

HEALTH & ADULTS SCRUTINY SUB- COMMITTEE

Thursday, 29 April 2021 at 5.30 p.m.

Online 'Virtual' Meeting - <https://towerhamlets.public-tv/core/portal/home>

This meeting is open to the public to view.

Members:

Chair: Councillor Gabriela Salva Macallan
Vice-Chair: Councillor Mohammed Pappu

Councillor Shah Ameen, Councillor Shad Chowdhury, Councillor Denise Jones and Councillor Andrew Wood

Substitutes:

Councillor Zenith Rahman and Councillor Helal Uddin

Co-opted Members:

David Burbidge
Sue Kenten

Healthwatch Tower Hamlets Representative
Health & Adults Scrutiny Sub-Committee Co-optee

[The quorum for this body is 3 voting Members]

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APOLOGIES FOR ABSENCE

1. DECLARATIONS OF INTERESTS

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Members are reminded to consider the categories of interest in the Code of Conduct for Members to determine whether they have an interest in any agenda item and any action they should take. For further details, please see the attached note from the Monitoring Officer.

Members are reminded to declare the nature of the interest and the agenda item it relates to. Please note that ultimately, it's the Members' responsibility to declare any interests and to update their register of interest form as required by the Code.

If in doubt as to the nature of your interest, you are advised to seek advice prior to the meeting by contacting the Monitoring Officer or Democratic Services

2. CHAIRS UPDATE

3. MINUTES OF THE PREVIOUS MEETING(S)

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To confirm as a correct record the minutes of the meeting of the Health Scrutiny Panel held on 8th February 2021.

4. REPORTS FOR CONSIDERATION

4 .1 Tower Hamlets Health & Wellbeing Strategy 2021-25, consultation

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4 .2 Black, Asian & Minority Ethnic Inequality Commission

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4 .3 The integrated health and social care system: THT update and NEL developments

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4 .4 Adults Learning Disability Health Scrutiny Challenge Session Report

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

Next Meeting of the Sub-Committee

The next meeting of the Health Scrutiny Sub-Committee will be held on Tuesday, 8 June 2021 at 6.30 p.m. in Online 'Virtual' Meeting - <https://towerhamlets.public-i.tv/core/portal/home>

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Agenda Item 1

DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER

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

(i) Disclosable Pecuniary Interests (DPI)

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

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

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

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

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

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

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

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

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

Guidance on Predetermination and Bias

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

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

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

Further Advice contact: Janet Fasan, Divisional Director Legal, Governance and Monitoring Officer, Tel: 020 7364 4348.

APPENDIX A: Definition of a Disclosable Pecuniary Interest

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

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

**LONDON BOROUGH OF TOWER HAMLETS
MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE
HELD AT 6.31 P.M. ON MONDAY, 8 FEBRUARY 2021
ONLINE 'VIRTUAL' MEETING - [HTTPS://TOWERHAMLETS.PUBLIC-I.TV/CORE/PORTAL/HOME](https://towerhamlets.public-i.tv/core/portal/home)**

Members Present:

Councillor Gabriela Salva Macallan
(Chair)
Councillor Mohammed Pappu (Vice-Chair)
Councillor Shad Chowdhury
Councillor Shah Ameen
Councillor Denise Jones
Councillor Andrew Wood

Co-opted Members Present:

David Burbidge – Healthwatch Tower Hamlets Representative
Sue Kenten – Health & Adults Scrutiny Sub-Committee Co-optee

Other Councillors Present:

Councillor Rachel Blake

Officers Present:

Phil Carr – (Strategy and Policy Manager, HAC)
Jack Kerr – Strategy & Policy Manager
Carrie Kilpatrick – (Commissioning Manager at London Borough of Tower Hamlets)
Rahima Miah – (Deputy Director of Integrated Commissioning)
Denise Radley – (Corporate Director, Health, Adults & Community)
Matthew Richardson – Integrated Learning Disability Commissioner
Jamal Uddin – Strategy Policy & Performance Officer

1. DECLARATIONS OF INTERESTS

No declarations of interest were received at the meeting.

2. MINUTES OF THE PREVIOUS MEETING(S)

The Sub-Committee confirmed as a correct record the minutes of the last meeting of the Health Scrutiny Sub-Committee held on 1st December 2020. And the Chair was authorised to sign.

3. REPORTS FOR CONSIDERATION

3.1 Adults Learning Disability Health Scrutiny Challenge Session Report

The Sub-Committee welcomed Councillor Kahar Chowdhury the former Chair to the meeting to present the March 2020 section of the report on the Adults Learning Disability Health Scrutiny Challenge Session and the committee opened to discuss

The Committee:

- ❖ **Noted** that the challenge session which had taken place on the 10th of March 2020 had reviewed “How health and social care is supporting adults with a learning disability to live independent lives in Tower Hamlets”.
- ❖ **Noted** that the session had focused on three main areas of the Learning Disability Strategy: Health, Accommodation and Employment.
- ❖ Was **informed** that the report had been compiled providing documentation of the sessions and including recommendations to be actioned upon, however sign-off of the report had been delayed due to the outbreak of the pandemic. Accordingly, the report has been updated against the March position and included an impact assessment of the pandemic for the learning disability population.
- ❖ **Noted** that people with learning disabilities do not learn certain skills as quickly as other people and may therefore need extra support in certain aspects of their lives. The specific skills in question will depend upon the type of disability. People with mild learning disabilities may live alone, travel independently, and work. They may not require any support from their local authority or may just need support in managing their finances.
- ❖ **Commented** that with the right support people can live full and meaningful lives. However, if this support is not provided, they may face problems in gaining independence or a home of their own, in accessing leisure and recreation activities, and/or in developing friendships and relationships.
- ❖ Was **advised** that with regard to the progress on the four-year programme to reduce the number of residents in out of Borough placements this has been slower than anticipated because of the infection control restrictions and the challenges with moving people after long periods of time in a placement outside of Tower Hamlets. Three schemes had been identified in the borough and the development had been slow and there were challenges with moving residents.
- ❖ **Commented** that consideration should be given to how the pandemic was impacting on mental health and wellbeing among these residents as it was felt that they are more likely to have lower levels of happiness, life satisfaction and sense of purpose **e.g.** due to mortality concerns, fears about the virus, grief for the loss of normality, restricted access to health services and restricted access to activities that protect wellbeing.

- ❖ **Noted** that whilst it is acknowledged that the Covid-19 pandemic has affected many people's mental health and wellbeing those with mental health needs, a learning disability or autism who had contracted Covid-19 may require reasonable adjustments. As it is recognised that adults with a learning disability may be particularly at risk of a poor health outcome if they contract Covid-19.
- ❖ **Noted** that health services will continue to have due regard to their obligation to advance equality under the Equality Act 2010; which includes recognising and factoring-in the vulnerability of different groups of people with protected characteristics; and inequalities in access, experience, and outcomes in health services. In addition, partnership working with voluntary and community sector partners is also being encouraged to facilitate wrap-around support for vulnerable people, and to maximise engagement with underrepresented groups.
- ❖ **Commented** that there was a focussed piece of work that was looking at supporting service users currently accessing the day opportunity offer. That the offer was paused during the first part of Covid-19 pandemic and some services have had to close whilst some partners have commented that they have seen great benefits of having an online offer as people's confidence in engaging and communicating in this way has increased. Still for many it was noted that it is not viable as a large proportion of resident's struggle to engage on a digital platform as it can be quite an intimidating experience. **Noted** that for those using and delivering services this has been a challenging time.
- ❖ **Indicated** that it wanted to see more learning disability employment programme that encourage organisations to draw on the talents, expertise, and experiences of people with a learning disability. As this can make a positive contribution to address the needs of people with a learning disability and reduce the profound health inequalities by supporting successful transitions into independent life and employment.
- ❖ **Discussed** the offer of Green projects or projects on estates.
- ❖ **Recommended** a high-level strategic development group to look at options for funded programmes.
- ❖ **Commented** that adolescents with learning disabilities have high rates of mental health and behavioural challenges which often result in low self-esteem, which is a root cause of depression, substance abuse, and other mental health issues. Also, that it needs to be recognised that learning disabilities have nothing to do with an individual's intelligence or creativity. In fact, those with learning disabilities should be seen as having a unique way of looking at the world that can help them achieve success. There is a gap with registering 14-18-year olds as part of the formal diagnostic process.
- ❖ **Commented** that a learning disability can be hard on an adolescents' self-esteem and that there is already a plethora of challenges for this age group. Therefore, having to deal with a learning disorder can affect mood and behaviour, as well as motivation. In addition, a large proportion of those adolescents who have learning difficulties whilst not needing specialist services or support probably do not even associate with having a diagnosis of learning disabilities but need additional

support which may come from the learning disability service because mainstream services are unable to adapt their approach enough to support them.

- ❖ **Welcomed** the development of supported employment providers to improve the life chances of these adolescents by creating inspirational and sustainable opportunities that will help them achieve their potential and be as independent as possible. Such as jobs and training services to enable people with a learning disability to develop the skills they need for the workplace.

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

1. To **note** the progress made since March 2020 against the initial challenge session recommendations.
2. That the Chair in consultation with Divisional Director, Strategy, Policy and Performance **finalise** the report for the April 2021 committee meeting.
3. That the finalised report be **published**.

3.2 Older People's Care Homes - Support During the Covid-19 Pandemic

The Sub-Committee received a report that outlined what support has been provided to older people's care homes in Tower Hamlets, throughout the duration of the Covid-19 pandemic and the actions that have been taken to date and priority areas for the future the main points arising from the discussions maybe summarised as follows:

The committee heard from stakeholders and family members of previous Care Homes residents in the borough.

The Committee **noted** that:

- ❖ The purpose of this report is to provide a summary of the support that has been provided to older people's care homes in Tower Hamlets, throughout the duration of the Covid-19 pandemic.
- ❖ When the global pandemic had been declared in mid-March 2020 it had resulted in a high level of infections and mortality across the globe. One of the key trends that emerged both in the UK and internationally was the number of deaths occurring in care homes, particularly at the onset of the pandemic.
- ❖ The Borough led the support efforts to the five older people's care homes commissioned in the borough during this challenging time:
- ❖ Throughout the duration of the pandemic, Tower Hamlets has experienced infection outbreaks (classed as two or more cases reported within a 14-day period), at various points in time, in all five of the older people's care homes. As of 31st December 2021, the care homes have reported 38 deaths related to Covid-19. Whilst 30 of those residents having died in their care home and 8 in hospital.
- ❖ The age-specific mortality rate was higher for care home residents aged 85 and over than for non-care home residents for deaths involving Covid and for all deaths. Specific notice was given to the loss of life at Aspen Court.

- ❖ The latest report from the Office for National Statistics (ONS) had indicated that there has been a total of 25 Covid-19 related deaths in care homes in Newham, 26 in Tower Hamlets and 18 in Waltham Forest. However, it was important to note that the ONS dataset differs to the Tower Hamlets figures as the ONS dataset commences from 10th April 2020, whereas the Tower Hamlets dataset begins from 28th March 2020.
- ❖ Whilst data that related to for all deaths in care homes from the ONS it was recognised that the data does not capture the numbers of care home residents that had died in hospital, both of which it was noted are reflected in the Tower Hamlets dataset
- ❖ From the 10th March the local reliance forum met to discuss the Care Homes. It was noted that there was the possibility that end stage dementia may not have been recorded as Covid-19 deaths. There was discussion about managing residents in home settings and some of those that had end of life care may have in previous years come to hospitals.
- ❖ It was noted that a review was required, in conjunction with GPs, into those end of life of residents that may have accessed hospital care had it not been for the start of the Covid-19 pandemic.
- ❖ It was important to capture the lessons learnt about the symptoms, progression, and management of this viral infection in the older population. Therefore, the Council had initiated and completed a learning review. This review had identified the following areas of good practice (1) the Council has led a proactive response, frequently going beyond national guidance and anticipating future guidance bulletins; (2) positive partnership working at both the strategic and operational levels; (3) a strong commitment to multi-disciplinary and multi-agency learning; the lead GPs and Infection Control Nurse in particular were highlighted as key resources by the care home providers; and (4) embracing of digital and online technology as a new way of working
- ❖ The review had made the following recommendations to be implemented by the Care Homes Bronze Group: (a) to build on good partnership working to develop a multi-agency and multi-disciplinary Covid-19 or pandemic pathway with detailed and clearly defined roles for different agencies to address any future wave of the virus or new pandemic as part of the Tower Hamlets Outbreak Control Plan; (b) to develop a formal communication strategy to promote the pathway to a range of agencies and to families and carers, identifying a clear role for the voluntary sector in engaging with and hearing the voices of service users and their families who are necessarily powerfully impacted by the situation.
- ❖ The key priority over the coming month would be the implementation of vaccinations; with the focus being on increasing uptake amongst staff and agreeing timelines and logistics for the administration of second doses. In addition, the support referred to above will need to be maintained, with outbreak prevention and management continuing to be the primary goal.

- ❖ There is a degree of vaccine hesitancy from staff at Care Homes and a Q&A was held at Care Homes. Further information was requested as to why staff vaccine levels were lower at one care home.
- ❖ Questions were raised as to mental health support for staff, especially at Aspen Court after the impact of number of deaths over such a short time period.
- ❖ The committee requested that the Safeguarding Action Plan for the Care Homes come back to the committee
- ❖ The Committee felt that a comprehensive report was needed so as to understand the learning required from the loss of life

The Chair then **Moved**, and it was resolved to:

1. **Note** the contents of the report

3.3 Health, Adults and Communities Savings

The Sub-Committee received an update on the developing the medium-term financial strategy (MTFS) to bring together all known factors affecting Health, Adults and Communities savings the main points arising from the questioning on the presentation maybe summarised as follows:

The Committee:

- ❖ **Commented** that the financial position for the Borough at this time is subject to significant uncertainty. Which makes financial planning even more challenging than normal and when taken alongside the huge uncertainty surrounding financial forecasts at the time of a global pandemic.
- ❖ **Asked** if the Borough was satisfied that all the contributions to the local pooled budget had been done correctly to deal with the growing health and social care pressures. In response it was noted that the final report by Grant Thornton into the pooled budget was awaited and would be circulated to the Sub-Committee once it is published.
- ❖ **Noted** that the local pooled budget had a particularly good spread of joint initiatives and projects and robust processes around continuing healthcare
- ❖ **Agreed** that these joint funding arrangements of the Integrated Care Fund should be the subject to further scrutiny by the Sub-Committee.
- ❖ **Noted** that Adults and Children's passenger transport has been the subject of a strategic review by Grant Thornton with a number of recommendations arising from it around better utilisation of the internal transport fleet, route optimisation and savings achieved through more cost-effective external transport routes delivered via a dynamic purchasing system (DPS). However, more work will need to be done to ascertain the savings already identified to ensure there is no double counting. Also, it was noted that the Grant Thornton review is not the only way in which transport savings are being modelled in the Borough

and there is a working group that cuts across Children's and Adults to consider a full range of options.

- ❖ **Agreed** that this and other similar reviews should be the subject of further detailed scrutiny.
- ❖ **Agreed** that consideration should be given to the Sub-Committee looking at (i) how savings can be delivered in the Reablement, Hostels and Substances misuse services without adversely affect residents; (ii) how to unlock funding and share ideas across services to create a better functioning social care system that meets people's needs more effectively.

The Chair then **Moved**, and it was **resolved** that the Chair in consultation with Divisional Director, Strategy, Policy and Performance consider how to progress further scrutiny affecting Health, Adults and Communities savings.

4. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

Nil items

**The meeting ended at 8.46 p.m.
Chair, Councillor Gabriela Salva Macallan
Health & Adults Scrutiny Sub-Committee**

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<p align="center">Health & Adults Scrutiny Sub-Committee</p> <p align="center">Thursday 29th April 2021</p>	 <p align="center">TOWER HAMLETS</p>
<p>Report of: Denise Radley, Corporate Director of Health, Adults and Community, LBTH</p>	<p>Classification: Unrestricted</p>
<p align="center">Tower Hamlets Health & Wellbeing Strategy 2021-25, consultation</p>	

Originating Officer(s)	Robert Verrecchia, Acting Associate Director of Public Health, LBTH
Wards affected	All wards

Summary

A draft Health and Wellbeing Strategy 2021-25 has been refreshed and sets out the vision, priorities and action agreed by the Health and Wellbeing Board (HWBB) to improve the health, care and wellbeing of local communities and reduce health inequalities for all ages.

The consultation phase of the Health and Wellbeing Strategy 2021-25 was launched on 16th April 2021 and is scheduled to last around eight weeks.

The Health and Adults Scrutiny sub-committee has expressed interest in looking further into the ‘safe social spaces’ ambition which is one of the five ambitions set out in the draft Health and Wellbeing Strategy 2021-25. A presentation is scheduled for the upcoming Health and Adults Scrutiny sub-committee meeting on 29th April and any insight gathered will ultimately help shape the final strategy expected to be finalised in the summer of 2021.

Recommendations:

The Health & Adults Scrutiny Sub-Committee is recommended to:

1. To note and provide feedback on the draft Health and Wellbeing Strategy 2021-25.
2. To note the presentation on ‘safe social spaces’ ambition of the draft Health and Wellbeing Strategy 2021-25 and help strengthen priorities and initial actions linked to this ambition.

1 REASONS FOR THE DECISIONS

- 1.1 No decisions are required, rather this is an opportunity to gather further insight into the development of 'safe social spaces' ambition within the Health and Wellbeing Strategy 2021-25. The sub-committee will have the opportunity to help respond to consultation questions such as have we identified the right priorities? and what are the initial actions that we should focus on?

2 ALTERNATIVE OPTIONS

- 2.1 Not applicable

3 DETAILS OF THE REPORT

- 3.1 The Tower Hamlets Health and Wellbeing Board (HWBB) brings together leaders from partner organisations' in the health and care system to work together to deliver improvements to the health and wellbeing of their local population and reduce health inequalities
- 3.2 The board has a statutory duty to prepare and publish Joint Health and Wellbeing Strategy (JHWS) which sets out the vision, priorities and action agreed at the HWBB to improve the health, care and wellbeing of local communities and reduce health inequalities for all ages
- 3.3 A draft Health and Wellbeing Strategy 2021-25 has been refreshed with five new ambitions, agreed by the Health and Wellbeing Board (HWBB), and will set out the vision, priorities and action to improve the health, care and wellbeing of local communities and reduce health inequalities for all ages.
- 3.4 The consultation phase of the Health and Wellbeing Strategy 2021-25 was launched on 16th April 2021 and is scheduled to last around eight weeks.
- 3.5 The Health and Adults Scrutiny sub-committee has expressed interest in looking further into the 'safe social spaces' ambition which is one of the five ambitions set out in the draft Health and Wellbeing Strategy 2021-25. A presentation is scheduled for the upcoming Health and Adults Scrutiny sub-committee meeting on 29th April and any insight gathered will ultimately help shape the final strategy expected to be finalised in the summer of 2021.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- **Draft Tower Hamlets Health and Wellbeing Strategy, 2021-25**

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

- NONE

Officer contact details for documents:

Robert Verrecchia, Acting Associate Director of Public Health, LBTH

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Jamal Uddin, Strategy & Policy Officer, Health Adults and Community Service, LBTH

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Health and Wellbeing Strategy 2021-25

Health and Wellbeing Board

The Health and Wellbeing Board is a place where politicians, health and social care professionals and other leaders across the NHS, the Council and the voluntary sector to work together to solve problems and lead change to benefit our residents.

The partnership has developed a joint a draft Health and Wellbeing Strategy (2021-2025) for Tower Hamlets.

Developing the draft Health and Wellbeing Strategy

There is a statutory duty on local Health and Wellbeing Boards to produce a strategy for the Health and Wellbeing of their populations. The strategy should inform work that is done to improve health and wellbeing in local areas.

Tower Hamlets previous strategy (2017-2020) is wide-ranging and provided a comprehensive overview of health and wellbeing matters in the borough. In refreshing this for 2021-2025, we are focusing on the relationships to other work in the borough, and on the areas of work that will have the highest impact in the context of the wider system.

We have sought to identify priorities based on the strong evidence we have about the dynamics of the borough and the huge range of stakeholder information and feedback that members of the Board have access to. We remain committed to the reduction of health inequalities, by improving outcomes for those in the worst position fastest. We recognise that inequalities can be identified according to where people live, and that this is particularly true in some areas where there are high levels of deprivation and need; but there are also inequalities between genders, ethnicities, ages and abilities that we need to tackle.

In developing the draft, we have taken account of:

- the most up to date evidence of what is happening around health and wellbeing outcomes in Tower Hamlets, as summarised in our Joint Strategic Needs Assessment
- an assessment of our progress against the previous strategy
- latest relevant national guidance, strategies and plans
- local strategies and plans
- extensive resident engagement and professional workshops to help gather insight of peoples lived experiences as well as understanding of what is most important to people and the community

The strategy will be a critical piece of documentation for:

- Underpinning commissioning decisions: setting a framework for commissioning plans across the NHS, local authority and other agencies in Tower Hamlets;
- Influencing decisions: providing a source of evidence and direction for policy and decision making in a wide range of areas across Tower Hamlets, such as development, community safety and education.
- Holding leaders of organisations across the borough to account for improving outcomes: the strategy will be reviewed each year and provide a basis for

conversations about where we are improving outcomes, and where more needs to be done.

This final consultation phase will give both residents and professionals, living and working in Tower Hamlets, the opportunity to review our draft strategy, shape the final document and consider how they can be part of its delivery.

Health and Wellbeing Strategy – ambitions for 2021-25

The past year has tested our borough to an extent we have not seen in decades. Our communities have lost friends and family, our health and social care staff have been tested to their limit, and we have seen close-up how an unequal society ends in unequal health outcomes.

We have known about the multiple pressures on health and wellbeing in Tower Hamlets for years: alarming rates of poverty, particularly for our children and pensioners who have poverty rates 3-4 times above the national average and the highest rates of poverty in London; toxic air pollution; poor diet and limited activity; multiple pressures on our mental health. The health toll from these pressures is dramatic, and particularly impacts girls and women in Tower Hamlets: girls born in Tower Hamlets have just 56.6 years of healthy life expectancy, which is 7.3 years less than the England average. By comparison boys born in Tower Hamlets have 60.5 years of healthy life expectancy, which is 2.9 years below the England average.

Organisations, resident groups and leaders in our communities have led impressive programmes to combat these issues. But we know we need to do more. The Covid-19 pandemic has forced a reckoning, and a recognition that we will not change health inequalities unless we work together with urgency. Many things we had thought weren't possible have been achieved this year, and especially when communities and organisations came together. When people needed food and medicines, volunteer groups sprang to action across Tower Hamlets. When we needed a swift rollout of new programmes like vaccination, food support systems, helplines, local contact tracing, our local services came together to deliver at pace. When we needed certainty on new rules, residents came together in forums like the Covid Community Champions to disseminate up to date information.

What are our ambitions?

As we look ahead to the next five years, we want to take forward the lessons of this year. First, that we will no longer accept poor health and health inequalities in Tower Hamlets. Second, that when we come together, we can do so much more than we thought, and be much more than the sum of our parts.

Ultimately, the thing driving this strategy is that we care deeply about the health and wellbeing of our friends, neighbours and family living in Tower Hamlets. Everyone in Tower Hamlets should be able to live fulfilling, connected and safe lives, free from pressures on our mental and physical health. We think that everyone in the community, every organisation, and every leader needs to be part of making that happen.

As we rebuild our lives and our communities after this pandemic, we need to remain ambitious and hold onto the partnerships that have brought us through the last year.

This is at the core of our ambition that in 5 years' time, we want Tower Hamlets to be a place where...

TH 2025 is a borough where....	How can we make this happen through partnership working?
Ambition 1: We can all access safe, social spaces near our homes, so that we can live active, healthy lives as a community	We will work with partners across the borough, including the Council's Public Realm team and housing associations, to reduce traffic levels and make the best use of our land/spaces. We want to ensure that all our residents are owning and using our open spaces to lead active, social lives – whatever their age, sex, ethnicity, health condition or locality.
Ambition 2: Children and families are healthy, happy, and confident	We will work with schools, voluntary and community groups, families and children themselves to ensure children are getting healthy food, plenty of activity, and learning the skills to manage their wellbeing as they grow up. We will also work to ensure parents and families as a whole have the support they need to lead active, healthy lives.
Ambition 3: Young adults have the opportunities, connections and local support they need to live mentally and physically healthy lives	We will work with employers across the borough to support a fair and thriving economy, and with community and voluntary groups to ensure young adults have strong networks of support, so that our young adults are leading healthy and fulfilling lives.
Ambition 4: Middle-aged and older people are enabled to live healthy lives and get support early if they need it – whether it is for their mental or physical health	We will work with the health and social care sector, and with community and voluntary groups, to ensure our borough and our services are age-friendly. We also want to ensure that those with a health condition are supported as early as possible so that they lead active and healthy lives for as long as possible.
Ambition 5: Anyone needing help knows where to get it, and is supported to find the right help	We will work with health, social care, and wider community services across the borough to improve join-up, create networks across organisations, and improve visibility and proactive communications between services and those who need them most.

How we will deliver – Partnerships

Partnership working is at the centre of the Health and Wellbeing Board's role: we bring together leaders across health and social care, we link together programmes and teams working towards these goals, and we support existing programmes by using the collective power and voice of senior leaders across health and care.

To deliver the strategy, we will use 'Action Groups' of professionals and residents with interest or expertise in the area, ideally using existing groups that already bring the right people together.

Along with the delivery of the strategy, these groups will inform what is happening already, identify opportunities where partners can add value, and develop future priority areas for action.

Principles

The Board has set out the following **principles** to guide how the Board will collaborate with partners and deliver its ambitions, using them to frame the actions in this strategy.

BETTER TARGETING

Risk dashboards and joint working will reveal people at the greatest risk of poor health and wellbeing, so we can target support upstream

STRONGER NETWORKS

We need to support open information (like service directories) and networks across our borough to ensure services work together to target their support

EQUALITIES & ANTI-RACISM

This principle should be at the heart of everything we do. All HWBB members should sign the Tower Hamlets anti-racism pledge

COMMUNICATIONS

We need invigorated approaches to communicating with residents, to make sure our most at risk residents know where to get help and what they are entitled to

COMMUNITY FIRST

Everything we do needs to be driven by community needs and have coproduction and codesign at its core, from designing outdoor spaces to prioritizing services

USING WHAT WE HAVE

We need to make the most of the assets we have, for example reviewing green spaces for community gardens

The draft strategy sets out the following priority areas and initial actions it will take to support delivery of its five ambitions.

1. Ambition: We can all access safe, social spaces near our homes

Priority areas:

- Reduce traffic, and with it sound and air pollution, across the borough;
- Make use of unused open spaces, such as small green spaces on estates, rooftops or unused land;
- Ensure that all open space is safe, accessible for all, and actively used by the communities in the vicinity.

Initial Actions: Safe Social Spaces:

BETTER TARGETING

Inform targeting of changes to our environment through research and evaluation on needs and impacts of major works like the Liveable Streets Programme

STRONGER NETWORKS

Strengthen the network of residents and organisations (such as housing providers) who can help transform our built environment

EQUALITIES & ANTI-RACISM

Develop a toolkit for embedding health impact assessments in key programmes, with independent experts advising on the impact to health equalities

COMMUNICATIONS

Strengthen communication and engagement with underserved communities, through health care and voluntary sector voices, as well as empowering the views of children and young people to create sustainable change to the environment.

COMMUNITY FIRST

Locality Health & Wellbeing Committees could help link developers and planners into communities to ensure a representative group of residents is involved in planning, design and development

USING WHAT WE HAVE

Create an interlinked network of high quality, multifunctional, accessible, green open spaces and waterways in Tower Hamlets that will encourage active lifestyles and improve quality of life as well as improve community safety and reduce environmental risk exposures

2. Ambition: Children, teenagers and families are healthy, happy, and confident

Priority areas:

- Support improvements in the food environment for children and families, including cooking together
- Enable improvements in the support offered to parents and families (e.g. unlocking more peer support through community networks)
- Drive increase in activity levels in children
- Support and align efforts to build life skills in children, particularly around managing their wellbeing

Initial Actions: Children, Young People and Families

BETTER TARGETING

A schools' health & wellbeing dashboard, developed jointly with schools across the borough, could set out key indicators on diet, activity and the overall health and wellbeing of children

STRONGER NETWORKS

Health & Wellbeing Board partners to join the LBTH Food Partnership to link with existing programmes and ensure alignment

EQUALITIES & ANTI-RACISM

Partners to work with existing programmes (such as adaptations to fast food outlets) to ensure they are addressing health inequalities rather than exacerbating them

COMMUNICATIONS

Work across the sector to ensure families know what support is available to them

COMMUNITY FIRST

Embed a Health & Wellbeing Champion from the local community in every school and support with training and accreditation

USING WHAT WE HAVE

An expansion of 'Play Streets', working with locality Health & Wellbeing Committees, so that all residents use the streets as a safe, social space

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

Priority areas:

- Work with employers across the borough (particularly Small to Medium Enterprises) to improve the health of current employees and workplaces, and to advise on tackling health inequalities in recruitment;
- Work with community and voluntary groups to ensure young adults have strong networks of support and connection to their communities.

Initial Actions: Young Adults

BETTER TARGETING

Help employers target recruitment according to health inequalities, for example 'employment maps', to highlight groups with low important

STRONGER NETWORKS

Promote and support an upcoming mapping exercise (under the volunteering plan) to advertise local volunteering offers, with a focus on young adults

EQUALITIES & ANTI-RACISM

Create tools for employers to embed health equalities in existing jobs (especially small-medium size enterprises) and recruitment

COMMUNICATIONS

Work with employers, businesses and community groups to ensure young adults are linked to their communities and aware of the opportunities in their area

COMMUNITY FIRST

Promote peer-led and volunteer programmes among young adults

USING WHAT WE HAVE

As employers, Health and Wellbeing Board members to start change in their own organisations, for example, by becoming London Living Wage employers or leading by example (e.g. promoting regular breaks)

4. Ambition: Middle-aged and older people are enabled to live healthy lives and get support early if they need it

Priority areas:

- Ensure our borough and our services (including health, social care, voluntary sector and community support) are age friendly.
- Ensure that those with a health condition are supported as early as possible so that they lead active and healthy lives for as long as possible.

Initial Actions: Middle-Aged and Older People

BETTER TARGETING

Map risk pathways for those likely to develop a long-term condition, working with social prescribers, voluntary sector, primary care and community networks to ensure support is targeted early

STRONGER NETWORKS

Promote and support an upcoming mapping exercise (under the volunteering plan) to advertise local volunteering offers, with a focus on middle aged and older people

EQUALITIES & ANTI-RACISM

Run inclusive mass participation events that welcome people from different cultures, older people, and those often sidelined in public activities (such as people with a disability or health condition)

COMMUNICATIONS

Work with health and care services and community groups to tailor communications to older people's needs; Link to digital exclusion programmes (such as Digital Buddies)

COMMUNITY FIRST

Bring middle aged and older people into coproduction, ensuring that methods include all ages, cultures, and those with a disability or health condition

USING WHAT WE HAVE

Bring older people into peer support services and use faith and community networks to improve the health and wellbeing of older people

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

Priority areas:

- Improve join-up across health, social care, VCS and wider community services,
- Create networks across organisations and improve visibility and proactive communications between services and those who need them most.

Initial Actions: Services Available and Known About

BETTER TARGETING

We will drive a 'no wrong door' policy across all health and social care services, so that people reach the right service faster

STRONGER NETWORKS

We will support the development of the new information and advice service commissioned by LBTH to link up services

EQUALITIES & ANTI-RACISM

We will continually challenge organisations, starting with our member organisations, to create more accessible and culturally competent services that everyone in our community feels comfortable accessing

COMMUNICATIONS

We will promote the new LBTH information and advice service, using its networks to ensure key services are aware and joining it

COMMUNITY FIRST

We will ensure that our residents are at the heart of decision-making at every level by ensure all member organisations have the training and systems to embed coproduction in everything that they do

USING WHAT WE HAVE

We will oversee a review of funding across our organisations to ensure we are aligning our efforts and focusing on prevention and addressing inequalities

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<p align="center">Health & Adults Scrutiny Sub-Committee</p> <p align="center">Thursday 29th April 2021</p>	 <p align="center">TOWER HAMLETS</p>
<p>Report of: Sharon Godman, Divisional Director Strategy, Policy & Performance</p>	<p>Classification: Unrestricted</p>
<p align="center">Black, Asian & Minority Ethnic Inequality Commission</p>	

Originating Officer(s)	Afazul Hoque, Head of Corporate Strategy & Policy
Wards affected	All

Summary

This report provides a summary of the work undertaken by the Black, Asian & Minority Ethnic Inequality Commission and provides details of some of the main findings and recommendations from the health theme of the Commission.

Recommendations:

The Health & Adults Scrutiny Sub-Committee is recommended to:

1. Comment on the findings and recommendations on the health theme of the Commission's report

1 REASONS FOR THE DECISIONS

- 1.1 This report provides recommendations to improve the inequalities of our Black, Asian and Minority Ethnic Communities. The report highlights areas where the borough's Black, Asian and Minority Ethnic communities are experiencing poorer health outcomes.

2 ALTERNATIVE OPTIONS

- 2.1 Not consider the findings and recommendations from the Commission but this is not recommended as the Commission has been established by the council and provides an opportunity to address inequalities faced by our Black, Asian and Minority Ethnic communities. The Commission has undertaken work over a four month period and has developed a solid evidence base to support the need for the recommendations put forward.

3 DETAILS OF THE REPORT

- 3.1 The shocking and public killing of George Floyd, and subsequent Black Lives Matter demonstrations across the world has brought the subject of race inequality to the forefront of personal and political discussions. The council is committed to creating cohesive communities that are strong, fair and equal. We recognise that we can only do this by working in partnership with our communities to advance equality, promote good relations and tackle discrimination.
- 3.2 Equality is embedded in our partnership plans and addressing inequalities is a core part of our outlook and the way we deliver public services. Tower Hamlets is a place that has for generations welcomed people from all over the world, and has come together in solidarity to stand up to racism and fascism from those who wish to divide our community.
- 3.3 However, we understand that for all off our success and progress there remains much room for improvement to achieve greater equality in the borough. We know that racial discrimination means some people have neither had equal access to public services or employment, nor fair treatment and life chances.
- 3.4 In addition to the Black Lives Matter movement, the disproportionate impact of Covid-19 on the Black, Asian and Minority Ethnic population has served to expose the severe consequences of the structural disadvantages and discrimination faced by these communities. Public Health England's review of disparities in the risk and outcomes of Covid-19 found that imbedded inequality means that the likelihood of testing positive and dying with Covid-19

is higher for Black and Asian ethnic groups when compared to White ethnic groups.

3.5 In recognition of the high level of concern raised about the longstanding levels of racial inequality in the borough, the council established a Black, Asian and Minority Ethnic Inequality Commission. The Commission's areas of focus were influenced by an engagement event during the summer in which over 40 stakeholders attended. The Commission was tasked to deliver tangible and practical actions which will deliver real change to the lives of our Black, Asian and Minority Ethnic communities, and allow the council and its partners to champion the enormous impact these communities can contribute to the borough.

3.6 The key aims of the Commission were:

1. Engage and operate at the heart of Tower Hamlets' communities to hear about people's lived experience and solutions, specifically Black, Asian and Minority Ethnic women and young people who experience higher levels of inequality.
2. Work with institutions to advance and prioritise race equality to achieve an inclusive, cohesive, thriving and representative Tower Hamlets.
3. Influence local, sub-regional and regional leaders who have significant influence on Tower Hamlets, particularly in the development of policy and strategy practices and the allocation of resources.

3.7 The Commission focused on the following areas:

1. Community leadership
2. Health
3. Education
4. Employment

3.8 The Commission comprised of the following Commissioners:

- Cllr Asma Begum, Chair (Deputy Mayor and Cabinet Member for Community Safety, Youth and Equalities)
- Cllr Mufedah Bustin (Cabinet Member for Planning and Social Inclusion)
- Lord Simon Woolley (Director of Operation Black Vote)
- Safia Jama (Director of Womens Inclusive Team)
- Dr Kambiz Boomla (Senior Lecturer in the Institute of Population Health Sciences at Queen Mary University of London)
- Ian Parkes (Chief Executive, East London Business Alliance)
- Vivian Akinremi (Deputy Young Mayor Tower Hamlets)
- Edwin Ndlovu (Director of Operations for East London NHS Foundation Trust)
- Pam Bhamra (Chair of the Tower Hamlets Housing Forum)
- Graeme McDonald (Managing Director of Solace and Solace in Business)

3.9 The Commission undertook the following activities:

- Held 4 formal Commission meetings;
- Engagement with partner agencies through PEG, THHF, THT , Health & Wellbeing Board, Children’s and Families Partnership Board
- Engaged 27 witnesses
- Received 71 responses to call for evidence
- Captured 87 lived experiences through 6 focus groups with school governors, Black, Asian and Minority Ethnic women, teachers, patients, public and private sector employees and young people
- Dedicated web pages for Commission and regular social media updates

Key Findings

- 3.10 It was clear that there has been significant progress in the borough, most noticeably in educational attainment, and the Commission heard many examples of best practice. However, the pace of change has not been quick enough, nor has it been radical. Much of the evidence suggests that institutional and structural racism is a key barrier in accessing services and progression in life and employment. Many Black, Asian and Minority Ethnic residents do not have access to same social capital as their White peers and the impact from this permeates into many areas of their life.
- 3.11 Tower Hamlets is a borough which celebrates its diverse communities, but it needs to do more to understand the nuanced and divergent experiences of different Black, Asian and Minority Ethnic groups. This is particularly relevant when considering data, targets and representation which emerged as a reoccurring theme across the Commission’s areas of focus. Many organisations are not collecting comprehensive, disaggregated ethnicity data which would allow them to understand their progress and deliver services which accurately responds to the needs of those who use them. Furthermore, the lack of representation in many areas of public life, or ambitious targets to increase representation, has a profound impact on the way residents perceive, interact and experience services. Every organisation in the borough must engage in ethnic minority pay gap reporting and be transparent about the composition of their boards and structures to help drive targets.
- 3.12 It is clear there is real commitment and passion to improve outcomes for Black, Asian and Minority Ethnic communities. Whilst the Commission makes many important recommendations, it is the intention to prioritise to **make Tower Hamlets an anti-racist place**, where there is a shared vision and delivery plan by all organisations to make changes at pace. In practice, this will be showcased by an anti-racist pledge which will include tangible actions to drive improvement through establishing a race equality network, setting challenging targets, collecting and publishing disaggregated ethnicity data, increasing representation and better utilisation of organisations buying and influencing powers.

Health

- 3.14 The constraints of structural racism are most apparent when considering health outcomes of our Black, Asian and Minority Ethnic residents which are

worse than those of White residents in many areas, with many Black, Asian and Minority Ethnic residents suffering from a higher burden of multimorbidity. A considerable emphasis needs to be placed on improving the partnership approach to tackle the wider determinants of health, with too many Black, Asian and Minority Ethnic residents experiencing poorer employment and housing conditions. Furthermore, access to health services needs to be improved by ensuring services meet the cultural needs of our diverse communities and developing strong and effective relationships with these community. Digital exclusion is a prevalent access barrier, exacerbated by the COVID-19 pandemic, alongside ineffective communication and inadequate translation services. The need to work with our Black, Asian and Minority Ethnic communities should be at forefront of our recovery agenda ensuring we deliver real improvement in health outcomes.

3.7 Further details on findings on other areas of the Commission are set out in the Commission report.

4 EQUALITIES IMPLICATIONS

4.1 [The focus of the Black, Asian and Minority Ethnic inequalities Commission was to explore inequalities facing our Black, Asian and Minority Ethnic communities. The findings and recommendations reflect this. The Commission noted the importance of intersectionality of inequalities facing different protected characteristics such as Black, Asian and Minority Ethnic women, different groups within Black, Asian and Minority Ethnic communities and deprivation. The recommendations from this Commission if taken forward by the Tower Hamlets Partnership will help to address inequalities in Tower Hamlets and provide a platform to ensure equalities remains at the forefront of our collective work.

Linked Reports, Appendices and Background Documents

Linked Report

- List any linked reports
- State NONE if none.

Appendices

- Black, Asian and Minority Ethnic Inequalities Commission Report

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

- 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:

Or state N/A

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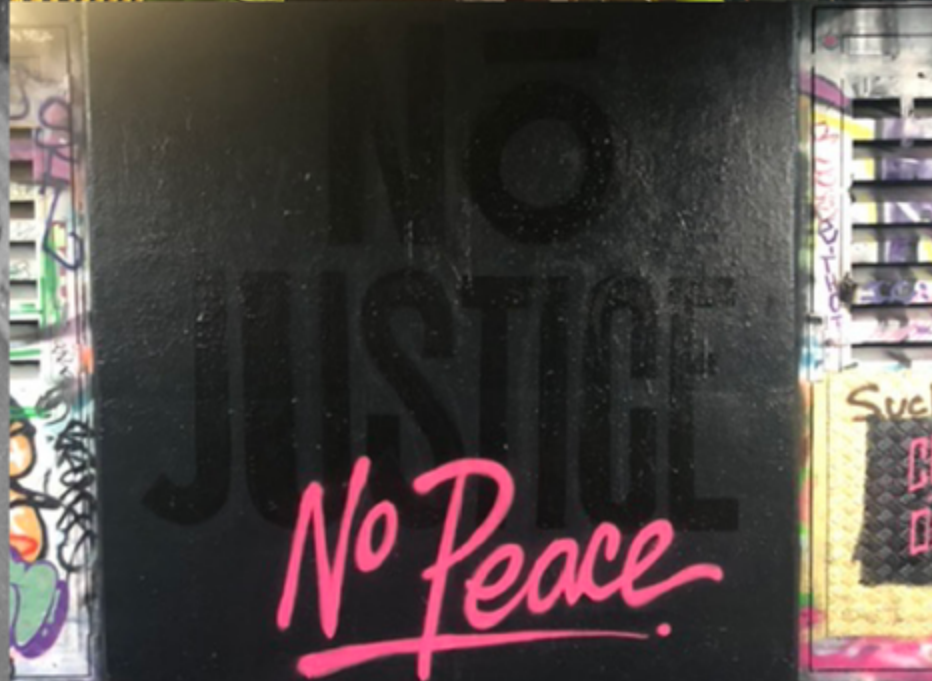
**Black, Asian and
Minority Ethnic**

INEQUALITIES
COMMISSION



Black, Asian and Minority Ethnic Inequalities Commission

Report and
Recommendations
2021



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- Front cover bottom right image courtesy of East London Business Alliance Programme
- Battle of Cable Street and graffiti protest images courtesy of Tower Hamlets Local History Library and Archives

CHAIR'S FOREWORD: CLLR ASMA BEGUM, COMMISSION CHAIR

I'm enormously proud to introduce this report.

2020 was a year dominated by the deadly spread of the Covid-19 pandemic and it has had a profound impact on everyone. Then in the midst of the upheaval came the horrific scenes from the United States of George Floyd being killed after a police officer pressed his knee on his neck. People from across the world world expressed shock and outrage at what had taken place, and many took to the street to protest under the banner of Black Lives Matter.

These two world events came together as we heard alarming reports detailing the disproportionately negative impact of Covid-19 on Black, Asian and Minority Ethnic communities. Through local protests and proactive action to remove the statue of slave owner Robert Milligan from West India Dock, Tower Hamlets joined the calls of those demanding change.

It is in this context that the council responded to the voices across our community and I was honoured to be tasked in leading a comprehensive review into the inequalities faced by our Black, Asian and Minority Ethnic Communities.

This report examines where we are making progress, where we are stalling and where we are falling short. Also, it highlights the relationship between race and socio-economic disadvantage across several areas that impact on the experience of our residents.

I should mention that there has been considerable progress in many areas and the council and its partners must acknowledge and celebrate this. We all know that our greatest assets are the residents of Tower Hamlets. We understand and value diversity, and we are a borough with a rich history of welcoming communities from around the world. We want to ensure Tower Hamlets continues to be an inclusive place for people to work, learn, have fun and make this their home.



Moving forward we want to ensure that our partners put the voice and experience of all our communities at the heart of everything we do. We must do more to listen and understand their experiences and take action to improve outcomes for our residents, in particular listening to the quieter voices and smaller communities who often feel excluded. Through our Commission we looked beyond the data and listened to the real experience of our residents so that their concerns shape and drive any improvements we need to make.

Unfortunately, for many people from Black, Asian, Minority Ethnic communities, the pace of change has not been fast enough. People are tired of having to explain their experience because it is widely and publicly documented. Outlined in this report is a picture of inequality in opportunity that is an entrenched experience in education, health, employment and community leadership that has far reaching implications. The Commission heard from young people and women from Black, Asian and Minority Ethnic communities who are worried about their future employment opportunities and outcomes. The pandemic has raised the fear of being pushed further to the back of queue thereby exacerbating existing inequalities. Sadly, it is clear from national research and reviews about inequality, that race remains a significant factor impacting on outcomes, and the existence of structural injustice and discrimination in our society still has a devastating presence in too many of our residents lives.

As I listened to witnesses presenting to the Commission, from many different communities and sectors in the borough, I was struck by the passion in their words and ashamed that many felt they still live in a place where the colour of their skin determines their experience, opportunity and outcome. We all have an obligation to be better and we must do more to deliver changes to improve outcomes for our Black, Asian and Minority Ethnic Communities. I welcome the many public commitments to become anti-racist organisations as a result of the events of the last year. However, I want organisations in Tower Hamlets to be bolder and clearer about what this means in practice. This Commission represents the beginning of our commitment to be an anti-racist borough and to take collective action to tackle race inequality. As Chair of the Commission I feel it is important to call to action partners in

Tower Hamlets because change can only be achieved at pace if we are working together across communities and organisations.

This commitment is now even more urgent. The pandemic has had a devastating impact on our Black, Asian and Minority Ethnic communities and exposed stark inequalities they face. It has highlighted the interrelationship with poverty and race and has sharpened the focus of the existing institutional and structural racial inequality. I hope that as we move from pandemic to recovery, the impact on our Black, Asian and Minority Ethnic communities remains at the forefront of social and political discourse and any improvement must lead to a positive legacy from this terrible virus.

I would like to thank all those that contributed to this review and shared personal experiences of a very difficult topic in such a passionate, heartfelt, and commendable way. Commissioners understand that in sharing your stories with us you have placed your faith in us to deliver change and we do not take this responsibility lightly. I promise that we will aim to deliver on our recommendations with the same level of commitment and passion you showed. My commitment is to tackle race inequality in the borough, and I welcome the enthusiasm of the council and partners who have engaged in this. We will double our efforts to build a fair society where everyone of us, whatever our backgrounds, will work together in addressing the issues of inequalities.

MY STORY

On a personal level, chairing this Commission has been a journey of discovery for me. It has forced me to recognise and confront the barriers I have faced and suppressed in my life. I grew up in Tower Hamlets and was raised by a single mum which, as an Asian Muslim, meant that I faced many cultural challenges. I have been judged because of the colour of my skin and experienced trauma because of racist abuse. I still remember the time people threw eggs at me as I walked to school, and when live fireworks were posted through my letterbox. We are in a different place today and sadly racism still exists, but it has evolved and is just as destructive. It is more sophisticated, covert, and entrenched in society. As a young woman entering politics and engaging in civic life, I also experienced discrimination because of my race, faith and gender and felt the sense of imposter syndrome that many witnesses confessed to feeling because I didn't see other people who looked like me paving the way or standing beside me. It saddened me to hear that this is still the experience for many.

As I listened to witnesses, I realised that I have suppressed much of this discrimination and became blind to it, not by choice, it just became my norm. In recent weeks many people have commented that I have a newfound confidence and credit for this must go to this Commission. It has changed my perspective and empowered me to challenge the discrimination which I have always tolerated or dismissed. I am determined to pave the way for the next generation of Black, Asian and Minority Ethnic people. My story is also one which is populated by the opportunities given to me by allies and the benefits of integration and cohesion, where people have looked beyond my ethnicity, gender and family background and supported me. I know people from Black, Asian and Minority Ethnic backgrounds simply want the same opportunity to excel. I implore all of you reading this report, regardless of your background, to consider how you can play a role in ensuring a fairer society for all and provide the opportunity for everyone to excel.

TIME FOR ACTION

The events of 2020 have had a profound impact on many of us. They have forced us to hold difficult conversations that laid bare uncomfortable truths which we must not lose sight of. However, we must now move quickly to take action in 2021 and begin a collective journey to close the inequality gap that exists for so many of our residents. As one of the most diverse boroughs in the country we are determined to take a leadership approach and be at the forefront of addressing race inequality. I hope our recommendations and calls to action will ensure there are systems in place to tackle this urgently and prevent escalation of tensions between our communities. This Commission focused on Tower Hamlets but the issues it identifies are felt all over the country. I hope this will be a beacon for other local authorities to follow.

Finally, this Commission would not have been possible without the commitment, wisdom and passion of my fellow Commissioners. I would like to take this opportunity to thank them all for their time, energy, and contributions.

**Cllr Asma Begum, Commission Chair
Deputy Mayor and Cabinet Member for Children, Youth Services and Education**

COMMISSIONERS



Cllr Asma Begum, Chair

Deputy Mayor and Cabinet Member for Community Safety, Youth and Equalities



Cllr Mufeedah Bustin

Cabinet Member for Planning and Social Inclusion



Lord Simon Woolley

Director of Operation Black Vote



Safia Jama

Director of Womens Inclusive Team



Dr Kambiz Boomla

Senior Lecturer in the Institute of Population Health Sciences at Queen Mary University of London



Ian Parkes

Chief Executive, East London Business Alliance



Vivian Akinremi

Deputy Young Mayor Tower Hamlets



Edwin Ndlovu

Director of Operations for East London NHS Foundation Trust



Pam Bhamra

Chair of Tower Hamlets Housing Forum



Graeme McDonald

Managing Director of Solace and Solace in Business

ACKNOWLEDGEMENTS

The Commission would like to thank everyone who attended the Commission meetings, our focus groups, and residents and local organisations who submitted written evidence. We are extremely grateful for your insights and lived experiences which have shaped the Commission's findings and recommendations:

List of Focus groups

- BAME Women's Groups from Account3
- School Governors – Representation from schools across the borough
- Health & Social Care Patients
- Schoolteachers
- Young People from the youth council - LBTH
- Public & Private Sector Employees

Health

Dianne Barnham, CEO, Healthwatch Tower Hamlets
Dr Jackie Applebee, Chair, Tower Hamlets Local Medical Committee
Lorraine Sunduza, Chief Nurse, East London Foundation Trust
Alwen Williams, CEO, BARTS Health NHS Trust
Mahmud Hasan, CEO, APASEN

Employment

Sandra Kerr CBE, Race Equality Director, Business in the Community
Will Tuckley, Chief Executive, LBTH
Amanda Marcus, Divisional Director of HR, LBTH
Divya Patel, Outreach Recruitment Manager, London Fire Brigade
Jess McNicholas, Head of Global Inclusion and Diversity at State Street Metropolitan Police

Community Leadership

James Thomas – Corporate Director of Children and Culture, LBTH
Jeremy Crook OBE – Chief Executive of Black Training and Enterprise Group
Chris Banks – Joint chief Executive, Tower Hamlets GP Care Group
Peter Okali – Chief Executive - THCVS
Naureen Bhatti – GP Tower Hamlets
Babu Bhattacharjee – Director of Communities & Neighbourhoods, Poplar HARCA

Education

Dr Halima Begum – Chief Executive, Runnymede Trust
Kim Nguyen and Gabriel Osamor – ELBA
Kabir Miah – Deputy Head Swanlea
Stephanie Marshall- Vice Principle, Education, Queen Mary University
Julie Hutchinson, Deputy Chief Executive, East London Business Alliance

EXECUTIVE SUMMARY

The Commission was set up in September 2020 to examine the inequalities experienced by Tower Hamlets Black, Asian and Minority Ethnic Communities. The lived experiences, opportunities and outcomes for Tower Hamlets' Black, Asian and Minority Ethnic communities differ detrimentally from those of their White peers. Structural and institutional racism remains a debilitating issue facing the borough and its residents. Many Tower Hamlets' Black, Asian and Minority Ethnic communities have neither had equal access to services or employment nor fair treatment and opportunities.

The Commission was keen to concentrate on a few pivotal areas where it can have a real impact and held an engagement event with a range of stakeholders in the summer of 2020 to explore the key issues. From this it was agreed the Commission would focus on community leadership, health, education and employment. Our data and community insight identified these areas as the most pressing and significant for Black, Asian and Ethnic Minority communities. The Commission engaged extensively with the community and prioritised the voices from those who live and work in the borough to understand how we can deliver tangible and lasting improvements.

The Commission heard about the many great and commendable things which have been happening. There has been progress in many areas, but it has been too slow and there are questions about whether the programmes have gone far enough or are targeted appropriately. We must do more, and we must do it better and faster. As one of the most diverse boroughs in the country, Tower Hamlets is well placed to assume a leadership role in this space. Through the borough's residents, businesses, public sector and voluntary sector, Tower Hamlets has the unique assets which allows it to lead in addressing the inequalities facing Black, Asian and Minority Ethnic communities.

"The labour market has nothing to do with skills, education or experience."



KEY FINDINGS

It is clear that there has been significant progress in the borough, most noticeably in educational attainment, and the Commission heard many examples of best practice. However, the pace of change has not been quick enough, nor has it been radical. Much of the evidence suggests that racism is a key barrier in accessing services and progression in life and employment. Many Black, Asian and Minority Ethnic residents do not have access to same social capital as their White peers and the impact from this permeates into many areas of their life.

The Commission recognises that Tower Hamlets is a borough which celebrates its diverse communities, but it needs to do more to understand the nuanced and divergent experiences of different Black, Asian and Minority Ethnic groups. This is particularly relevant when considering data, targets and representation which emerged as a reoccurring theme across the Commission's areas of focus. Many organisations are not collecting comprehensive, disaggregated ethnicity data which would allow them to understand their progress and deliver services which accurately responds to the needs of those who use them. Furthermore, the lack of representation in many areas of public life, or ambitious targets to increase representation, has a profound impact on the way residents perceive, interact and experience services. Every organisation in the borough must engage in ethnic minority pay gap reporting and be transparent about the composition of their boards and structures to help drive targets.

It is clear there is real commitment and passion to improve outcomes for Black, Asian and Minority Ethnic communities. Whilst this report makes many important recommendations, it is the intention of the Commission to prioritise to make Tower Hamlets an anti-racist place, where organisations share a vision and plan to make changes at pace. In practice, this will be showcased by an anti-racist pledge which will include tangible actions to drive improvement in employment, services, and procurement. This will involve establishing a race equality network, setting challenging targets, collecting and publishing disaggregated ethnicity data, increasing representation and better utilisation of organisations buying and influencing powers. By the end of 2021 we expect all public sector organisations in the borough to sign up to this.

COMMUNITY LEADERSHIP

Engagement from the community is vital to ensure Black, Asian and Minority Ethnic voices shape decision making. Many are unaware of the opportunities available to them. For others, they are disheartened by the lack of representation and feel that the opportunities are not for people from their community. Moreover, many people from these communities are from disadvantaged backgrounds and feel that they do not have the time or skillset to effectively engage. Further work is needed to develop the infrastructure which grows and supports people to engage with their community. In order to do this, community leadership needs a long-term commitment and investment. There needs to be a systemic plan on how this can be resourced and a clear objective and commitment which states what the borough wants to achieve.



HEALTH

The constraints of structural racism are most apparent when considering health outcomes of our Black, Asian and Minority Ethnic residents which are worse than those of White residents in many areas, with many Black, Asian and Minority Ethnic residents suffering from a higher burden of multimorbidity.

A considerable emphasis needs to be placed on improving the partnership approach to tackle the wider determinants of health, with too many Black, Asian and Minority Ethnic residents experiencing poorer employment and housing conditions. Furthermore, access to health services needs to be improved by ensuring services meet the cultural needs of our diverse communities and developing strong and effective relationships with these community. Digital exclusion is a prevalent access barrier, exacerbated by the COVID-19 pandemic, alongside ineffective communication and inadequate translation services. The need to work with our Black, Asian and Minority Ethnic communities should be at forefront of our recovery agenda ensuring we deliver real improvement in health outcomes.



“Surgery staff questioning if I have the right to be here in front of everyone made me feel like a criminal - all I wanted was to see a GP.”

“Our surnames lead to discrimination”



EDUCATION AND EMPLOYMENT

Black, Asian and Minority Ethnic children are achieving good academic success however this has not translated into good employment. There are clear limitations in social capital, with many children from Black, Asian and Minority Ethnic families lacking the confidence and networks to compete with their White peers. Too many young people from Black, Asian and Minority Ethnic families are unfamiliar with the testing and recruitment processes employers undertake, and have not been exposed to the professional, corporate world. Pipelines from primary schools through to university and into employment need to be strengthened and there must be a considerable obligation placed on employers in Canary Wharf and the City of London to engage. Large employers must consider how they can develop pipelines, structures and support to engage Black, Asian and Minority young people and how they can accelerate the pace of change. Representation in these organisations must significantly improve and the structural barriers must be removed. Efforts to increase the capacity of young people in education settings will not succeed so long as the structural barriers remain.

The Commission spent a lot of time speaking to the leading organisations in the borough and the lack of Black, Asian and Minority Ethnic representation, particularly those from Black African and Caribbean groups, was shocking. The Commission calls for the development of a leadership programme to nurture the next generation of Black, Asian and Minority Ethnic leaders. Alongside this, organisations must embrace a cultural shift at all levels. The need for a safe space to have open and honest discussions about race is vital.

VISION

By 2025 Tower Hamlets is an anti-racist borough where organisations work together to make radical changes that close inequality gaps by advancing opportunities and ensure the experience of racism within structures and institutions is eradicated.

The Commission makes recommendations which aim to ensure:

- Organisations in Tower Hamlets are publicly committed to addressing race inequality in access to their services, employment, and decision making boards.
- Organisations in Tower Hamlets are using disaggregated data and targets to identify and address inequalities.
- Organisations in Tower Hamlets are using their spending power and influence to ensure their suppliers and partners deliver against race equality commitment.
- Black, Asian and Minority Ethnic individuals in Tower Hamlets are empowered and have access to digital skills and equipment to access services and employment.
- Black, Asian and Minority Ethnic individuals in Tower Hamlets are skilled and supported to access community leadership positions and progress in employment.
- The Tower Hamlets Partnership speaks with one voice locally, regionally and nationally on race equality.
- The Tower Hamlets Partnership operates effectively and addresses wider determinate of health inequalities.
- Black, Asian and Minority Ethnic residents are engaged in the design and delivery of services which impacts them.
- Local employers are undertaking positive active actions to diversify their workforce at all levels.
- The Tower Hamlets Partnership holds to account local organisations on progress on race inequality.

DELIVERY

The recommendations set out in this report will be delivered through the Tower Hamlets Partnership Executive Group. The council will assume a lead role and will act as a facilitator to engage and support partners in both the public and private sector to respond to these recommendations. However, achieving true equality in the borough is not a feat the council can achieve alone, and the collective efforts of all partners is critical in ensuring the successful implementation of these recommendations.

The Commission therefore recommends that a sub group of the Tower Hamlets Partnership Executive Group be established to lead on delivery of the recommendations and work with the voluntary and community sector Black, Asian and Minority Ethnic Network to ensure the voice of the community is reflected in the delivery.



“A lack of minority communities in leadership leads to an invisible psychological ceiling.”

RECOMMENDATIONS

The Commission has made 23 recommendations. The Commission was mindful of the need to make recommendations which will have a tangible impact on experiences, opportunities and outcomes for our residents. However, as you read through the narrative of the report you will find further suggestions of actions organisations must take to address the inequalities facing our Black, Asian and Minority Ethnic communities. The Commission expects all organisations in Tower Hamlets to respond to these findings and hopes that regional and national bodies will carefully consider how these issues play out at a broader level.

GENERAL	
Anti-Racist Borough	Organisations within Tower Hamlets commit to becoming an anti-racist borough. This will include a commitment to work at pace to address inequality and access to services. It will recognise the individual needs of each Black, Asian and Minority Ethnic Community and it will be delivered through a race equality pledge, race equality network, challenging targets, disaggregated data, increased representation and better utilisation of an organisation’s influence through its supply chains, employment practice and services.
Race Equality Pledge	Organisations in Tower Hamlets, especially those that comprise the strategic partnership and work in partnership with the council, sign up to a shared commitment on race equality by the end of 2021. Organisations who sign up to this pledge will support and deliver the commitments set out in the Commission’s recommendations. This will enable greater collaboration and support between organisations and strengthen accountability and transparency of commitment and progress. As part of this recommendation, a local award scheme should be established which recognises best practices amongst organisations and individuals. The council and partners should lobby national and regional organisations to set up a high-profile national recognition programme to recognise achievement and drive up standards.
Race Equality Network	A partnership Race Equality Network be developed that monitors the delivery of the Commission’s recommendations, influences policy and decision making and enables a safe place for on-going conversation about race equality in Tower Hamlets and drive improvements
Targeted Interventions	In delivering the recommendations of the Commission, organisations should recognise the variety and nuances within the needs of the borough’s Black, Asian and Minority Ethnic communities and tailor interventions which address the challenges facing each community, recognising that at present the Somali Community is the biggest Black community.
Targets	Organisations signing up to the Race Equality Pledge must set ambitious targets for addressing inequalities which deliver real change and year on year progress. Organisations must use effective performance management to monitor progress and report publicly.
Data	Organisations signing up to the Race Equality Pledge must collate, disaggregate and analyse data in a granular way to understand areas of inequalities facing Black, Asian and Minority Ethnic groups. This data should be disaggregated to ensure we understand needs of different Black, Asian and Minority Ethnic communities.
Influence	Organisations signing up to the Race Equality Pledge must utilise their influence with contractors, those they give grants to and work in partnership to ensure they comply and meet the standards of the borough equality pledge.

RECOMMENDATIONS

COMMUNITY LEADERSHIP	
Organisational Culture	Organisations must create a culture which values diversity and provides the space and environment which enables Black, Asian and Minority people to develop into community leadership roles within the governance of the organisation.
Training, Development and Peer Support	Organisations should provide support, training, mentoring and development opportunities for Black, Asian and Minority Ethnic individuals to access leadership roles and be effective in these roles, with a specific focus on a programme for young people. This needs to be at every level from entry to moving into senior roles such as chairs.
Role Models and Allies	That local people are empowered to become role models and allies as visible inspiration and create effective networks for the Black, Asian and Minority Ethnic communities to leverage support.
Awareness	Develop and deliver a targeted communications campaign to raise awareness of opportunities available which includes profiling of other black, Asian and Minority Ethnic residents who have succeeded and made significant contributes. Organisations must demonstrate where they are now and evidence year on year progress.

RECOMMENDATIONS

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

RECOMMENDATIONS

EDUCATION AND EMPLOYMENT	
Engage Canary Wharf and City of London	The Tower Hamlets Partnership to engage leaders in Canary Wharf and City of London to consider what they can do to accelerate the pace of change and develop a systemic plan to ensure the required step change to increase the representation of Black, Asian and Ethnic Minority employees in senior positions within their organisations takes place.
Testing and Assessment	Local employers and employment support agencies work with Black, Asian and Minority Ethnic young people to better prepare them for testing and assessments.
Awareness	Educate parents, carers and children and young people on the range of career options available
Education Bursary Scheme	Building on existing bursary scheme the council works with local organisations to further develop this to support more Black, Asian and Minority Ethnic students from low income family to progress into higher education and professional qualifications.
Leadership Development	Explore opportunities for local employers to come together and work with QMUL to develop a programme which supports Black, Asian and Minority Ethnic people across different sector move into senior leadership positions.
Recruitment Processes	Organisations to review their recruitment processes to ensure they are well designed and removes any opportunity for bias.
Representation	Tower Hamlets Partnership to collate and jointly publish disaggregated data, including pay gap and the ethnic profile of their senior leadership, and monitor progress in addressing race inequality amongst senior leadership.
Diversity in Schools	Schools in Tower Hamlets deliver programmes to recruit more Black, Asian and Minority school governors and support them into senior positions. Schools also need to support more Black, Asian and Minority Ethnic teachers into leadership roles include Head and deputy head roles.
Safe Space	Organisations commit to creating a culture which creates a safe space for open and honest conversations about race within their organisation.

1. INTRODUCTION

Tower Hamlets has always been a borough committed to creating a cohesive, fair and inclusive community. For many years new communities have settled in Tower Hamlets, because of the opportunities to trade, do business and raise their families, creating a vibrant and diverse borough. One of the borough's' biggest strengths is its proud history of fighting racism and fascism and its continued commitment to diversity. With over 137 languages spoken and 43% of residents born in over 200 different countries Tower Hamlets is one of the most diverse places in the country.

However, recent events have once again shone a spotlight on racial inequality and forced everyone including leaders of public, private, faith, voluntary and community sector organisations and institutions, to consider their position and what more must be done. The public death of George Floyd, and subsequent Black Lives Matter demonstrations, has brought race to the forefront of an international conversation. Additionally, the disproportionate impact of COVID-19 on the Black, Asian and Minority Ethnic population has served to expose the severe consequences of the unacceptable structural disadvantages and discrimination faced by these communities. Despite numerous studies, commissions and changes to legislation in the UK, racism and inequality remains pervasive, insidious and is the experience for many Black, Asian and Minority Ethnic people, especially in key areas such as housing, employment, education and criminal justice.

In Tower Hamlets, for all the successes and advancements that have been made, for many people equality remains difficult to achieve. Just look at the stark disparities in health outcomes or employment for Black, Asian and Minority Ethnic women to understand the borough must work harder to address inequality experienced by different groups of people. Institutional and structural racial discrimination has meant some people have neither had equal access to services or employment nor fair treatment and chances. The lived experience and outcomes for Black, Asian and Minority Ethnic people in Tower Hamlets still differ significantly and detrimentally from



- At around the peak of first wave of the pandemic, compared to White Londoners, Black Londoners had around two and a half to three times the risk of dying with COVID-19 (within 28 days of diagnosis) and people of Asian ethnicity had up to twice the risk.
- In the second wave, we are seeing a higher risk in Asian Londoners at 1.7 times the risk of dying from COVID-19 (within 28 days of diagnosis) compared to the White population. For Black Londoners, the risk is 1.5 times higher, but less than in the first wave.

[Click here to read the Public Health Matters blog on tackling London's COVID-19 health inequalities.](#)

1. INTRODUCTION

those of their White peers. Whilst we have seen significant progress in educational attainment, employment and housing, Tower Hamlets still has the highest rate of child and pensioner poverty in the country. Black, Asian and Minority Ethnic residents represent a high proportion of those who are most deprived and experience higher levels of unemployment, overcrowding and health issues alongside this. The longer-term impact of COVID-19 is likely to be significantly more detrimental to this group and they must be at the forefront of our response moving forward.

In Tower Hamlets, the Black Lives Matter demonstrations manifested in a protest in Mile End Park and the removal of a statue of noted slaveholder Robert Milligan outside of the Museum of London Docklands. Mayor John Biggs also commissioned a review of the borough's public realm which included a resident consultation to identify monuments, plaques, buildings, roads which celebrated legacies which are not in keeping with the borough's values of diversity. The consultation also sought to identify those legacies and backgrounds which could be better represented. An action plan is currently in development to ensure the council and our partners are taking positive steps to ensure that diversity is better reflected in the borough's public realm.

In recognition of the need to do more the council and its partners held an engagement event in July 2020 to consider the pressing issues impacting Black, Asian and Minority Ethnic communities and identify the key areas of focus for the Commission. Over 35 key stakeholders attended the meeting, including representatives from Tower Hamlets Clinical Commissioning Group, Queen Mary University London, University of East London, Barts Health NHS Trust, Canary Wharf Group, Tower Hamlets Community Voluntary Services, Tower Hamlets College, Operation Black Vote and representatives from voluntary and community sector groups.

It was agreed that the Commission should concentrate on a few areas to enable it to remain focused on delivering real change and improve outcomes for the borough's Black, Asian and Minority Ethnic communities. It was decided that the Commission would consider community leadership, health, education and employment. The council's data analysis and engagement work highlighted the significant inequalities for Black, Asian and Minority Ethnic communities in each of these areas. The engagement meeting shared the council's understanding of these areas and helped map a framework to enable real action through the Commission. While criminal justice was a pressing issue in the discussions it was felt that this had been an area of focus for the borough's Community Safety Partnership Board and a review was being undertaken concurrently by the Youth Justice Board and therefore due to the limited capacity of the Commission this would not be in scope.

The Commission was formally launched in September 2020 by Mayor John Biggs with Commissioners selected to bring expertise, skills and networks on the areas of focus, with a clear role description to help them fulfil their role. The council is determined to lead by example and pledges to ensure that Tower Hamlets Council is an anti-racist organisation, leading in making the borough an anti-racist place. However, the council is unable to achieve this feat alone and needs the commitment, collaboration and support from leading organisations in the borough as well as residents.

BOROUGH ETHNICITY PROFILE

More than two-thirds (69%) of the borough's population belong to a minority ethnic group. Tower Hamlets is ranked as the 16th most ethnically diverse local authority in England out of 325 local authorities.

The borough's two largest ethnic groups are the White British and the Bangladeshi populations, each accounting for one third of the population. Tower Hamlets has the largest Bangladeshi population in the country

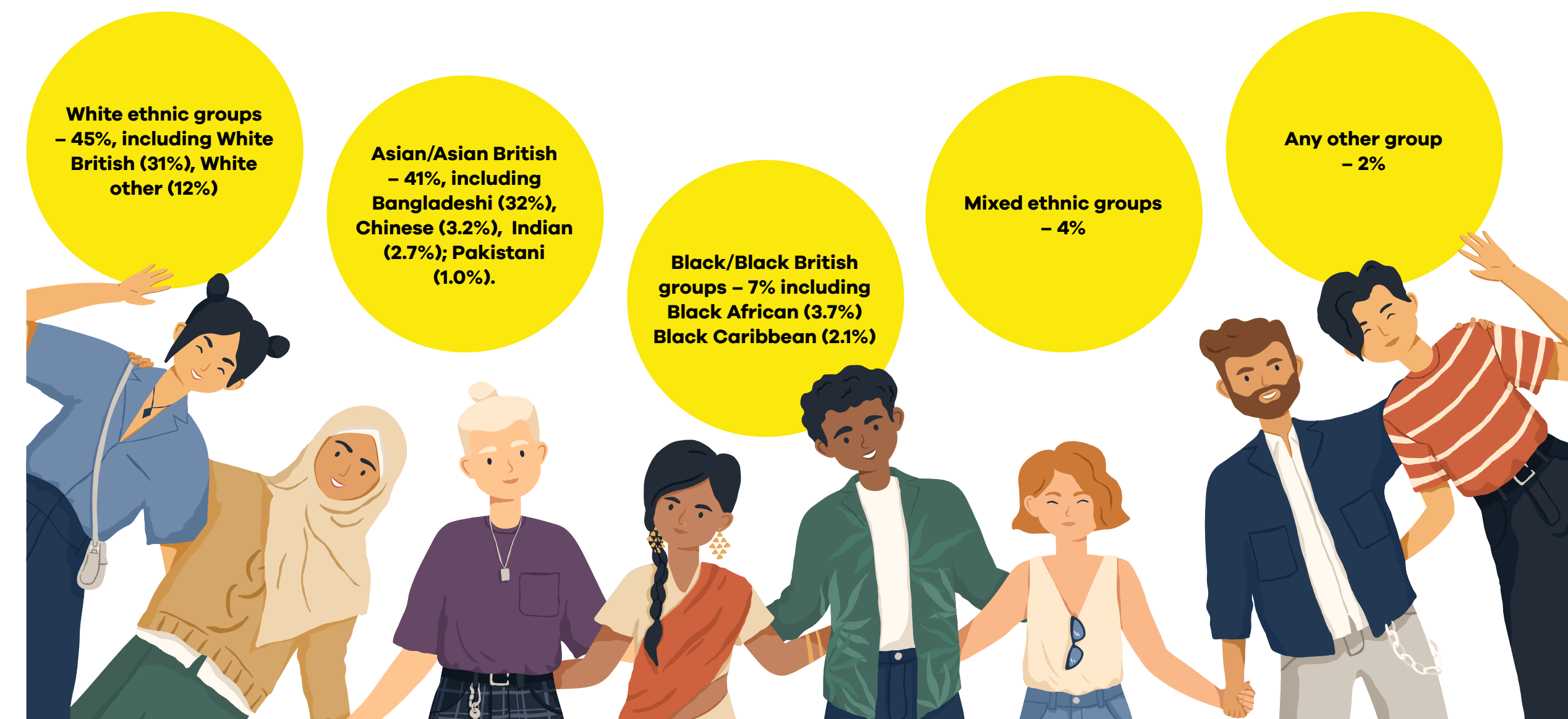
The third largest group is the White Other population, who account for 12% of the borough's population. This group is diverse and includes residents from a mix of ethnic backgrounds, Europeans, Australians and Americans.

A significant proportion of the borough's population are Somali, and they are the borough's largest Black group. The 2011 Census identified 2,925 Somali-born residents, 1.2% of the population. The overall size of the Somali population in the borough, including subsequent and second generations, is considerably larger, between 6,000 and 9,000 or 2-3% of the population.

- 70% of children and young people aged 0-24 are from a non white group.
- Bangladeshi residents made up almost half of all 0-24 year olds (46%) in Tower Hamlets compared with a third (32%) of all residents.
- The proportion of Black residents aged 0-24 (8%) was slightly higher than the proportion of all residents from Black ethnic groups (7%), while residents from mixed ethnic backgrounds aged 0-24 (6%) was higher than among the population as a whole (4%).

The Commission heard about the different experiences of Black, Asian and Minority Ethnic groups in the borough. In particular, the experience of Tower Hamlets' Somali community was picked up and identified as being open to discrimination from other minority groups. This was most apparent in education, but it is likely to occur elsewhere. Somali parents, who have experienced discrimination, despair at the constant criminalisation of their children based on racist attitudes and behaviour. There are limited numbers of Somali staff in schools to understand the needs of Somali families and their children. We also recognise that our Somali community is not accessing pathways into employment as effectively as other ethnic minority communities, including through government led schemes. Their needs to be better representation in frontline services, with relatable peers that inspire the community

The council working with partners is committed to delivering an extensive programme of improvement for the Somali Community. The work with the Somali Task Force is continuing through the Somali Working Group¹. Through the implementation of the Task Force recommendations significant progress has been made and a recognition that more needs to be done which will be taken forward by the Somali Working Group.



¹https://www.towerhamlets.gov.uk/ignl/community_and_living/Somali_Task_force.aspx

PURPOSE AND SCOPE

The Commission aimed to deliver tangible and practical actions which will deliver real change to the lives of our Black, Asian and Minority Ethnic communities, and allow the council and partners to champion the enormous impact these communities have had on the borough.

The Commission was shaped by three objectives:

ENGAGEMENT

Engage and operate at the heart of Tower Hamlets' communities to hear about people's lived experience and solutions, specifically Black, Asian and Minority Ethnic women and young people who experience higher levels of inequality

PARTNERSHIP APPROACH

Work with institutions to advance and prioritise race equality to achieve an inclusive, cohesive, thriving and representative Tower Hamlets

INFLUENCE CHANGE

Influence local, sub-regional and regional leaders who have significant influence on Tower Hamlets, particularly in the development of policy and strategy practices and the allocation of resources

APPROACH AND DELIVERY

The Commission's work was conducted over four months, with the council website and social media channels used to provide information about the Commission and how to get involved. Evidence was collected through four formal hearings which engaged 27 key witnesses. The Commission placed an emphasis on capturing the lived experiences of our Black, Asian and Minority Ethnic residents and heard from 87 people through six focus groups with different sectors of the community. The Commission also received 78 written submissions from residents and organisations in the borough. Finally, the Commission considered previous and recent studies and reviews into race inequality both regionally and nationally.

The recommendations set out in this report will be delivered through the Tower Hamlets Partnership Executive Group. The council will assume a lead role and will act as a facilitator to engage and support partners in both the public and private sector to respond to these recommendations. However, achieving true equality in the borough is not a feat the council can achieve alone, and the collective efforts of all partners is critical in ensuring the successful implementation of these recommendations. The Commission therefore recommends that a sub group of the Tower Hamlets Partnership Executive Group be established to lead on delivery of the recommendations and work with the voluntary and community sector Black, Asian and Minority Ethnic Network to ensure the voice of the community is reflected in the delivery.



COMMUNITY LEADERSHIP

The first session considered the barriers preventing Black, Asian and Minority Ethnic people from engaging with their community and assuming positions of leadership. The Commission engaged with local organisations to explore how they are creating leadership opportunities and how they can be supported to deliver more. In their exploration of community leadership, the Commission met with residents and considered the issue of the minority within the minority, focusing on how women, young people, and smaller Black Asian, and Minority Ethnic groups can be engaged. The Commission listened to evidence from the GP Care Group, LBTH Children Services, Poplar Harca, Black Training and Enterprise Group, Tower Hamlets CVS and the Head of School for GP Training for North East and Central London. The Commission also held a focus group with a Black, Asian and Minority Ethnic women's group and school governors.

HEALTH

The second thematic meeting considered whether racial biases in health care provision is preventing access and improvement to health outcomes. The Commission also considered the communication needs of different communities to understand what further action is needed to improve trust and access issues. The Commission heard evidence from Healthwatch Tower Hamlets, Local Medical Committee, East London NHS Foundation Trust (ELFT), Barts Health NHS Trust, and Apasenth. The Commission also held a focus group with health patients and social care users.

EDUCATION AND EMPLOYMENT

The final two thematic sessions considered the barriers faced by Black, Asian and Minority Ethnic school, college and university leavers in accessing good employment, and racial bias during the selection process. Moreover, the Commission heard from employers and employees in public and private sector organisations to understand the barriers preventing Black, Asian and Minority Ethnic people from progression into senior leadership positions. In the education session, the Commission heard evidence from Runnymede, two former students who have recently gained employment, Swanlea School, Queen Mary University and East London Business Alliance. The Commission also held a focus group with young people which was chaired by the Deputy Young Mayor. In the employment session, the Commission heard evidence from Tower Hamlets council, Metropolitan Police, Business in the Community, London Fire Brigade and State Street. The Commission also held a focus group with schoolteachers and employees from public and private sector organisations.

“There’s an ignorance and insensitivity towards cultural differences.”



2. GENERAL FINDINGS

RACISM

Following the death of George Floyd and the Black Lives Matter demonstrations in the summer of 2020, many witnesses who engaged with the Commission recognised it as a watershed moment. They noted an appetite for meaningful and lasting change in all facets of society, which hitherto did not exist. The Commission was informed that for many Black, Asian and Minority Ethnic people, they were engaging in open, honest and challenging conversations about race with their White peers for the first time in their lives. These conversations acknowledged uncomfortable truths and it is therefore important for the Commission to recognise at the beginning of this report the pervasive nature of racism which exists in institutions and structures in Tower Hamlets.

The Commission heard many heart-breaking examples of racism and discrimination from residents and employees which has had a profound impact on them. It is a key barrier preventing access to services and progression in life and in employment. The Commission heard from:

- School teachers, afraid to share their identity, as they provided evidence detailing numerous examples of being overlooked for senior roles in favour of less qualified White peers.
- An employee in a large financial organisation who revealed a detailed analysis of his organisation's pay gap, disaggregated by ethnicity, revealed the 'darker the skin the wider the gap'.
- Witnesses who highlighted how the structural racism within the health landscape, and other structures in the borough, have led to Black, Asian and Minority Ethnic people experiencing poorer health outcomes, being overexposed to COVID-19 and more likely to suffer the economic consequences of the pandemic.

This report provides further anecdotes and data which suggests that racism is still, unfortunately, a pervasive and insidious issue which needs to be addressed. The



Commission heard many examples of best practice which are shared in this report in the hope that other organisations will follow their lead. However, the pace of change is not fast enough and as the Commission makes its recommendations it is mindful that they must help accelerate the speed in which equity and improved outcomes are delivered to our Black, Asian and Minority Ethnic communities.

The Commission noted the commitment and passion for change by all those it engaged and the need to build on this through a clear pledge for the borough. The pledge will form the basis of a strong commitment by organisations to ensure Tower Hamlets is an anti-racist place. It will provide a shared platform for support and challenge and deliver public accountability on progress. It was acknowledged that change will take time and it was important to continue the conversation about race equality beyond the lifetime of this Commission. Building on the council's commitment to lead in this area, the council should work with other councils and the Tower Hamlets Partnership to lobby government for action on race equality including greater social mobility given the links with poverty, as well as ways of nationally recognising achievements/driving up standards.

DATA AND TARGETS

From each of the thematic areas it was clear that there are a wide range of factors which contribute to inequality, and indeed many of the themes and findings are closely interrelated. This is perhaps most evident when the Commission considered terminology, data and targets. Many witnesses commented that they do not like the term 'BAME' which engulfs all minority groups, helps to mask the non-inclusion of specific ethnic groups and fails to recognise the nuances and uniqueness of each community. There is a national debate about this, and the Commission notes it is important that we locally start to identify and address the needs of each of these diverse groups and begin to treat them as separate and distinct.

Under the Equality Act 2010, organisations have a duty to collect and annually publish information which shows their compliance with the Equality Duty. It was striking that none of the witnesses the Commission engaged with referenced this. As the Commission interrogated each theme, it was apparent that many organisations rely on census data and the collation of detailed, disaggregated ethnicity data is sparse.

Good quality data is essential in designing better services which accurately respond to the needs of those who require them, reduce inequality though improving access and allow for targeted interventions. This is also emphasised in several national and regional reviews including recent studies looking at disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic Communities. The Commission, therefore, recommends organisations be more rigorous in the way they collect and analyse data. This will facilitate a better understanding of the areas of inequalities different Black, Asian and Minority Ethnic communities are facing and inform the design and delivery of services for each community.

Targets were highlighted as a potential game changing action, but the Commission realises that it is a complex and nuanced intervention. Some witnesses acknowledged that young people believe in meritocracy and they are not comfortable knowing they have received an opportunity or promotion because of their ethnicity. This sentiment was also shared by participants of the employee focus group who labelled targets as 'tokenistic' stating that for targets to be effective, there needs to be greater transparency and communication of the reasons they are needed. The focus group

stressed that targets have the benefit of allowing more accessibility into roles, enabling Black, Asian and Minority Ethnic employees to secure roles they see career progression in. The focus group also noted that most targets they are aware of tend to be at senior levels. Progressive targets are needed to influence the growth and development of Black, Asian and Minority Ethnic employees within an organisation, supporting them to reach executive levels.

The Commission heard from State Street, who demonstrated the significant strides they have taken to improve the diversity of their workforce through the collection of data and the use of aspirational targets which drives their leadership. They have set a target to triple their Black, Asian and Minority Ethnic leadership and a target to double their representation across the entirety of their organisation over the next three years. This will ensure they have a diverse pipeline of employees to develop into the future leaders of the organisation. State Street highlighted that similar interventions to improve the gender composition of their senior leadership were successful and stressed the importance of collecting data to help understand the makeup of your population and drive change, noting, 'if you can't measure it, you can't change it' and 'what gets measured, gets done'.

The Commission endorses the McGregor Smith review, which underlined the need for ethnicity pay gap reporting and targets. The Commission is disappointed that neither of these are mandatory and will push for organisations in Tower Hamlets to lead the way in implementing this. Organisations must collect, scrutinise and be transparent with data and targets to help define how they are performing and demonstrate a meaningful commitment to diversity and inclusion. The Commission recognises the benefits targets can bring and calls on all organisations in the borough to set ambitious targets which are proportionate to the size of the organisation and the borough they serve.

REPRESENTATION

Lack of representation at all levels in society and in organisations is a critical barrier for Black, Asian and Minority Ethnic people accessing services and employment. The Race at Work Survey (which engaged 24,310 respondents) showed that only 33% percent of Black, Asian and Minority Ethnic people saw representation at the highest levels of their organisation². Noticeably, there was a distinct absence of senior Black, Asian and Minority Ethnic leaders to invite to give evidence to the Commission, and even fewer when trying to identify female leaders. The Commission noted the absence of Black, Asian and Minority Ethnic community leaders, teachers, nurses, doctors, reception staff, school governors, Chief Executives and senior managers. Business in the Community echoed the findings and data presented in the McGregor-Smith review, informing the Commission that increasing levels of representation will not only better connect residents to vital services, but will also help to increase productivity and boost the economy by up to £24 billion a year.

There is an absence of people who understand the community they serve. This contributes to widespread mistrust in institutions, lack of role models and the provision of culturally inappropriate services. At the focus group with health patients, many highlighted that they do not see people from their community in senior positions or even in middle management. Many witnesses commented how they are often the only Black, Asian and Minority Ethnic face at the table when they attend meetings. Furthermore, they talked about feeling a sense of imposter syndrome on some occasions, as they feel like certain positions or environments 'are not for them'. Teachers shared similar sentiments, noting that across the 71 primary schools in the borough, 1.6% of headteachers are Bangladeshi, 4.8% are Black, and 85% are White. At Deputy Head level, 9.6% are Bangladeshi, 3.8% are Black, and 84.6% are White. At Assistant Head, 13.6% are Bangladeshi, 1.6 % are Black, and 71.2% are White³.

Swanlea School emphasised the significance of representation and presented an awareness in this area which many other organisations can learn from. The School regularly reviews its workforce and noted the importance for a school where the majority of students are Black, Asian and Minority Ethnic, to look at the composition of staff and people in positions of authority to ensure it was diverse and signalled the right messages to its students. Similarly, they consider staff in lower positions such as cleaners, teaching assistants, dinner ladies, office staff and ensure they are not over-populated by Black, Asian and Minority Ethnic people. It's a subtle message but one that is crucial in the perception of young people.

“The public sector already recruits BAME people into jobs – but are they able to stay in their job or develop into senior roles?”



² <https://www.bitc.org.uk/report/race-at-work-charter-survey-report-2020>

³ Data provided by teachers that attended the focus group

INFLUENCE

Organisations in the public and private sector hold the ability to help shape and influence the equality policy and objectives of other organisations through their supply chains and their purchasing power. State Street stood out as an exemplar which other organisations must learn from. They informed the Commission that they will increase their spend with diverse suppliers across the globe in the next three years and are holding themselves accountable for strengthening Black, Asian and Minority Ethnic owned businesses.

In the past, State Street used their voting rights to successfully hold organisations to account if they did not have sufficient female representation on their boards. They have now written to the thousands of companies where they have voting rights and asked them to demonstrate what actions they are taking to increase Black, Asian and Minority Ethnic representation on their Board. If they have not taken steps to do so, State Street will refrain from voting.

Similarly, Barts Health NHS Trust have recognised the responsibility they have to ensure that their values are mirrored in their sub-contracted organisations. They have introduced constraints within their contracts which take account of how well organisations apply equal opportunities and have a diverse workforce. Many of the staff in their ancillary services are frontline, from Black, Asian and Minority Ethnic backgrounds, and are exposed to the higher risks of COVID-19. The Trust has ensured that they are included in the risk assessments which have taken place for their staff.

The Tower Hamlets Partnership need to learn from these examples, reviewing their contract compliance to set out what senior staff should look like and implementing a contract of 'diversity compliance.' This needs to be a borough

wide approach, driven through the anchor institutions. The council can develop best practice guidelines for every organisation to follow. Successful bidders must be able to evidence their commitment to diversity and inclusion and this will be considered during commissioning when tender submissions and/or grant funding submissions are assessed.



MISTRUST IN INSTITUTIONS

Mistrust in institutions, and particularly in policing, was repeatedly mentioned by witnesses as an issue which has a profound impact on Black, Asian and Minority Ethnic communities. The Commission is pleased that the Metropolitan Police engaged in an open way and in a robust and honest conversation, because without this we cannot make progress. The Commission acknowledges that significant progress has been made by the local police to build community relations and work with local partners to address community concerns. Local Police are a key part of the borough's partnership and play a crucial role in improving outcomes for local residents. While the Commission did not have the opportunity to hear from the local police leaders, it was noted that they do have a number of projects to engage the local community through ward panels, local policing and schemes to support people into careers in policing.

Despite this, it was noted that some individuals from Black, Asian and Minority Ethnic communities do not apply to work for the police because they feel a lack of trust in the Police and think that their friends and family will treat them differently. The Commission believes that representation at all levels within the police is vital to create better connections with communities and facilitate greater levels of trust. There is more work required in the recruitment of Black, Asian and Minority Ethnic police officers and emphasis needs to be placed on the retention of these officers once they have been recruited. The Commission recognised that interventions are in place to address this, but the pace of change needs to be faster. It was pleasing to note that there are a substantial number of Black, Asian and Minority Ethnic applicants currently in recruitment pipeline and it is hoped this will result in more Black, Asian and Minority Ethnic Police Officers working in London and Tower Hamlets.

On policing, the Commission invited representatives from the Metropolitan Police Central Inclusion and Engagement team as the focus of the session was on employment. The Commission was pleased to hear that the Police are trying to ensure sufficient support is in place to help retain officers, including mentoring and strategically placing officers so they can be better prepared to move through the ranks, and ensuring they are well insulated from any bias which takes place within the organisation. The Commission also supports initiatives for their media department to promote more positive images, particularly of Black, Asian and Minority Ethnic officers

working in the community. The Commission welcomes the fact that the police are undergoing unconscious bias training and working with leading academics and practitioners to help officers put their own experiences to one side in order to understand and filter new information, breaking down deeply engrained bias. This will not only help them as an employer, but also in the way they police the streets and interact with residents.

However, it is clear there is still significant work to do to attract and retain Black, Asian and Minority Ethnic police officers. From the Commission's evidence gathering, it was concerning to hear that Black, Asian and Minority Ethnic Police Officers need better legal assistance to support them when they experience discrimination in the workplace and more Black, Asian and Minority Ethnic representation in the Metropolitan Police Federation (MPF) is needed. It is the Commission's view that without adequate representation of Black, Asian and Minority Ethnic Officers in the MPF, the current cohort of MPF leaders will not be able to effectively represent and advocate for Black, Asian and Minority Ethnic officers as they fail to comprehensively understand the nuances of the discrimination individuals are facing.

Equally concerning were comments that many in supervisory positions do not feel empowered to make the right decisions to support their colleagues when they report workplace discrimination through fear of being ostracised by colleagues. There needs to be better scrutiny of internal complaints and how they are investigated as often, complaints are investigated, and the results end up in favour of



the perpetrator. Unless an officer is prepared to fund their claim themselves than they often end up leaving the organisation. If officers do not have the ability to challenge discrimination through correct and appropriate processes, then the change which is needed will never be delivered.

Whilst we heard powerful evidence in relation to experiences within the police force, this theme of lack of support to complain and pursue grievances by Black, Asian and Minority Ethnic people was repeated in employment focus groups and written submissions from employees working in other sectors across in the borough. The Commission believes that all employers must have fair and transparent grievance processes that are free of discrimination and racial bias; but acknowledges that this is most strongly needed in those sectors that have the biggest impact on Black, Asian and Minority Ethnic people's lives.

Often, mistrust in institutions is developed at a young age and can have a perpetual impact on an individual's life, preventing them from accessing key services. The Black Training and Enterprise Group presented that there are far too many stop and searches of young black and Muslim men, and they work with many clients who have suffered a significant psychological impact from this which leads to them feeling disconnected.

East London NHS Foundation Trust detailed a project looking at how young Black males engage with their service, many of whom do not voluntarily access their services for help and experience the same journey through the system. Significantly, black people are over four times more likely to be detained under the Mental Health Act 1983 and over ten times more likely to be subject to a community treatment order, with young black men more likely to be sectioned than other groups⁴. In many cases, problems begin when they are approaching the end of primary school and at a point when they are more likely to be excluded and start to encounter different challenges. This follows into secondary school where the police start to play a role and already children are placed into a position where institutions and services have not catered for their needs.

Subsequently, when they start to feel symptoms which would require them to visit a GP or mental health service, they are unlikely to do this, exacerbating their health issues further until they are forced into institutions by the criminal justice system. This begins a different relationship where an individual enters a mental health service under duress and is more likely to be secluded, given higher doses of medication, and restrained. Once again, this has created the cycle of mistrust in institutions and services to the extent that when people are discharged, they are less likely to engage and even if they do seek help, they are not always given the option of talking therapies. The Commission endorses the proposals to introduce culturally appropriate advocates as part of reforms to improve the Mental Health Act which will empower people to have more control over their treatment and allow people from Black, Asian and Minority Ethnic backgrounds to be better supported by people who understand their needs.



"We need to take complaints seriously and understand that some conditions can present differently in non-white people."

⁴ Mental Health Act Statistics, Annual Figures England, 2018-19, <https://files.digital.nhs.uk/00/66FBD2/ment-heal-act-stat-eng-2018-19-summ-rep.pdf>

RECOMMENDATIONS

GENERAL	
Anti-Racist Borough	Organisations within Tower Hamlets commit to becoming an anti-racist borough. This will include a commitment to work at pace to address inequality and access to services. It will recognise the individual needs of each Black, Asian and Minority Ethnic Community and it will be delivered through a race equality pledge, race equality network, challenging targets, disaggregated data, increased representation and better utilisation of an organisation’s influence through its supply chains, employment practice and services.
Race Equality Pledge	Organisations in Tower Hamlets, especially those that comprise the strategic partnership and work in partnership with the council, sign up to a shared commitment on race equality by the end of 2021. Organisations who sign up to this pledge will support and deliver the commitments set out in the Commission’s recommendations. This will enable greater collaboration and support between organisations and strengthen accountability and transparency of commitment and progress. As part of this recommendation, a local award scheme should be established which recognises best practices amongst organisations and individuals. The council and partners should lobby national and regional organisations to set up a high-profile national recognition programme to recognise achievement and drive up standards.
Race Equality Network	A partnership Race Equality Network be developed that monitors the delivery of the Commission’s recommendations, influences policy and decision making and enables a safe place for on-going conversation about race equality in Tower Hamlets and drive improvements.
Targeted Interventions	In delivering the recommendations of the Commission, organisations should recognise the variety and nuances within the needs of the borough’s Black, Asian and Minority Ethnic communities and tailor interventions which address the challenges facing each community, recognising that at present the Somali Community is the biggest Black community.
Targets	Organisations signing up to the Race Equality Pledge must set ambitious targets for addressing inequalities which deliver real change and year on year progress. Organisations must use effective performance management to monitor progress and report publicly.
Data	Organisations signing up to the Race Equality Pledge must collate, disaggregate and analyse data in a granular way to understand areas of inequalities facing Black, Asian and Minority Ethnic groups. This data should be disaggregated to ensure we understand needs of different Black, Asian and Minority Ethnic communities.
Influence	Organisations signing up to the Race Equality Pledge must utilise their influence with contractors, those they give grants to and work in partnership to ensure they comply and meet the standards of the borough equality pledge.

3. COMMUNITY LEADERSHIP

Community Leadership is the golden thread which stretches across the Commission’s priority areas. To ensure racial justice in all aspects of life, the Tower Hamlets Partnership needs to ensure that at every level where power is held and in every way it is exercised in the community, it includes Black, Asian and Minority Ethnic voices. The Commission noted the progress made over the years with representatives involved in a range of roles including within the council, schools, NHS and community organisations.

The Annual Residents’ Survey 2019⁵ provides an indication of residents’ views of the borough and their involvement within the community. The 2019 Survey found the following:

	Satisfied with area as a place to live	People from different backgrounds get on well together	Feel I can influence decisions	Volunteering in Tower Hamlets in last 12 months
White	74%	79%	52%	15%
Mixed	53%	70%	47%	30%
Asian	67%	78%	50%	17%
Bangladeshi	66%	67%	49%	17%
Black	70%	75%	55%	13%
Others	67%	74%	67%	26%
BAME	66%	77%	52%	17%

- There was a difference of up to 21% between different ethnic groups in terms of being satisfied with Tower Hamlets as a place to live. This was highest amongst residents of White ethnicity (74%) and lowest amongst residents of Mixed ethnicity (53%).
- There was a difference of up to 12% between residents of White ethnicity (79%) and residents of Bangladeshi ethnicity (67%) in terms of agreeing that people from different backgrounds get on well together.
- Encouragingly, residents from Black, Asian and Minority Ethnic backgrounds were equally likely to feel that they could influence decisions with 52% agreeing with that statement.
- Residents from Black, Asian and Minority Ethnic backgrounds (17%) were slightly more likely than residents of White ethnicity (15%) to have volunteered within the borough, but residents of Black ethnicity were the least likely to have volunteered (13%)

⁵ https://www.towerhamlets.gov.uk/ignl/community_and_living/borough_statistics/Annual_Residents_Survey.aspx

3. COMMUNITY LEADERSHIP

The Government's Race Disparity Audit⁶ found that Black adults were among the most likely to participate in some form of formal volunteering on a regular basis, which involves providing unpaid help through groups, clubs or organisations at least once a month. One in four Black adults and almost as many White adults regularly participated in formal volunteering in 2016-17, and they were more likely to do so than those of Asian or Mixed ethnicity, of whom around one in six volunteered formally on a monthly basis. There were marked differences between ethnic groups in the extent to which people felt able to influence local decisions, with Black adults feeling the most able to influence them and White adults, the least. In 2016-17, 44% of Black adult agreed they could influence decisions affecting their local area, compared with 25% of White adults.

The Joseph Rowntree Foundation study into community engagement and cohesion in England⁷ concluded that ethnic minority communities are particularly at risk of not having their views heard effectively including migrant workers, refugees and asylum seekers. Barriers cited include difficulties in the use of English, lack of information on engagement opportunities and time. Significantly, it was noted that these barriers are exacerbated by the growing fluidity and fragmentation of governance structures. For new arrivals, the shifting landscape of service provision and governance is even more bewildering, making community engagement correspondingly more problematic.

⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686071/Revised_RDA_report_March_2018.pdf

⁷ <https://www.jrf.org.uk/report/community-engagement-and-community-cohesion>



DATA, TARGETS AND AWARENESS

Feedback from witnesses highlighted lower levels of representation and a general lack of awareness of the opportunities available to engage in positions of community leadership. The issue of 'privilege' was highlighted as most Black, Asian and Minority Ethnic people do not have early access to resources, networks and confidence to navigate opportunities. More needs to be done to communicate the possibilities available and encourage, empower, and support those from underrepresented groups into positions of leadership, whether it be in schools, community groups, magistrates, NHS Boards, company boards, governors or local councillors.

Community leadership needs investment and there needs to be a systemic plan which maps how this can be resourced and implemented across the borough. Poplar Harca highlighted promising projects delivered by organisations in the borough to improve residents' engagement often fail due to a lack of resources or staff turnover. A long-term vision to create a system of support for community leadership, which will not necessarily realise results instantly, is required. This may involve Chief Executives of key anchor organisations in the borough making a commitment to support and empower leaders.

Currently, there is a distinct absence of a plan or vision and defining what good looks like in this area needs to be the starting point. There must be a clear objective and commitment which states what Black, Asian and Minority Ethnic people engaging in their community and assuming leadership positions in Tower Hamlets looks like. This combines with issues of insufficient data as it's hard to know what good looks like, or how close the borough is to achieving it, without the data to tell us. For example, anecdotal evidence details that the Black community in the borough is not well represented in leadership positions, but comprehensive data is needed to highlight where the gaps are and where interventions must be targeted. The Commission would like within a year, organisations in Tower Hamlets to understand how many positions are available across the borough and set ambitious targets to ensure these are reflective of the community.

RECOMMENDATION :

Awareness

Develop and deliver a targeted communications campaign to raise awareness of opportunities available which includes profiling of other black, Asian and Minority Ethnic residents who have succeeded and made significant contributes. Organisations must demonstrate where they are now and evidence year on year progress.

“We need to show people that their contributions - large or small - are important and valued”



YOUNG PEOPLE

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Young people must be engaged and developed to ensure that they are ready to assume leadership positions in the community. The current generation of young people offer the opportunity for generational change. They are dynamic, smart, politically aware, full of ideas and innovation; however, we need to provide fertile ground to develop them and ensure the infrastructure is in place to support them to engage in their community. There are already several encouraging projects underway to support this and promising signs from the borough's young Black, Asian and Minority Ethnic communities that they are ready and willing to engage. The council's strategy for children and young people places empowerment as priority and their voice should be influential in service design and delivery. Tower Hamlets has a longstanding and vibrant Youth Council and the current composition of it is all Black, Asian and Minority Ethnic. Tower Hamlets also has a very active Children in Care Council which is made up of representatives from Black, Asian and Minority Ethnic backgrounds.

A significant barrier for children and young people engaging in the community is poverty. Tower Hamlets has the highest rate of child poverty in the country and the impact of this is felt largely by Black, Asian and Minority Ethnic communities. There are strong links between advantage and opportunity which means that children from

disadvantaged backgrounds do not benefit from the same social capital as those from advantaged backgrounds. Access to social capital is a theme which is at the forefront of each of the Commission's priority areas and is particularly evident when considering education and the barriers into good employment. The council and its partners need to develop a corporate parent approach whereby they make their networks available to deprived Black, Asian and Minority Ethnic communities and connect them with better resources which will provide opportunities for development.

It was also noted by some witnesses that there are internal barriers within communities restricting new voices from being heard. In some cases, older, conservative voices are threatened by young and innovative voices. Further work with Black, Asian and Minority Ethnic communities is required to ensure there is a diverse range of voices within the makeup of the borough's community leaders and there is a clear pathway for young people to engage.

ORGANISATIONAL CULTURE

Organisations must create the environment for their employees and residents to engage in their community and they need to review how they shape routes into community leadership through volunteering programmes, through their governance structures and in scrutiny of their work. The Commission heard from Poplar Harca who recognised the importance of making room for development and being active in the local community, encouraging all their staff to do this. They also lean on the borough's young people and engage them to run many community events and interact with issues which are most important to them.

It is not simply enough to engage or recruit people from Black, Asian and Minority Ethnic communities. They must be supported and provided with meaningful opportunities to impact their communities. Organisations across the borough must scrutinise themselves to ensure they are doing all they can to enable people to have a voice and engage in decision making. This includes a clear commitment with set of actions to address inequality and on-going review and platform to discuss and challenge progress. Unfortunately, the current sentiment of some of the witnesses suggests their engagement has no impact. School Governors shared their experiences and felt that their involvement was tokenistic and became disempowered once they were on the Board. Moreover, the Black Training and Enterprise Group reported that public bodies do not value the contribution of leaders as much as they should, and some Black, Asian and Minority Ethnic residents are disengaged when they see community leaders struggle to be heard by those in power.

"People of all races need to feel that they can contribute"



RECOMMENDATION :

Organisational Culture

Organisations must create a culture which values diversity and provides the space and environment which enables Black, Asian and Min people to develop into community leadership roles within the governance of the organisation.

VOLUNTARY AND COMMUNITY SECTOR

There is a substantial role for the voluntary sector to play in supporting Black, Asian and Minority Ethnic communities into leadership positions, both in terms of providing residents with the training and development for them to succeed and also in ensuring their organisations are representative. There is currently insufficient data on Black, Asian and Minority Ethnic leadership or the ethnic profile of the workforce in voluntary organisations. Data needs to be collected within the voluntary sector to enable the council and its partners to map the resources and networks operating in the borough's communities.

The Commission was pleased to hear that Tower Hamlets CVS (THCVS) is working with partners to build greater community leadership. Currently, only 20% of the organisations THCVS work with are led by a Black, Asian or Minority Ethnic person. THCVS are developing a peer network for women, providing funding to support community start-ups and building capacity of Black, Asian and Minority Ethnic community groups. Furthermore, in response to COVID-19, they are working with Public Health on a Black, Asian and Minority Ethnic leadership programme.

There is a direct link between supporting and growing the voluntary sector and developing new community leaders. The Tower Hamlets Partnership need to ensure voluntary sector organisations have the resources, support and appropriate developmental plans in place to provide people with the capacity, skills and experience needed to succeed.



MENTORING AND ALLIES

Mentoring and support networks are important to encourage confidence in people taking community leadership positions. Many witnesses highlighted a lack of time, skills deficit, and poverty as key barriers preventing Black, Asian and Minority Ethnic residents from engaging with their community. Some witnesses commented that they saw themselves as ‘parents and not as black leaders,’ illustrating that they do not have the time to engage and/or they don’t have the confidence to engage. Significantly, school governors informed the Commission that they were not provided with effective support to succeed in their role and suggested that a network of community leaders who can discuss challenges and share advice would help to give them the skills and confidence to succeed. The Tower Hamlets Partnership need to train a pool of potential leaders from Black, Asian and Minority Ethnic backgrounds and use local initiatives to support them into positions. Additionally, they need to consider civic leadership projects run by Black, Asian and Minority Ethnic organisations.

It is important that the development of networks and mentors is not grown exclusively within Black, Asian and Minority Ethnic communities. People from White communities need to be empowered to become allies and create effective networks with Black, Asian and Minority Ethnic communities which can be used to leverage support and help deliver sustainable change.

“Community leadership should make sure that no one is left behind.”



RECOMMENDATION :

Role Models and Allies

That local people are empowered to become role models and allies as visible inspiration and create effective networks for the Black, Asian and Minority Ethnic communities to leverage support.

Training, Development and Peer Support

Organisations should provide support, training, mentoring and development opportunities for Black, Asian and Minority Ethnic individuals to access leadership roles and be effective in these roles, with a specific focus on a programme for young people. This needs to be at every level from entry to moving into senior roles such as chairs.

4. HEALTH

There are significant disparities in health outcomes for our Black, Asian and Minority Ethnic communities. Data collated by general practices shows the prevalence of diabetes, high blood pressure, heart disease, chronic kidney disease and asthma all to be higher for our Black, Asian and Minority Ethnic communities. Significantly, many of these conditions are linked, meaning that the combination of these conditions place a higher burden of multimorbidity on Black, Asian and Ethnic Minority communities than White groups are facing.

We know that housing conditions have a significant impact on residents' health. For example, asthma prevalence is higher for those in social housing, housing in multiple occupation, poor quality living environments, smoking households, benefits households or if you are on the housing waiting list⁸. The council has the 7th highest waiting list



“Healthcare workers assume we aren’t educated and don’t involve us in discussions about our care.”

nationally. There are 18,808 households on the council’s housing waiting list . Black, Asian and Minority Ethnic households account for 78% of all households on the housing register. We also know that many Black, Asian and Minority Ethnic households are living in overcrowding, with 31% of Asian/Asian British and 19% of Black/African/Caribbean/ Black British households living with fewer bedrooms than required compared to 8% of White households.

Unfortunately, it is now too clear that COVID-19 has a disproportionate impact on Black, Asian and Minority Ethnic communities. In Baroness Doreen Lawrence’s review of the impact of COVID-19 she highlights how Black, Asian and Minority Ethnic people have been overexposed and under protected and attributes the horrific impact of COVID-19 to the culmination of decades of structural injustice and discrimination. Many of the health issues which have arisen were not born out of COVID-19 but were pre-existing, socio-economically patterned, and exposed by the pandemic, and described by Baroness Lawrence as ‘foreseeable and inevitable’⁹.

This is supported by the Public Health England ‘Beyond the data: Understanding the impact of COVID-19 on BAME groups’ report¹⁰. This review found that the pandemic has exacerbated longstanding inequalities affecting Black, Asian and Minority Ethnic groups in the UK and highlighted the strong association between economic disadvantage and COVID-19 diagnoses, incidence and severe disease. Given the level of deprivation and health profile of many of our Black, Asian and Minority Ethnic communities, it contextualises the significant risk our residents face. The Commission noted the findings from both these reviews and expects local organisations to take forward the recommendations. In recognition of this, the Commission narrowed its focus on health to access and communication, and the impact of racism, with the emphasis on hearing local peoples lived experienced on these two areas.

⁸ https://www.towerhamlets.gov.uk/ignl/community_and_living/borough_statistics/Borough_profile.aspx

⁹ <https://www.lawrencereview.co.uk>

¹⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

ACCESS AND COMMUNICATION

Many Black, Asian and Minority Ethnic residents expressed concerns about access to health services, with many reporting experiences of unconscious bias among health care workers. There is a distressing issue of a lack of trust and confidence in the health sector because of this. In the focus group with health and social care users many highlighted significant barriers preventing them from effectively accessing health services including communication, access to translation services, lack of representation and digital exclusion.

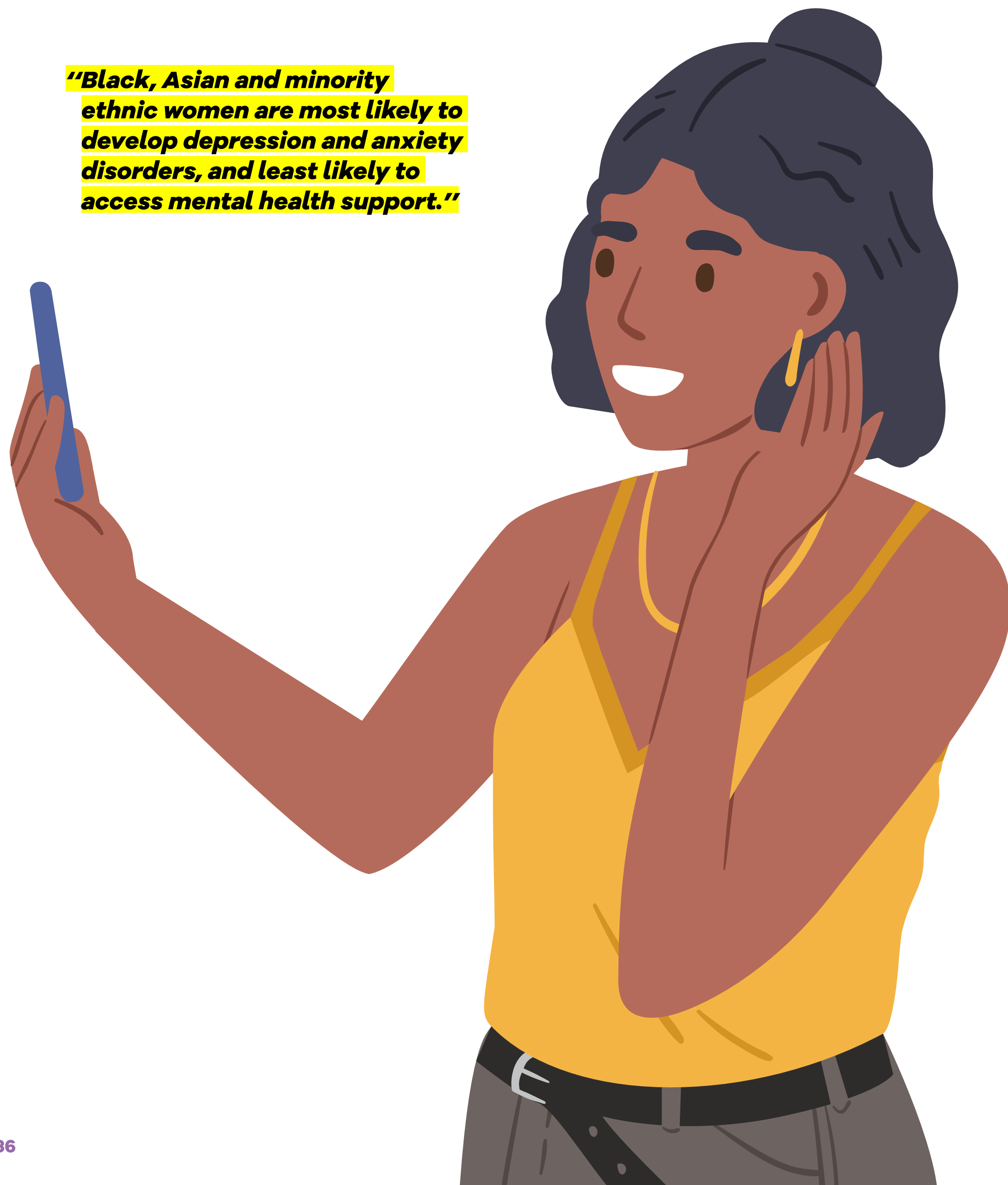
Healthwatch Tower Hamlets informed the Commission that Black, Asian and Minority Ethnic residents reported poorer experiences of health and social care services than White British residents; with many reporting long waiting times to access care. In a survey conducted with 704 residents, 64% of Black, Asian and Minority Ethnic residents were confident they could access physical and mental health services regardless of their identify compared to 74% White British people, 62% of Black, Asian and Minority Ethnic people felt they could access safe and high quality services when they needed them compared to 70% White British people, and 68% of Black, Asian and Minority Ethnic people were confident that those providing their care are competent, happy and kind compared to 78% of White British people.

Many witnesses highlighted language barriers, poor translation and lack of culturally appropriate services as a significant barrier. Black, Asian and Minority Ethnic groups are more likely to speak limited English and therefore face systemic and complex barriers to accessing primary and other healthcare services. Interpreters are not always available, particularly at short notice. Booking and triage systems in general practices rely on online symptom checkers, online booking and doctor-led telephone call back which are challenging for patients with a low level of English and lack of digital skills and tools. This has been exacerbated during the COVID-19 pandemic, where an increased number of general practices have adopted this model.

“Using terms such as ‘minority’ can mean that people are viewed as being ‘less than’.”



“Black, Asian and minority ethnic women are most likely to develop depression and anxiety disorders, and least likely to access mental health support.”



Even when residents have access to an interpreter (professional or family), people who speak limited English can face challenges. Due to time pressure and cultural barriers, patients may find it harder to communicate with doctors. Patients may feel reluctant discussing sensitive topics such as sexual or mental health in front of family members or people they know acting as interpreters. Interpreters need to be independent and specially trained. Witnesses noted that over time there has been several forms of interpretation and advocacy schemes in Tower Hamlets. However, over the years, in periods of austerity, these services have been reduced, as opposed to more essential clinical services, and the level of service has gradually deteriorated. A shift to more digital services provides opportunities to improve provision, as specialist interpreters will not need to be based in the borough to do their job effectively. This needs to be explored and balanced against the digital literacy needs of the Black, Asian and Minority Ethnic population.

It is imperative that translation and advocacy services receive funding in order to enhance the link between institutions and communities and improve the access issues many communities are facing. The inadequacy of translation services and appropriate communications strategies targeting Black, Asian and Minority Ethnic communities was one of the most widely reported institutional failures cited in our interviews. The government should act on this area by commissioning a review of the availability of translation and advocacy services, working with community groups and Healthwatch England. It is important that this is not just about the provision of written translation as sometimes literacy is poor. Some people can speak the language but reading it may still be difficult. More advocates with the language skills to help Black, Asian and Minority Ethnic communicate with people within NHS are required.

Additionally, if the Tower Hamlets Partnership can support people to speak and learn English they can engage more in all areas of society which impact them, such as a school governor or community leader. Closer working with voluntary and community sector organisations, supported by targeted funding and resources, would provide an immediate opportunity to co-produce community-facing COVID-19 messaging and secure the rapid availability of translation services. Locally we need agreed target spends by the NHS on such services which should be protected spends.

Many witnesses reported that Black, Asian and Minority Ethnic residents are more likely to be digitally excluded (either through low IT literacy or lack of access to devices). Additionally, many Black, Asian and Minority Ethnic communities live in multigenerational households which can be overcrowded and restrict people from having open conversations when their family is close by and they are required to do an online consultation. This is also supported by two research reports by Healthwatch Tower Hamlets on digital inclusion which found Black, Asian and Minority Ethnic community amongst group that are more likely to be digitally excluded and in need of support of accessing through digital means. The council and its partners need to ensure access to services is fair and equal. One possible option may be to utilise voluntary sector buildings to hold more intimate and confidential conversations in privacy.

The Commission heard through formal meetings and a focus group that the current communication channels and methods do not always reach our diverse communities. Most communication is only in English which excludes people with language barriers. At the focus group it was suggested that using videos in different community languages will reach vulnerable groups who may need to rely on their children and others to provide information. It was clear that local health organisations need to work with the community to develop their communication and engagement strategies, ensuring guidance and important messages are culturally appropriate, available in different languages and mediums and utilise different approaches to mitigate fears and mistrust.

During the focus group with patients and service users, many voiced their frustration and mistrust in services caused by low levels of representation. A Somali resident told the Commission that 'it is hard to find a receptionist who speaks Somali let alone find a nurse or a doctor who is Somali.' He noted that if he looks at his White 80-year-old neighbour, she can visit her own general practice without hesitation because she knows she can find someone at the reception who can speak her own language. On the contrary, 'the Somali elderly woman will think twice or three times because she will not be able to find someone who will understand her'. Many of the people who attended the focus group previously relied on local voluntary and community organisations where they could be supported by community members speaking their own language and this meant that 'someone who came to this country had no problems getting their forms filled in'. Reductions in funding to these organisations have left many Black, Asian and Minority Ethnic residents without any support to access key health services. The voluntary sector has a bigger role to play and the council and its partners need to consider how they can work across the partnerships to identify the organisations that have a wide reach amongst different Black, Asian and Minority Ethnic communities and resource them better to deliver essential provision.

RECOMMENDATION :	
Digital Exclusion	Organisations address digital exclusion facing Black, Asian and Minority Ethnic communities which is having an impact on their ability to access services, employment, engage in community life and their life outcomes.
Communication	NHS organisations review their communication and engagement strategy which ensures guidance and important message is culturally appropriate and available in different languages and uses different approaches to ensure message is reach to different audiences.

SOCIAL DETERMINANTS OF HEALTH

There are stark disparities in health outcomes for the borough’s Black, Asian and Minority Ethnic communities. Clinical improvements and better access to services alone will not address these disparities. The Tower Hamlets Partnership must focus on addressing the elements of structural and institutional racism which has led to people from Black, Asian and Minority Ethnic backgrounds positioned in the worse housing and employment and prevents them from achieving their full potential and best health.

The government, through the Health and Social Care Act 2012, required local areas to establish a Health and Wellbeing Board to work in partnership to reduce health inequalities. While our local Board has made progress in some areas given the impact of COVID-19 on our Black, Asian and Minority Ethnic Communities it is clear it has not been significant or the pace our residents rightly demand from us. Significantly, Barts Health NHS Trust informed the Commission that when patients present at the acute stage at the Royal London Hospital people from all ethnic groups are likely to experience the same outcome. It is not simply access to health care and treatment which needs to be improved, but also access to education, employment and housing

The links between health and housing were highlighted by witnesses as a key wider determinant of health which needs to be addressed. Many Black, Asian and Minority

Ethnic residents in Tower Hamlets live in poorer housing, which may be overcrowded, damp and in a state of poor repair. This has a significant impact on health outcomes. There are many housing issues within Tower Hamlets, with the number of people on the housing register significantly higher than the availability of affordable social housing. The borough has done good work to regulate the private renting sector and this is important to help address the supply and demand issues within social housing. Accepting the constraints of poverty and housing, the council and its partners need to identify what they can do within these parameters to help people achieve better health outcomes. For example, they need to ensure there are good quality open spaces for those in particular without their own garden or sufficient space within their home, or encourage people to have a better awareness of their health to seek interventions early and not be afraid of having conversations (especially where there are cultural stigmas).

While the work the Tower Hamlets Partnership has undertaken through the Health & Wellbeing Board is making progress to reduce health inequalities and the wider determinates of poor health, it was clear from the evidence the Commission heard that this has not been done at pace or been radical enough. The Commission therefore recommends that a review be undertaken of partnership governance structures and strategies to increase the pace of change and ensure this has long lasting impact

RECOMMENDATION :

Campaign & Social Determinants	Lead a high-profile local campaign for the government to provide adequate funding to address health inequalities and the social and economic factors.
Partnership	That partnership structures and strategies are reviewed to deliver radical changes at pace on the health inequalities challenge in the borough.
Research	The Health & Wellbeing Board, by the end of 2021, undertake detailed external research on causes of health inequalities amongst Black, Asian and Minority Ethnic communities which puts engagement of the community at the forefront of its work to identify issues and solutions.

CULTURALLY APPROPRIATE SERVICES

In addition to language barriers, many witnesses empathised cultural and health beliefs as a barrier to Black, Asian and Minority Ethnic patients receiving the treatment they need. This links to the lack of representation as staff are unable to appreciate the culture of the people they treat. An observation made during the focus group with health patients stated that some practitioners have demonstrated unconscious bias including being dismissive of symptoms and not sympathetic of cultural norms. Written submissions received also highlighted peoples experience of being mistreated by reception staff which has a subsequent impact on an individual’s confidence to access services.

The Commission was informed of actions some services are taking to ensure they are culturally appropriate; however, this needs to be extended across all provision in the borough. The Commission was pleased to hear about the approach taken by Barts Health NHS Trust to listen, respond and work with local communities. Led by their community engagement group, they have increased the ways they listen to local people. They gathered a significant amount of anecdotal evidence of poorer experiences of people from ethnic minority communities, particularly the Somali community, and are acting on feedback to improve services. This has led to service adaptations including

accessible appointments and culturally sensitive communication. Several services have been transformed to ensure they are accessible for Black, Asian and Minority Ethnic communities. A common theme across each of these services is that they proactively reviewed their provision and involved local communities in educating and advocating on behalf of patients. The Trust recognised the need to put in place greater structures to ensure their work with the community is embedded and sustainable. To this end, they have appointed a new Director of Insight which will enhance their work with Black, Asian and Minority Ethnic communities and improve patient experience.

General practices in Tower Hamlets have a diverse workforce which helps to cut across racism and cultural ignorance. General practices use the doctor’s toolkit to promote and educate people on issues such as access and they are making every effort to maintain non-digital access. The Commission notes that while the clinical side of the general practice is diverse, more work is needed to ensure the reception staff are trained to appreciate the cultural difference of patients. One member from the health patients focus group noted how a receptionist showed no regard for his privacy as she questioned him on his immigration status for the rest of the surgery to hear.

RECOMMENDATION :

Clinical Training	Review and strengthen clinical training in order to increase understanding of different cultural needs and deliver better health services to all communities.
Co-designed Services	That NHS organisation undertake meaningful engagement and involvement of Black, Asian and Minority Ethnic communities in design, development and delivery of services. Health organisations need to improve the way services are understood and support Black, Asian and Minority Ethnic residents so that they are empowered and confident to access them. This may mean they need to change the way that services are configured to make them more culturally appropriate.

ANTI-RACIST COMMITMENT

The evidence the Commission heard from local people about their experience of racism in NHS organisations it is clear that this is both pervasive and insidious which is having a detrimental impact on trust and relationship for our Black, Asian and Minority Ethnic communities. This in turn is leading people not accessing health services or being supported to improve their health outcome. It was therefore, encouraging when many witnesses detailed how their organisations are amending their policies to encourage greater diversity and equality. Barts Health NHS Trust have made a clear public commitment to be an 'anti-racist organisation' and the Commission encourages more organisations to take similar action.

The Commission was informed of numerous changes they have made to demonstrate their commitment to this pledge. The Trust has challenged itself to do more on race inequality and tackle inequalities within the organisation and services they provide. They are taking direct action to create an organisational culture where everyone feels they belong and improve the experiences of their staff and patients from Black, Asian and Minority Ethnic backgrounds. Consequently, the Trust has revised its Human Resource processes including:

- recruitment and progression,
- diversity in senior leadership (currently 32.5% Black, Asian and Minority Ethnic senior leaders, with an aim to increase to at least 56% by 2028),
- reverse mentoring programme for 200 staff,
- developing culturally intelligent leaders,
- eliminating discrimination in formal disciplinary processes,
- COVID-19 risk assessment for all staff and sub-contractors and a safety plan for all,
- psychologically safe workplaces,
- shared governance with staff so that colleagues affected by inequality share in the leadership and oversight of the change towards full inclusion.

"I want to make a difference as public services alone can't cater for the community."



Reducing inequalities experienced by staff and people using health and care services will require concerted action by the NHS, government, and wider public sector, working at scale and in a systematic and targeted way with communities. Integrated care systems have a key leadership role in this and must be supported to lead on this work.

It is important that organisations who make anti-racist pledges continuously, and transparently, demonstrate their commitment to this. The Commission highlighted the 'hostile environment' as one such area in which organisations can take actions in line with the spirit of their pledge. Currently, immigration health charging acts as a barrier restricting access and creating a sense of fear for the patient that they will be deported if they use a service. Failure to lift 'hostile environment' policies, such as eligibility checks and NHS charges for overseas visitors, was seen as a contributing factor to access. Concerns were raised over their potential to promote direct and indirect racial discrimination, deterring people from seeking care when needed, particularly among migrant and refugee communities.

To break down barriers to accessing healthcare, the government should take immediate steps to review the potential for hostile environment policies to be a vehicle for tackling institutional racism¹¹. It also feeds into a broader sense of confusion among both patients and providers who do not know which services are free and which services require payment. Some general practices require people to present documentation to prove who they are or where they live in order to sign up to a surgery when they are under no statutory obligation to do so. There needs to be widespread and constant education to ensure health workers are aware of cultural differences and migrants rights. Local NHS organisations should commit to continuously aim to reduce the profile of the checking it is statutorily required to undertake by lobbying Government to review its hostile environment polices.

In the short term organisations must ensure these polices are implemented in a sensitive and customer focused way, which, as the previous anecdote from a witness who was loudly questioned about his immigration status in the GP surgery revealed, is not always the case. They must also consider how these polices are implemented locally. This takes on added importance in a time of COVID-19. The hostile environment will make it more likely that marginalised sections of our community will not come forward for COVID-19 vaccines, if they believe by giving names and addresses, they will more likely be deported from the country.

¹¹ https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Perspectives-from-the-front-line_FNL_Dec2020.pdf

RECOMMENDATION :

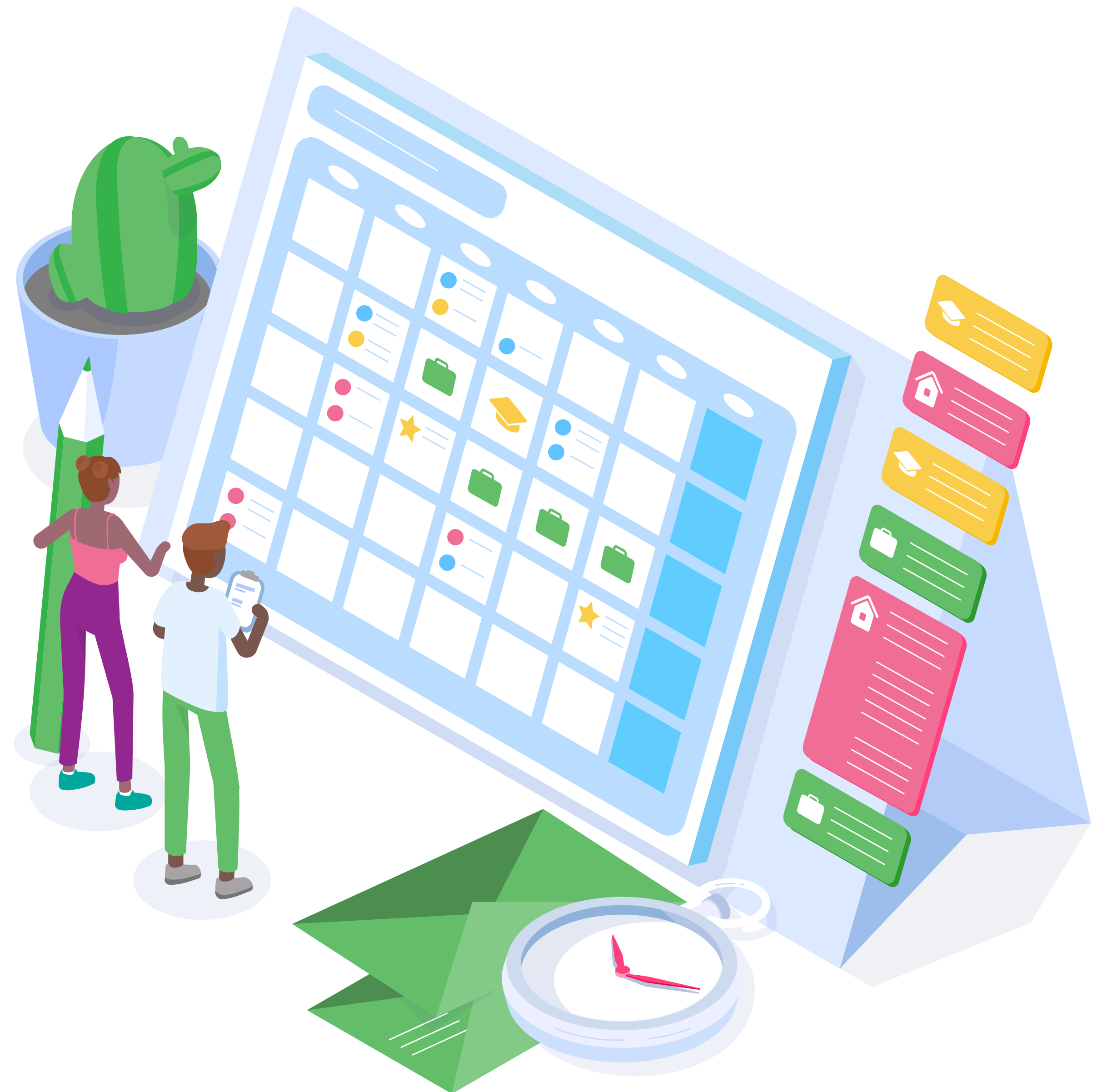
Hostile Environment

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

DATA AND TARGETS

As set out in the general findings section of this report collation of data which is broken down by different ethnic groups is important to understand and design interventions which meets the needs of the local community. The Commission noted good examples of some of this work around diabetes and vaccination. However, this is not widespread, and the Commission recommends that local health organisation must improve on this and collate data for all services to address health inequalities. This is consistent with the Public Beyond the data: Understanding the impact of COVID-19 on BAME group'.

Also as in the general findings section the Commission recommends that local NHS organisations set targets to improve diversity in their governance, and workforce management at all levels, while making it clear that "Black Faces in High Places" on its own is insufficient to eliminate structural racism. Every NHS organisation needs to profile its workforce at all grades and set targets about where they want to be in one year, three years, five years, and ten years.



5. EDUCATION AND EMPLOYMENT

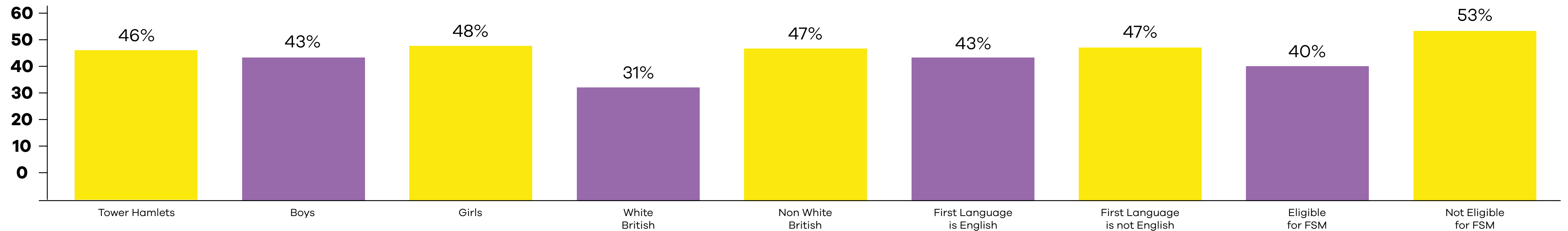
EDUCATION

Despite high levels of deprivation and inequality, many of the borough’s Black, Asian and Minority Ethnic students are achieving good qualifications at all key stages in primary and secondary education. The Commission heard from Swanlea School, where many students are high on the deprivation indicator and approximately 90% come from homes where English is not the first language. Despite these challenges, Swanlea’s Progress 8 scores are +0.84 which puts them in the top 120 schools in the country based on progress.

However, Black, Asian and Minority Ethnic students’ academic success is not translating into good employment. By ‘good employment’ we mean a position which recognises and uses the qualifications, knowledge and skills a person has developed. It is not acceptable to assume that as more people achieve good qualifications this will filter through into employment norms and practices. The problems are rooted deeper than this and are systemic. If it is left to ‘the passage of time’ there will be a generation of school leavers who are left without equitable support.

Attainment within schools is better for students from Non-White British backgrounds than for students from White British backgrounds and better for students whose first language is not English

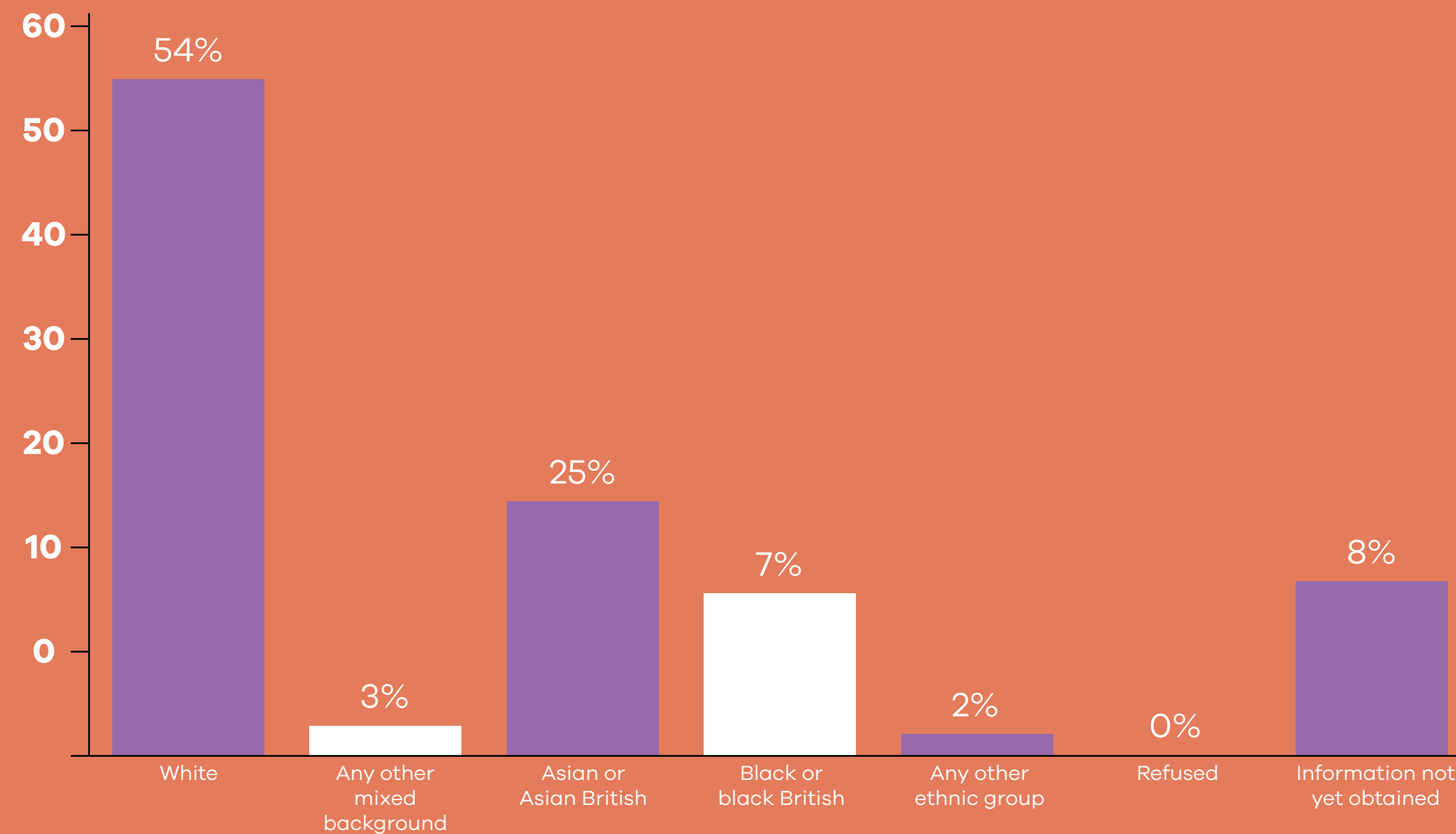
Key Stage 4 achieving strong pass 9 - 5 in English and Maths, 2019 (provisional)



KEY STATS

Whereas the large majority of pupils in Tower Hamlets schools are from Non-White backgrounds, over half of the teaching workforce are White.

Ethnicity of teachers in Tower Hamlets state funded schools as a percentage of total headcount, 2019/20:



- In 2018/19, 59.58% of young residents progressing to higher education were Bangladeshi, 15.94% were White, 9.7% were Black African and 4.62% were of Mixed ethnic origin.
- There was a sharp rise in higher education progression from young Bangladeshi residents between 2012/13 and 2015/16, but this has subsequently plateaued over the past four years.
- The proportion of young residents progressing to Russell Group institutions varied considerably. Whereas 60% of Chinese young people entering higher education went to a Russell Group institution, only 13% of Black Caribbean, 16% of Black African and no Black Other young people did so (the latter being a small sample size).
- 80% of graduating young Tower Hamlets residents of White ethnicity achieved a good degree in 2018/19 compared with 63.9% of Bangladeshi ethnicity, 70% of Black Caribbean ethnicity and 66.3% of Black African ethnicity.

AWARENESS RAISING AND PARENTAL BARRIERS

Many Black, Asian and Minority Ethnic young people face cultural and parental barriers that the majority of their White peers do not have to navigate. For some students, parents do not want their children to move far from home when they go to university. Often, young people act as the adult in the family, have care responsibilities or are the only member of their family capable of accessing services. Furthermore, for many first and second generation Black, Asian, Ethnic Minority parents, they have parochial ideas about employment pathways and only place value in high-end professions such as medicine, law, banking or engineering. The council and its partners need to consider how they manage expectations and broaden young people's, and their parent's, choices without damaging their aspirations.

One witness who provided evidence to the Commission recently graduated from university and gained employment. She described the battle between cultural values as a challenge which not only impacted her outlook on career choices but also inhibited her views and actions in the professional setting. Through her own cultural experiences, she was taught not to speak up and always respect her elders and this minimised her voice. Another witness suggested conversations with schools are needed to better educate children on pathways into jobs. For example, it was pointed out that construction is a huge recruitment area, but many Black, Asian and Minority Ethnic communities are not accessing these jobs.



RECOMMENDATION :

Awareness

Educate parents, carers and children and young people on the range of career options available

SOCIAL CAPITAL, CONFIDENCE & EXTRACURRICULAR ACTIVITY

Witnesses highlighted the importance of social capital, confidence and extracurricular development. Many young people from disadvantaged backgrounds experience a lack of confidence and feel like they do not fit in or have the same experiences or networks as their more advantaged peers. This was certainly conveyed by the recent graduate. She was low in confidence, felt insecurities from her background and did not have the work skills employers look for, such as how to construct an argument, public speaking, critical thinking and creativity. This insecurity was particularly pressing when she attended university and was surrounded by peers who came from different backgrounds to her and had access to more social capital. She felt 'a sense of imposter syndrome' and felt that university 'was not for her'.

It is important to promote and profile working class and Black, Asian and Minority Ethnic working-class leaders so they can signal to the rest of the population that it's ok to be who you are, and you can aspire to be a leader without having to code switch (adjust their style of speech, appearance, or behaviour, in order to improve their experience)

The lived experiences shared by recent graduates who met with the Commission was marked by the support and access they were given to greater social capital. The importance of connections, networks and informal connections was a similar and striking aspect in each of their journeys. One of the graduates participated in the East London Business Association (ELBA), Parity Project designed to support young Black men into work. It helped him to develop confidence and an understanding of how to act in a corporate setting. He developed a number of soft skills such as how to give a presentation, networking and relationship building skills. He was also given access to networks and organisations who presented him with employment opportunities in the finance sector which he would otherwise have found very difficult to access if left to navigate the employment landscape by himself.



Given the impact of limitations in social capital and confidence, the Commission was pleased to hear evidence from Swanlea School who described their work to build up students' soft skills and provide them with greater equity and social capital. Swanlea recognises that the curriculum is the starting point and the most powerful tool schools have to help drive social equality. This means students need a grounding in a diverse and high-level curriculum which doesn't compromise because they come from disadvantaged backgrounds. Students who are not able to stand up as credible academics and representatives of excellence in their subject area will be exposed when they get to university and this links back to issues of self-esteem and confidence.

However, Swanlea have also placed an emphasis on creating a personal development and extracurricular programme which other schools can learn from. They took a decision that focusing on exam qualifications and the academic route alone was not effective enough to support children to thrive and progress in employment. There was a need to integrate this with employability skills and strengthen children's social capital. They have focused on students' self-leadership, confidence and resilience. Swanlea noted that as students may not have access to the networks that more advantaged students have, schools need to be more entrepreneurial and help create these networks. Swanlea have recruited dedicated 'Aspire Coordinators' who source opportunities and networks for their students to access. Many organisations have a social responsibility to integrate and work with the community and schools need to utilise this.

"You need to know where you're from, to know where you're going."



RECOMMENDATION :	
Education Bursary Scheme	Building on existing bursary scheme the council works with local organisations to further develop this to support more Black, Asian and Minority Ethnic students from low income family to progress into higher education and professional qualifications.
Recommendation: Leadership Development	Explore opportunities for local employers to come together and work with QMUL to develop a programme which supports Black, Asian and Minority Ethnic people across different sector move into senior leadership positions.

EMPLOYMENT

- There is a difference of 27 percentage points between the Employment rate for White residents (81%) and the Employment rate for BAME residents (54%)
- The Employment rate for BAME women in Tower Hamlets is much lower than the employment rate of BAME women in London (38%- BAME women in Tower Hamlets, while 59% BAME women in London), leaving a gap of 21% points.
- The gender gap amongst the White population in the borough is far narrower than for BAME - 74%-White women vs 88% White men.
- In 2011, there were significant differences across different ethnic groups between the proportion of residents working in managerial, professional and associate professional occupations.
- Whereas, 65% of residents of White ethnicity who were in employment were in a professional or managerial occupation, this fell to 43% of Asian residents and 40% of Black residents.

The McGregor-Smith review¹² provides a clear roadmap for employers in the public and private sector to improve diversity within their organisations and ensure they offer a more equitable experience to their employees. The review calls for organisations to gather and publish better data, take accountability through aspirational targets and executive sponsorship, improve recruitment processes, improve supply chains, and raise awareness through unconscious bias training, mentoring and inclusive networks. The review also calls on the government to support organisations through legislative changes including the requirement to publish data i.e. ethnicity pay gap and work with Business in the Community and others to develop an online portal of best practice. It also calls for government to write to all institutional funds who have holdings in

FTSE companies and ask them for their policies on diversity and inclusion and how they ensure that the representation of Black, Asian and Minority Ethnic individuals is considered across the employee base of the companies where they hold investments.

In 2018, the Mayor of London launched the Workforce Integration Network. It is part of the Mayor's Strategy for Social Integration and aims to help employers tackle underrepresentation for different groups of Londoners. The Inclusive Employers Toolkit builds on this, providing practical guidance and encouraging employers to review their commitment to diversity, recruitment, retention and progression, and the diversity in their supply chain¹³. The toolkit specifically focuses on employers in construction and technology as these are two growth sectors of London's economy and will play a significant role in London's economic recovery from the COVID-19 pandemic. Black men make up 4% of young men in construction and 5% of young men in technology.

The Race at Work Survey provides insight into the barriers facing Black, Asian and Minority Ethnic employees and shows a clear need to mobilise organisations to act. The survey of 24,310 responses highlighted:

- 52% of Black, Asian and Minority Ethnic people felt they needed to leave their employer to progress.
- 70% felt progression is important to them
- 43% wanted to be fast-tracked however only 10% had been fast tracked
- 33% saw representation at the highest level within their organisation
- 38% felt their employer was comfortable talking about race and ethnicity and 22% were receiving help to talk about it
- 31% of Black employees wants a sponsor compared to 12% of White employees
- 33% of Black employees felt their ethnicity was a career blocker compared to 1% of White employees.
- 49% of Black employees felt they get credit for their work compared to 57% of White employees.
- 34% of Black people have to wait for more than three years to be promoted compared to 24% of other ethnicity groups.

¹² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/594336/race-in-workplace-mcgregor-smith-review.pdf

¹³ <https://www.london.gov.uk/what-we-do/workforce-integration-network-win/inclusive-employers-toolkit>

¹⁴ https://www.london.gov.uk/sites/default/files/voices_of_the_underrepresented_fa.pdf

¹⁵ <https://www.bitc.org.uk/wp-content/uploads/2020/10/bitc-report-race-raceatworkchartersurvey2020-Oct20.pdf>

EMPLOYERS AND CORPORATE SOCIAL RESPONSIBILITY

Large organisations must look inwardly and consider their internal structures and role in nurturing Black, Asian and Minority Ethnic young people into employment. Actions which focus on improving young people’s confidence, soft skills and social capital, place a higher burden on individuals. Whilst these are all important, without the systems issues being addressed first and the appropriate infrastructure put into place, efforts to increase the capacity of young people in education settings will not succeed as they will be met by the same barriers. The Race at Work survey illustrated the systemic blockages Black, Asian and Minority Ethnic employees feel. Progression was important to 70% of respondents however 52% felt like they needed to leave their organisation to progress.

Many young people in Tower Hamlets are left looking at Canary Wharf and City of London as two economic powerhouses that are beyond their reach. The council and its partners need to engage leaders in Canary Wharf and City of London and hold an honest conversation about what change is needed across the system to allow the required step change to take place. Large employers must consider how they can develop pipelines, structures and support to engage more young people in their workforce, and they must consider what they can do to accelerate the pace of change. There needs to be a systemic shift in the way organisations work. For example, the Canary Wharf Group has invested in redevelopment, housing and community projects but there has not been a structured conversation with all FTSE 100 companies in Canary Wharf to set out a Corporate Social Responsibility (CSR) programme, at a systemic level, which will draw in young people from Tower Hamlets into their workforce. These organisations have huge CSR portfolios and there needs to be a direct conversation between them and the council to identify what needs to happen to give young people access to these organisations.

There is significant value in developing a partnership between schools and organisations in Canary Wharf and City of London to bring them into classrooms. This needs to be a structured and creative programme and it must not be a short-term investment and period of engagement. This needs to ensure that once companies engage schools they stick with young people as they go through their education journeys and provide a pathway into employment.

“We need to shake up the internal structures of organisations”



RECOMMENDATION :

Engage Canary Wharf and City of London

The Tower Hamlets Partnership to engage leaders in Canary Wharf and City of London to consider what they can do to accelerate the pace of change and develop a systemic plan to ensure the required step change to increase the representation of Black, Asian and Ethnic Minority employees in senior positions within their organisations takes place.

ETHNICITY PAY DATA

The Commission reviewed the work the Bristol Race Equality Strategic Leaders Group¹⁶ who in taking forward the recommendations from the McGregor Review have looked at the race diversity of staff in public sector agencies across Bristol. They published reports which showed individual organisations and the collective race diversity of all public sector staff working in Bristol. This was compared to the population of Bristol to see how representative the public sector workforces are. The report includes:

- ethnicity of employees,
- differences in pay by ethnicity,
- sickness data by ethnicity,
- grievance and disciplinary by ethnicity.

In taking this work forward they have set up action groups made up of Directors and Senior HR leaders from the public sector organisations to look at the data findings. They'll work together to increase the diversity and improve the inclusion of staff across all organisations. The Commission expects as part of the Race Equality Pledge those organisations that are part of the Tower Hamlets Partnership Executive Group should commit to collectively publish workforce equality data with the first report published by the end of 2021.

"BAME people work twice as hard but that does not translate into senior positions in the workplace"



¹⁶ <https://www.bristol.gov.uk/policies-plans-strategies/bristol-race-equality-strategic-leaders-group>

RECOMMENDATION :

Representation

Tower Hamlets Partnership to collate and jointly publish disaggregated data, including pay gap and the ethnic profile of their senior leadership, and monitor progress in addressing race inequality amongst senior leadership.

DIVERSITY IN SCHOOLS

The Commission was fortunate to hold two focus groups with school governors and teachers from the borough. It was clear from these focus groups that significant progress has been made over the years to improve educational attainment of particularly Bangladeshi children in Tower Hamlets but like London there is an attainment gap in particular for Black boys and White British Children particularly those on free school meals. It was also noted through a range of local schemes there has been progress in recruiting Black, Asian and Minority Ethnic teachers across the borough's schools and some progress on school governors. It was clear from the focus groups that more needed to be done to recruit more school governors from the Black, Asian and Minority Ethnic communities and support them to progress including into chair positions. The Commission recommends that local school review their current governance members profile and set ambitious target to address this over the next few years. Schools need to also consider how they will support and empower new governors so they feel they can have an impact.

The focus group with schoolteachers highlighted the real issue of pervasive and insidious racism experienced by some teachers. All the teachers that joined the focus group did not reveal their identity despite some of them being in senior roles in their respective schools due to fear of repercussion on current job and future career aspirations. Across the board participants from the focus group highlighted their personal experiences of being overlooked for promotion in favour of less experienced and qualified white colleagues. They also presented data which showed a lack of diversity in senior roles within Tower Hamlets Schools. The Commission therefore recommends that schools need to look at how they can support more Black, Asian and Minority Ethnic Community teachers into senior leadership positions.

"Senior black scholars are few and far between"



RECOMMENDATION :

Diversity in Schools

Schools in Tower Hamlets deliver programmes to recruit more Black, Asian and Minority school governors and support them into senior positions. Schools also need to support more Black, Asian and Minority Ethnic teachers into leadership roles include Head and deputy head roles.

TESTING AND RECRUITMENT PROCESSES

Too many young people are unfamiliar with testing and the recruitment processes of employers. There is a significant class barrier when it comes to young people understanding the process and options available to them, and the intersectionality of class and ethnicity is apparent when looking at intentional or unintentional racial bias during the recruitment process. Well designed, carefully managed face-to-face assessments exhibit no discernible bias. Badly designed or managed face-to-face assessments can lead to blatant bias. Online methods of assessment, such as psychometric tests and application forms, are superficially fair but do in fact tend to indirectly disadvantage candidates from lower socioeconomic groups and Black, Asian and Minority Ethnic groups.

ELBA highlighted how many Black, Asian and Minority Ethnic young people are unaware of the time needed to apply for further education and employment opportunities such as apprenticeships, graduate programmes and fast track programmes. Individuals with ethnic sounding names need to send between 60-90% more applications than White candidates to get one response¹⁷. ELBA are working with young people to raise awareness about how much work is required to gain employment and are trying to increase their 'job search' capacity.

Research has shown that anonymised recruitment has increased the chances of Black Asian and Minority Ethnic people being recruited. The Commission was pleased to hear that the council is introducing a new applicant tracking system which will help to eliminate unconscious bias from the recruitment process. Organisations across the borough need to scrutinise each stage of their recruitment process and ensure that the opportunity for unconscious bias is removed and is fair at every level.

"People are more likely to employ people like themselves"



¹⁷ Di Stasio and Heath, 2019. *Are employers in Britain discriminating against ethnic minorities?* Summary of findings from the GEMM project. http://csi.nuff.ox.ac.uk/wp-content/uploads/2019/01/Are-employers-in-Britain-discriminating-against-ethnic-minorities_final.pdf

RECOMMENDATION :

Testing and Assessment	Local employers and employment support agencies work with Black, Asian and Minority Ethnic young people to better prepare them for testing and assessments.
Recruitment Processes	Organisations to review their recruitment processes to ensure they are well designed and removes any opportunity for bias.

INTERNAL CULTURE

Many witnesses highlighted the importance of improving the internal culture of organisations to enable people to bring their ‘whole self’ to work and not feel pressured into code switching. Increased levels of representation, aspirational targets, better collection of data and improved progression pipelines all serve as key mechanisms for change, however there will still be a significant number of Black, Asian and Minority Ethnic employees at lower levels whose experience will only be improved if the organisational culture takes a seismic shift.

Individuals need to feel comfortable to speak up if they experience bias or discrimination. The need for a safe internal space where open and honest discussions can take place about race is vital. The Race at Work survey revealed that 38% of Black, Asian and Minority Ethnic employees felt their employer was comfortable talking about race and ethnicity and only 22% were receiving help to talk about it. This was certainly felt in the Commission’s focus group with employees. Some felt that conversations surrounding racial inequality are still very much private and secretive discussions. Organisations remain afraid or unwilling to have an open dialogue in public and expose their faults. Many employees attending the focus group agreed that the discussion is taking place at the middle and lower levels in organisations rather than at the top level where it is most needed. Others commented that people are unsure of the correct language and need to get comfortable using the word ‘Black’ and ‘White’.

This links in with wider observations witnesses made about interventions needed to transform and improve the internal culture such as reverse mentoring, better complaints handling, unconscious bias training, and discussions about White privilege, code switching, recruitment processes. The Commission was informed that one of the key points to come out of the council’s Black Lives Matter ‘open door session’ was the importance of reverse mentoring to help understand the experiences Black, Asian and Minority Ethnic staff and the opportunities they have (or don’t have) within the organisation. The Commission noted that if the council, or any other organisation in the borough, is going to implement this in a meaningful way, it needs to be appropriately planned to appreciate the complexities of a junior officer providing guidance to a senior members of staff. Junior members of staff will need support to manage this relationship.

Similarly, open discussions around white privilege needs to be carefully managed but are a necessity to change behaviours. Many Black, Asian and Minority Ethnic people are tired of having to tell their story and feel the obligation is on them to raise awareness and deliver change. Their needs to be a reciprocal effort from senior white leaders. To develop allies and confront nuanced and structural racism, White people must understand that there are issues and topics they do not have to worry about, including racism. This must be a carefully constructed discussion which acknowledges that having white privilege is not racist, but you must be aware of how racism impacts other people and how we can ensure society is a fairer place. This discussion will be uncomfortable and must force people to consider how their actions maintain and support racist systems and structures (regardless of intent).

RECOMMENDATION :

Safe Space

Organisations commit to creating a culture which creates a safe space for open and honest conversations about race within their organisation.

Black, Asian and

Minority Ethnic

INEQUALITIES COMMISSION

In partnership with:



Health & Adults Scrutiny Sub-Committee 29 th April 2021	
Report of: Denise Radley, Corporate Director of Health, Adults and Community Services	Classification: Unrestricted
The integrated health and social care system: THT update and NEL developments	

Originating Officer(s)	Warwick Tomsett, Joint Director of Integrated Commissioning
Wards affected	All

Summary

The purpose of this report is to give an overview of the integrated health and social care system that now operates in Tower Hamlets, encompassing the North East London (NEL) CCG level, the Tower Hamlets, Newham and Waltham Forest (TNW) system level (previously known as WEL), and the borough level - the Tower Hamlets Together (THT) Partnership. The system has undergone some significant change recently, especially at the CCG and system levels, due to implementation of requirements set out in the NHS Long Term Plan.

The first part of this report will focus on the direction, achievements, and ambitions of the THT borough partnership, with the second part outlining the new structures that are now in place at the NEL and TNW levels.

Recommendations:

The Health & Adults Scrutiny Sub-Committee is recommended to:

1. To note the contents of this report and to provide any comments or feedback that committee members feel relevant.

1 REASONS FOR THE DECISIONS

- 1.1 The CCG and THT partnership are very keen to hear the Sub-Committee's views on both the structures for the NEL CCG and TNW system and the direction, achievements and ambitions of the THT borough partnership.

2 ALTERNATIVE OPTIONS

- 2.1 N/A

3 DETAILS OF THE REPORT

- 3.1 The full contents of the report are contained within the two presentations attached with this cover sheet. These are:
- 1) Tower Hamlets Together Report April 2021;
 - 2) A brief guide to the new North East London CCG.
- 3.2 The first presentation will relate to the borough level partnership, Tower Hamlets Together, and focus on:
- Delivery of our mission, vision and objectives
 - Partnership working and service integration
 - Putting patients and citizens at the heart of our work
 - Financial collaboration
- 3.3 The second presentation will relate to the new North East London (NEL) CCG, the arrangements now in place for the Tower Hamlets, Newham and Waltham Forest (TNW) system level, and developing the NEL ICS. This will focus on:

The North East London CCG:

- The governance structure
- The governing body
- The senior management team
- Primary care commissioning

TNW:

- TNW: why we work together across the three boroughs
- The TNW leadership team
- Governance forums: area committee, finance and performance sub-committee, TNW quality, safety and improvement sub-committee

Developing the North East London ICS:

- Principles of ICS development
- Key timetable for ICS development
- What this means for North East London
- Workstreams to develop the ICS during 2021-2022
- Next steps

4 EQUALITIES IMPLICATIONS

4.1 N/A

Linked Reports, Appendices and Background Documents

Linked Report

- Tower Hamlets Together Report April 2021.
- A brief guide to the new North East London CCG.

Appendices

- NONE

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

- NONE

Officer contact details for documents:

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Tower Hamlets Together Report

Health Overview and Scrutiny Committee - April 2021

Amy Gibbs, Independent Chair
Warwick Tomsett, Joint Director of Integrated Commissioning



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Focus of this report

1. Delivery of our mission, vision and objectives
2. Partnership working and service integration
3. Putting patients and citizens at the heart of our work
4. Financial collaboration



1. Delivery of our mission, vision and objectives

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What we want to achieve: our plan on a page

MISSION	VISION	OBJECTIVES	PRIORITIES FOR ACTION
<p>Transform people's health and lives in Tower Hamlets, reducing inequalities and reorganising services to match people's needs</p>	<ul style="list-style-type: none"> • 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 	<ol style="list-style-type: none"> 1. Transform health and tackle inequalities Achieve better health and wellbeing outcomes for all Tower Hamlets residents, as set out in the THT Outcomes Framework, shaped by local people 2. Improve quality of care Continue to strengthen service quality in line with national standards, local operational priorities and residents' views and needs 3. Commission and deliver high value services Commission resilient and sustainable services, tackling variation and waste, and ensure the Tower Hamlets pound is spent wisely 	<ol style="list-style-type: none"> 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

What we will deliver: Primary Health, Community Health and Social Care Interventions

We have identified 3 key building blocks which our interventions will be aligned to and seek to achieve, examples of which are shown below.

1. Building the resilience and wellbeing of our communities

- Further developing strength based approaches to social care, supporting people to connect to their community, access universal services and the community / voluntary sector
- Continuing to support people to access information and advice and social prescribing
- Developing one shared profile of the population, disease prevalence and social factors
- Ensuring that people with severe mental illness can access better care closer to home
- Delivering the Covid-19 Vaccination Programme across Tower Hamlets

2. Maintaining people's independence in the community

- Implementing care coordination and MDT working across the borough
- Further implementing a personalisation approach, including personal health budgets
- Implementing a new model of homecare with enhanced nursing support
- Ensuring medium-long term housing options are found for the homeless & rough sleepers
- Implementing 24/7 Primary Care Hubs as part of 'Help Us Help You' and a 24/7 crisis helpline
- Remote monitoring of adults and CYP with eating disorders

3. Reducing the time people need to stay in hospital

- Further embedding the Integrated discharge hub and discharge to assess culture
- Continuing to protect and support care and nursing homes
- Integrating rehabilitation and reablement services
- Improving long term condition management via greater use of technology
- Supporting rapid community/social care response, including same day care packages

What this means for our residents: our outcomes framework

The outcomes we are committed to delivering were developed in collaboration with staff and residents. Through the partnership we want to ensure our residents' experiences reflect the statements set out below across five distinct domains.

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

Delivering: our work programme and priorities for 2021

- Across the partnership we have over 40 interventions underway to deliver new or improved services that will work towards realising our vision and the outcomes we want to achieve for our residents

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Our lifecourse workstreams lead on delivering these interventions for their population groups, bringing together a wealth of partners to do so

- We also now have a dedicated Local Delivery Board that oversees and supports with the operational delivery of our programme of work

- Whilst we are committed to delivering all interventions, the following have been identified as our top priorities for this year:

- Delivering the Covid-19 vaccinations programme
- Implementing the MDT and Care Co-ordination model
- Embedding and improving our integrated discharge pathway
- Improving CYP mental health services and access
- Establishing a new model of Homecare
- Reviewing the ASD pathway
- Enhancing our EOL care offer



2. Partnership working and service integration

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Partnership working: what we have achieved

Working in partnership to achieve joint outcomes is THT's primary function and together the partnership has achieved outcomes that we are proud of and which have won or been nominated for national awards.

Asthma and Wheeze Project

- The Asthma and Wheeze Project was overseen by the Tower Hamlets Together workstream Born Well Growing Well.
- As a system, the primary and secondary drivers for admissions were mapped and the need to commission interventions that provided a clinical and non-clinical response was agreed.
From the interventions delivered, 92% of the children and young people involved have seen Asthma Control Test scores improve by an average of five points, highlighting a significant reduction in risk. In addition, non-elective admissions reduced by 22% and clinical metrics, as well as self-reported wellbeing, have improved while also reducing the cost of £142k minimum to the system.
- The project won the LGC award in 2020 and was nominated for a HSJ Value award in 2021.

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<https://vimeo.com/386820362>

First Borough helpline launched to help at-risk groups book Covid-19 vaccines

- Launched 2 February – first borough in London to set up a vaccine helpline, which was established very quickly when the need to support residents with queries relating to the Covid-19 vaccination programme became apparent.
- The team includes a number of different council teams (public health, integrated commissioning-CCG/LBTH, strategy and policy team, Idea Stores) and the GP Care Group working with the 38 GP practices across the borough.
- The helpline, staffed with call handlers who can speak community languages, works to ensure eligible residents, including those who are digitally excluded and vulnerable, all get Covid-19 vaccine appointments. The team have also worked with primary care to follow up with residents who have not booked in, to encourage them to do so. **The team receive more than 200 calls per day.**
- This has been a vital part of our approach to encouraging take up of the vaccine across the borough, and addressing hesitancy. It has also given useful insight into the issues and concerns that residents have had about the vaccine, which we have been able to use to plan more effectively. The fact that it was established so quickly and has been operating so consistently is invaluable, and other local authorities across NEL and London have looked at how we have done this so they can replicate.
- In the first 2 weeks of operation the helpline received over a 1000 incoming calls and the staff made **4,000 outgoing calls to residents in priority groups 1-4 to offer them an appointment..**



'Outstanding service and professionalism shown by the Covid helpline, when I called the service for assistance they patiently and thoroughly dealt with all of my queries and went above and beyond what I presume are the scope of a call handler's duties and subsequently completing my booking for a vaccination'

Resident feedback



Service integration: what we have achieved

Integrating our services to make them more effective and efficient at providing improved patient outcomes is a key element of THT's role, with notable progress achieved so far.

The Integrated Discharge Hub

- The IDH is a multi-disciplinary team established from ELFT's Admissions Avoidance Discharge Service, LBTH Hospital Social Work Team, ELFT Continuing Healthcare Team and LBTH Reablement and Brokerage. The team are responsible for all hospital discharges from the Royal London Hospital, including non-Tower Hamlets patients. At the height of the first Covid wave, between March – May 2020, over 300 patients were referred, with just over 50% of these Tower Hamlets residents. Of these, 90% of patients were successfully discharged home, with 10% discharged to nursing and residential homes, supported accommodation, and newly commissioned step-down facilities. 25% of patients were discharged the same day, and over 50% within 1 day.
- This rapid pathway has improved recovery for patients assessed in the familiar environment of their home, with data showing 66% of people requiring either reduced or no care packages on discharge.

"I was not in hospital for long which was good, I don't like going and staying in hospital"

"Feel more relaxed"

"Good level of communication"

"It was much quicker and efficient"

(Recent patient feedback)

Supporting Older People's Care Homes during Covid-19

The THT partnership, in conjunction with the commitment, engagement and proactivity of the homes in the borough, have worked jointly and rapidly to respond to the changing demands and pressures presented by Covid-19.

Daily "situation reports" (SITREP)

Care homes have been contacted each working day (from 24 March 2020) by a member of the Integrated Commissioning team.

Care Homes Service Operating Plan

Key resource for care home staff, updated regularly by the Bronze Group, advising of the actions to take to prevent and manage outbreaks.

Care Homes Bronze Group

Part of the borough's pandemic governance structure, the group has been meeting on a weekly or fortnightly basis since 27 April 2020.

Care Homes Provider Forum

Weekly group, with the care homes and THT partnership in attendance. Collectively, all have worked together to share experiences.

Enhanced GP service

Weekly "check in" to review patients identified as a clinical priority for assessment and care, in-hours urgent response where GP support is available within two hours of a request being made.

Multidisciplinary team (MDT) support

Weekly MDTs include GPs, community health services staff, community geriatricians, mental health and medicines management specialists.

Each care home has a designated community health services clinical lead, which complements the primary care offer.

CHS teams delivered 15 virtual training sessions in the care homes on a number of issues, such as identifying and managing pressure ulcers and continence care. Care home staff have now started to undertake these tasks themselves, in place of District Nurses, thus reducing foot fall and the risk of infection.

Service integration: what we are working towards

- A new integrated information and advice offer across health & social care which will bring together health, welfare and social care information and advice provision under a single offer. This will provide early help to residents and adult carers through up-to-date content on a digital portal and telephone-based triage/information service that will function as the adult social care front door, supported by outreach in the community;
- Further embedding home care into locality-based health and social care arrangements. In particular, looking into opportunities for home care to be part of shared assessments and care planning arrangements, as well as considering alternative workforce models, such that roles and responsibilities across the services are better defined and co-ordinated;
- Further integrating the LBTH Reablement and NHS rehabilitation services so there is a clear offer for both short-term and long term support for residents within the borough, with health and social care staff working side-by-side in single teams;
- Brand new primary care network mental health teams will be established to provide wraparound support for people with varying levels of need, including those with longer-term and complex requirements; and will be tailored to meet the needs of local populations.

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3. Putting patients and service users at the heart of our work

Our plan for putting service users at the heart of our work

- We ensure residents' voices are heard via representation at Boards, engagement with existing advisory groups, people stories, events, focus groups and public questions at meetings.
- We have a Stakeholder and Engagement Plan, which articulates our approach to engagement and co-production and uses the strengths of existing forums across the partners to develop an overarching space to connect all the good work that happens across the borough. This is spearheaded by a lay member sitting on the exec board who now has a wider remit and stronger mandate, with support from the Independent Chair (also a lay member).
- The Plan is supported by a separate enabler workstream, which is led by our Engagement Manager. There is also a fund of £50,000 for non-staff costs, which is used to develop case studies and engagement materials in support of health and social care integration.
- We have developed a reward and recognition policy to recompense service users/carers and voluntary and community sector organisations to demonstrate the value that THT places on their input and to ensure that any recompense is consistently applied across THT led projects.

Co-production with our service users

We strive to co-produce services with our service users wherever we can and to utilise their lived experience to ensure we really do improve outcomes. A recent example of this has been our Digital Inclusion workstream.

THT Digital Inclusion workstream

- The THT engagement group, made up of partners from the Local Authority, NHS and the Voluntary sector, identified during the pandemic that the digital divide was growing as more services were moving online. It was agreed to run a series of pilot projects coordinated through THCVS to test out solutions that could potentially be scaled up to address the issues.

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How we worked with our service users

- Insights were gathered from residents by Healthwatch, REAL, St Josephs compassionate neighbours, Providence Row, Create Day Centre and other VCS organisations
- Community commissioning panel members were involved in designing the projects and giving feedback to the GP Care group on their experiences of accessing health care via online consultations
- Service users were involved in designing the Personalisation action plans and will be involved in the review of their plans
- Residents gave feedback to the Health and Wellbeing board on their experiences of being digitally excluded and how the programme supported them to be able to access support

Listening and acting on our service user's feedback

At every THT Executive Board, we invite a service user to give their story and reflect and act on what we can do as a partnership to address any issues or concerns raised. Recent examples of this have included:

- Two SEND parent ambassadors who spoke with passion about their voluntary work and the major challenges families raise with them, including barriers to approaching professionals and lengthy delays in getting Education, Health and Care Plans. In response, the Board committed to helping the SEND parent ambassadors to raise the profile of their work with health professionals, and they have already been invited to attend the GPCG quarterly forum to do this. In addition, the Council is looking into the wider performance of EHCPs as a strategic issue.
- A dental patient who has been left with no further support midway through his treatment, due to the covid-19 restrictions on dentistry, with serious consequences. In response, the Board will hold a deep dive session on this critical topic soon and drive greater engagement with local dentists and to improve connections across the system.
- In addition, THT is working closely with Healthwatch to use their rich analysis of community insights into people's experience of health and care services to further integrate and embed patient voice into our ways of working. This data will be made readily available to clinical teams and Healthwatch will provide community insights for the THT Board linked to the user voice theme each month.

Championing inclusion and anti-racism

Inclusion and anti-racism is a major priority for the THT Exec Board, from leadership and governance through to frontline practice, and we know we have much more work to do - recent discussions have focussed for example on vaccines, trauma-informed care and workforce in relation to our different ethnic communities. Actions we are currently undertaking include:

- The Board has committed to undergo anti-racism training provided by the equality charity brap to support us on our journey, facilitating four sessions to guide and challenge us as individual and collective system leaders. This work will be further strengthened by the revamped Associate Lay Member for Patient and Public Engagement, whose remit now includes equality and diversity, sustainability and social value.
- Our THT Workforce and OD strategy, which we signed off in March, sets out a number of concrete actions we will take to increase the equality and diversity of our workforce at all levels which will be overseen by our Workforce and OD enabler group.
- We have held engagement sessions with community organisations, such as Coffee Afrik CIC, a local Somali social enterprise founded and led by people with lived experience, to connect with our community's feelings on inequality and inclusion and to ensure our actions are aligned with their expectations, and this has already led to follow up meetings with partners on implementing practical next steps.
- We have enthusiastically received the health-related recommendations from the Council's recent Black, Asian and Minority Ethnic Commission, and are committed to implementing these.



4. Financial collaboration



Financial collaboration through THT

- Our financial situation and outlook remains challenging, and has been impacted heavily by the requirement for additional spending to combat Covid-19. It is therefore vital that we work closely together as a partnership to make best use of our resources.
- Every quarter, the CCG and Council jointly present a financial system overview to the Executive Board, with partner organisations also updating on their respective positions. This facilitates discussions and awareness raising of pressures and savings proposals so that all partners are aware and can act accordingly.
- Across the partnership, we currently have a commissioning budget for health and social care services of approximately £760 million, with our forecast spend set to exceed the budget available by £6m.

Financial collaboration: The Better Care Fund

- Since 2017, shared resources through the Better Care Fund and Improved Better Care Fund have been used to enable significant improvements in integration.
- The BCF is essentially core funding, but delivers against our THT priorities.
- Last year, our BCF Plan had a pooled annual resource of £53.78m and delivery highlights included:
 - Developing joint funding of ‘early help for adults’ services such as Linkage Plus and a new integrated information and advice offer;
 - Improving the performance of the Reablement service (measured as the proportion of older people, 65+ who were still at home 91 days after discharge from hospital into reablement/rehabilitation services) with rates increasing from 70.35% in 2017/18 to 87.18% last year. The CQC has also rated the service ‘Good’;
 - Embedding a ‘Home First’ culture and working to review the residential admissions process, which has seen the number of residents aged 65+ placed in homes fall year on year from 91 in 2018/18 to 87 last year, putting Tower Hamlets ahead of target.
- We are currently developing a new BCF plan for 21/22 and opportunities for further aligned budgets.

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North East London
Clinical Commissioning Group

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A brief guide to the new North East London CCG

April 2021

Tower Hamlets, Newham
and Waltham Forest

Content

#	Subject	Items
1	North East London CCG	<ul style="list-style-type: none">• In brief• The governance structure• The governing body• The senior management team• Primary care commissioning
2	TNW within North East London CCG	<ul style="list-style-type: none">• TNW: why we work together across the three boroughs• The TNW leadership team• Governance forums: area committee, finance and performance sub-committee, TNW quality, safety and improvement sub-committee• Additional information

In brief

- NHS North East London CCG was formed on 1 April 2021 following the merger into a single organisation of its seven legacy CCGs: City and Hackney, Tower Hamlets, Newham, Waltham Forest, Barking and Dagenham, Havering, and Redbridge.
- A majority of GP member practices in each of the legacy CCGs supported the merger in a vote in October 2020.
- The merger reflects national policy for the streamlining of NHS commissioning in a way that supports the NHS to tackle its biggest strategic issues and to drive up the quality and equity of provision.
- NHS North East London CCG is the local statutory NHS commissioner for the two million people living in the seven boroughs
- It is a member organisation of the North East London integrated care system, alongside councils, NHS trusts, primary care networks, and community partners from across the patch.
- NHS North East London CCG is expected to be a transitional organisation: depending on legislation expected in the summer of 2021, its functions will be folded into the North East London integrated care system when that partnership becomes a statutory organisation from 1 April 2022.

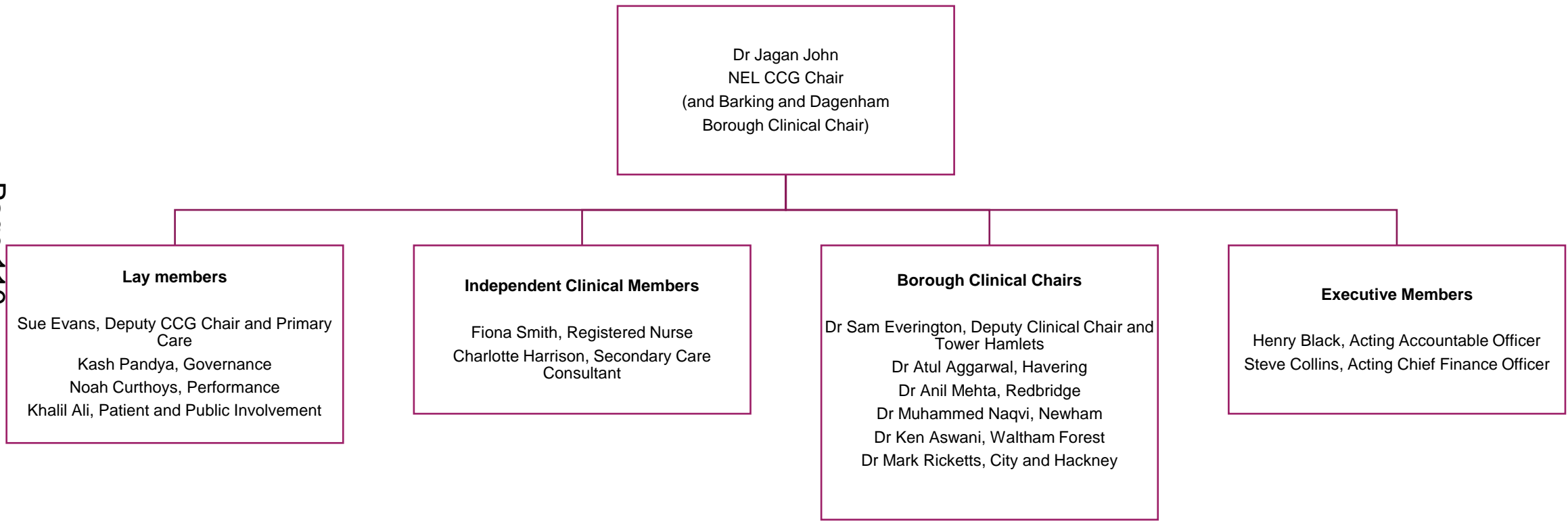
The NEL CCG governance structure



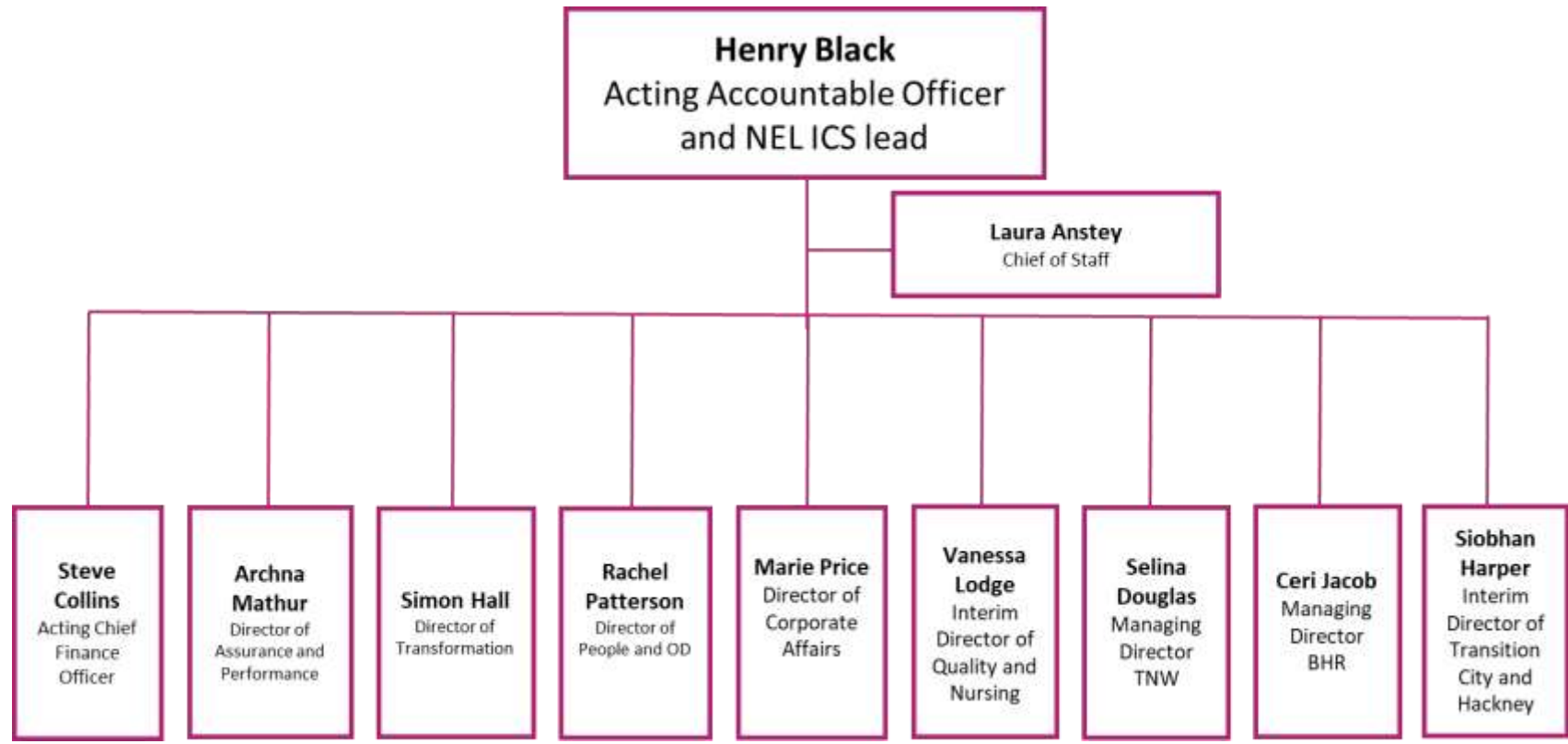
The CCG also has seven GP members' committees where the GP members meet with their borough chair and can exercise their rights as set out in the CCG's constitution.

The NEL CCG governing body

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The NEL CCG senior management team



TNW: why the NHS works together across the three boroughs

- NHS England requires the seven boroughs of North East London to work together on improving the health and wellbeing of our two million residents. It also requires partners in each individual borough also work closely together, focussed on local needs and circumstances.
- Within NEL, groups of boroughs also work together between these two levels: TNW, BHR, and City and Hackney.
- These groups of boroughs, also known as integrated care partnerships, are designed to act as a **bridge** between the strategic role of NEL-wide work and the concentrated local relationships delivering transformation in each borough.
- This approach **compliments the strengths of the other two layers** and **mitigates their limitations** – for example, the ability of NEL-wide work to deliver bespoke pathways appropriate to multiple different communities and the ability of place-based partnerships to work together at a sub-NEL scale where more localised collaboration is appropriate.
- Some of the key benefits are:

- co-ordinated programmes of work that **recognise the specific needs of our natural sub-systems**, often based around the acute trust footprints. These programmes are driven by **local interactions between hospitals and primary and community care**, for example on outpatients transformation and long-term conditions management;

- a more meaningful and nimble scale on which to share and act on learning across boroughs with similar populations and challenges;

- collaborative forums to **resolve wicked issues applicable across several boroughs** but not the whole ICS – meaning a quicker and more agile response; and

- **leaner and more efficient** deployment of senior clinical and executive leadership across groups of boroughs.



TNW: part of NEL CCG as well as a broader partnership

- TNW is both a part of the new NEL CCG and an integrated care partnership that brings together organisations from across the three boroughs as part of the North East London Health and Care Partnership.

TNW within NEL CCG

- As part of NEL CCG, TNW is led by the Joint Management Team which in turn is supported by the Senior Leadership Group
- There is a TNW Area Committee, which holds delegated responsibilities from the NEL CCG governing body relevant to the three boroughs
- There are also two sub-committees:
 - Finance and performance sub-committee
 - Quality, safety and improvement sub-committee
- Each borough has a members' forum:
 - Tower Hamlets Borough Members' Forum
 - Newham Borough Members' Forum
 - Waltham Forest Borough Members' Forum

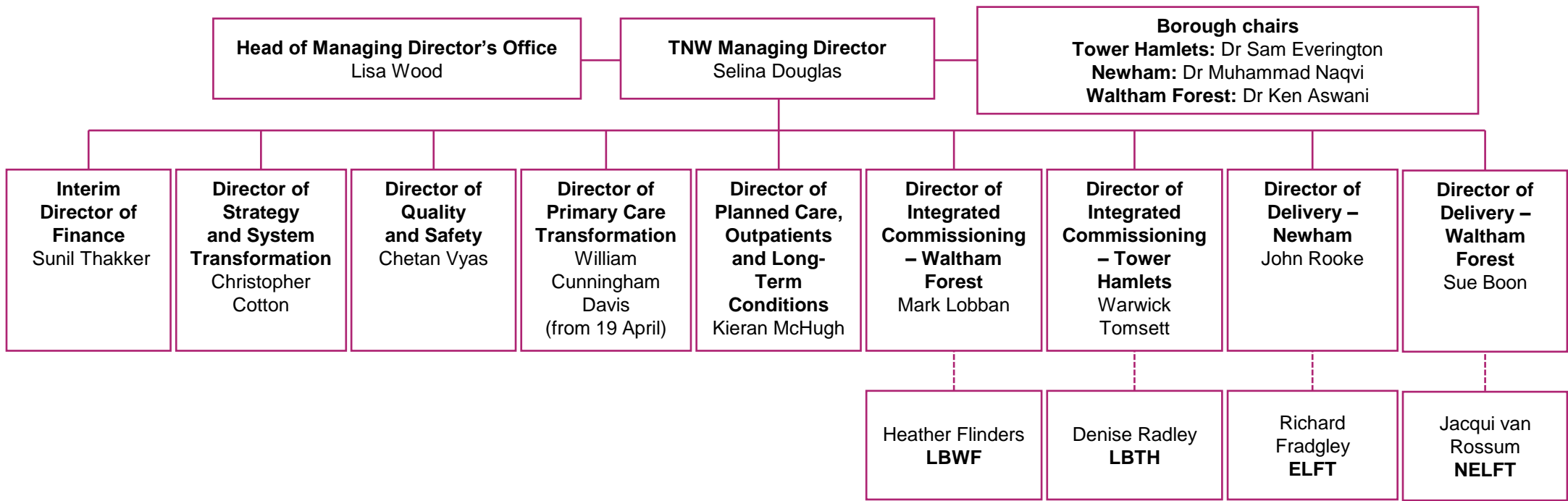
TNW as a partnership within NEL HCP

- Each borough also has its own partnership arrangements:
 - Tower Hamlets Together
 - Newham Executive Group
 - Waltham Forest Integrated Care Board
- Additionally, as an integrated care partnership, organisations work together across the patch through the TNW Delivery Group, which is now being developed into a broader partnership board
- There are also multiple improvement and transformation programmes to which all partners contribute, within and across the three boroughs

The TNW leadership team

- The **Joint Management Team (JMT)** leads TNW in the delivery of the statutory responsibilities delegated to the TNW Area Committee by the NEL CCG governing body.

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CCG governance within TNW

Area committee

Purpose

- To enable the CCG to take decisions on its delegated functions for the TNW area
- It is a committee of the North East London CCG Governing Body

Key functions

- Commissioning strategy
- Population health management
- Market management
- Financial and contract management
- Monitoring performance
- Stakeholder engagement and management

Finance and performance sub-committee

Purpose

- To support the management of budgets and improvement of performance within TNW
- It is accountable to the NEL CCG Finance and performance committee and reports into this committee and the Area committee

Key functions

- To gain assurance on the robustness of financial plans and delivery of services within delegated budgets
- To gain assurance on the financial and contractual performance of TNW providers
- To make recommendations to the TNW Area committee on areas of additional spend, including areas of transformation and development of health population initiatives

Quality, safety, and improvement sub-committee

Purpose

- To exercise the statutory quality, safety, and safeguarding delegated functions within TNW
- It is accountable to the NEL CCG Quality committee and reports into this committee and the Area committee

Key functions

- To provide assurance around quality and safety and safeguarding matters across TNW, focussed on quality planning, quality surveillance, and quality assurance
- To make recommendations to the TNW Area Committee on quality assurance and quality improvement matters
- Through a part two meeting, to focus on driving quality improvement initiatives with partners across TNW, focussing on pathways and systems

Additional information

- The merger of the CCGs does not itself materially impact how NHS commissioning interacts with local government:
 - borough-based integrated commissioning teams – team members employed by the NHS have become employees of the new single CCG but accountability and management arrangements have not changed
 - accountability to health and wellbeing boards – the new CCG continues to be accountable to health and wellbeing boards in each borough and the management teams will continue to engage with both the board and scrutiny committee in each borough
 - council members' and officers' most senior point of contact in TNW will continue to be Selina Douglas, as the CCG's managing director across the three boroughs
- The borough partnerships continue to be critical elements of the developing North East London integrated care system and the CCG is committed to supported their continued development and impact.

Developing the NEL ICS

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Overview of National policy for Integrated Care Systems and what this means for NEL

April 2021

For more information, please contact:

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Principles of ICS development



Key expectations (subject to relevant legislation) are:

- There will be **one statutory ICS NHS body** and **one statutory ICS health and care partnership per ICS** from **April 2022**.
- **CCG functions will be subsumed into the ICS NHS body** and some NHS England and Improvement direct commissioning functions will be transferred or delegated to ICSs.
- **Staff below board level who are directly affected will have an employment commitment and local NHS administrative running costs will not be cut as a consequence of the organisational changes.**
- Through **strong place-based partnerships**, NHS organisations will continue to forge deep relationships with local government and communities to join up health and social care and tackle the wider social and economic determinants of health. **Joint working with local government will be further supported by the health and care partnership at ICS level.**
- The **development of primary and community services and implementation of population health management will be led at place level**, with **Primary Care Networks as the building blocks of local healthcare integration.**
- **Every acute (non-specialist) and mental health NHS trust and FT will be part of at least one provider collaborative**, allowing them to integrate services appropriately with local partners at place and to strengthen the resilience, efficiency and quality of services delivered at-scale, including across multiple ICSs.
- **Clinical and professional leadership will be enhanced**, connecting the primary care voice that has been a strong feature of PCNs and CCGs, to clinical and professional leadership from community, acute and mental health providers, public health and social care teams.

Key timetable – ICS development

<p>By end Q1 Update SDPs and confirm proposed boundaries, constituent partner organisations and place-based arrangements.</p>
<p>By end Q2 Confirm designate appointments to ICS chair and chief executive positions (following the second reading of the Bill and in line with senior appointments guidance to be issued by NHSEI). Confirm proposed governance arrangements for health and care partnership and NHS ICS body.</p>
<p>By end Q3 Confirm designate appointments to other ICS NHS body executive leadership roles, including place-level leaders, and non-executive roles.</p>
<p>By end Q4 Confirm designate appointments to any remaining senior ICS roles. Complete due diligence and preparations for staff and property (assets and liabilities) transfers from CCGs to new ICS bodies. Submit ICS NHS body Constitution for approval and agree “MOU” with NHS England and NHS Improvement</p>
<p>1 April Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place.</p>

What this means for North east London

- These proposals are broadly in line with our direction of travel. We have a strong history of partnership working in NEL and our collective response to the Covid-19 pandemic, across health and care has demonstrated the strength of this approach
- We have established strong borough based working and integrated care partnership working across boroughs where it makes sense and place based working will be at the core of our ICS and the proposed legislation supports us to continue to do this
- We have also already been establishing strong provider collaboratives between our acute providers and we have a community based out of hospital collaborative which brings together mental and community health services, as well as a reducing health inequalities collaborative and a primary care collaborative to and these form a key part of our ICS approach
- In April 2021 our seven CCGs became one single CCG for NEL, we have entered a development phase between April and September, establishing our ICS board arrangements and reviewing our clinical leadership and focusing on reducing health inequalities. We are expecting further guidance and will continue to work with our partners to shape the emerging governance structures and priorities
- We anticipate that we will move into formal shadow arrangements in October 2021.

A locally focused approach

- The borough based partnerships are the building block of local decision-making and will each have a local partnership board.
- Where there is benefit in working across larger footprints, especially around transformation of acute pathways, our Integrated Care Partnerships bring all partners together to improve services.
- The vast majority of responsibility will be delegated down from the ICS but the ICS will maintain some functions where it is appropriate to operate at scale.

People at the heart of everything we do

We are committed to:

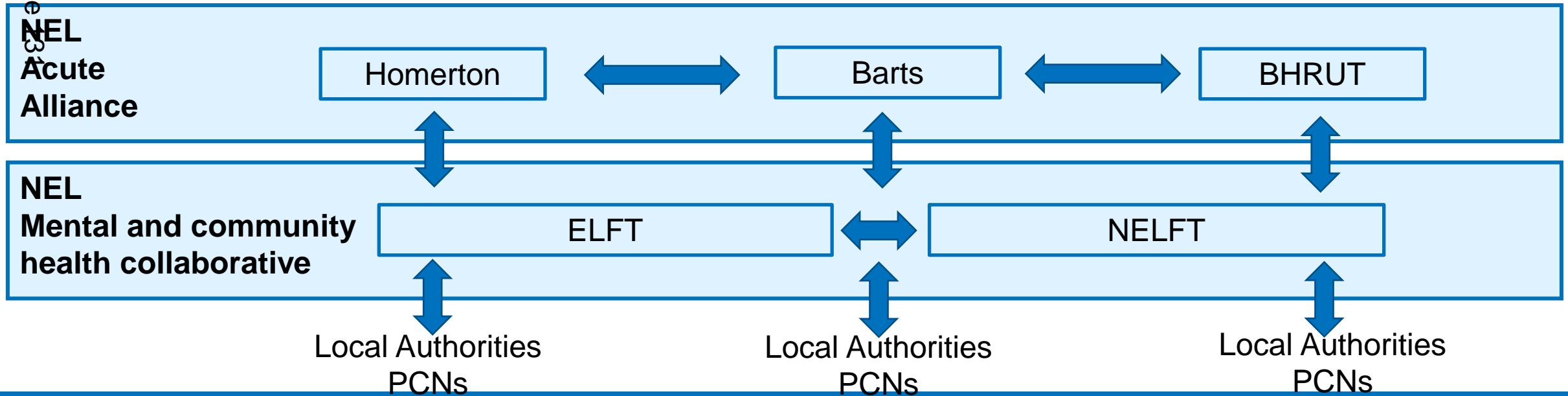
- Exploring opportunities for co-design and co-production
- Establishing an oversight group of experts to support change programmes
- Looking at how we can involve local people with lived experience in the transformation of health and care services
- Involving community and voluntary services and look at how we involve and inform critical friends
- Where significant change is required, a public consultation process would ensure further engagement opportunities for local people.

Provider collaboration

NHS provider trusts will be expected to be part of provider collaboratives, in order to:

- deliver relevant programmes on behalf of all system partners;
- agree proposals developed by clinical and operational networks, and implement resulting changes (from standard operating procedures to wider service reconfigurations);
- challenge and hold each other to account through agreed systems, processes and ways of working, e.g. an open-book approach to finances/planning;
- enact mutual aid arrangements to enhance resilience, for example by collectively managing waiting lists across the system.

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Workstreams to Develop the ICS during 2021-2022



North East London
Health & Care
Partnership

ICS Infrastructure

Governance

Develop light touch governance to make the ICS work smoothly and efficiently whilst maximizing engagement.

Ensuring that the transitional arrangements can evolve into the new statutory arrangements seamlessly.

Local systems

Implement Borough and local partnership based integrated care arrangements including developing the integrated Primary Care Networks.

Provider development

Developing provider alliances across Acute, Mental Health, community and primary care providers.

Operating Model

Create a new financial framework and allocation system.

Create an accountability framework for a self-improving system that shows how the system and constituent partners are delivering against their key outcomes and moves us from an organisational view of quality and performance to a system and patient focused view.

Creating a new outcomes framework and building an integrated planning system.

Business Intelligence and Population Health Management

Build an effective, integrated approach to Business Intelligence (BI) and Population Health Management (PHM) to support the planning, delivery and performance management of the ICS.

Delivery enablers

Strategy

Building on the work to create the LTP and the focus on recovery from Covid-19 the NEL Strategy Directors group are pulling together a strategic framework for the ICS to help shape our priorities.

People

Implement the NEL People Plan focusing on improving morale, flexible working, equality of opportunity, with a particular focus on the impact Covid-19 has had.

System and Organisational Development

Focus on improving leadership, clinical culture and sustainability, particularly in outer NEL.

Develop system and organisational development plans to foster new ways of working and roles and responsibilities.

Estates

Create an integrated Estates capacity across organisations to deliver the Estates Strategy.

Digital

Roll out digital transformation across NEL.

Communication and engagement

Bring together communication and engagement leads across NEL to create consistent messages and increase patient and public participation by involving local people in every aspect of the ICS's work.

Next steps

- ICS Executive to begin to meet to shape the ICS development.
- An ICS steering group and delivery group are being established to drive through the programmes of work.
- ICS Chair to continue to engage with Local Authority leaders on how the overarching governance will develop as we move towards shadow form in October 2021.
- Each workstream lead to lay out their key deliverables and programme of work for the next few months, to be signed off by the ICS Exec.
- Workstream leads to engage with stakeholders to ensure an effective balance of wide-ranging engagement and input, with a action focused task and finish approach.
- A light touch reporting framework is being put in place to track progress and provide assurance. Monthly progress reports will be produced for the ICS Exec and constituent bodies.
- We do not intend to close down on the governance too quickly as we await the conclusions of national consultation.
- Consistent Communication and Engagement material is critical to ensuring wider stakeholder involvement.
- There is an ongoing need for extensive OD, with an early start being built in to support leadership development and the workstreams.
- There is a close link between this work and the implementation of the wider planning guidance.

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