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
Councillor Asma Begum (Member)	–	(Deputy Mayor and Cabinet Member for Children, Youth Services, Education and Equalities (Statutory Deputy Mayor)
Councillor Danny Hassell (Member)	–	(Cabinet Member for Housing)
Councillor Candida Ronald (Member)	–	(Cabinet Member for Resources and the Voluntary Sector)
Councillor Denise Jones (Member)	–	Older People's Champion
Gail Arnold (Member)	–	Interim Borough Delivery Director,
Dr Somen Banerjee (Member)	–	(Director of Public Health)
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)
Fran Pearson (Stakeholder)	–	Safeguarding Adults Board Chair LBTH
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
Peter Okali	–	Tower Hamlets Council for Voluntary Service
Dr Paul Gilluley	–	East London Foundation Trust
Jackie Sullivan	–	Managing Director of Royal London Site, Barts Health
Helen Wilson	–	Clarion Housing/THHF -

		representative to HWBB
Yasmin lalani	–	Public Protection Team

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
Warwick Tomsett	–	Joint Director, Integrated Commissioning
Jamal Uddin	–	Strategy Policy & Performance Officer
David Knight	–	(Democratic Services Officer, Committees, Governance)

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 will be recorded as advisory.

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.

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 on coping with Mental Health, the main points arising from the consideration of this may be summarised as follows:

The Board

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 Ethnic1 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** of the report).
2. the future action plan, timescales, and action owners (**Appendix I** of the report) 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