

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD**

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

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

**Members Present:**

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

**Co-opted Members Present:**

Vicky Clark	– Divisional Director for Growth and Economic Development
Chris Banks	– Chief Executive, Tower Hamlets GP Care Group CIC
Peter Okali	– Tower Hamlets Council for Voluntary Service
Dr Paul Gilluley	– Chief Medical Officer – East London NHS Foundation Trust
Jackie Sullivan	– Managing Director of Royal London Site, Barts Health
Helen Wilson	– Clarion Housing/THHF - representative to HWBB
Marcus Barnett	– Metropolitans Police Service
Steve Collins	– Executive Director of Finance, WEL CCG's
Councillor Gabriela Salva Macallan	– Health & Adults Scrutiny Sub-Committee (Chair)

**Apologies:**

Councillor Asma Begum	– (Deputy Mayor and Cabinet Member for Children, Youth Services and Education)
Councillor Candida Ronald	– (Cabinet Member for Resources and

Dr Ian Basnett – the Voluntary Sector)  
(Public Health Director, Barts Health  
NHS Trust)

**Others in Attendance:**

David Knight – (Democratic Services Officer,  
Committees, Governance)  
Heena Patel – (Tower Hamlets Resident)  
Jamal Uddin – (Strategy Policy & Performance  
Officer)

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

**1. STANDING ITEMS OF BUSINESS**

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

The Chair:

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

**1.2 Declarations of Disclosable Pecuniary Interests**

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

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

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

**RESOLVED**

That the unrestricted minutes of the meeting of the Board held on 6<sup>th</sup> April, 2021 be agreed subject to formal ratification at the next Board meeting (**Appendix 1 Refers**).

#### 1.4 Chairs Update

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

The Board noted that:

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

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

The Board noted the following critical issues that:

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

## 1.5 Home Care Transformation and Re-procurement

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

The Board:

- ❖ **Noted** that the adult social care system could not survive without the contribution of paid and unpaid carers who provide vital support for

thousands of people every day and preventing people having to go into primary care.

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

The Chair Moved and it was: -

**RESOLVED**

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

## 1.6 SEND Improvement Plan

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

The Board:

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

around areas of work which are ‘in development’ and would benefit from a more joined up approach; and (iii) support partners to deliver key messages to wider staff and colleagues about their role in delivering the best possible services and outcomes for children and young people with SEND.

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

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

## 1.7 Health and Wellbeing Story

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

The Board:

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

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

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

## 2. LOCAL ENGAGEMENT BOARD

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

The Board:



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

particularly among the younger generation definitely needs a different approach.

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

### **3. ANY OTHER BUSINESS**

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

**The meeting ended at 7.23 p.m.**

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

# Appendix One

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**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD**

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

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

**Members Present:**

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

**Co-opted Members Present:**

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

**Apologies:**

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

**Others Present:**

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

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

## 1. STANDING ITEMS OF BUSINESS

### 1.1 Welcome, Introductions and Apologies for Absence

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

### 1.2 Declarations of Disclosable Pecuniary Interests

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

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

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

#### **RESOLVED**

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

### 1.4 Chairs Update

The Chair:

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

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

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

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

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

The Board

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

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



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

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

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

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

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

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

### **3. PRIMARY CARE ACCESS AND PATIENT EXPERIENCE EXPLAINED**

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

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

The Board:

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

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

### **Recommendations:**

The Health and Wellbeing Board **agreed:**

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

## **4. SEND IMPROVEMENT PLAN**

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

The Board:

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

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

## 5. COVID 19 AND VACCINATION UPDATE

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

The Board noted

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

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

## **6. ANY OTHER BUSINESS**

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

**The meeting ended at 7.03 p.m.**

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

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