



TOWER HAMLETS HEALTH AND WELLBEING BOARD



SUPPLEMENTAL AGENDA

This meeting is open to the public to attend.

Contact for further enquiries:

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


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| <p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>5 December 2023</p> |  |
| <p>Report of: NHS North East London</p> | <p>Classification:</p> <p>Unrestricted</p> |
| <p>Report Title: Initial findings and emerging themes from the Big Conversation</p> | |

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|--------------------------------------|--|
| <p>Originating Officer(s)</p> | <p>Charlotte Pomery, Chief Participation and Place Officer NHS North East London</p> |
| <p>Wards affected</p> | <p>All wards</p> |

Executive Summary

The Big Conversation is the result of the commitment that was made in NHS North East London’s Working with People and Communities Strategy to work with local people to identify priorities and the criteria against which we will evaluate our impact. This has been followed through to the Integrated Care Partnership’s Interim Integrated Care Strategy, where we agreed that the success measures would be initiated and shaped by local people through a big conversation approach.

Over the summer we heard from around 2000 local people via:

- face to face events in each of our eight areas
- focus groups with under-represented groups in our community run by our local Healthwatch organisations
- online survey

The Big Conversation focused on the four priorities for improving quality and outcomes and tackling health inequalities set out in our interim Strategy. The data from all the conversations is still being analysed but we have identified themes as set out in the attached presentation which we are continuing to work through.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the presentation and discuss the emerging themes, which will continue to contribute to our evolving partnership approach to working with local communities.

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:

| |
|---|
| <p>1. Resources to support health and wellbeing should go to those who most need it</p> |
| <p>One of the aims of the Big Conversation is to develop new success measures for the Integrated Care Strategy to understand how well we are achieving our strategic priorities and objectives – and whether we are making a difference. These success measures will ultimately shape how we use our resources to meet our core aims – which include reducing health inequalities and improving health equity.</p> |
| <p>2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme</p> |
| <p>The Big Conversation is founded on the centrality of local people to all decisions about health and wellbeing – at a strategic, service and individual level. People should feel involved in all discussions and decisions about their care – this was part of the thinking behind the Big Conversation and indeed one of the key themes strongly emerging from local people. *</p> |
| <p>3. Being treated equally, respectfully and without discrimination should be the norm when using services</p> |
| <p>One of the core purposes of the Integrated Care System is to reduce inequalities and drive equity and understanding directly from local people how this could be improved was important to us. Many of the participants in the Big Conversation talked to us about how care is delivered – and underlined how critical respect, equity and cultural competence are in delivering equitably, whether at a strategic or operational level.</p> |
| <p>4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them</p> |
| <p>Many of the participants in the Big Conversation talked about how important information is to them in feeling that they are agents in their own care and support and can take informed decisions about their own health and wellbeing. They also underlined the importance of accessible information and advice which enables them to understand what is available in their local communities.</p> |

5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing

One of the premises of the Big Conversation is that people are participants rather than recipients in their own care and support. A key theme emerging is what good care looks like to local people – with a clear focus on human, personalised and holistic responses where services are integrated across partners.

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.

Under the Health and Care Act 2022, Integrated Care Systems were established to bring partner organisations together with four aims, to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Integrated Care Boards were established at the same time to take a system view across the whole population by convening a range of partners and supporting each part of our landscape to play its role.

One of the emerging findings of the Big Conversation is a strong perspective from local people that supports further integrated approaches and also supports us adopting a broad view of how we can improve health and wellbeing using the assets of the whole community, enabled through partnership working.

1. REASONS FOR THE DECISIONS

1.1. The presentation is for discussion and comment, rather than for decision.

2. ALTERNATIVE OPTIONS

2.1. As the report is for discussion and comment, no alternative options are being presented.

3. DETAILS OF THE REPORT

3.1. The detail of the report is in the attached presentation.

4. EQUALITIES IMPLICATIONS

- 4.1. The presentation focuses on the Big Conversation which is part of an ongoing approach to working with local people to understand what is important to them, to reflect this in our success measures as an Integrated Care Partnership and to deliver them through the work we do together. The approach was built on listening to local communities and by collecting data on who participates we have sought to ensure we are hearing from marginalised groups as those able to articulate their perspectives.
- 4.2. The work dovetails with the Tower Hamlets Together work on co-production and we continue to ensure there is synergy of focus.
- 4.3. The Big Conversation aims to reduce health inequalities specifically by using feedback to understand what local people feel will make the most difference to their health and wellbeing. Using the findings of the Big Conversation will help inform the improvement focus of the north east London system.

5. OTHER STATUTORY IMPLICATIONS

- 5.1. NHS North East London has a statutory duty to engage with local communities in its work – the Big Conversation is just one element of the wider approach to working with local people to improve health and wellbeing outcomes.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1. N/A

7. COMMENTS OF LEGAL SERVICES

- 7.1. N/A
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The Big Conversation

Update for Tower Hamlets Health and Wellbeing Board

5 December 2023

About the Big Conversation

Background:

- We made a commitment in the '*Working with people and communities*' strategy to work with local people and those who draw on our services to identify priorities and the criteria against which we will monitor and evaluate our impact.
- The Big Conversation is about listening to the people in our communities, and understanding their views about health, care and wellbeing, to help us to focus on what matters to them, and to help us to improve what we do. It builds on the [interim integrated care strategy](#) that is turning our ambitions into actions.
- Based on what we already know about the needs of local people and what residents have told us before, the Big Conversation process focused on asking people open questions about our four priorities for improving quality and outcomes and tackling health inequalities:
 - Babies, children and young people
 - Long term conditions
 - Mental health
 - Local employment and workforce
- The findings are intended to help inform the development of success measures - helping us to understand whether we are making a difference to health and wellbeing outcomes - which we will report on annually.
- We know it is not the only way either the ICB or wider ICP engages in dialogue with local people.

Listening to local people

Over the summer we engaged with around **2000 people** across north east London:

We promoted an online survey (over 1000 responses) including questions on:

- Our four ICS priorities
- Living a healthy life, voice and influence and receiving care
- Experiences of using health and care services in north east London

We held face to face sessions and community events across north east London

- Eight drop in sessions in places across north east London using facilitated table discussions to enable detailed discussion on the four priorities – Tower Hamlets took place on 25th July in The Ideas Store, Whitechapel
- Presence at community events including the Wanstead (Redbridge) Disability Festival and the Waltham Forest women's health event organised with the network of mosques
- Ad hoc sessions e.g. informal discussions with Romanian community in high road cafes
- Targeted focus groups (see next slide) selected in light of the fact that 53% of the respondents to the survey were white British and 73% were women and there were some clear gaps in the voices we heard in the earlier face to face sessions and community events

Additional focus groups

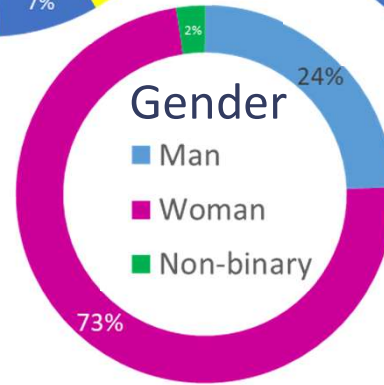
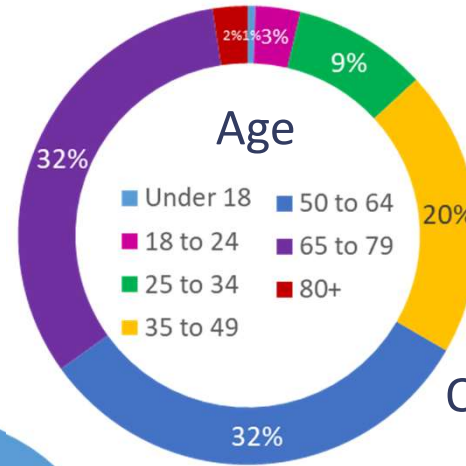
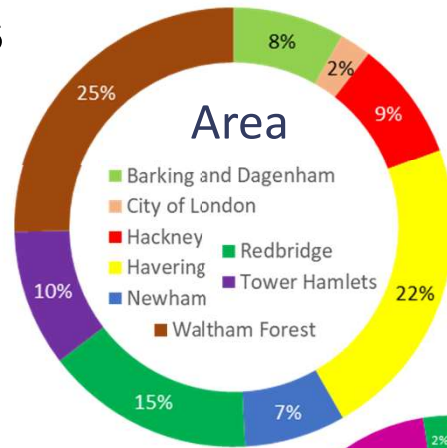
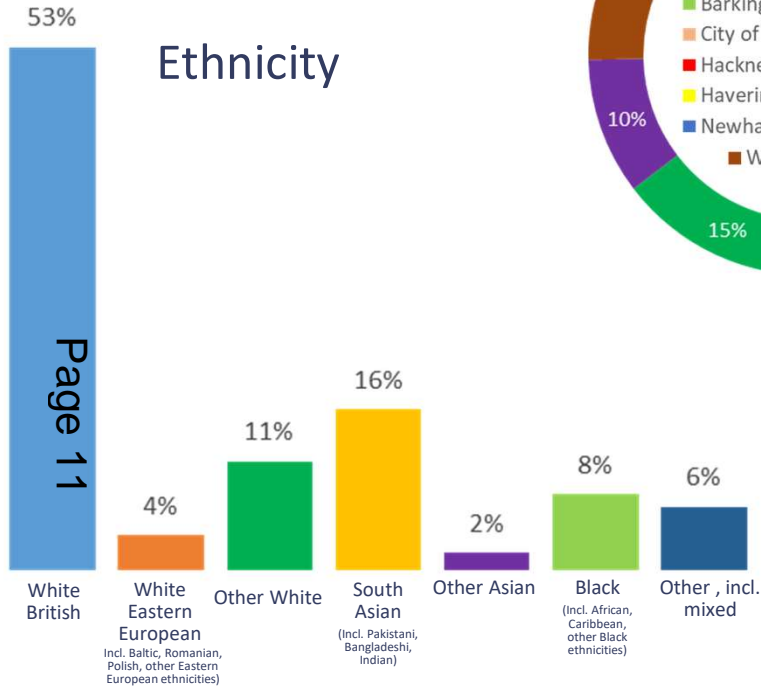
Additional focus groups were facilitated by local Healthwatches which selected focus group communities to better reflect the diversity of the local populations they work with. Engaging with these target communities in smaller focus groups enabled more in-depth discussion to explore health, care and wellbeing with groups under-represented in other forms of engagement during the Big Conversation. Examples include (not exhaustive):

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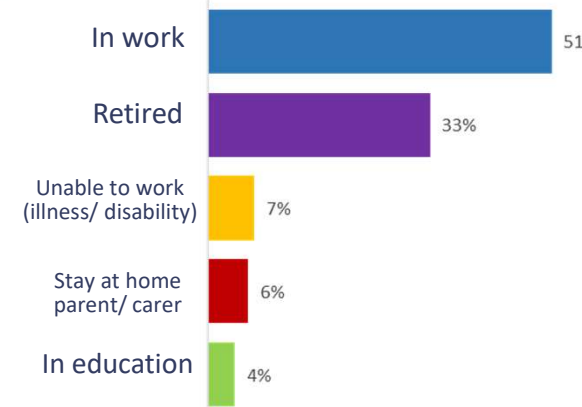
- South Asian men in Tower Hamlets and in Newham
- Turkish mothers in Hackney
- Black African and Caribbean men in Hackney
- Older people in the City of London
- Patients living with Long Covid in Hackney
- Men in Barking and Dagenham
- Deaf BSL users in Redbridge
- Young people in Barking and Dagenham
- Pakistani women in Waltham Forest

Survey respondents

(some additional information)



Occupational status



98% were registered with a GP
93% had used health or care services in the last 12 months
7% were parents of a child/ children aged under 18
7% were carers for an adult loved one or family member
23% were digitally excluded
6% were disabled
3% were neuro-divergent
41% had a long-term condition
3% were LGBT
32% were struggling financially or just getting by

Emerging themes: Babies, children and young people

What we've heard people would like to see more of and what they believe makes a difference:

- A consistent focus on nutrition – healthy eating, cooking, school meals
- Activities – playgrounds, parks and green spaces, areas that are safe to socialise
- Helping children and young people to understand what good physical and mental health looks like, how to attain it and how to maintain it.

Help to foster community cohesion and identity, help them avoid junk food, make interesting out of school activities available

Emerging themes: Long term conditions

What we've heard people would like to see more of and what they believe makes a difference:

- Want support to understand and proactively manage their condition/s
- Want to be empowered to advocate for themselves
- Continuity of care/Long term relationships with health and care staff to develop an understanding of their situation is really important

I get stuck between the GP and the hospital, I have several conditions and the various specialists do not consider these - just their own speciality.

Emerging themes: Mental health and wellbeing

What we've heard people would like to see more of and what they believe makes a difference:

- Access feels hard to get the support I need
- Availability of support before crisis hits
- People with mental health needs are still stigmatised
- Cause of mental ill-health can be linked to a whole range of reasons, don't make assumptions

I feel rushed anytime I call up to talk to the doc about how I feel.

Emerging themes: Local employment and workforce

What we've heard people would like to see more of and what they believe makes a difference:

- Apprenticeships and work experience across health and care
- Be clear what opportunities are available
- Simplify application process for job advert i.e. no lengthy supporting statement
- Flexibility is key - Remove barriers to work i.e. more childcare and carer support services on interview days
- Employ local people and target younger people
- Help publicise volunteering opportunities

Work that inspires us to be better individuals and help create a great community. Jobs that people can feel proud and passionate about. Career pathways that support financial independence, sustain living in East London and/or provide potential for growth and development if wanted.

Theme: Good care

What we've heard people would like to see more of and what they believe makes a difference:

Trustworthy

- health and care services respond to and anticipate people's needs and are accountable to patients and local people
- patients get reassurance that they are well
- patients' worries and concerns are understood and addressed

Competent

- cultural differences are taken into account
- patients understand how care decisions are taken and believe professionals are providing good treatment
- there is consistency of care, quality of care does not vary based on individual and staff turnover

Theme: Good care (cont.)

What we've heard people would like to see more of and what they believe makes a difference:

Person centred

- continuity of care between services and within services
- services work well with each other, at community level/beyond just health and care
- services are interconnected around the patient, not just centred on a condition or specialism
- patients get to make appointments and be seen in a way that works for them
- cultural differences are taken into account
- patients understand how care decisions are taken and believe professionals are providing good treatment

Accessible

- barriers to accessing care are understood and addressed – disability, language barriers, IT literacy, knowledge, costs.

Emerging themes: overarching

What we've heard people would like to see more of and what they believe makes a difference:

- People like to see empathy and compassion from health and care staff
- People like to see agencies/organisations working well together and to know where they can go to get help/answers
- People would like to see more ways to support people's wellbeing - to be physically and mentally well - in their local communities
- People find navigating ways into health and care jobs complicated – people are not sure where to start/being put off
- People like it when access is made straightforward, especially to primary care

Developing success measures

Using the analysis to date, we propose success measures based on what is most important to local people, clustered as follows:

- Compassionate care and support which feels human, culturally competent and personalised
- Organisations working closely together to provide joined up care and support
- Improved access to primary care as for the majority of local people it is their key connection with health services
- Clearer ways to support everyone to be physically and mentally well in their local communities by incorporating the wider determinants of health (employment, housing, environment, poverty)
- Greater opportunities to work in health and care with flexible and accessible routes to apprenticeships, work experience and employment

Next steps: keep talking

- Continued analysis of data and identification of themes
- Development of detailed report to share with ICS partners to inform their work
- Findings inform development /refinement of I statements/success measures
- Test findings and draft I statements/success measures with local people
- Further engagement with seldom heard/underrepresented groups where data identifies this is needed
- Agree new/additional success measures and reporting mechanisms (annually?)
- Develop a public-facing summary report and commit to regular progress reports

CDP Priorities

Consultation and Engagement



Combating Drugs Partnership



In 2021, the Government introduced its 10 Year From Harm to Hope strategy based on a review by Dame Carol Black. Each locality is required to develop a multi-agency forum (Combating Drugs Partnership) that is accountable for delivering the set of outcomes for this strategy.

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The Combating Drugs Partnership (CDP) is responsible for:

- Delivering the three national strategic priorities
- Developing a Joint Local Needs Assessment
- Developing a Local drugs strategy delivery plan
- Developing a Local performance framework

The CDP will be responsible for monitoring performance against the Combating Drugs Outcome Framework and reporting on the partnership's performance and delivery into central Government annually.



Strategic Priorities and Outcomes



There are three Strategic Priorities:

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1. Break drug supply chains
2. Deliver a world-class treatment and recovery system
3. Achieve a shift in the demand for drugs

There are six overarching outcomes:

1. Reduce drug use
2. Reduce drug related crime
3. Reduce drug related deaths and harm
4. Reduce drug supply
5. Increasing engagement in drug treatment
6. Improving drug recovery outcomes



Work so far

- Needs Assessment led by Public Health colleagues produced a series of conclusions and recommendations
- Multiple engagement sessions and two large workshops covering a wide range of substance misuse stakeholders
 - Second workshop specifically focusing on children's services, partners and representatives
- Stakeholders looked at the three national strategic priorities for all CDPs. For each of those areas, they considered:
 - what we were getting right
 - what we weren't getting right
 - what we should do to address those areas



Priorities – Tackling Supply



We have engaged with community representatives, the voluntary and community sector, professionals and other stakeholders across to identify local priorities where we believe the partnership can have the greatest impact.

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Break the cycle of exploitation

We need to safeguard the young people of Tower Hamlets and intervene where they have been targeted by drug gangs, providing them with the support they need to escape the cycle.

Help people leave drugs behind

Where frontline staff encounter those affected by drug dealing and use, especially where offences have been committed, we must seize the opportunity to divert users and dealers away from drugs and into our services.

Reduce visible drug dealing and drug use

The visibility of drug use and dealing within Tower Hamlets is a serious concern for our residents and undermines trust in our partners. We will work across police, enforcement teams and improve our use of community intelligence to tackle this issue.



Priorities – Treatment & Recovery



We have engaged with community representatives, the voluntary and community sector, professionals and other stakeholders across to identify local priorities where we believe the partnership can have the greatest impact.

4

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Make services easier to use

We recognise the need to make routes through our treatment and recovery services clearer, redesigning and recommissioning them to improve access, reducing handoffs and duplication.

5

Personalised, culturally-competent treatment

We are committed to providing services that are community-based, culturally competent and offer new and innovative evidence-based treatment and harm reduction approaches.

6

Settings that sustain recovery

Those who have been through treatment require the right support and environment to sustain their recovery and enable them to rebuild their lives.



Priorities – Shifting Demand



We have engaged with community representatives, the voluntary and community sector, professionals and other stakeholders across to identify local priorities where we believe the partnership can have the greatest impact.

7

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Promote awareness and where to find help

It is vital to ensure that all concerned recognise the full extent of the harms caused to our communities by drug use and the violence and exploitation that are fuelled by illegal drug markets – while ensuring that routes into support are always clear.

8

Target specific substance-misuse harms

Close service gaps and tailor our partnership approach in areas of local need that require more targeted interventions.

9

Stop problematic substance misuse before it begins

We want to prevent people from misusing substances in the first instance by ensuring our interventions in early years, throughout childhood and when people first encounter drugs or alcohol are as robust and effective as they can be.



What comes next?



Produce Partnership Strategy

- DLT & CLT –scheduled Jan 8 & 16

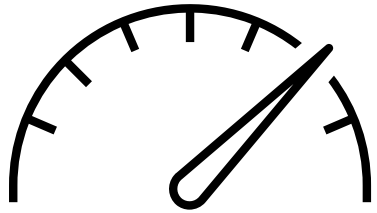


Produce Delivery Plan for priority areas

- Capture existing work and agree how we will tackle gaps

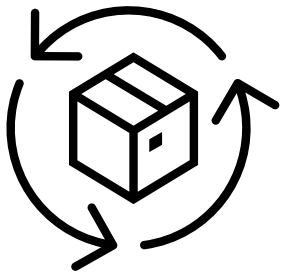


Monitoring



Local Outcomes Framework Dashboard

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Monitoring delivery plan and continuous improvement of measures



Governance

