TOWER HAMLETS HEALTH AND WELLBEING BOARD

Tuesday, 2 November 2021 at 5.00 p.m. Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

Due to ongoing Covid-19 restrictions, the press and public are encouraged to watch the meeting remotely through the https://towerhamlets.public-i.tv/core/portal/home site

Members:	**Representing**
Chair: Councillor Rachel Blake	(Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing)
Vice-Chair: Dr Sam Everington	NEL Clinical Commissioning Group
Councillor Asma Begum	(Deputy Mayor and Cabinet Member for Children, Youth Services and Education)
Councillor Danny Hassell	Cabinet Member for Housing
Councillor Candida Ronald	Cabinet Member for Resources and the Voluntary Sector
Councillor Denise Jones	Mayor's Advisor for Older People
Gail Arnold	NEL Clinical Commissioning Group
Dr Somen Banerjee	Director of Public Health, LBTH
James Thomas	(Corporate Director, Children and Culture)
Christopher Cotton	North East London CCG
Denise Radley	Corporate Director Health, Adults and Community
Randal Smith	Healthwatch Tower Hamlets
Fran Pearson	Safeguarding Adults Board Chair LBTH
Councillor Gabriela Salva Macallan	Chair of Health & Adults Scrutiny Committee
Amy Gibbs	Chair of Tower Hamlets Together
Councillor Andrew Wood	(Independent Member of the Conservative Group)
Co-opted Members	
Chris Banks	Chief Executive, Tower Hamlets GP Care Group CIC
Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Peter Okali	CEO of Tower Hamlets Council for Voluntary Service (THCVS)
Dr Paul Gilluley	East London and the NHS Foundation Trust
Jackie Sullivan	Chief Executive Officer Royal London & Mile End Hospitals
Marcus Barnett	Detective Chief Superintendent - BCU Commander
Richard Tapp	Borough Commander - London Fire Brigade

The quorum of the Board is a quarter of the membership including at least one Elected Member of the Council and one representative from the NEL Clinical Commissioning Group

Questions
Before the formal business of the Board is considered, up to 15 minutes are available for public questions on any items of business on the agenda. Please send questions to the Officer below by **5pm the day before the meeting**.

Contact for further enquiries:
David Knight
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG
E:mail: David.knight@towerhamlets.gov.uk
Web: http://www.towerhamlets.gov.uk/committee

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Role of the Tower Hamlets Health and Wellbeing Board.

- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.
- To prepare the Joint Health and Wellbeing Strategy.
- To be involved in the development of any Clinical Commissioning Group (CCG) Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.
- To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local HealthWatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.
- To carry out new functions as requested by the Secretary of State and as advised in guidance issued from time to time.

Public Information

Viewing or Participating in Committee Meetings

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

Please note: Whilst the meeting is open to the public, the public seating in the meeting room for observers will be extremely limited due to the Covid 19 pandemic restrictions. You must contact the Democratic Services Officer to reserve a place, this will be allocated on a first come first served basis. No one will be admitted unless they have registered in advance.

Meeting Webcast

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http://towerhamlets.public-i.tv/core/portal/home

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PAGE NUMBER(S)

1. STANDING ITEMS OF BUSINESS

1 .1 Welcome, Introductions and Apologies for Absence

To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.

1 .2 Declarations of Disclosable Pecuniary Interests 7 - 8

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

2. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

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

2 .1 6th April, 2021 - Tower Hamlets Health and Wellbeing Board 9 - 18

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

Date of Next Meeting:
Tuesday, 1 February 2022 at 5.00 p.m. in Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

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 Head of Legal Services and Monitoring Officer, Tel: 0207 364 4800.

APPENDIX A: Definition of a Disclosable Pecuniary Interest

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

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

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

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 1st 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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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

		the Voluntary Sector)
Dr Ian Basnett	–	(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 6th 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 the 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 with in 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 Bourgh 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 develop 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 an 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

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 1st 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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LONDON BOROUGH OF TOWER HAMLETS
MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD
HELD AT 5.03 P.M. ON TUESDAY, 21 SEPTEMBER 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 of NHS Tower Hamlets Clinical Commissioning Group
Gail Arnold (Member)	–	Interim Borough Delivery Director,
Councillor Asma Begum (Member)	–	(Deputy Mayor and Cabinet Member for Children, Youth Services, Education and Equalities (Statutory Deputy Mayor)
Dr Somen Banerjee (Member)	–	(Director of Public Health)
Councillor Danny Hassell (Member)	–	(Cabinet Member for Housing)
Councillor Denise Jones (Member)	–	Older People's Champion
Fran Pearson (Member)	–	Safeguarding Adults Board Chair LBTH
Denise Radley (Member)	–	(Corporate Director, Health, Adults & Community)
Randal Smith (Member)	–	Co-Chair for Healthwatch Tower Hamlets
James Thomas (Member)	–	(Corporate Director, Children and Culture)

Other Councillors Present:

Councillor Gabriela Salva Macallan (Stakeholder)	–	Health & Adults Scrutiny Sub-Committee (Chair)
Councillor Andrew Wood (Stakeholder)		

Co-opted Members Present:

Vicky Clark	–	(Divisional Director for Growth and Economic Development)
Chris Banks	–	Chief Executive, Tower Hamlets GP Care Group CIC
Dr Ian Basnett	–	Public Health Director, Barts Health NHS Trust
Dr Paul Gilluley	–	East London NHS Foundation Trust
Yasmin Lalani	–	Detective Chief Inspector (Public Protection Team)
Peter Okali	–	Tower Hamlets Council for Voluntary Service
Jackie Sullivan	–	Managing Director of Royal London Site, Barts Health
Helen Wilson	–	Clarion Housing/THHF - representative to HWBB

Apologies:

Christopher Cotton	–	Deputy Director of Finance
Marcus Barnett	–	Detective Chief Superintendent - BCU Commander
Richard Tapp	–	Borough Commander - London Fire Brigade

Officers in Attendance:

Phil Carr	–	(Strategy and Policy Manager, HAC)
Carrie Kilpatrick	–	Deputy Director for Mental Health and Joint Commissioning
David Knight	–	(Democratic Services Officer, Committees, Governance)
Warwick Tomsett	–	Joint Director, Integrated Commissioning
Jamal Uddin	–	Strategy Policy & Performance Officer

1. STANDING ITEMS OF BUSINESS

1.1 Welcome and Introductions

- Councillor Rachel Blake (Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing) welcomed everybody to the meeting.
- Welcomed Detective Chief Inspector Yasmin Lalani (Public Protection Team) to this her first Board meeting which she was attending on behalf of Detective Chief Superintendent Marcus Barnett - BCU Commander.
- Advised the Board that due to 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 it will be recorded as an advisory meeting.

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 6th April and 21st June 2021 be formally ratified at the next formal Board meeting subject to the inclusion of Councillor Gabriela Salva Macallan in the list of those present.
in
Matters Arising

Item 1.5 Home Care Transformation and Re-procurement

It was suggested that there should be a further report on the Home Care Transformation and Re-procurement programme to a future meeting of the Board.

2. CHAIRS UPDATE

The Chair:

- Stated that there has been considerable discussion about NHS reorganisation and integration between the NHS and local authority services and that the decision has been taken not to have in-depth discussions about this at the

Health and Wellbeing Board due to there being quite a lot of uncertainty about the way forward as there has now been quite extensive change in terms of the organisation of the former CCG and we are only now beginning to get clarity of around national guidance for the reorganisation. Therefore, the Chair suggested that the Board discusses this issue at the November meeting alongside a refresh about the Boards own membership and terms of reference.

- Indicated that she was happy to take a couple of questions on that topic now or reflections if that is felt to be helpful. However, the Chair stated that she wanted to give the Board the "Heads Up" that that really is quite a substantial piece of work to ensure that there is a there is a relentless focus on health inequalities on outcomes for people in terms of this NHS restructure and at the same time making sure that NHS and local authority bodies are integrating.
- Indicated that she increasingly had been contacted by constituents about access to GP appointments and there had been some media coverage as well about the new protocol for accessing GP appointments. It was noted that the Chair and Vice-Chair had been discussing the experience of accessing GP appointments and that Board should keep a watching brief on the establishment of the new access arrangements.

The Vice-Chair:

- Stated that he was very concerned about the media's criticism of family doctors following government demands for them to increase face-to-face appointments. This idea to improve general practice would it was noted would do little to relieve the intense pressure on surgeries and could exacerbate the chronic shortage of family doctors by prompting more to quit the profession.
- It was important to understand that (i) the workload in primary care is overwhelming as research now shows that primary care is managing a third all the patients on the waiting list which is 20% to 30% increase when compared to previous years (ii) this is still the Summer period (iii) staff are still off with COVID or have been in close to someone who has tested positive for COVID-19 (iv) staff are trying to catch up on leave which they have not had for year (v) whilst some people prefer online contact as it is so much more convenient for them not having to come in to a surgery but there is always challenges and situations whenever you change the way a service is provided. Accordingly, there needs that there is a sensible debate about how we can work together on ameliorating the situation with regard to access in primary care.

The Chair:

- **Reminded** the Board that within (i) the Health and Wellbeing Strategy; and (ii) the Black and Asian Minority Ethnic inequalities action plan there are really clear objectives about digital exclusion or digital inclusion.
- **Stated** that there is a need to come up "offline" with the actions to respond to this situation quickly e.g. round table discussions with service users and to find out more what can be done to raise awareness and support people with regard to access in primary care.
- **Noted** that the Acute Sector is currently overwhelmed with a large cohort of patients that have not gone anywhere close to the healthcare system for a very long time and now people are feeling that they can and they are although a proportion of specialist appointments have gone to virtual and there has

been no push back from patients so there will be significant joint learning by having a round table discussion **e.g.** at the Board or Tower Hamlets Together to ascertain where virtual appointments are working or why it is felt that there are different behaviours in different parts of the system.

- **Observed** that Healthwatch Tower Hamlets had conducted a survey gathering people's views on how to better understand the referral process and it identified that 7 percent of people were being referred to the incorrect surgery/clinic and if this could be improved and be lowered to 3 or 4 percent that would be a significant improvement. In conclusion, it was agreed that this very important matter should be considered in more detail offline for future scrutiny by the Board.

3. ITEMS FOR CONSIDERATION

3.1 Health and Wellbeing Story - Coping with Mental Health

The Board received a presentation from Lloyd Lennox on coping with Mental Health and as member of the Black Community, the main points arising from the consideration of this may be summarised as follows:

The Board

- **Received** a very informative, honest and a really powerful story of the experiences that had punctuated his journey when learning to cope with Mental Health **e.g.** his first counsellor had gone missing and he had, had to persist to get a new counsellor to help him address his mental health issues.
- **Indicated** that there was a need for a concerted effort by services to target social needs more systematically and to share power through partnership working to reduce the apparent disempowerment and wariness that some service users feel and in turn reduce potential inequalities.
- **Agreed** on the importance of listening to and engaging with such patient experience, sharing information, and seeking to incorporate patient preferences within the care provided. This is one approach that may help to counter the wariness that some people feel when entering mental health services.
- **Observed** that there was a need for culturally appropriate advocacy services that recognise the distinct needs of the Boroughs diverse communities. Which should contribute to breaking the cycle of social disadvantage and alienation from services that may underpin many of the entrenched ethnic disparities in access to and experiences of mental health care.
- **Was** pleased to note that Lloyd had been invited by MIND to become a Peer Leader as having lived experience of mental illness he was very well placed to support others through challenging times. The training and support for this role had been provided by Mind in Tower Hamlet & Newham and had meant that he has helped others and helped himself through increasing his own skill sets, self-esteem, and confidence.

In conclusion the Chair said that she was very grateful for Lloyd having attended the Board; sharing his experiences (**e.g.** benefits of the Peer Leadership Programme) and his insights about local mental health services as set out in his testimony.

3.2 Mental Health Strategy Update

The Board received a presentation on the Mental Health Strategy that proposed three key

themes of focus for its five-year duration (2019-2024).

- **Theme 1** To raise awareness and understanding of the importance of mental health and wellbeing
- **Theme 2** To ensure early help is available particularly in time of crisis
- **Theme 3** To ensure the provision of high-quality mental health care and treatment

It was noted that a significant amount of work has been undertaken against these three themes in the last year and more is planned however due to the nature of the pandemic not all proposed actions have been taken forward in the way initially proposed. The presentation provided an update against these themes and their associated actions / outcomes with a particular focus on recovery from Covid-19. A summary of the questions and comments from the Board is set out below:

The Board

- **Noted** that the Safeguarding Adult Board agrees that the consideration of mental capacity is crucial at all stages of the safeguarding adults process as it provides a framework for decision making to balance independence and protection. Especially the interface between (i) mental health accommodation issues; (ii) poverty and related difficulties on road to recovery from Covid-19; (iii) substance misuse; and (iv) the layers of vulnerability that any vulnerable adult could have, not just those diagnosed with mental health conditions.
- **Noted** that the Safeguarding Adult Board was keen to collaborate with colleagues on the development of the Mental Health Strategy.
- **Noted** that in regard to talking therapies there is a specific programme of work being undertaken over the next few months to look at the particular barriers to access and under representation from older adults and individuals from the BAME communities and how the offer can be adjusted to address accessibility and representation (**e.g.** Bringing in organisations or individuals that can better represent people from those community groups). In addition, the public health response to the pandemic, will be the subject of continued analysis and commentary over the next 12 to 18 months especially addressing (**i**) inequalities and population health; (**ii**) reshaping the relationship between communities and public services (**e.g.** Talking Therapies); and (**iii**) co-production with local communities (**e.g.** Addressing the barriers for community elders and how to reach into communities and to facilitate discussions).
- **Noted t**he development of Community Connectors (**e.g.** in the Somali and Bengali Communities) to help people in the Borough and their families or carers, to access community-level services and activities that will help them maintain independent lives and which help prevent their circumstances deteriorating to a point where they might need higher level health or social care services. The Community Connectors can also help support people when they return to home from hospital by helping other Third Sector services identify additional local services that may be needed.
- **Noted** that the East London NHS Foundation Trust in recognising that Covid has further exacerbated existing social, environmental, and economic inequalities are now collaborating with Professor Sir Michael Marmot and his team at University College to establish a programme of work to address inequalities and to become the first NHS Marmot Trust.

Accordingly, the Board **resolved** to:

1. **Note** the presentation; and
2. **Agree** that going forward in terms of the Strategy and the Black Asian Minority Ethnic inequalities action plan that both the staffing and clinical expertise profile needs to truly represents the local communities that they seek to serve.

3.3 Better Care Fund Update

The Board received a presentation that provided an update of recent actions including (**i**) an overview of the considerations and outcome of the internal review of the local Better Care Fund (BCF) plans; (**ii**) an update on proposed and future changes to the BCF (including areas for future integration); and (**iii**) an update on changes expected at a national level and anticipated assurance dates for the BCF plan sign-off for 2021-22. The discussions arising from the presentation including questions and comments regarding the BCF may be summarised as follows:

The Board

- **Asked** about the benefits of pooled and aligned budgets to deliver more efficient and effective services that can lead to better outcomes for local people.
- **Noted** that there a number of good examples of pooled budgets working in a smaller scale through the BCF and it is a real opportunity to think much more radically about how agencies join up their collective resources and to think about shifting investment to avoid some of these issues getting worse before they land in the Acute Sector. That is what partners want to and to challenge themselves about getting serious with regard to the pooling of budgets
- **Noted** that the partners as a group of system leaders recognise that they have to have that conversation now or lose that opportunity especially regarding delegations to Borough and the local areas. Also to be very clear as to their shared ambition and to make sure that their goals both politically and within the wider public health agenda are harmonised.
- **Noted** that potentially there are opportunities (i) around supporting multi-disciplinary teams in the network of GP practices; and (ii) around how do we get some voluntary sector organisations involved.
- **Agreed** that these developments need to be in line with the Integrated Care System (ICS) changes and that this will be worked on in the coming weeks
- **Agreed** that partner agencies need to look at the total resource for a particular area **e.g.** learning disability and to be willing to (i) put those resources together in pooled or an aligned budget; (ii) consider what are the outcomes they want to achieve with a particular cohort of people; (iii) think about all the potential challenges and situation; and (iv) agree where any pilots for pooled or an aligned budget should take place.
- **Agreed** that this has been a really good start a conversation about the BCF but it would be helpful for an ongoing discussion about the development of pooled or aligned budgets and where to pilot those at the next meeting together with the introduction of the Integrated Care System (ICS).

As a result of considerations on the report the Board:

1. **Noted** the report on the proposed areas of integration from 2022-23; and

2. **Agreed** for a further discussion on the development of pooled or aligned budgets at the next meeting together with the introduction of the Integrated Care System (ICS)

3.4 Health and Wellbeing Strategy

The Board received a report that presented the refreshed 2021 Tower Hamlets Joint Health and Wellbeing Strategy and it was noted that:

1. The primary aim of the Strategy is to explain what priorities the Health and Wellbeing Board has set in order to tackle the needs of the local population, setting a small number of key strategic priorities for action that will make a real impact on people's lives.
2. The refreshed strategy recognises both the long-standing health needs and inequalities in Tower Hamlets, and the emerging longer-term impacts of the pandemic; and
3. This strategy has been driven by what local people have told the Board what is important to them. The findings have driven the principles and ambitions of the Strategy and therefore the work of the Health and Wellbeing Board going forward.

The Board **noted** that as according to the current formal terms of reference the meeting is not quorate and as a result the Health and Wellbeing Strategy will be formally ratified at the next formal Board meeting.

3.5 Black, Asian, and Minority Ethnic (BAME) Acton Plan

The Board received a report that presents the action plan in response to the Tower Hamlets Black, Asian and Minority Ethnic[1] Inequalities Commission health recommendations. The discussions arising from the presentation including questions and comments regarding the BAME Action Plan may be summarised as follows.

The Board

Noted that there is already community insight research taking place around vaccine hesitancy in the Black Caribbean community.

Noted that anti-racism is at the heart of the health and wellbeing strategy and that some of the core actions have already been achieved.

Noted that Royal London absolutely support the action plan and will make sure that all areas of the action plan are being worked on and constantly updated.

Indicated that (i) the Action Plan should be reconsidered at the next Board meeting to make sure that all actions for the next 30 days have been completed; and (ii) the Board should really challenge itself and to take a specific look at each of the areas of recommendations (**e.g.** digital exclusion; clinical training; hostile environment; and campaigning) and the resourcing implications for the relevant partner agencies as well as which partner will be delivering which action.

Agreed subject to formal ratification that these are the right actions and that work needs to be undertaken on what available resources need to be allocated.

Indicated that having considered Health and Wellbeing Strategy alongside the Black and Asian Minority Ethnic Inequalities action plan has been a constructive exercise to focus on the actions that are needed and how the available resources are to be allocated.

Noted that as according to the current formal terms of reference the meeting is not formally quorate and as a result the Black, Asian, and Minority Ethnic (BAME) Acton Plan will be formally ratified at the next formal Board meeting.

Therefore, subject to formal ratification the Health and Wellbeing Board **noted**

1. the actions taken by Board partners to date in carrying out the nine health recommendations of the Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission (**Appendix I**).
2. the future action plan, timescales, and action owners (**Appendix I**) for the Health and Wellbeing Board to lead on and oversee – with a view to having a streamlined, clear set of concrete actions that the Board is committed to.
3. the additional resources that would need to carry out the action plan: it is proposed that in addition to existing staff resources, a 0.2 FTE, six-month staff post be created to lead on this, hosted by a partner organisation at an estimated cost of £2,800 per partner (local authority, Clinical Commissioning Group, Barts Health NHS Trust, East London Foundation NHS Trust, GP Care Group).

4. ANY OTHER BUSINESS

In conclusion the Chair (**i**) expressed her thanks to everybody who had contributed this evening; and (**ii**) noted the following future items of business (a) GP access; (b) digital inclusion; (c) BCF Pilots; (d) Winter preparedness; (e) the vaccine programmes; and (f) the impact of the increase in gas and electric prices; (g) the integrated care systems ; and (h) impact of Universal Credit cuts across LBTH.

Finally, the Board noted that Healthwatch Tower Hamlets o 17th November 2021 would be holding a conference on the lessons that has been learnt from Covid in terms of delivering better services and outcomes.

The meeting ended at 7.04 p.m.

Chair, Councillor Rachel Blake
Tower Hamlets Health and Wellbeing Board

Non-Executive Report of the: **Health and Wellbeing Board** **Tuesday 2 November 2021**	
Report of: Cllr Rachel Blake, Chair of Tower Hamlets Health and Wellbeing Board	**Classification:** Unrestricted
Proposed changes to Tower Hamlets Health and Wellbeing Board Terms of Reference	

Originating Officer(s)	Jamal Uddin, Strategy & Policy Officer, LBTH
Wards affected	All wards

Executive Summary

The Health and Social Care Act 2012 helped establish statutory health and Wellbeing Boards in April 2013. Since its inception, the ambition has always remained that health and wellbeing boards will build strong and effective partnerships, which improve the commissioning and delivery of services across NHS and local government, leading to better health and wellbeing outcomes for local people.

The Health & Wellbeing Board operates according to the Council's Constitution and also according to the Terms of Reference for the Board itself.

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

1. In April 2021, Tower Hamlets Clinical Commissioning Group (CCG) along with the six other North East London (NEL) CCGs – City and Hackney, Newham, Waltham Forest, Barking and Dagenham, Havering and Redbridge- started working together as a commissioning alliance to develop an aligned approach to working with providers to ensure long term sustainability.
   As a result of these changes in NHs structures, the position of Independent chair of Tower Hamlets CCG no longer exists. It is proposed that a suitable clinical representation from the NHS North East London CCG is identified.

2. Due to the pandemic, the Government made allowances to local Authorities to host committee meetings virtually until end of March 2021. Since then, Tower Hamlets has been operating a hybrid model providing a quarter of the membership attend the meeting physically as per Terms of Reference. Health and Wellbeing Board Terms of Reference holds an additional premise that the quarter of the membership 'includes at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group'. There is no legal precedent for this requirement and

to ensure that meetings are quorate the proposal is to remove the additional premise from the Terms of Reference with boards agreement.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. To note and agree the proposed changes requested to the boards current Terms of Reference.

2. To note that further review of the Terms of Reference will take place in the coming months following development of Integrated Care System and NHS reorganisation in April 2022.

1. REASONS FOR THE DECISIONS

1.1 To make proposed changes to the current Terms of Reference so that there is suitable clinical representation from NHS North East London CCG following changes to NHS structures. As well as addressing quoracy issues.

2. ALTERNATIVE OPTIONS

2.1 We can keep the Terms of Reference as it is and review as part of the wider NHS reorganisation planned in April 2022. But there is a risk, the board will not have a suitable clinical representative from NHS North East London CCG to support discussion and decisions of the board as well as make it difficult to ensure meetings are quorate.

3. DETAILS OF THE REPORT

3.1 The ambition behind health and wellbeing boards is to build strong and effective partnerships, which improve the commissioning and delivery of services across NHS and local government, leading to better health and wellbeing outcomes for local people. The Health and Social Care Act 2012 created a common flexible framework, by requiring the establishment of health and wellbeing boards for every upper tier local authority which has been in effect since April 2013.

3.2 The Health & Wellbeing Board operates according to the Council's Constitution and also according to the Terms of Reference for the Board itself. The Terms of Reference for the Health and Wellbeing Board defines the boards key aims, functions and collection of people who have agreed to work together to accomplish statutory duties such as produce a joint strategic needs assessment, a local joint health and wellbeing strategy and sign off Better Care Fund Plans.

3.3 A number of changes in NHS structures and 'ways of working' within the current pandemic has warranted a quick review of the current Health and Wellbeing Boards Terms of Reference and suggested amends as required -

1. In April 2021, Tower Hamlets Clinical Commissioning Group (CCG) along with the six other North East London (NEL) CCGs – City and Hackney, Newham, Waltham Forest, Barking and Dagenham, Havering and Redbridge- started working together as a commissioning alliance to develop an aligned approach to working with providers to ensure long term sustainability.
   As a result of these changes in NHs structures, the position of Independent chair of Tower Hamlets CCG no longer exists.
   Proposed amendment: It is proposed that a suitable clinical representation from the NHS North East London CCG is identified,

2. Due to the pandemic, the Government made allowances to local Authorities to host committee meetings virtually until end of March 2021. Since then, Tower Hamlets has been operating a hybrid model providing a quarter of the membership attend board meetings physically as per Terms of Reference. Health and Wellbeing Board Terms of Reference holds an additional premise that the quarter of the membership 'includes at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group'.
   Proposed amendment: There is no legal precedent for this requirement and to ensure that meetings are quorate the proposal is to remove the additional premise from the Terms of Reference with boards agreement:

3.4 From April 2022, North East London CCG will become a new organisation – we expect this to be called NHS North East London – with an Integrated Care Board which will include NHS providers and Local authorities, to make decisions on planning services and work to reduce inequalities and maintain patient choice.

3.5 The HWBB will reconsider the Boards Terms of Reference and membership in line with NHS reorganisation in the coming months and make proposed changes in the new municipal year.

4. EQUALITIES IMPLICATIONS

4.1 These proposals will allow the Health and Wellbeing Board to continue hosting meetings in the hybrid model – enabling wider participation and choice from members to attend physically and others virtually to board meetings. This will make it easier for meetings to be quorate and make meetings more sustainable.

5. OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

5.2 There are no specific statutory implications arising from this noting report.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 This report recommends that the Health and Wellbeing Board ('the Board') is to agree its revised quorum and membership. There are no direct financial implications arising from this report.

7. COMMENTS OF LEGAL SERVICES

7.1 The Council is required to establish a Board in accordance with S102 of the Local Government Act 1972 and S194 of Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system can work together to improve the health and wellbeing of their local population.

7.2 The proposals set out in this report comply with the above legislation.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- APPENDIX 1- Proposed changes to Tower Hamlets Health and Wellbeing Board Terms of Reference

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:
Jamal Uddin, Strategy & Policy Officer, Health, Adults & Community Service, LBTH
Jamal.uddinx@towerhamlets.gov.uk

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18. Tower Hamlets Health and Wellbeing Board

Summary Description:

The Health and Wellbeing Board will lead, steer and advise on strategies to improve the health and wellbeing of the population of Tower Hamlets. It will seek to do this through joint work across services in the Borough and the greater integration of health and social care as well as with those accessing services that can help to address the wider determinants of Health. The Board continues to support the ambitions of the Tower Hamlets Partnership outlined within the Tower Hamlets Community Plan.

Membership:

The membership of the Board is as follows:

Chair

- Cabinet Member for Adults, Health and Wellbeing (LBTH)*

Vice Chair

- Clinical representative of NHS North East London Clinical Commissioning Group (NEL CCG)*

Elected Representatives of LBTH

- Cabinet Member for Children, Youth Services, Education and Equalities (LBTH)*
- Two non-executive majority group councillors nominated by Council

Local Authority Officers - LBTH

- Director, Public Health*
- Corporate Director, Children and Culture*
- Corporate Director, Health, Adults and Community*

Partners

- Representative from Tower Hamlets Healthwatch
- Representative from Barts Health NHS Trust
- Representative from East London Foundation Trust
- Representative from the London Metropolitan Police
- Representative from the London Fire Service
- Representative from the THCVS
- Representative from the Tower Hamlets Housing Forum
- Representative from Community
- Mayor's advisor for Older People, LBTH
- The Young Mayor or nominated Deputy Young Mayor (LBTH)
- Independent Chairs of Tower Hamlets Safeguarding Boards (Adults

and Children's)
- Independent Chair of Tower Hamlets Together Board
- Chair of the Health Scrutiny Sub-Committee, LBTH

**indicate statutory member – the regulations require 1 local Councillor but this does not have to be the Lead Member*

Functions	**Delegation of Functions**
1. To have oversight of assurance systems in operation	None
2. To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.	None
3. To provide advice, assistance or other support in order to encourage partnership arrangements under Section 75 of the NHS Act 2006.	None
4. To encourage those who arrange for the provision of any health-related services in Tower Hamlets (e.g. services related to wider determinants of health, such as housing) to work closely with the HWB.	None
5. To encourage persons who arrange for the provision of any health or social care functions in Tower Hamlets and those who arrange for the provision of health-related services in Tower Hamlets to work closely together.	None
6. To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.	None
7. To prepare the Joint Health and Wellbeing Strategy.	None
8. To develop, prepare, update and publish the local pharmaceutical needs assessments.	None
9. To be involved in the development of any NHS local strategy delivery plans and commissioning plans that applies to Tower Hamlets and to give its opinion to the NHS North East London and the Integrated Care Partnership on any such proposed plan.	None
10. To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local HealthWatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.	None
11. Consider and promote engagement from wider	None

stakeholders.	
12. To have oversight of the quality, safety, and performance mechanisms operated by member organisations of the Board, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health. Areas of focus to be agreed from time to time by members of the Board as part of work planning for the Board.	None
13. Such other functions delegated to it by the Local Authority.	None
14. Such other functions as are conferred on Health and Wellbeing Boards by enactment.	None

Quorum:

The Health & Wellbeing Board will operate according to the Council's Constitution and also according to the Terms of Reference for the Board itself.

A meeting of the Health & Wellbeing Board shall not be quorate unless at least a quarter of the voting members are present for the duration of the meeting.

As a committee of the Council, except where it is set out in these Terms of Reference the convening and conduct of meetings will be in accordance with the Council Procedure Rules approved by the Council.

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Non-Executive Report of the: **Health and Wellbeing Board** Tuesday 2 November 2021	
Report of: Warwick Tomsett, Joint Director, Integrated Commissioning, LBTH	**Classification:** Unrestricted
Introduction to Tower Hamlets Connect: information and advice service.	

Originating Officer(s)	Shuheda Uddin, Senior Commissioning Manager, LBTH
Wards affected	All wards

Executive Summary

The presentation (tabled for the meeting on 2 Nov) will outline how residents accessing the Tower Hamlets Connect service can be supported online, on the phone, and in person. Tower Hamlets Connect (Age UK East London lead) has been commissioned to be the front door for adult social care and support residents as far as possible in the community.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the presentation and comment on the Tower Hamlets Connect service and progress since the service went live on 19 July 2021.

1. REASONS FOR THE DECISIONS

1.1 This presentation is for the Board to note the Tower Hamlets Connect service and progress since the service went live on 19 July 2021. There are no specific decisions required from the Health and Wellbeing Board.

2. ALTERNATIVE OPTIONS

2.1 There is no decision required from the Board.

3. DETAILS OF THE REPORT

3.1 The presentation is tabled for the Health and Wellbeing Board meeting on Tuesday 2 November and will outline the information, advice and advocacy offer, across health and care, in Tower Hamlets.

3.2 The council lead on the transformation and redesign of a joined-up approach to information and advice across health, social care and social welfare is a key driver in empowering residents with making more informed choices and control. This new and integrated Tower Hamlets Connect service went live on 19 July 2021 and take a strengths-based approach to information and advice, supporting people to help themselves and achieve their goals.

3.3 Tower Hamlets Connects supports the council to manage demand on its adult social care front door and those of health partners by providing free, quality-assured information, advice and advocacy across health, social care and social welfare.

3.4 Equipping residents with the correct information and advice support at the right time will enables residents to support themselves, live fulfilling lives and to be as independent as possible.

3.5 The service offers early help and support to residents and carers through a digital portal, a help/advice telephone line service and face-to-face support in community and primary care settings.

3.6 A key element of the information and advice offer is the Tower Hamlets Together Digital Portal. This website is the digital front door for all residents with or without health or care needs. It provides residents with a suite of information and advice pages, a service directory, and an events calendar.

4. EQUALITIES IMPLICATIONS

4.1 The service has been designed to support all adult Tower Hamlets residents. As part of the contract, Age UK East London will record equalities information that will be reviewed as part of standard quarterly contract review meetings. This data will be used to inform any adjustments required to the service delivery model.

4.2 The digital portal includes an onscreen reader/support tool which can translate text into various community languages and meets the accessibility standards for reading aloud to those with sight impairments. The tool makes online content more accessible for people with dyslexia, low literacy, English as a second language, and those with mild visual impairments.

4.3 The portal is designed to meet current accessibility standards in its use of colour, font size and page layout, to assist the user experience, particularly for those with sight impairment.

4.4 Across the site the page text is edited using the principles of Plain English to enhance and maintain readability levels and ensuring the text is understood by the widest possible audience.

5. OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

5.2 The Care Act 2014 places a duty on local authorities to have an information and advice service relating to care and support for adults and carers.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- None

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- None

Officer contact details for documents

Darren Ingram, Service Manager, Integrated Commissioning, LBTH
Darren.Ingram@towerhamlets.gov.uk

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Introduction to Tower Hamlets Connect

Information, advice and advocacy service in London Borough of Tower Hamlets

Darren Ingram, Service Manager, Integrated Commissioning
Larissa Howells, Director of Services, Age UK East London

Tower Hamlets CONNECT
Information · Advice · Advocacy

Delivered in partnership with:

- Providing residents with the right help at the right time through the right channel.
- Co-ordinating resources to target the highest need

Tower Hamlets CONNECT
Information · Advice · Advocacy

www.towerhamletsconnect.org

online assessment

0300 303 6070

enquiry@towerhamletsconnect.org.uk

Community health, VCS, emergency services

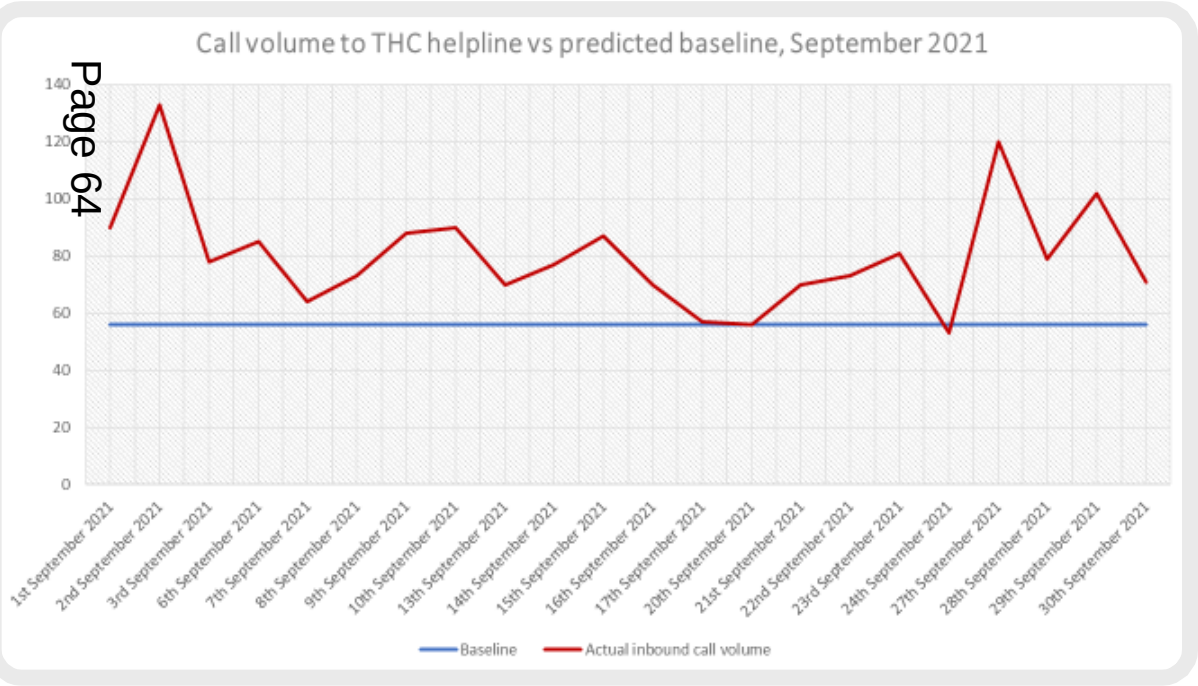
THC Advice & Advocacy Partnership

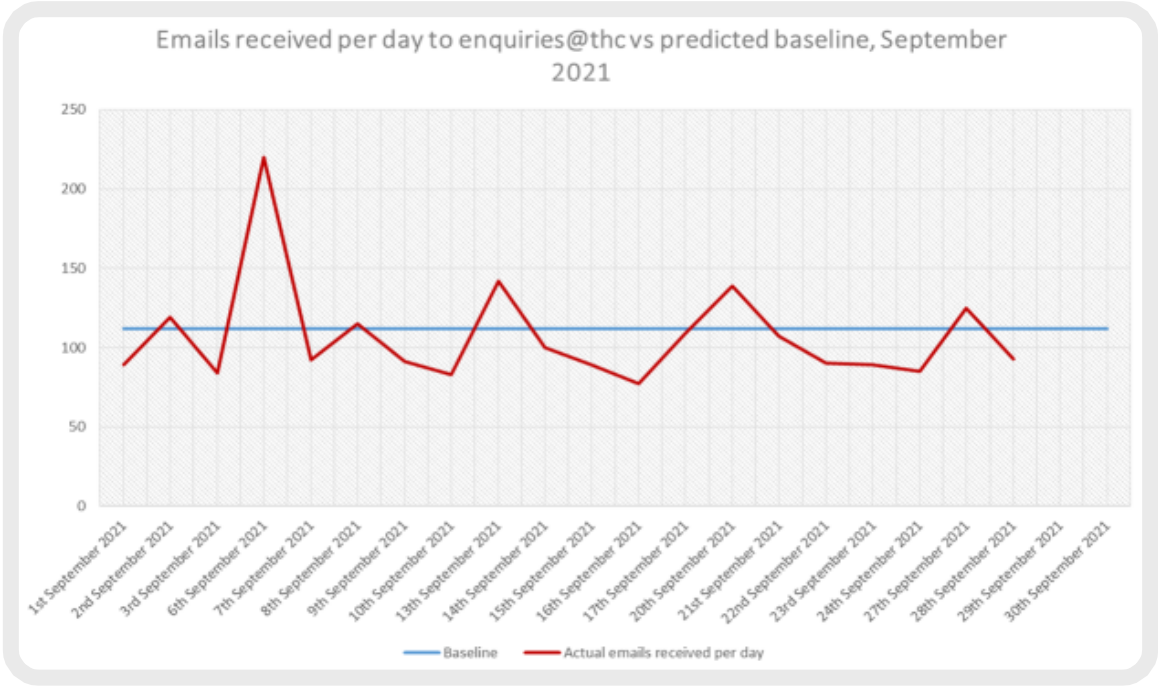
Initial Assessment Teams/Localities

Helpline demand 1st Aug to 30th Sept

Total calls: 3,014

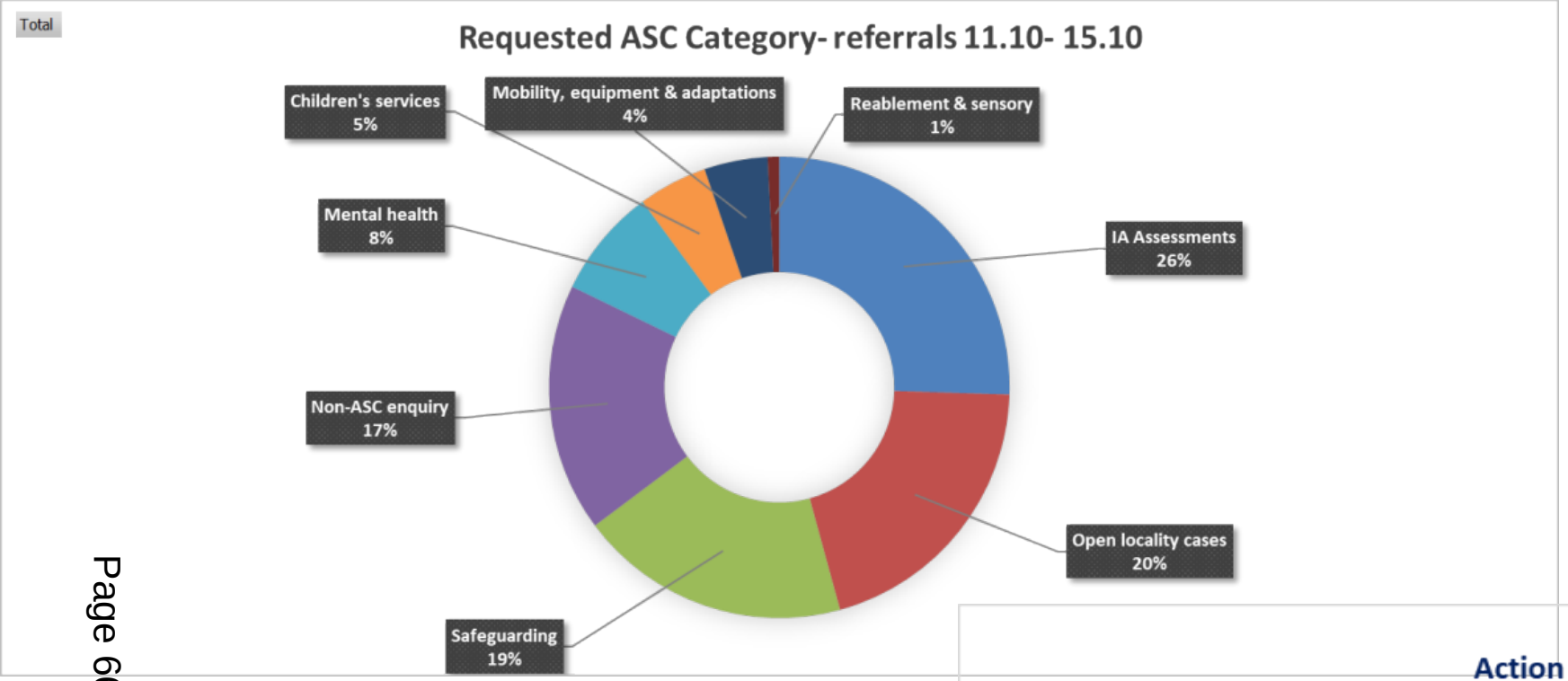
Total emails : 4,908





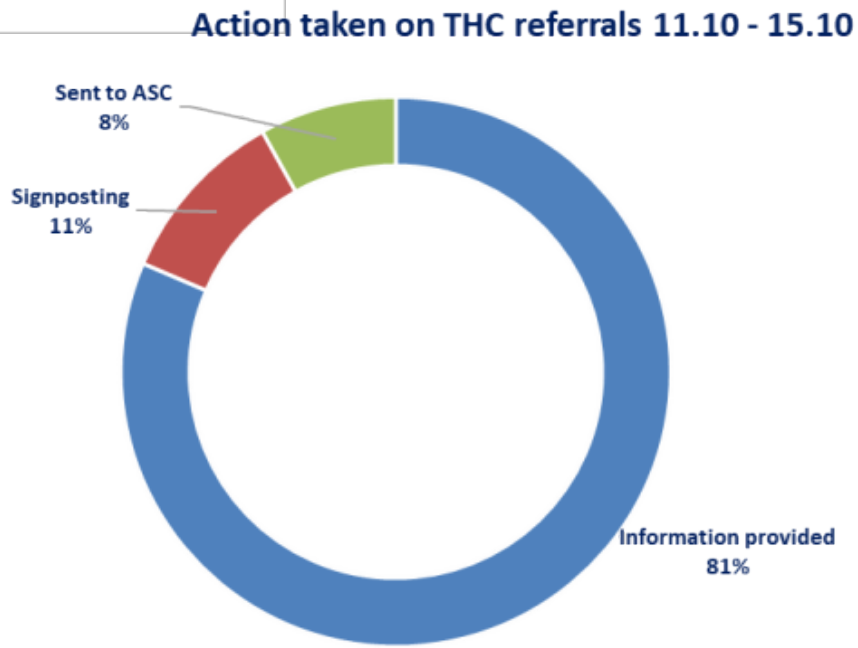
Outreach Advice and Advocacy 1st Aug – 30th Sept

	Referrals	Contacts
community centres, homes, hospitals	196	371
GPs and health centres	235	272
General advocacy	93	182
TOTAL	524	825



Tower Hamlets CONNECT
Information · Advice · Advocacy

How we help



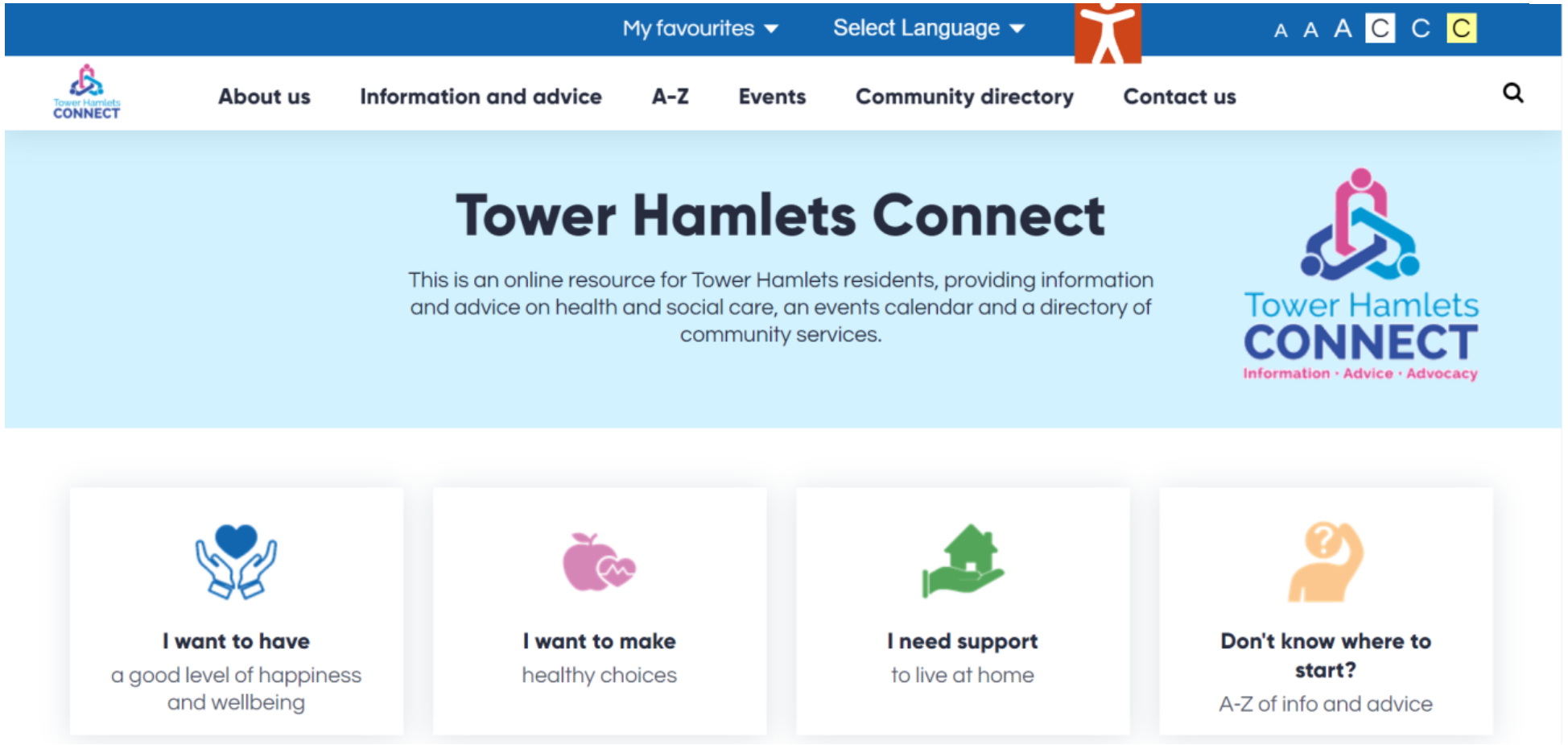
How we help

Enquiry	Response
Safeguarding referral. Information states person is a substance misuser, street homeless, in significant debt, fearful of being beaten up by the people they owe money to. Suffering from depression, anxiety and is suicidal	• Provided info / advise / signposted to HOST, Debt Free London, RESET, GP for possible referral to CMHT, Police. • Advised to present at A&E if in crisis. • Signposted the portal
Mum requesting OT assessment for Autistic child. Reports they try to climb out of windows, touch the cooker when it's on, opens kitchen cupboard doors and runs out into the street.	• Explained the process via Children's SPA form • SPA form sent for her to complete along with leaflets about Children's OT and how parents can help themselves. • Suggested locks for kitchen cupboards. • Advised to check out THC Portal for other support
Self-referral from lady for provision of support around the home with housework, shopping, day center attendance. Reports to have no motivation since the death of her husband a few months previously. Advised to be physically quite fit, able to use computers and the internet	• Explained eligibility criteria and provided details of organisations where she could purchase care for herself should she wish to do so . • Suggests she speaks with a bereavement counselling service, GP can refer. • Talked through how to search on the THC Portal for lunch clubs / activities that she may enjoy. • Provided details of online and telephone shopping services.

2021/22 Priorities

- Mapping pathways
- Understanding wider support services
- Identifying service gaps and capacity issues
- Accessibility and equalities impact assessment

Digital Portal



Digital Portal key features and updates:

- www.towerhamletsconnect.org

- Suite of **integrated information and advice pages** offer across health and social care
- **Integrated directory** of voluntary and community services for users to search for a range of health and social care services online
- Open access **events calendar** that enables organisations to list their own events and accessed by residents in one place
- Information and advice pages on various subjects have been drafted by leads from Tower Hamlets Together and overseen by cross represented working group and
- The look and feel (navigation) of the website has been co-produced with residents and officers from Tower Hamlets Together partners.
- A residents' group is also available test and review content.
- Adult social care pages are being refreshed by an interim web content editor for the council website and on the Digital Portal to ensure there is consistency, seamless read through and strength-based approach as part of the narrative to manage demand at the front door and expect a minimum 10% channel shift from face to face/telephone services to digital platform.
- New content request to: THConnect@towerhamlets.gov.uk

Portal analysis: 19 July to 22 October

Portal visitor information:
1590 visitors, including 359 returning visitors
05:41 average length of time spent on the portal
63% access the portal via desktop, 34% via mobile and 3% via tablet

Most visited categories on information pages after the home page are:

- Heath and wellbeing
- Information and advice
- Managing at home
- Care homes & housing options
- Getting out and about

Priorities going forward:

- Strengthen existing information and advice content on the portal and managing new contents process
- Publish an online video for residents, an overview of Tower Hamlets Connect and how to use website
- Phased publicity of the service from November to March 2022 to manage the expected demand on Tower Hamlets Connect, including article in Our East End with Mayor and Lead Member, posters and leaflets, engaging with adult social service providers.
- Embed user testing and feedback via the residents group
- Finalise and publish an online self-assessment form that will support key frontline teams to determine Care Act 2014 eligibility and manage demand into Adult Social Care
- Agree **Phase 2 activities** with the digital portal working group, likely to include:
  - Micro commissioning
  - Professional zone
  - Link into the council's new CRM
  - Link into the NHS app

Any questions?

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Non-Executive Report of the: **Health and Wellbeing Board** Tuesday 2nd November 2021	
Report of: Warwick Tomsett, Joint Director of Integrated Commissioning – NEL CCG and LBTH	**Classification:** Unrestricted
North East London Integrated Care System (NEL ICS) discussions and Tower Hamlets Together (THT)	

Originating Officer(s)	Warwick Tomsett Joint Director of Integrated Commissioning – NEL CCG and LBTH Chris Cotton Programme Director – NEL ICS
Wards affected	All wards

Executive Summary

The purpose of this report is to give an overview of the upcoming changes via the forming of the NEL Integrated Care System (ICS) and the impact of this at a borough level - the Tower Hamlets Together (THT) Partnership. The 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 and ambitions of the NEL ICS changes, with the second part outlining the potential form and functions options that are available to borough partnerships as part of the wider changes.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the report and provide feedback on proposed opportunities of integration from April 2022.

2. Consider how future NEL Integrated Care System updates come to the HWBB

1. REASONS FOR THE DECISIONS

1.1 The North East London health system is undergoing major change which impacts on the local borough partnerships. The Health and Wellbeing Board will need to be kept updated and involved in the latest thinking and changes.

2. ALTERNATIVE OPTIONS

2.1 NA

3. DETAILS OF THE REPORT

3.1 The Health and Care Bill published on 6 July 2021 sets out how the government intends to **reform the delivery of health services and promote integration between health and care in England**, recognising that neither the health system nor local authorities can meet the needs of their populations on their own.

3.2 The Bill **includes specifications on how integrated care systems (ICSs) are to be set up and** it emphasis the new statutory functions:

- **an Integrated Care Board (ICB)** – taking on the NHS Commissioning functions of CCGs which are to be legally abolished and transferred in to these new ICBs. It will also be accountable for NHS spend and performance across the system

- **an Integrated Care Partnership -** bringing together a wide range of organisations and representatives concerned with improving the care, health and wellbeing of the population to develop a strategy to address the health and care needs of the system

3.3 In addition, the Bill specifies three other core components of the ICS system:

3.3.1 Provider Collaborative, Place-based Partnerships and Primary Care networks.

3.3.2 Working in an integrated way is not new for north east London, nor Tower Hamlets, and we have a strong history of working together across the system to provide health and care for patients. Most recently this was very much at the heart of our response to the Covid pandemic and the rollout of our vaccination programme.

3.3.3 For Tower Hamlets Together, this means evolving into a Place-based Partnership within the North East London Integrated Care System. The slides (tabled) outlines its purpose, potential forms and functions.

4. EQUALITIES IMPLICATIONS

4.1 The NEL Integrated Care System is focussed on integrating health and social care services to better support people with a diverse range of illnesses and conditions. These include people with mental health problems, people at risk of being admitted to hospital and people being discharged from hospital with appropriate support.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- None

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

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

Officer contact details for documents:
Anna Carr, Deputy Director of strategy, planning and performance, NEL CCG
a.carratt@nhs.net

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Tower Hamlets Health and Wellbeing Board

Update on the Integrated Care System developments and Borough Based Partnerships

ICS progress

- The Health and Care Bill published on 6 July 2021 sets out how the government intends to **reform the delivery of health services and promote integration between health and care in England** , recognising that neither the health system nor local authorities can meet the needs of their populations on their own.
- The Bill **includes specifications on how integrated care systems (ICSs) are to be set up and** it emphasis the new statutory functions:
  - **an Integrated Care Board (ICB)** – taking on the NHS Commissioning functions of CCGs which are to be legally abolished and transferred in to these new ICBs. It will also be accountable for NHS spend and performance across the system
  - **an Integrated Care Partnership -** bringing together a wide range of organisations and representatives concerned with improving the care, health and wellbeing of the population to develop a strategy to address the health and care needs of the system
- In addition, the Bill specifies three other core components of the ICS system: Provider Collaboratives, Place-based Partnerships and Primary Care networks.
- Working in an integrated way is not new for north east London, nor Tower Hamlets, and we have a strong history of working together across the system to provide health and care for patients. Most recently this was very much at the heart of our response to the Covid pandemic and the rollout of our vaccination programme.
- For Tower Hamlets Together, this means evolving into a Place-based Partnership within the North East London Integrated Care System. The remaining slides outlines its purpose, potential forms and functions.

Timeline

- **Chair of the new Integrated Care Board** - In July Marie Gabriel, currently Independent Chair of the ICS was confirmed as the Chair designate for the Integrated Care Board
- **Dis-establishment of the CCG** - Subject to the legislation being finalised, it is expected that the CCG will be abolished and there will be a new Integrated Care Board in **April 2022** with current CCG and wider functions
- **Recruitment to Executive Roles** – CEO will be announced in November followed by other statutory roles (Chief Finance Officer, Direct of Nursing, Medical Director) ahead of the new ICB forming in April

Decision-making

- The ICS design framework from July 2021 and the *Thriving Places* guidance issued in September 2021 both support the principle of subsidiarity through place-level decision making:
  - There is an 'opportunity for a significant amount of system decision-making at place level, where appropriate', which will require the 'allocation of decision-making functions between system and place'; and
  - 'We expect statutory bodies may set a budget for place-based partnerships to support local financial decisions, where it has agreed with the place-based partnership to delegate decision-making functions to the partnership'
- The guidance leaves it to each system to decide upon an appropriate allocation of decision-making authority.
- It suggests that which takes place at place may relate to: local health and care strategy and planning, service delivery and transformation, population health management, connecting support in the community, promoting health and wellbeing, and alignment of management support across partners.
- Our design for this needs to be driven by the functions that are best delivered at place level and how decisions can be taken as close to patients and residents as appropriate.
- The NEL ICS design process must establish over the coming months:
  - what functions will be reserved to the integrated care board;
  - what functions will be delegated to and exercised by place-based partnerships and provider collaboratives; and
  - what conditions the ICB, as the accountable body, will place on such delegation.
- NHS England anticipates that governance arrangements will continue to evolve after 1 April 2022.
- A NEL wide working group established to develop a framework for formal delegation to place-based partnerships.

NEL ICS programme high-level milestones

Q1 April – June 2021

- Update ICS system development plan - **COMPLETE**

Q2 July – September 2021

- ICB Chair designate appointed - **COMPLETE**
- ICS CEO recruitment process **UNDERWAY**
- Draft proposed new ICS NHS MoU arrangements for 22/23 **- COMPLETE**
- Begin due diligence planning **- COMPLETE**

Q3 October – December 2021

- ICS CEO confirmed by end of November
- Carry out recruitment process for designate finance director, medical director, director of nursing and other board level roles
- Engagement on local ICS NHS Constitution and governance arrangements for ICS NHS body and ICS Partnership
- Commissioning functions – discussions with partners and decisions on commissioning arrangements at system and place level to be finalised by end of Q3
- Updated System Development plan to NHSE

Q4 January – March 2022

- By end of Q4 - readiness to Operate Statement to be signed off by CEO
- A final functions and decision map due before end of Q4 to be completed alongside the model constitution
- Constitution approved by NHSE before end of Q4
- Designate partner members and any other designate ICB senior roles confirmed by end of Q4

Potential responsibilities at place-based partnership level

- The ICS design framework does not prescribe a fixed set of functions or responsibilities for place-based partnerships.
- Rather, it simply recognises them as key to the coordination and improvement of service planning and delivery, and as forums for partners to address wider determinants of health.
- This provides a strong basis for each partnership to reflect on its own ambitions for the early years of the new integrated care system.
- The table to the right lists ten functions that form the basis for a strong and ambitious place-based partnership.

#	Function		Detail
1	Understanding and working with communities	Developing an in-depth understanding of local needs	This involves bringing together data and insights from different agencies to build up a rounded picture of the needs and strengths of different communities, which where necessary drives a differentiated health and care offer including at the levels of primary care networks and neighbourhoods
2		Connecting with communities	This means being the level at which most public engagement relating to health and care happens, focused on how care pathways are experienced from a user perspective and local service changes (rather than wider system change)
3	Joining up and co-ordinating services around people's needs	Jointly planning and co-ordinating services	This involves joining up planning and delivery across NHS, local government, VCS, and independent sector services for more co-ordinated and personalised care and to avoid duplication. The focus is on community-based services, including primary care, community health services, social care, and some community mental health services, plus their interface with acute care
4		Driving service transformation	This means leading the implementation of place-based, cross-partner transformation schemes that promote more person-centred and preventive approaches to care. It also means connecting local partners to wider pan-ICS changes, ensuring that new delivery models take local factors into account.
5	Addressing social and economic factors that influence health and wellbeing	Collectively focusing on the wider determinants of health	This involves widening the local planning and delivery conversation beyond services to the social and community networks and the physical, social, and economic contexts that impact on health and wellbeing outcomes. This includes housing, green space, employment, and leisure
6		Mobilising communities and building community leadership	This means investing in building community leadership capacity, including by supporting community-led organisations and creating roles such as community health champions that give local people influence over local health outcomes, as well as engaging constructively with elected councillors and VCS representatives
7		Harnessing partners' economic influence as anchor institutions	This means leveraging partners' roles as local employers and purchasers of goods and services to play an active role in promoting the health, wellbeing, and economic resilience of communities, in line with the vision for this likely to be set at system level for some partner organisations
8	Supporting quality and sustainability of local services	Supporting the best use of financial resources	This requires partnerships to look at the collective resources available to improve health and wellbeing and, either directly or by influencing partners (according to where budgets sit formally), aligning these behind local priorities. This includes making best use of opportunities to pool functions and funds across the NHS and local government
9		Supporting local workforce development and deployment	This means complementing ICS-level work on longer-term workforce planning, recruitment and training by influencing how the collective health and care workforce across a place is deployed and developed in support of desired service changes. Workforce development is therefore an area where the division of efforts across places and systems will need careful working through with tailored local solutions. It is linked to partners' roles as anchor institutions.
10		Driving improvement through oversight of quality and performance	This involves not creating an additional assurance layer at place level but a distinct role for place-based partnerships in forming informal local accountability mechanisms that can help drive improvement in local services, including through peer support and challenge between the leaders of different organisations as well as clinical peer review.

* Adapted from The King's Fund: *Developing place-based partnerships – the foundation of effective integrated care systems*

THT Borough Partnership Board

- Established partnership arrangements through THT and into HWBB
- Opportunity to build on strengths – where can we do more and how can delegation and form help
- Understand the conditions that will come with delegation
  - How will we demonstrate system accountability for outcomes, delivery, resources, quality, performance?
- What will our provider landscape look like across the partnership?
  - Development of provider collaboratives
  - Development of primary care and PCN's
  - Continued engagement of CVS

Existing strengths

THT operating framework:
- Aims and Principles
- Vision, mission, objectives
- Agreed priorities and plan
- Outcomes framework
- ToR for partnership groups

THT integration examples:
- Asthma and wheeze project; H@H;
- Jointly funded and commissioned services eg Tower Connect; Linkage Plus; CAMHS
- Multi-disciplinary teams in place
- Response to Covid19 – helpline; IDH; support to CEV children and young people
- Workforce and OD strategy
- Strong focus on engagement and co-production
- Race equality and work with BRAP
- Opportunities for further integration through some of the redesign and re-commissioning underway eg homecare; rehab and reablement; SALT; ASD pathway

Developing options for delegation to place based partnerships

Many of the statutory functions that the ICB has could be delegated to a place. The following options are most likely:

- Commissioning functions for specified services;
- Communications and engagement functions;
- Contracting and financial management (including through control of a delegated budget);
- Service planning, transformation and delivery management;
- Strategic planning;
- Quality, risk and financial monitoring and management.

In each case, the functions would be delegated for the place area and would be subject to agreed NEL governance arrangements.

Form

- *Thriving Places* reiterates the five governance options for place-based partnerships from the ICS design framework.
- These will be agreed for April 2022 between the central ICS leadership team and each partnership. The aim is to make use of what each place has already created and to transition each partnership into the statutory ICS structure with a minimum of disruption.
- Further considerations may be needed re membership as the place-based partnership mature.

1. Consultative forum	2. Committee	3. Individual executives	4. Joint committee	5. Lead provider
A collaborative forum to inform and align decisions by relevant statutory bodies, such as the ICB or local authorities, in an advisory role. In this arrangement, the decisions of statutory bodies should be informed by the consultative forum	A committee provided with delegated authority to make decisions about the use of resources, with terms of references and scope set by the statutory body and agreed to by the committee	Statutory bodies may agree to delegate functions to individual members of staff to exercise delegated functions, and they may convene a committee to support them, with membership that includes representatives from other organisations	A committee established between partner organisations, such as the ICB, local authorities, and statutory NHS providers, potentially with representatives of non-statutory providers to participate but without being members	A lead provider manages resources and delivery at place-level, as part of a provider partnership, under a contract with the ICB and/or local government, having lead responsibility for delivering the agreed outcomes for the place for the defined set of services
Helpful for engaging the widest range of partners to discuss and agree shared strategic direction together	Helpful for making decisions based on a range of views, while facilitating delegated authority for the use of resources	Helpful for engaging partners in the decision-making of statutory bodies, while retaining a single SRO for decisions	Helpful for making joint decisions between relevant partners	Helpful for giving provider leaders greater ownership and direction over service delivery and coordination

Could start here → Aim for here

Next Steps

- Further THT workshop in November
- Opportunity to engage with Browne Jacobson at a local level

- Agree proposals for form and governance – April and beyond
- Explore further the options for delegation – including commissioning activity

- Continue engagement in the discussion on provider collaboratives and what this means locally
- Continue to develop our locality plan (with primary care and PCN's and CVS) – includes locality development fund

- A maturity process by which NEL ICS signs off the recommended form requested by the borough partnership will be developed by the NEL ICS.(by April 2022)

There will now be opportunities to consider key areas and agree the TH place-based partnership approach to them. These relate to the Integrated Care Board (ICB) functions and will need to be agreed with the ICB.

- Quality and performance
- Finance
- Public and patient involvement
- Clinical and care professional leadership model
- Strategic estates planning
- Delivery of the THT strategy

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Non-Executive Report of the: **Health and Wellbeing Board** Tuesday 2 November 2021	
Report of: Denise Radley, Corporate Director Health Adults and Community	**Classification:** Unrestricted
Black, Asian and Minority Ethnic Inequalities Commission – Health section update	

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

Executive Summary

The Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission health recommendations and action plan was brought to the Health and Wellbeing Board on the 21st of September.

Nine of the twenty-three recommendations made by the Commission made by the Commission relate to health and wellbeing.

The Commission Action Plan is being presented at the Tower Hamlets Council Cabinet on the 27th October to agree the recommendations and additional funding to support delivery.

This report sets out the progress and immediate priorities for delivery against the Health Theme of the action plan.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note and discuss current progress and plans for delivery against recommendations in 2021/22.

2. Note the specific equalities considerations as set out in Paragraph 4.1.

3. Note the update on taking forward research on causes of inequalities in Black Asian and Minority Ethnic Communities (refer to Appendix 1).

1. REASONS FOR THE DECISIONS

1.1 The findings of the Commission outline the local changes that need to be made in the health and care system to tackle inequality and improve health outcomes for Black, Asian and Ethnic communities. The action plan is intended to ensure that the findings are acted on in a meaningful way.

2. ALTERNATIVE OPTIONS

2.1 Alternative or additional options for delivery of recommendations can be developed in line with feedback.

3. DETAILS OF THE REPORT

3.1 The Action Plan of the Black, Asian and Minority Ethnic Inequalities Commission Action plan will be discussed at the Tower Hamlets Cabinet on the 27th October.

3.2 The Cabinet report sets out current progress on the Health theme of the action plan:

http://democracy.towerhamlets.gov.uk/documents/s193220/6.2%20Tower%20Hamlets%20Black%20Asian%20and%20Minority%20Ethnic%20Inequalities%20Commission%20Action%20Plan.pdf

3.3 This sets out projects delivered by the partnership aiming to improve health outcomes for Black, Asian and Minority Ethnic communities including:

- The public health response to the pandemic adapted to consider digital exclusion. A Covid-19 helpline was set-up to resolve issues and book vaccines, with call handlers who speak community languages. Posters and signs in community languages were placed around the borough in relation to Covid-19. Somali and Bangladeshi community organisations delivered outreach and support and codesigned tailored prevention and protection messages to the life course groups within these communities.

- In Barts Health NHS Trust, work has been undertaken with renal medicine (the largest user of remote access), which included reviewing access to bilingual health advocacy, advocacy staff calling non-English patients prior to video consultations to assess their needs and any concerns. As a result, setting up setting up 3-way consultations when necessary. - Covid-19 vaccine clinics for people who are undocumented or with no recourse to public funds have been organised, explicitly promoted to people who may be worried

- The Tower Hamlets Together (THT) Board has completed an anti-racism leadership development programme provided by the equality charity Brap. This has included a focus on systemic racism and systemic change.

- THT partners have agreed a joint Workforce and Occupational Development (OD) Strategy in March 2021 with commitments to tackle Black, Asian, and Minority Ethnic inequality amongst staff.

- Barts Health NHS Trust has committed to 3% year on year growth of Black, Asian, and Minority Ethnic staff in senior positions. This has been achieved over the last year, maintaining this growth would allow the trust to achieve representative leadership by 2028.

- The Health and Wellbeing Board and Tower Hamlets Together partnership have gathered community insights to support better understanding of causes of health inequalities amongst Black, Asian, and Minority Ethnic communities. - The Board has used the insights to agree a Health & Wellbeing Strategy for 2021-2025 with key principle of addressing inequalities and being antiracist in everything the partnership does.

- The council has developed anti-racism practice in adult social care including establishing a board which aims to ensure the social care workforce has substantial knowledge of anti-racism in practice and that social care has a diverse workforce reflective of the community, who are supported, included and have development opportunities.

3.4 The report also sets out the key deliverables for 2022 which are set out below

3.5 By March 2022 the partnership will gather and analyse data across the system, manage an audit of key public information in community languages and organise translations, coordinate 'you said, we did' work related to coproduction. It will also arrange a 'lessons learned' exercise in relation to Covid-19 approaches by April 2022, targeted at Black, Asian and Minority Ethnic communities that we may want to replicate in future for other health issues. The partnership has also developed a digital inclusion action plan with the aim of better coordinating digital inclusion activities across the borough to ensure residents have the tools and skills they need to participate in, contribute to, and benefit from a digital world.

3.6 The Health & Wellbeing Board has commenced work on developing a robust evidence base to form a better understanding of key health inequalities and the impact it has on our Black, Asian and Minority Ethnic communities. As part of this research there will be significant emphasis on engagement with Black, Asian and Minority Ethnic communities to identify key issues and solutions. This will be supported by Healthwatch Tower Hamlets who will gather their own intelligence on the experience and issues for patients at the Royal London Hospital. Both workstreams are expected to be completed by December 2021 and will provide evidenced based solutions to address health inequalities and inform future activities of the partnership.

3.7 The Partnership will better recognise and meet the cultural needs of patients through the development of anti-racist practice. The success of the antiracism

leadership programme delivered by BRAP to the Tower Hamlets Together Executive Board, the partnership will invest in an anti-racism leadership programme beyond 2021. This will help to drive deep cultural change and tackle the pervasive racial microaggressions, bias and stereotypes that exist in society and service provision.

3.8 The partnership will continue to support the delivery of the Disparities project which aims to work with Black Asian and Minority Ethnic residents to amplify and sustain the impact and influence achieved during the response to the pandemic. The project will provide a locally driven, co-production support programme targeting Black, Asian and Minority Ethnic communities with an emphasis on prioritising mental health. This will lead to improvement in access to services and better satisfaction amongst local people.

3.9 Through the insights on local inequality the partnership will work as one voice to influence and lobby for further resources for Tower Hamlets. The partnership will support local campaigns to improve access to health services by lobbying against the hostile environment polices and reduce the checking of immigration status of service users and patients.

3.10 The report notes additional proposed investment (through the Public Health Reserve - £350k and Contain Outbreak Management Fund - £200k) to achieve the following outcomes on health:

- Improved access to health and care services for Black, Asian and Minority Ethnic residents.
- Leaders in health and social care champion and actively address heath inequalities faced by Black, Asian and Minority Ethnic residents.
- Better representation of Black, Asian and Minority Ethnic staff at all levels in health services.
- Black, Asian and Minority Ethnic residents are meaningfully involved and engaged in design and delivery of health services.
- Health and wellbeing key messages reach Black, Asian and Minority Ethnic residents and deliver intended outcomes

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, recommendations and actions which respond to them 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 actions provide a partnership response to the recommendations from this Commission will help to address inequalities in Tower Hamlets and provide a platform to ensure equalities remains at the forefront of our collective work

5. OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.

5.2 The main interfaces here relate to:

- 2010 Equality Act
- 2014 Care Act
- 2021 Health and Care Bill

6. COMMENTS OF THE CHIEF FINANCE OFFICER

1.1 The total budget for delivery of the Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission Action Plans will be £1,582,691. £595,000 will be delivered within existing resources. A recommendation to Cabinet (27 October) sets out additional £987,691 is required to fund this programme of work.

1.2 This action plan (health recommendations) will be delivered within existing resource as follows:

- £350k from Public Health reserve for BAME Commission
- £200k from Covid Outbreak funding

7. COMMENTS OF LEGAL SERVICES

7.1 The Council has the legal power to undertake the activities referred to in this report.

7.2 The report refers to the expenditure of various sums of money to achieve certain objectives. Where the identified sums are to be spent with external organisations then such expenditure will be subject to either an appropriate level of competition in line with the law or as grants (as the case may be) in accordance with the Council's constitution. In either case, such expenditure will be subject to appropriate checks and measures (such as comparison with similar spend elsewhere and contract monitoring) to ensure the expenditure represents statutory Best Value.

7.3 The expenditure via grant or services contract will also be subject to its own approval process in accordance with the Council's constitution.

Linked Reports, Appendices and Background Documents

Linked Report

- Agenda item 6.2 Tower Hamlets Cabinet -27th October 2021 http://democracy.towerhamlets.gov.uk/ieListDocuments.aspx?CId=720&MId=12318

Appendices

- APPENDIX 1- Update on taking forward research on causes of inequalities in Black Asian and Minority Ethnic Communities

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:
Somen Banerjee, Director of Public Health, LBTH
Somen.banerjee@towerhamlets.gov.uk

BAME Commission

Project plan: research on causes of health inequalities amongst BAME communities

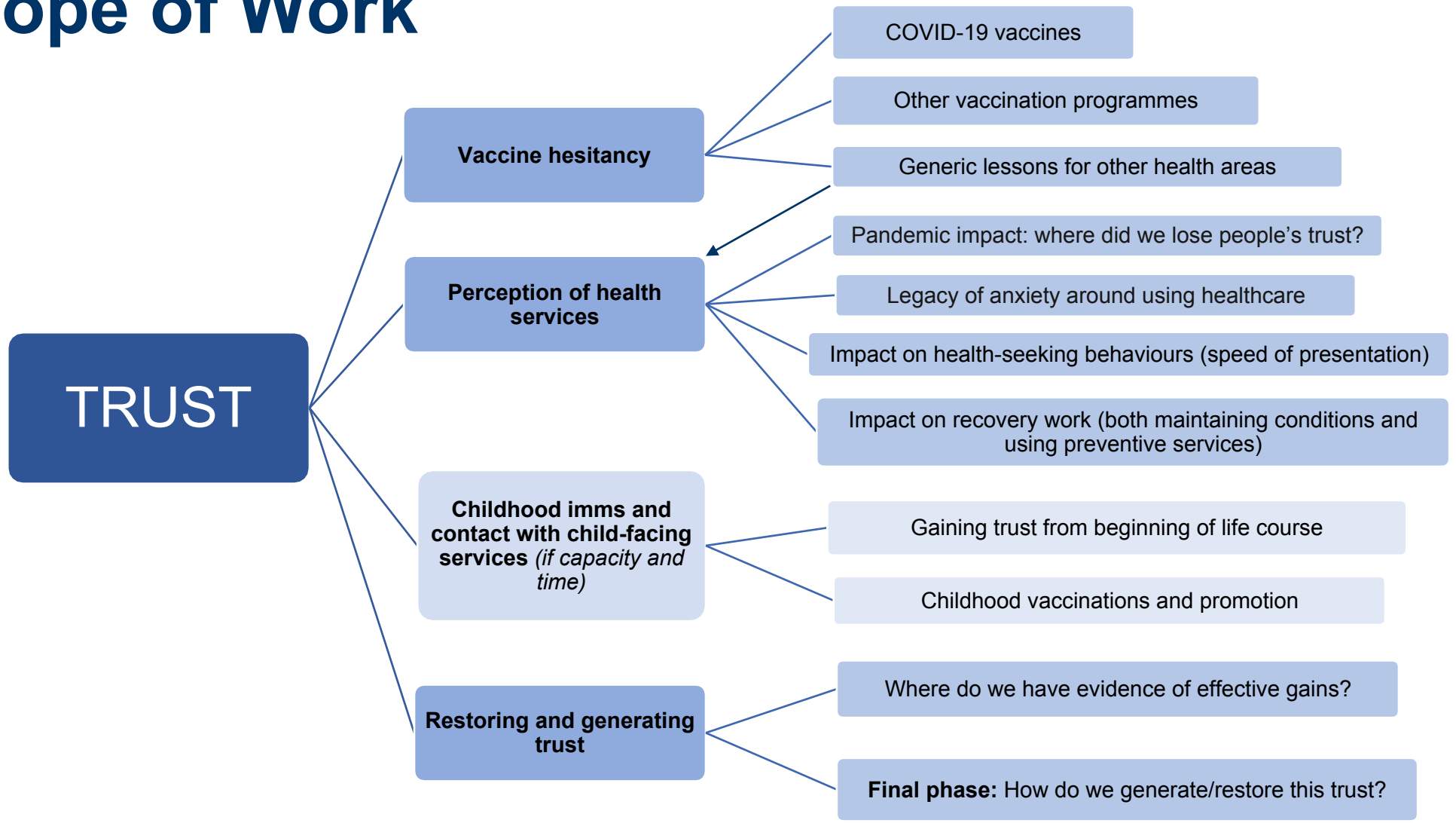
Astrid Grindlay, Public Health Registrar

Astrid.Grindlay@towerhamlets.gov.uk

Recommendation:

"The Health and Wellbeing Board, by the end of 2021, undertake detailed external research on causes of health inequalities amongst BAME communities which puts engagement of the community at the forefront of its work to identify issues and solutions"

Scope of Work



Key area where a community participatory approach is being used

DISAGGREGATION OF DATA INTO GRANULAR ETHNIC GROUPS

Research Phases

Phase 1: *"What we already have"*

- Synthesise information already collected from relevant literature
- Analyse qualitative insights data (collected by Public Health team) by project scope topics
- Integrate findings from existing vaccine hesitancy work (i.e. West Co, Social Action for Health, Community Navigators etc.)

Phase 2: *"Additional data to collect"*

- Health data to complement the community participatory work around perceptions of services
- Focused pieces of additional work which need to be done around vaccine hesitancy
- Service provider engagement

Phase 3: *"Community-based participatory research"*

- Generating additional insight; this will then be built on by co-developing focused actions
- Primary focus a) carrying out a deep dive in to the perception of health services and how the experience throughout Covid has impacted on trust b) to consider how grief and loss has impacted on the relationship of trust, and how we can begin to build up trust through this void of grief and trauma c) to explore how residents feel that their ethnicity impacts on how they use and perceive health services and d) to generate actions on how trust can be restored between BAME residents and services

Non-Executive Update for the: **Health and Wellbeing Board** Tuesday 2 November 2021	
Report of: Somen Banerjee, Director of Public Health, LBTH	**Classification:** Unrestricted
Strengthening Research infrastructure and collaborations in Tower Hamlets	

Originating Officer(s)	Liam Crosby, Associate Director Public Health, LBTH
Wards affected	All Wards

Executive Summary

This briefing provides the Health and Wellbeing Board with a short update on current work to strengthen research collaborations in Tower Hamlets. This work is to provide the underlying infrastructure, collaborations, and processes to enable research on several 'wider determinants' of health, as set out in the priorities of Tower Hamlets Partnership and the HWB Strategy.

As part of this work we are developing a bid for the NIHR-funded 'Health Determinants Research Collaborations' – which intends to fund Research & Development infrastructure within local authorities. This funding can be used to develop underlying infrastructure to *support* research (rather than to *do* research).

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the content of the attached presentation
2. Consider and provide steer on the questions on slide 11
3. Provide its support for a bid to the NIHR funding opportunity *Health Determinants Research Collaborations* - in the form of a letter from the Chair of the HWB Committee.

1. REASONS FOR THE DECISIONS

1.1 This briefing is primarily for information, with input welcomed from the HWBB.

1.2 The main decision is to provide support for a bid to the NIHR HDRC call. Doing so will demonstrate the support of the HWB for strengthening research infrastructure in the Borough. This will support a culture change to ensure we better identify, use and generate research within Tower Hamlets.

2. ALTERNATIVE OPTIONS

2.1 The HWB may not provide its support to the NIHR HDRC call at this time; this would prevent us from seeking this opportunity for additional resource to support research infrastructure in the Borough at this time.

3. DETAILS OF THE REPORT

3.1. The attached presentation provides the Health and Wellbeing Board with a short update on current work to strengthen research collaborations in Tower Hamlets. This work is to provide the underlying infrastructure, collaborations, and processes to enable research on several 'wider determinants' of health, as set out in the priorities of Tower Hamlets Partnership and the HWB Strategy.

3.2. As part of this work we are developing a bid for the NIHR-funded 'Health Determinants Research Collaborations' – which intends to fund Research & Development infrastructure within local authorities. This funding can be used to develop underlying infrastructure to *support* research (rather than to *do* research).

3.3. Further details are set out in the attached slide deck.

3.4. If Tower Hamlets is successful in moving to Stage 2 of the HDRC, we will consult further with partners on this.

4. EQUALITIES IMPLICATIONS

4.1 N/A

5. OTHER STATUTORY IMPLICATIONS

5.1 There are no specific statutory implications at this time

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Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- APPENDIX 1 "**Strengthening our research capabilities in Tower Hamlets"** (presentation).

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report

- NONE

Officer contact details for documents:
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Strengthening our research capabilities in Tower Hamlets

November 2021

Update to the Tower Hamlets Health and Wellbeing Board

Aims for today

This short session seeks input from HWB into the development of plans for strengthening our research system in Tower Hamlets.

This is about to **provide the underlying infrastructure, collaborations, and processes to enable research** on several 'wider determinants' of health.

The Health And Wellbeing Board is recommended to:

1. Note the content of this update;
2. Consider and provide steer on the questions on slide 10;
3. Provide its support for a bid to the NIHR funding opportunity Health Determinants Research Collaborations - in the form of a letter from the Chair of the HWB Committee.

Introduction

- Becoming **more research active** can bring benefit to HWB partners, and to our residents. Several of the ambitions of the Health and Wellbeing Strategy require action on the wider determinants of health

- We wish to develop **research collaborations**; and a **research infrastructure** to support them.
  - support the shared vision and objectives that we have collectively committed to in the **Tower Hamlets Plan**, including action on several of the wider determinants of health
  - focus on delivering better **outcomes for our communities**.
  - **enable research done here to have impact** locally, nationally and internationally

- NIHR '**Health Determinants Research Collaboration**'

Foundations for strengthening research in Tower Hamlets

- Data infrastructure for research

Research collaboration

- Culture, resource and capacity

Community engagement, citizen science, co-production

Academic research

Developing a research function
Initial direction

1. **A Tower Hamlets Research Collaboration function would enable us ensure key local decision making is research-led.** We will develop a culture and processes to ensure all corporate policies and programmes are guided by latest research.

2. **A Tower Hamlets Research Collaboration function would support world-class research to happen here.** We will provide the infrastructure to enable us, through partnership, to general research aligned to our strategic objectives.

3. **Disseminating our research** - contributing to the national and international research based and knowledge; **and acting as a 'beacon of learning and best practice'**

How we are going about developing our research function and collaborations

- We have begun to engage widely with partners:
  - Internal LBTH workshops with Strategy and Public Health colleagues – **w/c 11/10/21**
  - Workshop with higher education / academic partners – **22/10/21**
  - Workshop with larger, research-active VCS organisations – **27/10/21**
  - Workshop with smaller VCS organisations – **1/11/21**

- Next steps
  - Consultation with HWB, TH Partnership Exec Group, LBTH SLT – **early November**
  - Development of proposed workstreams and functions – by working group **– early November**
  - Submission of bid for NIHR HDRC funding – **23/11/21**
  - Development of research strategy – **early 2022**

Questions for the Health and Wellbeing Board

A. What would good collaboration on research look like in Tower Hamlets? What would be the features of a research system than really enables HWB partners to use research, and generate research?

B. What pockets of strong research capabilities within the Borough can we build on?

C. What research infrastructure (e.g. data linkages, citizen panels, community researchers, research-active schools etc) could support strengthened research, to improve key determinants of health in the Borough?

Opportunity to bid for NIHR funding to support development of research function

What is a HDRC

- Research and development **infrastructure funding** for local authorities
- Initially **five** collaborations with a view to increasing in future years
- Likely value - **£5 million per collaboration**, over five years, with the option to continue (post a four year review)
- A **single** Local Authority will be the contracting organisation
- Different from PHR's business as usual as are not research project funding focused

What would HDRC's do

- Focus on **wider drivers of population health** and **health inequalities**, explicitly addressing the needs of disadvantaged groups and areas within the relevant geography
- Have a named and experienced **Director**
- Foster a **culture** of research and development
- Build local authority research **capacity and resource**
- Enable and facilitate local authority research activity, **partnerships and collaborations**
- **Lead** a systematic and structured approach to research and evidence use throughout the LA
- Enable effective **dissemination** of research evidence.

Thank you

Liam.Crosby@towerhamlets.gov.uk

Annex

NIHR Funding call for Health Determinants Research Collaborations

Health & Wellbeing Board Tuesday, 2nd November 2021	TOWER HAMLETS
Report of: James Thomas, Director, Children and Culture, LBTH	**Classification:** Unrestricted
SEND Improvement Update	

Originating Officer(s)	Tracy Stanley, Strategy & Policy Officer, Children and Culture
Wards affected	All wards

Summary

This item will be a presentation (tabled for the meeting) providing an update to the Health and Wellbeing Board on SEND improvement work and the outcome of the Joint Area SEND Inspection in Tower Hamlets which took place in June / July 2021.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Provide feedback on the SEND Improvement update.

2. Provide feedback on how board members will support the response to the priority areas identified in the findings of the Joint Area SEND Inspection in Tower Hamlets.

1 REASONS FOR THE DECISIONS

1.1 N/A

2 ALTERNATIVE OPTIONS

2.1 N/A

3 DETAILS OF THE REPORT

3.1 The presentation will be available at the meeting and will provide an update on SEND improvement work and the outcome of the Joint Area SEND Inspection in Tower Hamlets which took place in June / July 2021. The presentation will provide an overview of inspection findings for system strengths and areas of weakness, and how Health and Wellbeing Board members can contribute to the improvement work being undertaken to respond.

4 EQUALITIES IMPLICATIONS

4.1 The SEND improvement work is directly concerned with equalities and by driving improvement work will improve outcomes for children and young people with Special Educational Needs and Disabilities.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE.

Appendices

- NONE

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

- NONE

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