groups, there are minimal gender differences in self-reported health.
  - Many more females are Long-Term unemployed than males; and the proportion of females in this group is much larger than across London.

- In sum: females who are long-term unemployed are particularly likely to be in poor health, and the fact there are more of long-term unemployed females in TH than elsewhere is what leads to a wide sex gap in Healthy Life Expectancy.

2. EQUALITIES IMPLICATIONS

2.1. This report sets out data on inequalities in health outcomes across TH population.

2.2. Inequalities in outcomes across three protected characteristics (age, sex, race (ethnicity)) have been identified in the report; along with other characteristics (socio-economic classification via employment status). Inequalities in health according to other protected, or other characteristics, can been presented by the Public Health Intelligence Team.

3. OTHER STATUTORY IMPLICATIONS

3.1. The Health and Wellbeing Board has a statutory responsibility to produce a Joint Strategic Needs Assessment (JSNA) which sets out the key HWB needs facing our population. The information in this report can be incorporated into the JSNA.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1. Not required.

5. COMMENTS OF LEGAL SERVICES

5.1. Not required.

Linked Reports, Appendices and Background Documents

Linked Report
- None

Appendices
- **Inequalities in Life Expectancy and Healthy Life Expectancy**

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
- None

Officer contact details for documents:
Liam Crosby, Associate Director Public Health (Healthy Adults)
liam.crosby@towerhamlets.gov.uk
Alex McLellan, Health Intelligence Lead
Alex.mclellan@towerhamlets.gov.uk

This page is intentionally left blank

TOWER HAMLETS

Inequalities in Life Expectancy and Healthy Life Expectancy:

Insights from 2021 Census

Presentation for Health and Wellbeing Board; 19 Sept 2023

Liam Crosby – Assoc. Dir. Public Health (Healthy Adults and Health Intelligence)
Alex McLellan – Health Intelligence Lead, LBTH
Hannah Choi – Senior Health Intelligence Analyst, LBTH

Summary and implications

TOWER HAMLETS

- **Life Expectancy** and **Healthy Life Expectancy** are key measures of overall population health
- Life expectancy in Tower Hamlets overall has improved, but faster in less-deprived areas of TH. The gap between most- and least-deprived groups has grown. Males in the most deprived areas of Tower Hamlets live 8.8 years shorter, and females 6.3 years shorter, than those in the least deprived areas of the borough. This gap is driven by particular clinical conditions.
- Healthy Life Expectancy has improved for males, but for females remains much below regional averages. Females live 7.5 years less, on average than males.
- The sex differential in Healthy Life Expectancy is larger in Asian and Mixed ethnic groups. It is driven primarily by larger numbers of long-term unemployed females in TH than elsewhere.

Implications:

- Understanding the reasons behind differences in population metrics can help target our efforts to reduce health inequalities.
- Priorities for addressing gaps in **Life Expectancy** are the key conditions reflected in the CORE20+5 framework.
- Priorities for addressing sex differential in **Healthy Life Expectancy** is to enable more women to work, and improve the health of long-term unemployed women.

Life Expectancy and Healthy Life Expectancy are key measures of overall population health

- **Life Expectancy** is is a metric of mortality for a group(s) of people;
- Life expectancy at birth is defined as the average number of years that would be lived by babies born in a given time period, if mortality levels at each age remain constant.
- Life expectancy provides one summary of the mortality affecting groups. It therefore allows comparisons between the burden of mortality affecting different areas or sub-groups.

- **Healthy Life Expectancy (HLE)** is a key headline measure of population health, constructed by combining mortality statistics with survey data on self-reported poor health.
- Healthy life expectancy (at birth) is defined as the average number of years babies born this year would live in a state of 'good' general health, if mortality levels at each age, and the level of good health at each age, remain constant in the future.
- The healthy life expectancy measure adds a 'quality of life' dimension to estimates of life expectancy by dividing it into time spent in different states of health.
- Self-reported general health is a key determinant of HLE, so understanding population differences and their drivers is key to tackling disparities in HLE.

Part 1: Inequalities in Life Expectancy

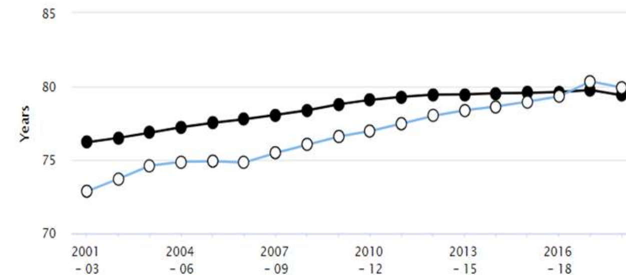
Life expectancy has improved for both males and females…

Life expectancy for both males (top chart) and females (bottom chart) has improved in Tower Hamlets.

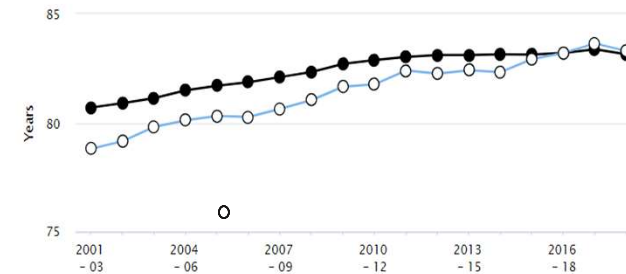
Overall, average Life Expectancy in TH in 2018-20 was 79.9 for Males and 83.3 for Females; both of which are slightly higher than national averages but slightly lower than London.

Life Expectancy declined slightly in 2020-21 due to the Pandemic.

A01b - Life expectancy at birth (Male, 3 year range)



A01b - Life expectancy at birth (Female, 3 year range)

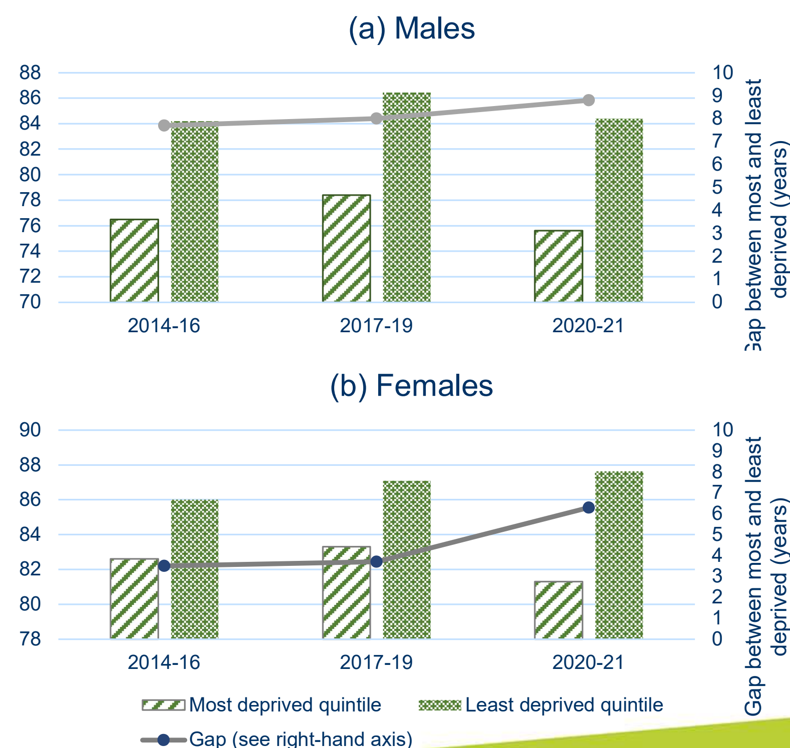


England
Tower Hamlets

The best of London
in one borough

…however **inequalities in life expectancy** by deprivation persist and may be widening

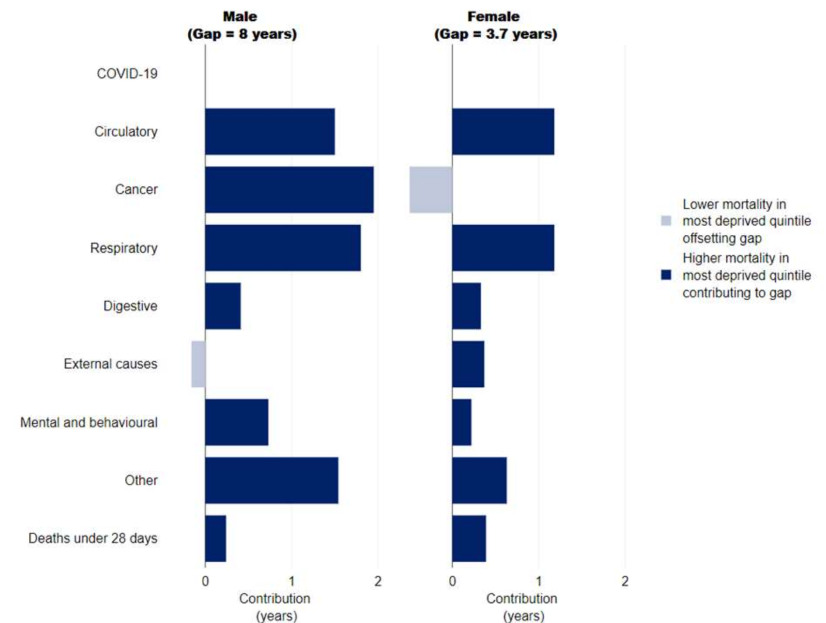
- The overall improvement in Life Expectancy (shown on previous slide) hides persistent inequalities.
- Males living in deprived areas in TH live 8.8 years shorter LE than males in least deprived areas. For females the gap is 6.3 years.
- For both males and females, the gap has got bigger since 2014-16. The LE of the least deprived groups has increased faster than among more deprived groups



The best of London in one borough

Circulatory, Respiratory and (for males) Cancer are more common in deprived groups and contribute to the life expectancy inequality.

- The main causes of death that contribute to the "deprivation gap" in Life Expectancy are shown to the right.
- Circulatory, Cancer, and Respiratory causes were the leading causes that contributed to the gap for males. For females, Circulatory and Respiratory causes.
- This is because these conditions are more common among more deprived than less deprived groups.
- The CORE20+5 framework identifies these as priority clinical areas to help reduce health inequalities between most and least deprived groups.



The best of London in one borough

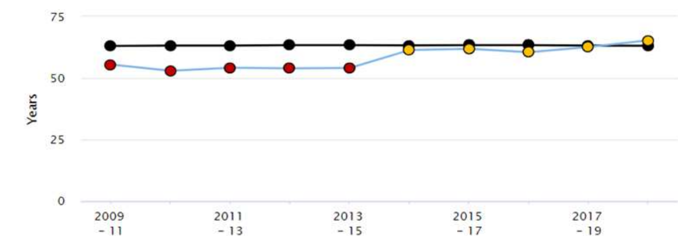
Part 2: Inequalities in <u>Healthy</u> Life Expectancy

Females in Tower Hamlets life fewer years in good health than males. This is an unusual sex differential in Healthy Life Expectancy

- In Tower Hamlets, there is a known disparity between HLE of males vs females. Females have substantially shorter HLE than males.
- HLE for males in TH has improved over time; and in 2018-2020 was 65.3 years (higher than London, 63.8)
- HLE for females in TH remains lower, at 57.8 years in 2018-2020 (lower than London, 65.0).
- This means on average, females life 7.5 years fewer in good health than males in TH. (Across London, females live average 1.2 years more in good health).
- **The Tower Hamlets reversal of HLE between males and females, due to relatively low female HLE, is unusual relative to elsewhere in London and England.** Across London, Female HLE is slightly higher than male HLE.

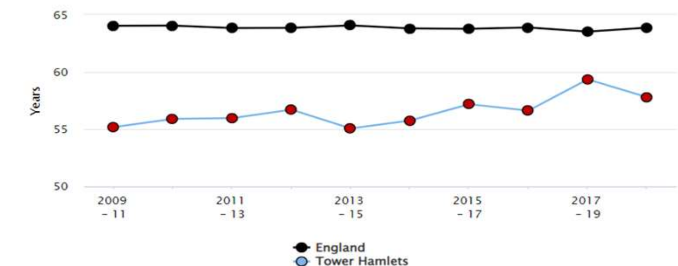
A01a - Healthy life expectancy at birth (Male)

Show confidence intervals Show 99.8% CI values



A01a - Healthy life expectancy at birth (Female)

Show confidence intervals Show 99.8% CI values



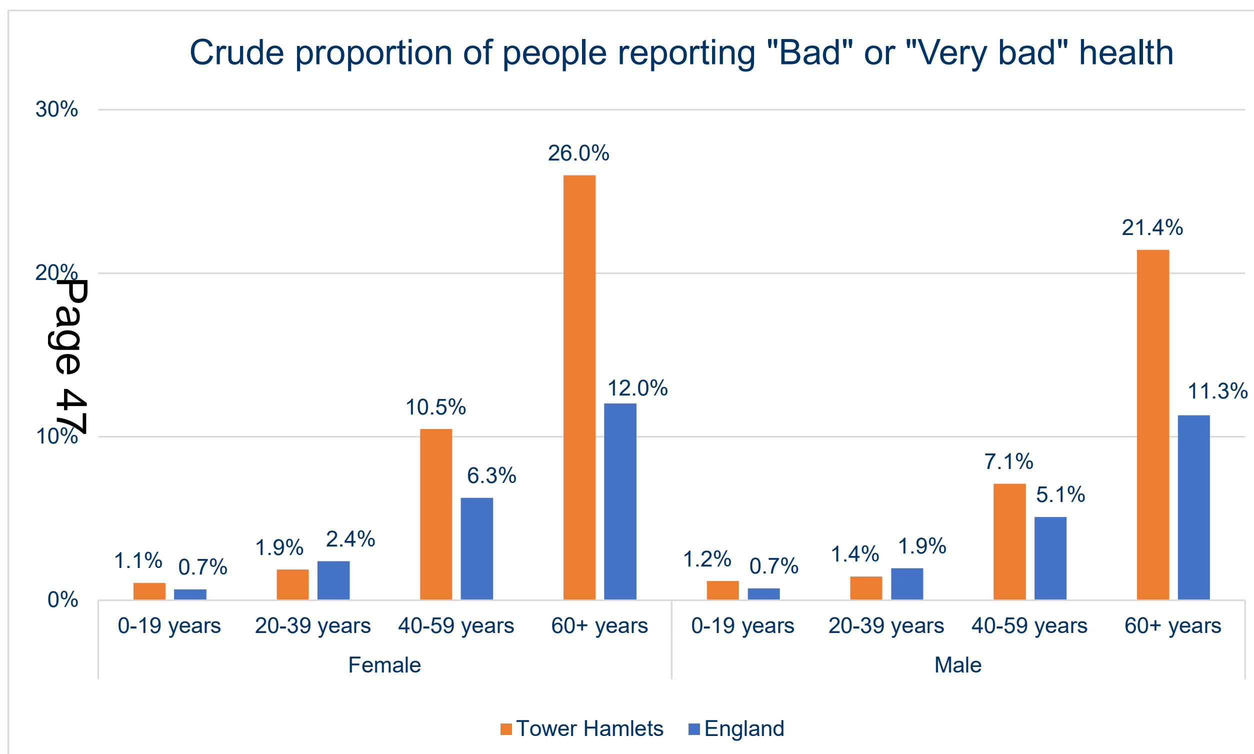
The best of London in one borough

The sex differential in HLE is driven by different patterns of 'self-reported health'
Census gives a good opportunity to understand further

- Life Expectancy is similar between sexes, so we can infer that the sex differential in *Healthy* Life Expectancy is driven not by mortality differences, but by sex differences in self-reported health.
- The Census asked people to rate their general health on a 5-point scale.
- This allows us to understand *which females* are living in particularly poor health and are driving low female Healthy Life Expectancy.

- The proportion of Tower Hamlets residents (9.5%) who report being in "Bad" or "Very bad" health is 83% higher than the national average.

Self reported health gets worse at older ages, which makes it important to age-standardise.

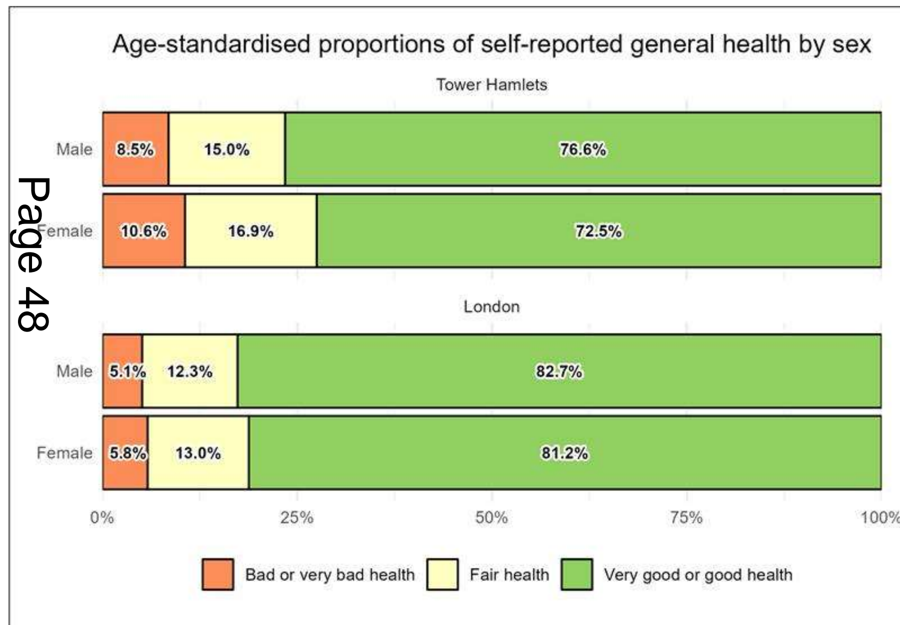


With the exception of those aged 20-39, across all other age bands, a higher proportion of Tower Hamlets residents reported being in poor health compared to England.

A greater deviation from the national average was seen in females than males, particularly in older females (aged 60+), where the proportion in Tower Hamlets was more than double that in England.

The best of London
in one borough

Females' self-reported health in Tower Hamlets, relative to London averages, is much worse than males'.

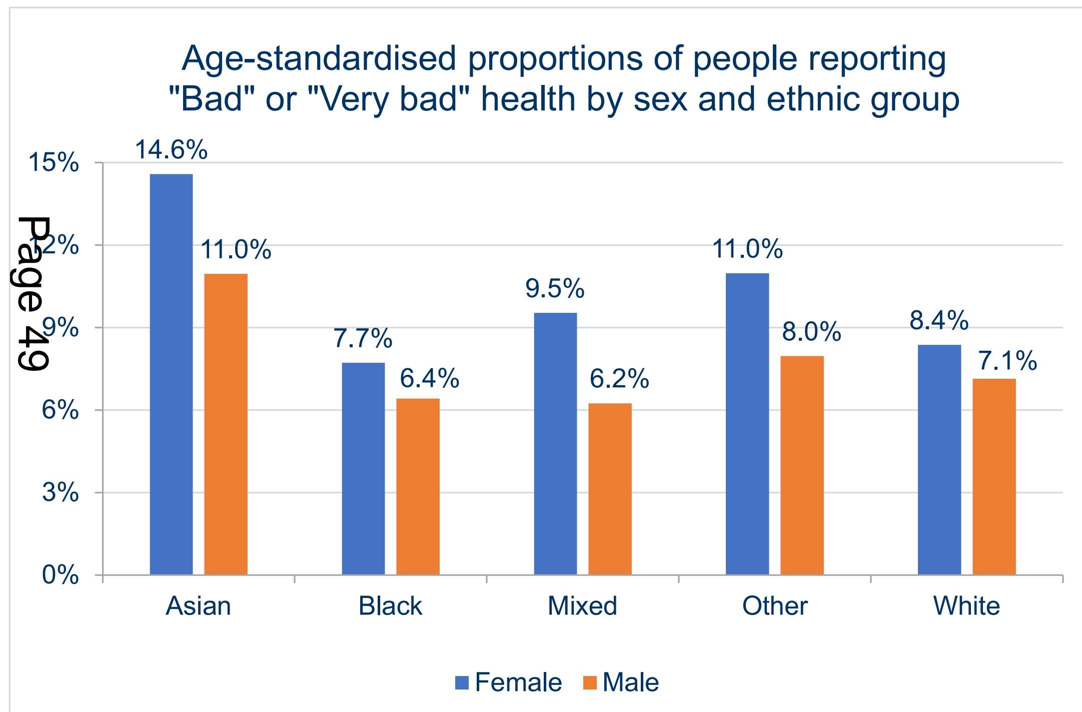


A higher proportion of female Tower Hamlets residents (11.6%) reported being in "Bad" or "Very bad" health compared to male residents (8.5%).

The proportion of females in TH who report themselves in poor health is substantially higher than the proportion of females in London overall. The gap for males is much smaller.

Conversely; the proportion of females who report good/very good health is much smaller for females (72.5%) than males (76.6%) and the gap between TH and London is larger for females.

Females’ self-reported health is worse than males’, across all ethnic groups in Tower Hamlets; The gap is wider in Asian and Mixed ethnic groups.

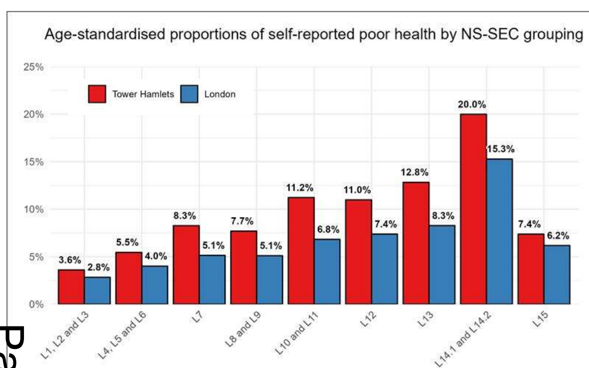


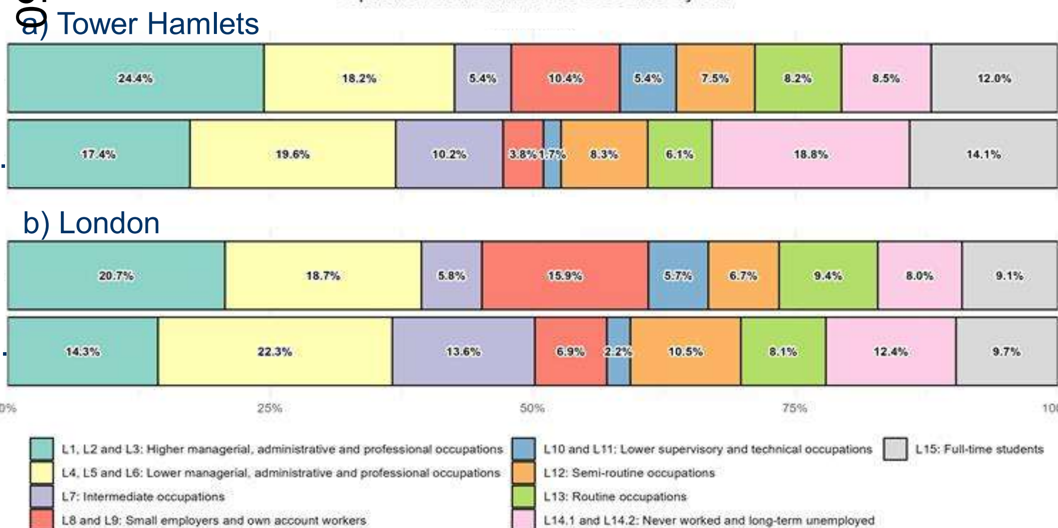
Asian residents in Tower Hamlets had the highest proportion of respondents reporting “Bad” or “Very bad” health. The lowest proportions were seen in Black residents for females and Mixed residents for males.

Larger gender differentials were seen in Asian and Mixed respondents than in White respondents: the proportion of females in poor health is 33% higher than males among Asian respondents vs 18% higher among White respondents.

The best of London in one borough

The larger cohort of females who are long-term unemployed explains the sex difference in HLE





The NS-SEC classifies people aged 16+ by occupation, giving an indication of socioeconomic position.

Across all occupation groups, self-reported health in TH is worse in TH than London. People in Routine occupations, or long-term unemployed are more likely to report poor health. [Top chart]

In Tower Hamlets, a much larger proportion of females (18.9%) are long-term unemployed than in London (12.4%). For males there is only a small difference (8.5% in TH vs 8.0% in London). [bottom chart]

The fact that Tower Hamlets has more females who are long-term unemployed, and that these females are more likely to suffer from poor health, is what leads to our large gender gap in HLE.

Summary

And Questions for HWBB

Summary and implications: Life Expectancy

TOWER HAMLETS

Summary:

- Life expectancy at birth is defined as the average number of years that would be lived by babies born in a given time period, if mortality levels at each age remain constant.
- Life expectancy has improved for both men and women in Tower Hamlets and is now similar to the London and England averages.
- Life expectancy increased faster for least deprived groups in Tower Hamlets, meaning the gap in life expectancy has increased in recent years.
- The conditions that contribute most to the “deprivation gap” in life expectancy are circulatory, respiratory conditions, and in the case of Males: cancer.

Implications:

- The clinical priorities set out in the CORE20+5 framework should be the local focus for reducing health inequalities.

The best of London
in one borough

Summary and implications: Healthy Life Expectancy

TOWER HAMLETS

Summary:

- Tower Hamlets has an unusual sex difference in Healthy Life Expectancy: females can expect to live 7.5 fewer years in good health than males.
- As mortality (LE) is similar between males and females, the sex differential is due to difference in years lived in poor health.
- In Tower Hamlets:
  - Sex disparities in self-reported health are greater in Asian ethnic groups.
  - Within occupational groups, there are minimal gender differences in self-reported health.
  - Many more females are Long-Term unemployed than males; and the proportion of females in this group is much larger than across London.
- In sum: females who are long-term unemployed are particularly likely to be in poor health, and the fact there are more of long-term unemployed females in TH than elsewhere is what leads to a wide sex gap in Healthy Life Expectancy.

Implications: In order to reduce inequalities in HLE in Tower Hamlets,

- a) initiatives and policies should seek to enable more women to be in employment, and
- b) health improvement should focus on long-term unemployed women. This would also reduce disparities between ethnic groups and areas of deprivation.

Questions for HWBB

TOWER HAMLETS

- Based on this information, what action can HWBB members take to reduce inequalities in Life Expectancy and Healthy Life Expectancy?

- What additional insight would the Board find useful about inequalities in health? What questions do you need to be answered?

The best of London in one borough

Appendix

Methods

TOWER HAMLETS

Data and methods – General Health

- The Census asked people to rate their general health on a 5-point scale:
  - Very good
  - Good
  - Fair
  - Bad
  - Very bad
- By exploring the demographic characteristics of the people who reported being in poor health, we may improve our understanding of the reasons for differentials in Healthy Life Expectancy.
- The 2021 Census was conducted during the coronavirus (COVID-19) pandemic. This may have influenced how people perceive and rate their health and therefore may have affected how people chose to respond.

The best of London
in one borough

Data and methods – General Health

- The Census asks respondents to report their self-assessed general health, so is a key data source for understanding demographic differentials in HLE.
- Health and disability are both closely related to age, with older people being more likely to be in poorer health and/or to have a disability.
- Data for this report is taken from the 2021 Census published datasets via NOMIS.
- Census response rates were generally high, though slightly poorer in Tower Hamlets compared to London and England:

Metric	Tower Hamlets	London	England
Person response rate	94%	95%	97%
Household response rate	95%	96%	97%
Household return rate	96%	96%	97%
Person coverage	93%	94%	96%

  - In Tower Hamlets, person response rates were particularly poor in very large households (≥ 7), people living in detached housing, people living rent-free, students, people aged 15-24, and people from White Roma, Arab, or Mixed (White and Black African) ethnicities.
- Age-standardised proportions (ASPs) were calculated using the 2013 European Standard Population. This is necessary to account for different population age structures when drawing comparisons across areas, e.g. Tower Hamlets vs England.
- We compared ASPs by sex, age, ethnicity, socioeconomic classification, and ward.

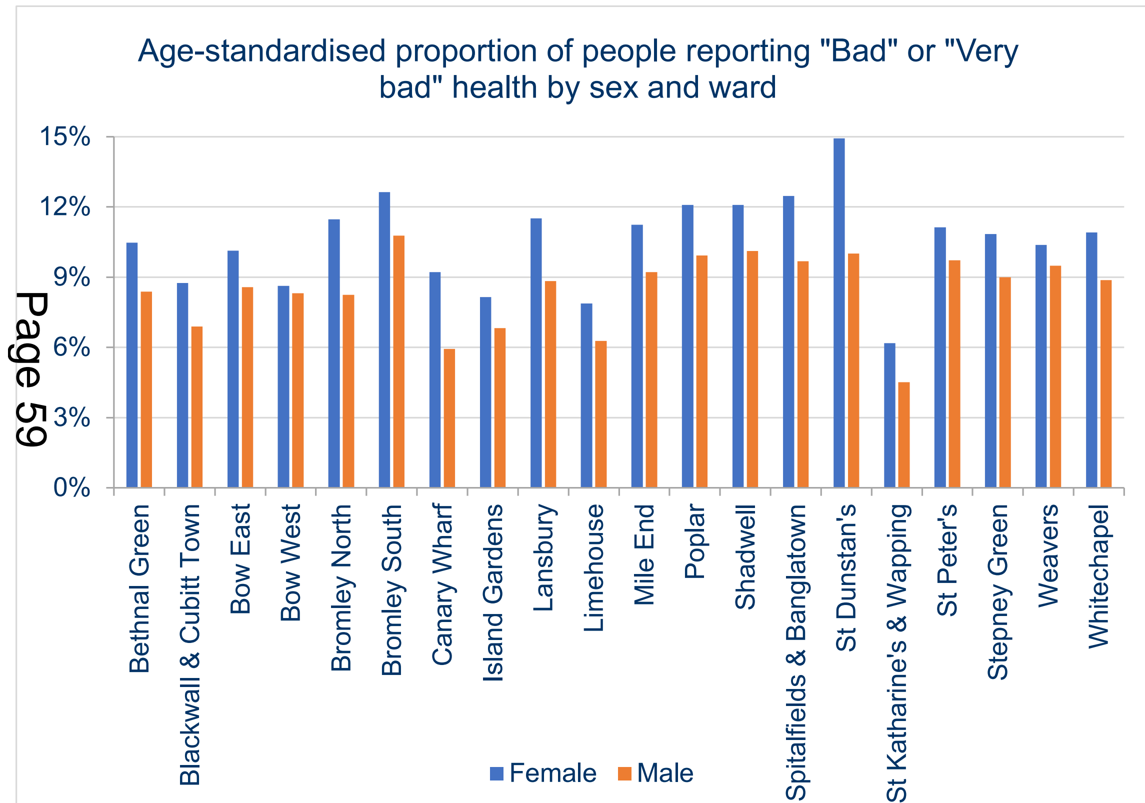
The best of London
in one borough

Appendix: NS-SEC Classifications

L1, L2 and L3: Higher managerial, administrative and professional occupations	L12: Semi-routine occupations
L4, L5 and L6: Lower managerial, administrative and professional occupations	L13: Routine occupations
L7: Intermediate occupations	L14.1 and L14.2: Never worked and long-term unemployed
L8 and L9: Small employers and own account workers	L15: Full-time students
L10 and L11: Lower supervisory and technical occupations	

The best of London
in one borough

General Health by Ward



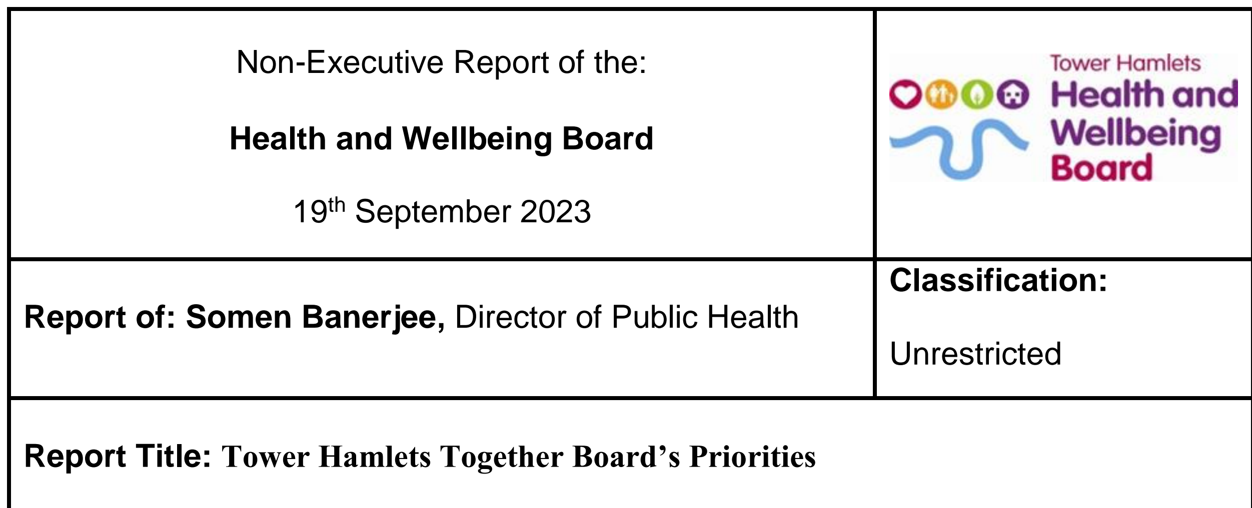
St. Katharine's & Wapping has the lowest proportion of self-reported poor health for both males and females.

The highest proportion for females is seen in St Dunstan's while for males the highest proportion is seen in Bromley South.

A clear gender differential was seen in all wards. The largest gaps were seen in St Dunstan's and Canary Wharf where the proportions of females reporting poor health were about 50% higher than that of males.

The best of London
in one borough

This page is intentionally left blank



Non-Executive Report of the: **Health and Wellbeing Board** 19th September 2023	Tower Hamlets Health and Wellbeing Board
Report of: Somen Banerjee, Director of Public Health	**Classification:** Unrestricted
Report Title: Tower Hamlets Together Board's Priorities	

Originating Officer(s)	Ashton West, Partnership Programme Lead
Wards affected	All wards

Executive Summary

This report (and accompanying presentation) details how the Tower Hamlets Together (THT) Partnership is currently comprised and the key objectives it is seeking to achieve. This includes details of our mission, vision and objectives as well as the priorities we are delivering for residents, our health inequalities programme and anti-racism action plan.

Recommendations:

The Health and Wellbeing Board is recommended to note the contents of this report and provide comments or feedback for consideration.

1. REASONS FOR THE DECISIONS

1.1. N/A

2. ALTERNATIVE OPTIONS

2.1. N/A

3. DETAILS OF THE REPORT

3.1. About THT

THT is a partnership of health and care organisations that are responsible for the planning and delivery of prevention and health and care services. The partnership includes:

- London Borough of Tower Hamlets
- North East London Integrated Care Board (NEL ICB)
- Tower Hamlets GP Care Group
- East London NHS Foundation Trust
- Barts Health NHS Trust
- Tower Hamlets Council for Voluntary Service
- Healthwatch Tower Hamlets

THT is all about health and social care organisations working more closely to improve the health and lives of people living in Tower Hamlets. This means a more coordinated approach to providing services, reducing duplication and improving the overall experience and outcomes for the people who need them.

3.2. Our mission, vision and objectives

Our mission is to transform people's health and lives in Tower Hamlets, reducing inequalities and reorganising services to match people's needs.

Our vision is that:

- Tower Hamlets residents, whatever their backgrounds and needs, are supported to thrive and achieve their health and life goals, reducing inequalities and isolation
- Health and social care services in Tower Hamlets are high quality, good value and designed around people's needs, across physical and mental health and throughout primary, secondary and social care
- Service users, carers and residents are active and equal partners in health and care, equipped to work collaboratively with THT partners to plan, deliver and strengthen local services.

Our objectives are:

1. Building the resilience and wellbeing of our communities including maintaining the capacity to mobilise residents to deliver wellbeing and support within their communities, particularly to the most vulnerable and those who are isolated
2. Maintaining people's independence in the community - ensuring multi-agency working across primary, community, acute and social care to meet needs effectively and reduce the need for avoidable admission or for escalation of support unnecessarily
3. Reducing the time people need to be in a bed-based setting - ensuring people are cared for in the community or their own homes whenever this is safe and receive a good level of care when in a bed based setting

3.3. Key influencers

I statements framework:

In collaboration with staff and residents, we developed a specific population focused outcomes framework. This framework, consisting of I statements, is intended to ground the services we design and deliver in line with the needs and expectations of our service users.

Our intention as a partnership is to map our deliverables to this outcomes framework to ensure we are contributing to achieve these in the work we undertake and to measure and track improvements as a result of this work, in line with these outcomes.

Health and Wellbeing Strategy:

As a sub-component of the Health and Wellbeing Board, the THT partnership has a role in delivery of the 2021-2025 Tower Hamlets Health and Wellbeing Strategy has six system wide Improvement Principles and five Ambitions for a Healthy Borough.

NHS NEL strategic context:

As a statutory sub-committee of NEL ICB, THT has a role in realising the Integrated Care Partnership (ICP) vision, strategy and priorities as well as the ambition and plans set out in the recent Fuller report focused on neighbourhoods, primary and urgent care access and prevention.

3.4. What we are delivering

Our transformation and integration priorities set annually across our six workstreams aim to improve outcomes through joined up provision:

- Born Well Growing Well
- Living Well
- Promoting Independence
- Mental Health
- Primary Care Transformation
- Urgent Care

In addition, these workstreams also collaborate to deliver various other projects on behalf of their population cohorts and/or service areas, some of which are funded through our Better Care Fund.

Our Tackling Health Inequalities Programme, which aims to reduce identified health inequalities impacting our residents in line with the CORE20+5 framework:

- We have delivered a number of projects in 2022/23, including our Improving Equity Programme
- We have just agreed and are now implementing our programme for the next 3 years (2023-2026)

Our system wide Enabler Groups have various action plans they are delivering to provide enabling support to our partnership to better achieve our aims. Those currently operating and implementing actions are:

- People and Organisational Development
- User and Stakeholder Engagement
- Communications
- Estates and Local Infrastructure

Our Anti-Racism Action Plan, through which we as partners have committed to becoming an anti-racist health and social care system by implementing actions across four key thematic areas:

- Anti-racist education
- Inclusive leadership
- Workforce equity
- Racial equity in service provision

3. EQUALITIES IMPLICATIONS

3.3. N/A

4. OTHER STATUTORY IMPLICATIONS

4.3. N/A

5. COMMENTS OF THE CHIEF FINANCE OFFICER

5.3. N/A

6. COMMENTS OF LEGAL SERVICES

6.3. N/A

Tower Hamlets Together Update for Health and Wellbeing Board

19th September 2023

TOWER HAMLETS TOGETHER

Delivering better health through partnership

www.towerhamletstogether.com #TH2GETHER

TOWER HAMLETS · GP CARE GROUP · thcvs · NHS North East London · NHS Barts Health NHS Trust · NHS East London NHS Foundation Trust · healthwatch Tower Hamlets

Tower Hamlets Together (THT)

THT is all about health and social care organisations working more closely to improve the health and lives of people living in Tower Hamlets.

This means a more coordinated approach to providing services, reducing duplication and improving the overall experience and outcomes for the people who need them.

THT is a partnership of health and care organisations that are responsible for the planning and delivery of prevention and health and care services.

The partnership includes:

- London Borough of Tower Hamlets
- North East London Integrated Care Board (NEL ICB)
- Tower Hamlets GP Care Group
- East London NHS Foundation Trust
- Barts Health NHS Trust
- Tower Hamlets Council for Voluntary Service
- Healthwatch Tower Hamlets

THT values

We are compassionate

We collaborate

We are inclusive

We are accountable

System Plan on a Page: Mission and Vision + key influencers

MISSION	VISION	OBJECTIVES	OUTPUTS
Transform people's health and lives In Tower Hamlets, reducing inequalities and reorganising services to match people's needs	• Tower Hamlets residents, whatever their backgrounds and needs,are supported to thrive and achieve their health and life goals, reducing inequalities and isolation • Health and social care services in Tower Hamlets are high quality, good value and designed around people's needs, across physical and mental health and throughout primary, secondary and social care • Service users, carers and residents are active and equal partners in health and care, equipped to work collaboratively with THT partners to plan, deliver and strengthen local services	1. Building the resilience and wellbeing of our communities - including maintaining the capacity to mobilise residents to deliver wellbeing and support within their communities, particularly to the most vulnerable and those who are isolated – for children and adults 2. Maintaining people's independence in the community - ensuring multi-agency working across primary, community, acute and social care to meet needs effectively and reduce the need for avoidable admission or for escalation of support unnecessarily – for children and adults 3. Reducing the time people need to be in bed-based settings - ensuring people are cared for in the community or their own homes whenever this is safe – for children and adults	1. Develop our partnership Collaborate as health and care providers and commissioners, with service users and carers, to plan and solve problems together 2. Deliver on health priorities and inequalities Support individuals, families and communities to live healthy thriving lives 3. Design care around people Provide accessible and responsive health and care services, and deliver person-centred integrated health and social care for those who need it 4. Develop our teams and infrastructure Ensure THT staff and teams have the right support, skills, knowledge and approach

Put the voice of Tower Hamlets residents at the heart of all our decisions, strengthening engagement, participation and co-production processes to achieve this

Defining our Vision Through Our System Wide Outcomes Framework (I Statements)

In collaboration with staff and residents, we developed a specific population focused outcomes framework. This framework, consisting of I statements, is intended to ground the services we design and deliver in line with the needs and expectations of our service users.

Our intention as a partnership is to map our deliverables to this outcomes framework to ensure we are contributing to achieve these in the work we undertake and to measure and track improvements as a result of this work, in line with these outcomes.

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

NEL Strategic Context

The Fuller Review

Key elements for ICBs to respond to within Fuller:

- developing neighbourhood level 'teams of teams'
- establishing a system level model of same day urgent care access
- delivering continuity of care by improving personalised care services
- using primary care to create healthier communities by more preventative care
- three key enablers of change: workforce, estates, and data

Two recommendations to ICSs, which need to:

- enable all PCNs to evolve into integrated neighbourhood teams
- co-design and put in place the appropriate infrastructure and support for all neighbourhood teams

The framework urges integrated care systems to:

- develop a primary care forum or network at system level
- embed primary care workforce as an integral part of system thinking, planning and delivery
- develop a system-wide estates plan to support fit-for-purpose buildings for neighbourhood and place teams delivering integrated primary care
- create a clear development plan to support the sustainability of primary care and translate the framework provided by 'Next steps for integrated primary care' into reality, across all neighbourhoods
- work alongside local people and communities in the planning and implementation process of these actions

The NEL Integrated Care Strategy

Our integrated care partnership's ambition is to
"Work with and for all the people of north east London
to create meaningful improvements in health, wellbeing and equity."

Improve quality & outcomes	Deepen collaboration	Create value	Secure greater equity

6 Crosscutting Themes underpinning our new ICS approach

- Tackling **Health Inequalities**
- Greater focus on **Prevention**
- Holistic and **Personalised** Care
- **Co-production** with local people
- Creating a **High Trust Environment** that supports integration and collaboration
- Operating as a **Learning System** driven by research and innovation

4 System Priorities for improving quality and outcomes, and tackling health inequalities

- Babies, Children & Young People
- Long Term Conditions
- Mental Health
- Local employment and workforce

Securing the foundations of our system

Improving our **physical** and **digital infrastructure**

Maximising **value** through collective financial stewardship, investing in prevention and innovation, and improving sustainability

Embedding **equity**

Health and Wellbeing Strategy

As a sub-component of the Health and Wellbeing Board, the THT partnership has a role in delivery of The 2021-2025 Tower Hamlets Health and Wellbeing Strategy has six system wide Improvement Principles and five Ambitions for a Healthy Borough.

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

What we are delivering together - snapshot

What we are delivering as a partnership

Our transformation and integration priorities set annually across our six workstreams aim to improve outcomes through joined up provision:

- Born Well Growing Well
- Living Well
- Promoting Independence
- Mental Health
- Primary Care Transformation
- Urgent Care

In addition, these workstreams also collaborate to deliver various other projects on behalf of their population cohorts and/or service areas, some of which are funded through our Better Care Fund

Our Tackling Health Inequalities Programme, which aims to reduce identified health inequalities impacting our residents in line with the CORE20+5 framework:

- We have delivered a number of projects in 2022/23, including our Improving Equity Programme
- We have just agreed and are now implementing our programme for the next 3 years (2023-2026)

Our system wide Enabler Groups have various action plans they are delivering to provide enabling support to our partnership to better achieve our aims. Those currently operating and implementing actions are:

- People and Organisational Development
- User and Stakeholder Engagement
- Communications
- Estates and Local Infrastructure

Our Anti-Racism Action Plan, through which we as partners have committed to becoming an anti-racist health and social care system by implementing actions across four key thematic areas:

- Anti-racist education
- Inclusive leadership
- Workforce equity
- Racial equity in service provision

How we developed our work programmes

Our transformation and integration priorities were determined in line with system-wide strategies, population health need, the I statements framework and resource availability. E.g. our priority for CYP Mental Health:

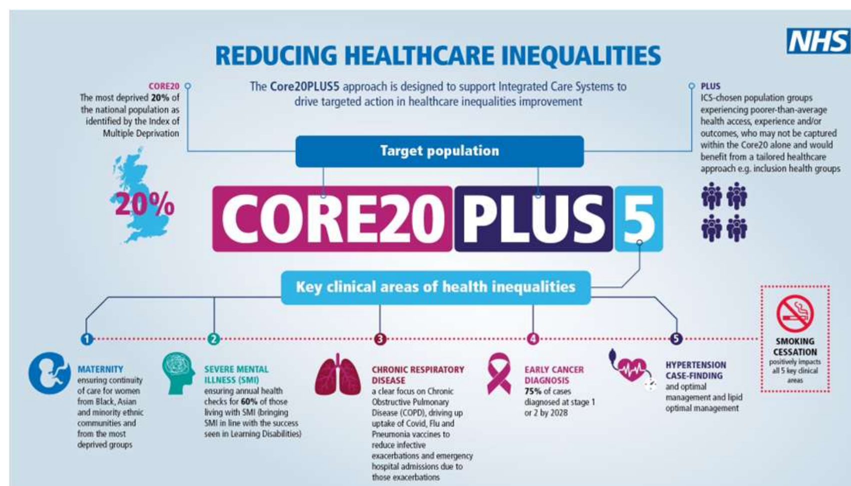
Strategic alignment:

- NHS NEL strategy = Improve access to mental health services
- Every Chance for Every Child strategy = Improve access to timely CAMHS support
- THT I statements (co-produced with residents) =
  - I am able to access care services for my physical and mental health
  - I feel like services work together to provide me with good care
- Population Health need = In 2021 0-17 mental health admissions were the highest in NEL (74 per 100k) and above London average (61 per 100k).

Our Anti-Racism Action Plan we developed with the help of the anti-racism charity brap who worked with the THT Board in 2021

Our system wide Enabler Groups developed their action plans through partnership wide forums and engagement with staff and in some cases residents and community groups.

Our Tackling Health Inequalities Programme, was largely informed by, and followed, the national CORE20+5 framework + also applying local intelligence on inequalities and need



Workstream priorities

LCG	Priority
Children & Families	Enhancing mental health & emotional wellbeing access and outcomes for children and young people
Children & Families	Improving our SEND services, experience and outcomes
Children & Families	Promoting healthy childhood weight
Children & Families	Achieving more integrated ways of working together to improve outcomes, with a focus on early years
Children & Families	Mitigating poverty and economic hardship for children, young people and their families
Living Well	Localities and Neighbourhoods Programme: 1. Developing system-wide health Intelligence ("data") for localities and primary care networks/neighbourhoods 2. Strengthening Locality & PCN structures to address health inequalities 3. Engaging communities to improve health and wellbeing 4. Long-term conditions prevention and management: improving pathways between communities and preventative services
Living Well	Improving access to services for disabled residents

LCG	Priority
Promoting Independence	Delivering proactive care through care co-ordination and MDT working to improve outcomes
Promoting Independence	Working in partnership to improve and streamline our discharge to assess pathway
Promoting Independence	Reviewing and refreshing our model and approach for providing Community Health Services
Promoting Independence	Providing support to carers through delivering the Carer's Action Plan
Promoting Independence	Enhancing and extending our personalisation of care offer
Mental Health	Reducing health inequalities in access, experience and outcomes
Mental Health	Creating paid employment opportunities
Mental Health	Improving neurodevelopmental pathways to improve outcomes for Autism and ADHD
Mental Health	Promoting and developing a more preventative approach
Mental Health	Improving the experience and outcomes for young people transitioning to adult services

Workstream priorities

LCG	Priority
Primary Care Transformation	Vaccination programme – children's/covid/flu
	Patient communication and education
	Enabling PCNs to evolve into integrated neighbourhood teams
	PCN organisational development programme
	Implementing national and local initiatives to improve access
	Developing a single system-wide approach to integrated urgent care to guarantee same day care for patients
	Primary and secondary care interface

LCG	Priority
Urgent Care	Reviewing the Urgent Treatment Centre
	Reviewing the discharge pathway
	Transfer of the Integrated Discharge Hub to Barts
	Virtual ward mobilisation for frailty and respiratory
	Winter planning
	Review of the end of life pathway

Enhancing mental health & emotional wellbeing access and outcomes for children and young people

Objectives:

- All CYP will receive timely, appropriate support and have choice of services
- Reduce inpatient admissions, reoccurrence and Length of Stay for CYP in crisis
- Increase and join up the offer for prevention and early intervention, reduce stigma and raise awareness of services
- Eliminate barriers to services and improve experience by adopting the Thrive framework for integrated, need led offer
- CYP mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), and health and justice
- Reduce inequalities and improve health outcomes

Strategic alignment:

- NHS NEL strategy = Improve access to mental health services
- Every Chance for Every Child strategy = Improve access to timely CAMHS support
- HWBB Strategy = Children and families are healthy, happy & confident
- THT I statements (co-produced with residents) =
  - I am able to access care services for my physical and mental health
  - I feel like services work together to provide me with good care
- Population Health need = **In 2021 0-17 mental health admissions were the highest in NEL (74 per 100k) and above London average (61 per 100k).**

Deliverables:

- New ELFT ICCS service (intensive community crisis service)
- Pilot the Key Worker to support CYP in the Transforming care cohort navigating the system and support agencies to work more jointly
- New S.76 contract for LBTH funded CAMHs provision, between LBTH and NEL ICB, and integrated service specification
- Re-commission service for Personal Health Budgets in CAMHS
- Develop a clear offer for schools/ school age children including TH Educations Wellbeing Service
- Barnardo's Kooth and other community services
- Scope out website for CYP mental and emotional wellbeing services

Measuring success:

- By 2024 to have 24/7 age-appropriate crisis services
- Access and waiting time targets met; reduced crisis presentations; CYP feedback
- Self-referral; clear signposting for users and professionals
- Increased access to early intervention services as Kooth and Barnardo's for CYP age 10 -25 including care leavers and those with SEND
- Eliminate inappropriate admissions for LDA related crisis;
- Defined pathways for CYP in the justice system
- 95% CYP accessing Eating Disorder treatment within 1 week for urgent cases and 4 weeks for routine cases

Tackling health inequalities

Children and Families

- Supporting health needs of children in care
- Supporting Continuing Care cohort
- Improving maternity outcomes
- Enhanced CAMHS support for Bangladeshi young people and CYP who are transgender/questioning

Promoting Independence

- Providing support for homeless and rough sleepers
- Supporting those suffering with dementia and their informal carers

Living Well

- Preventing and early detection of long term conditions, incl. CVD, COPD, diabetes and cancer in certain communities more at risk

Mental Health Partnership

- Improving the physical health of those with severe mental illness
- Learning disability focus

Voluntary and Community Sector

- To fund our VCS to improve health equity through the community sector

Living Well Plan - Community Health Facilitation for Prevention and Early Detection of LTCs

What is being proposed?

- Locality-based project, to work with patients and communities to participate in and co-design preventative activities.
  1. To enable people at risk of LTCs to take part in prevention activities and to detect LTCs early, through co-produced community prevention and engagement activities.
  2. To enable communities to identify and overcome barriers to participation in preventative and detection interventions.
- This will complement existing interventions to prevent LTCs; it is focused on addressing inequalities in uptake of those interventions. It will complement plans to strengthen Locality Forums (as per the Localities & Neighborhoods programme)

What is the context or rationale?

- Long-Term Conditions like Cardiovascular Disease, COPD, Diabetes and cancer drive health inequalities. Hence these make up 3 of CORE20+5.
- Recent CVD, Diabetes JSNAs have shown locally these conditions are much more prevalent in deprived communities, among Bangladeshi and minority ethnic groups.
- Strategic fit with plans to enable Localities and Neighbourhoods to take a Population Health approach.
- Evidence for community-centred interventions as per NICE guidance NG44; PH35;

What will be delivered?

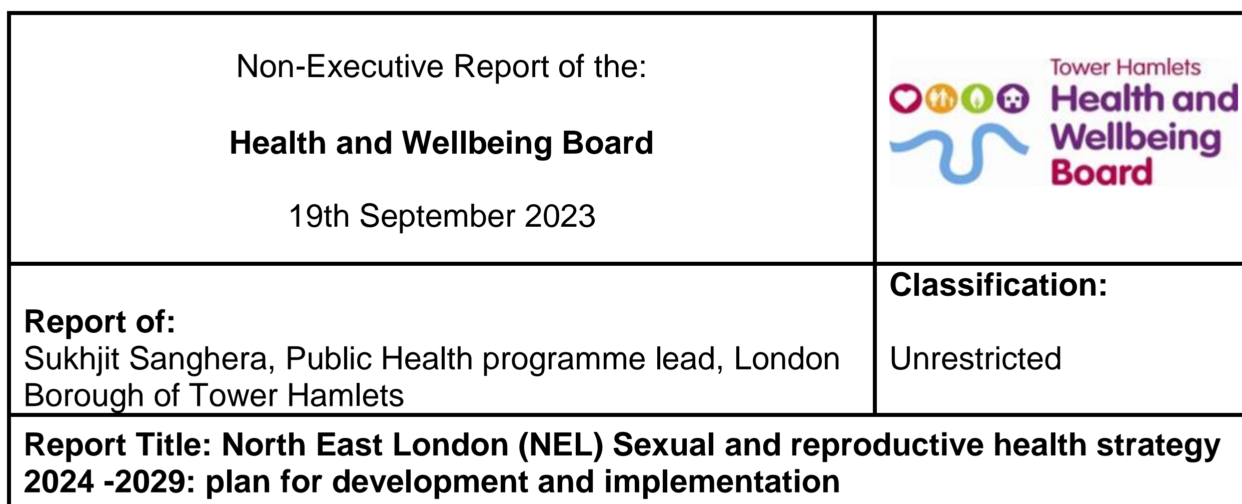
- "Community Health Facilitator" in each Locality
- To deliver local community-centred LTC prevention projects, co-produced evidence based participatory process eg: asset-based stakeholder engagement/participatory budgeting
- Trained volunteer/ champions providing in reach
- Local active 'case finding' – using Primary Care Network lists and proactive outreach to find people at risk of LTCs who would benefit.
- Locality level KPIs for numbers of residents engaged from target groups
- Complement plans to strengthen Locality Forums

How could improvement be measured over time?

- Improvement in inequalities in update of preventive interventions eg health checks, weight management etc.
- Changes in diagnosis rates;
- Before and after measures of residents perceived ability to manage health – eg: I statement survey
- Qualitative feedback
- Reduction in LTC related complications from residents from socio-economically deprived backgrounds as well as specific target groups, such as socially isolated individuals, those with language barriers, residents of care homes, and individuals facing financial barriers.

Anti-racism action plan

Anti-racism education	Inclusive leadership	Workforce equity	Racial equity in services
£100k investment in anti-racism education to reach system leaders, managers and HR professionals	Diversify membership of THT Board and all structures incl via CVS leadership programme	Deliver THT Workforce and OD strategy incl diversity targets, inclusion ambassadors, governance	Race equity goals in all THT plans and scrutiny of quant + qual data at Board and workstreams
Self-critique in the Board, watch/check own practice (impact not intention)	Responsive, accountable citizen voice across THT incl. 'You Said, We Did'	Barts extended placement scheme (NEL funding)	Culturally appropriate comms toolkit rolled out
Cascading conversations about racism/anti-racism within teams: "each one teach one"	Build on successful co-design e.g. Covid champs and establish inclusive co-design group to hold Board to account	Scrutiny of workforce data, esp. inequities in progression and leadership, at THT Board	Flourishing Communities programme with more PCNs and CAMHS receptive bilingualism project (NEL funding)
Expectations of THT system leaders to educate, challenge and address racism in all forms	Ongoing investment in lay rep for citizen voice, inclusion and anti-racism + positive action to recruit	Anti-racism commitment and expectations built into THT workforce events	Three pathway re-design projects to tackle racism at each stage of journey



Non-Executive Report of the: **Health and Wellbeing Board** 19th September 2023	Tower Hamlets Health and Wellbeing Board
Report of: Sukhjit Sanghera, Public Health programme lead, London Borough of Tower Hamlets	**Classification:** Unrestricted
Report Title: North East London (NEL) Sexual and reproductive health strategy 2024 -2029: plan for development and implementation	

Originating Officer(s)	Sukhjit Sanghera, Public Health programme lead Liam Crosby, Associate Director of Public Health
Wards affected	All wards

Executive Summary

This is a short 'for information' item to inform the HWBB on the following:

- The importance of developing a NEL wide sexual and reproductive health strategy.
- The priority areas of the strategy
- Consultation plans, setting out how residents and borough wide partners are being engaged to support shaping the strategy and action plans.
- The process and timelines for developing & implementing the strategy and Tower Hamlets specific action plan.

Development of a NEL Sexual and Reproductive Health strategy, with Tower Hamlets Action Plan

1. Tower Hamlets faces some of the greatest sexual and reproductive health (SRH) challenges including high rates of Sexually Transmitted Infections (STIs), low use of suitable contraception such as Long-acting reversable contraception (LARC) and high use of emergency contraception.

2. Some of these challenges are similar in other North-East London (NEL) boroughs. Furthermore, sexual health services and patient journeys regularly cross borough Borders. For example, many TH residents work, study or visit elsewhere in London and access SRH services in other Boroughs.

3. To respond to shared challenges, we plan to agree a North East London (NEL) wide sexual and reproductive health strategy for 2024-2029. The strategy will include a NEL-wide vision to improve sexual and reproductive health and will set out the priority outcomes we wish to achieve across NEL.

4. The purpose of this strategy is to improve sexual and reproductive health outcomes for residents by:

    a. Ensuring that our residents have the ability and freedom to make safe informed choices regarding their sexual and reproductive health and can access services regardless of who they are and where they live.
    b. Delivering high quality services across the whole of North East London (Barking, Havering, Redbridge, Waltham Forest, Newham, Tower Hamlets and Hackney).

5. The Strategy sets out intended Outcomes across in the following four priority areas. These priority areas have been developed in consultation of with key stakeholders including NEL professionals who work in sexual health services and local authority sexual health commissioners of services and engagement with residents.
    - Residents have healthy and fulfilling sexual relationships.
    - Residents have good reproductive health across the life course.
    - High quality and innovative STI testing and treatment.
    - Living Well with HIV and reducing rates of new HIV

6. Underpinning the strategy, we will develop a set of Action Plans, which set out how providers, commissioners and other partners across the sector will work together to achieve the strategy's outcomes. One of these Action Plans will be specific to Tower Hamlets, while another will cover actions planned at NEL-wide level.

7. Workshops will take place in October with stakeholders (service providers and commissioners across NEL) to develop NEL wide actions that will support a more integrated approach among commissioning and service provision of sexual and reproductive health services.

8. We are also developing a Tower Hamlets specific action plan against the priority areas in the strategy. Through workshops we have been consulting with the Tower Hamlets sexual and reproductive health partnership group (made up of sexual health providers including All East, Safe East, GPs, CVS, education, VAWG and youth service providers) and also engaging partners on an individual level.

9. Further consultation (through surveys) from October to December 2023 will take place with stakeholders and residents across NEL to ensuring the vision, priorities and actions plans respond to local views and need.

10. Timeframe for the NEL strategy development

Item	Deadline
Development of a draft NEL wide sexual and reproductive health strategy that sets out the vision, aims and priority areas	March 2023 to September 2023
Resident engagement across borough on strategy priorities	1st August to 15th August 2023
Strategy consultation and action plan development with NEL wide stakeholders	October 2023
Development of borough specific year 1 actions plan	July to October 2023
Health and Wellbeing Board briefing & support	September 2023
Briefing for the lead member	September 2023
Formal resident & stakeholder consultations on strategy and action plans	October to December 2023
Briefing update on strategy and action plan for the lead member	January 2024
Final draft approval of strategy and action plan by NEL Directors of Public Health	December 2023/ January 2024
Health and Wellbeing Board Final draft strategy & action plan approval & sign off	December 2023/January 2024
Briefing for HAC DLT & MAB	December 2023 /January 2024
NEL Strategy Launch	April 2024

Recommendations:

The Health and Wellbeing Board is recommended to:

- Note the proposed approach to development of a NEL SRH strategy, with Tower Hamlets Action Plan.
- Look forward to approving the draft strategy which will be shared in December 2023

This page is intentionally left blank