



TOWER HAMLETS HEALTH AND WELLBEING BOARD



Tuesday, 21 September 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:

Chair: Councillor Rachel Blake

Vice-Chair: Dr Sam Everington

Councillor Asma Begum

Councillor Danny Hassell

Councillor Candida Ronald

Councillor Denise Jones

Dr Somen Banerjee

James Thomas

Christopher Cotton

Denise Radley

Randal Smith

Fran Pearson

Councillor Gabriela Salva Macallan

Councillor Andrew Wood

Co-opted Members

Chris Banks

Dr Ian Basnett

Peter Okali

Dr Paul Gilluley

Jackie Sullivan

Marcus Barnett

Richard Tapp

Helen Wilson

Representing

(Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing)

Chair, Tower Hamlets Clinical Commissioning Group

(Deputy Mayor and Cabinet Member for Children, Youth Services and Education)

Cabinet Member for Housing

Cabinet Member for Resources and the Voluntary Sector

Mayor's Advisor for Older People

Director of Public Health, LBTH

(Corporate Director, Children and Culture)

North East London CCG

Corporate Director Health, Adults and Community

Healthwatch Tower Hamlets

Safeguarding Adults Board Chair LBTH

Chair of Health & Adults Scrutiny Committee

(Independent Member of the Conservative Group)

Chief Executive, Tower Hamlets GP Care Group CIC

Public Health Director, Barts Health NHS Trust

CEO of Tower Hamlets Council for Voluntary Service (THCVS)

East London and the NHS Foundation Trust

Chief Executive Officer Royal London & Mile End Hospitals

Detective Chief Superintendent - BCU Commander

Borough Commander - London Fire Brigade

Tower Hamlets Housing Forum

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 NHS Tower Hamlets 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

Tel: 02073644878

E:mail: committee.services@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 Council Meetings


Except where any exempt/restricted documents are being discussed, the public are welcome to view this meeting through the Council's webcast system.

Physical Attendance is extremely limited. Please see the next page for more information.

Meeting Webcast

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

<p>Electronic agendas reports and minutes.</p> <p>Copies of agendas, reports and minutes for council meetings can also be found on our website from day of publication.</p> <p>To access this, click www.towerhamlets.gov.uk/committee and search for the relevant committee and meeting date.</p> <p>Agendas are available on the Mod.Gov, iPad and Android apps.</p>	 <p>QR code for smart phone users.</p>
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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).

1.3 Minutes of the Previous Meeting and Matters Arising

9 - 30

To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on 29th June 2021. Also to consider matters arising.

In addition, as advised the last Board meeting was not formally quorate (**See Items 1.1 and 1.3**) and as a result the unrestricted minutes of the meeting of the Board held on 6th April 2021 (**See Appendix One**) require formal ratification.

2. ITEMS FOR CONSIDERATION

2.1 Health and Wellbeing Story - Coping with Mental Health

The Board will receive a presentation on coping with Mental Health – To follow.

2.2 Mental Health Strategy Update

The Board received a presentation and a report providing an update on the work being carried out on the Mental Health Strategy.

2.3 Better Care Fund Update

31 - 34

2.4 Health and Wellbeing Strategy

35 - 42

2.5 Black, Asian, and Minority Ethnic (BAME) Action Plan

43 - 48

3. ANY OTHER BUSINESS

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

Date of Next Meeting:

Tuesday, 2 November 2021 at 5.00 p.m. in

Agenda Item 1.2

DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER

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

(i) Disclosable Pecuniary Interests (DPI)

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

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

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

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

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

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

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

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

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

Guidance on Predetermination and Bias

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

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

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

Further Advice contact: Janet Fasan Divisional Director Legal 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

**THE ADVISORY MEETING 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)
Dr Somen Banerjee (Member)*	– (Director of Public Health)
Christopher Cotton (Member)	– Deputy Director of Finance
Councillor Danny Hassell (Member)*	– (Cabinet Member for Housing)
Councillor Denise Jones (Member)	– Older People's Champion
Fran Pearson	– Safeguarding Adults Board Chair LBTH
Denise Radley (Member)	– (Corporate Director, Health, Adults & Community)
Randal Smith (Member)*	– Healthwatch Tower Hamlets
James Thomas (Member)	– (Corporate Director, Children and Culture)

Co-opted Members Present:

Vivian Akinremi	– Deputy Young Mayor Lead for Health & Wellbeing
Chris Banks	– Chief Executive, Tower Hamlets GP Care Group CIC
Marcus Barnett	– Metropolitan Police Service
Dr Paul Gilluley	– Chief Medical Officer - East London NHS Foundation Trust
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:

Dr Ian Basnett	– Public Health Director, Barts Health NHS Trust
Councillor Asma Begum	– (Deputy Mayor and Cabinet Member for Children, Youth Services and

Councillor Candida Ronald – Education)
(Cabinet Member for Resources and
the Voluntary Sector)

Officers in Attendance:

Jamal Uddin – Strategy Policy & Performance Officer
David Knight – (Democratic Services Officer,
Committees, Governance)

*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 2nd February 2021 be agreed subject to formal ratification at the next formal Board meeting (**Appendix One refers**)

1.4 Chairs Update

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

The Board noted that:

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

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

The Board noted the following critical issues that:

- ❖ There is continued disruptive impact of the Covid pandemic on NHS care. The latest available data indicates that the shutdown of most non

Covid services in the first wave, combined with drastic changes in patient behaviour, mean the NHS is facing a large backlog of non - Covid care, thereby storing up greater problems for the future.

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

1.5 Home Care Transformation and Re-procurement

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

The Board:

- ❖ **Noted** that the adult social care system could not survive without the contribution of paid and unpaid carers who provide vital support for thousands of people every day and preventing people having to go into primary care.

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

The Chair Moved and it was: -

RESOLVED

1. To **note** the presentation; and

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

1.6 SEND Improvement Plan

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

The Board:

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

from a more joined up approach; and (iii) support partners to deliver key messages to wider staff and colleagues about their role in delivering the best possible services and outcomes for children and young people with SEND.

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

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

1.7 Health and Wellbeing Story

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

The Board:

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

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

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

2. LOCAL ENGAGEMENT BOARD

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

The Board:

- ❖ **Noted** that after an initial enthusiastic response to the Covid-19 vaccine the uptake by younger people has petered out, so it will take

longer to reach the levels of vaccination seen in older groups – this pattern is seen across London.

- ❖ **Noted** that the focus of the campaign is now on the 18- to 40-year-old cohort and was concerned that the NHS are seeing patients in this cohort who are fit and have no other medical problems in ICUs [intensive care units] due to Covid.
- ❖ **Noted** that 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 Borough where people can get their vaccine, so whether it's at East Wintergarden, Westfield shopping centre, a local pharmacy, or the Art Pavilion in Mile End [Book a Covid-19 vaccination - Tower Hamlets - Your details - Section 1 - forms](#)
- ❖ **Agreed** that it was important to stress to those residents aged 18- to 40-year-old should have both doses of the vaccine to give them the maximum protection from Covid-19 and that they should book their second jab eight to ten weeks after their first dose. In addition, it was **noted** that partner agencies are advertising in advance what to expect and help answer any questions raised. They are also working with the local voluntary; community and faith sectors to understand how best to reach out to people within Tower Hamlets and to get them involved in the 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 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 7.23 p.m.

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

Appendix One

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

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

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

Members Present:

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

Co-opted Members Present:

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

Apologies:

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

Others Present:

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

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

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

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

1.2 Declarations of Disclosable Pecuniary Interests

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

1.3 Minutes of the Previous Meeting and Matters Arising

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

RESOLVED

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

1.4 Chairs Update

The Chair:

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

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

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

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

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

The Board

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

- ❖ Noted the Patient Welfare Association is calling for changes and suggesting how standards "should be improved" by involving families with patient care.
- ❖ Noted that Barts Health NHS Trust has stated that patient safety is its top priority and wants to listen to any feedback and concerns.
- ❖ Noted that the objective of the Patient Welfare Association is to give the people within the community, a voice for the voiceless where it is felt that care lacking.
- ❖ Noted that Patient Welfare Association were incredibly grateful to Jackie Sullivan (Chief Executive Officer Royal London & Mile End Hospitals) for having arranged a meeting on the 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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<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>Tuesday 21 September 2021</p>	
<p>Report of: Denise Radley, Corporate Director Health, Adults and Community</p>	<p>Classification: Unrestricted</p>
<p>Better Care Fund 2021-22 update</p>	

<p>Originating Officer(s)</p>	<p>Suki Kaur Deputy Director of Partnership Development</p> <p>Phil Carr Strategy and Policy Manager</p>
<p>Wards affected</p>	<p>All wards</p>

Executive Summary

The Better Care Fund (BCF) is aimed at bringing together health and social care organisations to plan, fund and commission integrated services.

As the Health and Wellbeing Board provides approval for local Better Care Fund plans this presentation seeks to provide a timely update of recent actions including providing an overview of the considerations and outcome of our internal BCF review, updating on proposed and future changes to the BCF (including areas for future integration) as well as providing an update on changes expected at a national level and anticipated assurance dates for Better Care Fund plan sign-off for 2021-22.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the report and provide feedback on proposed areas of integration from 2022-23.
2. Consider how future Better Care Fund updates come to the HWBB

1. REASONS FOR THE DECISIONS

- 1.1 The Health and Wellbeing Board provides approval for local Better Care Fund plans. While national reporting on the programme was paused during the coronavirus pandemic it is felt that now is an opportune time to update the Board on the current and planned developments of the Better Care Fund.

2. ALTERNATIVE OPTIONS

- 2.1 N/a

3. DETAILS OF THE REPORT

- The Better Care Fund (BCF) is aimed at bringing together health and social care organisations to plan, fund and commission integrated services.
- The BCF was introduced in 2016-17 for implementation and has effectively been rolled over year on year while we await the outcome of a national review of the programme
- The BCF was rolled forward into the last financial year (2020/21), with national guidance for 2021-22 expected in mid-September 2021.
- Locally schemes are in place to address the 4 national standards of the Fund. The four standards are:
 - ❖ Delayed Transfers of Care (DTC) (reporting paused during pandemic)
 - ❖ Non-Elective Admissions (NEA),
 - ❖ Proportion of older people (65+) who were still at home 91 days after discharge from hospital into Reablement/rehabilitation services and
 - ❖ Permanent admissions to residential and nursing care homes (65+) per 100,000 population.
- Funds contributed to the BCF by CCGs are repurposed from existing revenue.
- The BCF grant to Local Authorities is the only external funding associated with the BCF.
- If the BCF was no longer in place, CCGs and Local Authorities will have to use other mechanisms to integrate funds and pull services together.
- Currently budgets are aligned within the BCF i.e. CCG and LBTH manage their own schemes and budgets. Service areas have been identified for further pooling or aligning budgets.

- Changes to scheme areas were discussed when the Joint Commissioning Executive was in place. The intention is to now transfer this responsibility to the THT Board
- Generally, as the Fund sits within Integrated Commissioning team there is visibility of the range of budgets across the system, and a recognition that these are the areas where resources need to combine in order to deliver our collective priorities.

4. EQUALITIES IMPLICATIONS

- 4.1 The Better Care Fund 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. It also funds Reablement which supports people to learn or relearn skills necessary for daily living following ill-health or disability; the adaptation of the domestic accommodation of people with disabilities to enable them to live at home, and the training of staff in the use of assistive technology.
- 4.2 As the Better Care Fund is used to fund a number of schemes across health and social care, equalities issues are picked up within each of these individual schemes.

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:

Phil Carr, Strategy & Policy Manager, London Borough of Tower Hamlets

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Non-Executive Report of the: Health & Wellbeing Board Tuesday 21 September 2021	
Report of: Denise Radley, Corporate Director Health, Adults and Community	Classification: Unrestricted
2021 Tower Hamlets Health and Wellbeing Strategy	

Lead Member	Councillor Rachel Blake (Cabinet Member for Adults Health and Wellbeing)
Originating Officer(s)	Somen Banerjee (Director of Public Health)
Wards affected	All
Strategic Plan Priority / Outcome	<p>Priority 1: People are aspirational, independent and have equal access to opportunities.</p> <p>Outcome 3: People access joined-up services when they need them and feel healthier and more independent.</p>

Executive Summary

This report presents the refreshed 2021 Tower Hamlets Joint Health and Wellbeing Strategy for agreement.

The primary aim of joint health and wellbeing strategies are to explain what priorities the Health and Wellbeing Board has set in order to tackle the needs of their local population, setting a small number of key strategic priorities for action that will make a real impact on people’s lives¹.

This refreshed strategy for Tower Hamlets has been developed through a period of unprecedented challenge. The Covid-19 pandemic has had significant impacts on health, wellbeing and the wider determinants of health. The refreshed strategy recognises both the long-standing health needs and inequalities in Tower Hamlets, and the emerging longer-term impacts of the pandemic.

Above all, this strategy has been driven by what local people have told us is important to them. A detailed programme of engagement and consultation with residents and local organisations spanning from winter 2019 to spring 2021 has been carried out. The findings have driven the principles and ambitions of the strategy and therefore the work of the Health and Wellbeing Board going forward.

¹ [Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies](#) (2013)

The strategy sets out six system-wide principles for improvement, and five ambitions for a 'healthy borough'. This high-level framework is intended to set the overall strategic direction of the health and wellbeing partnership in Tower Hamlets going forward. Once agreed, the six principles will be used as a basis to agree a set of outcomes and targets for which the Health and Wellbeing Board will be accountable. The actions required to meet the five ambitions will be articulated in the existing strategies and plans that sit underneath the umbrella Health and Wellbeing Strategy, including the Tower Hamlets Together plan and the Mental Health Strategy. Work will be carried out to map actions against existing strategies and address any gaps.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Comment on and agree the 2021 Joint Health and Wellbeing Strategy
2. Note that the strategy is due for final agreement at 21 September 2021 Health and Wellbeing Board.

1. REASONS FOR THE DECISIONS

- 1.1 Under the Health and Social Care Act 2012, Health and Wellbeing Boards have a statutory duty to develop a Joint Health and Wellbeing Strategy. It requires the Local Authority and Clinical Commissioning Group to work together to understand the health and wellbeing needs of their local community and agree joint priorities for addressing these needs to improve health and wellbeing outcomes and reduce inequalities.

2. ALTERNATIVE OPTIONS

- 2.1 The existing 2017-20 Health and Wellbeing Strategy could be extended. This is not recommended as it does not reflect the insights gained from residents and stakeholders over the last 18 months, and it does not take into account the medium and longer-term impacts of the Covid-19 pandemic on health and wellbeing.
- 2.2 The strategy and the proposed approach to delivering the strategy can be refined in line with feedback.

3. DETAILS OF THE REPORT

3.1 Background

3.1.1 The 2017-20 Health and Wellbeing Strategy

The last Health and Wellbeing Strategy was made up of five priorities:

- Communities driving change – changes led by and involving communities
- Creating a healthier place – changes to our physical environment
- Employment and health – changes helping people with poor working conditions or who are unemployed
- Children’s weight or nutrition – changes helping children to have a healthy weight, encouraging healthy eating and promoting physical activity
- Developing an integrated system – changes which will join-up services so they are easier to understand and access.

Achievements and progress against these priorities were set out in a 17 September 2019 Health and Wellbeing Board report, available to view [here](#). In addition to these priorities, a core focus of the Health and Wellbeing Board over the last 18 months has of course been the response to the Covid-19 pandemic – focusing on both the direct response to Covid-19 and the response to the wider, indirect health and wellbeing impacts of the pandemic.

3.1.2 Method of developing the new 2021 Health and Wellbeing Strategy

The framework for developing the new 2021 Health and Wellbeing Strategy was based on the following key stages:

- Discover: This stage focused on carrying out baseline analysis, analysing data and insights in our Joint Strategic Needs Assessments, existing resident and stakeholder feedback and identifying interdependent strategies.

- Engage: This stage focused on resident and stakeholder conversations, getting insight on what people think, feel and experience in relation to health and wellbeing in Tower Hamlets and what action could be carried out to resolve issues.
- Imagine: This stage focused on analysing the results of engagement, identifying a set of principles and ambitions arising from this.
- Shape: This stage focused on carrying out consultation with residents and with stakeholders on the proposed principles and ambitions of the strategy, asking respondents what they, their neighbourhoods and the Board can do in relation to these.
- Practical solutions: This stage focuses on producing the final strategy, using the insights and learning from previous stages.

The final stage – sustain – involves the delivery and monitoring of the strategy.

3.1.3 Consultation and engagement

A vast and detailed programme of consultation and engagement has taken place to inform and shape the strategy. This programme of work started in winter 2019, pre-dating the Covid-19 pandemic. It included a ‘resident conversation’ led by Healthwatch Tower Hamlets with 240 residents, and a vast range of conversations with stakeholders ranging from Safeguarding Adults Board to the Learning Disability Partnership Board. This engagement focused on the [Tower Hamlets Together Outcome Framework](#) to facilitate insights on what priorities the Health and Wellbeing Board should address through its strategy. Work continued at the start of the pandemic - including a survey carried out by Healthwatch Tower Hamlets with over 350 residents – then paused until the end of 2020.

The findings of engagement were then used to shape a set of principles and ambitions, which were subject to consultation between April and July 2021. 144 responses to the online consultation were received, and a number of follow-up conversations were had with key stakeholders.

More detail on the engagement and consultation activity carried out and the main messages arising from this are detailed in Appendix II.

3.2 **The 2021 Joint Health and Wellbeing Strategy**

- 3.2.1 The new, proposed 2021 Joint Health and Wellbeing Strategy is set out in Appendix I. The strategy acts as a high-level document explaining the priorities the Health and Wellbeing Board has set in order to tackle the needs of the Tower Hamlets population, as understood through our needs analysis and programme of engagement and consultation.
- 3.2.2 These priorities are articulated as six system-wide principles for improvement, and five ambitions for a ‘healthy borough’ – forming a basis for actions that will make a real impact on people’s lives.
- 3.2.3 The six system-wide principles for improvement are:

- i. Better targeting
 - ii. Stronger networks
 - iii. Equalities and anti racism in all we do
 - iv. Better communications
 - v. Community first in all we do
 - vi. Making the best use of what we have
- 3.2.4 The five ambitions for a healthy borough are:
- i. Everyone can access safe, social spaces near their home to live healthy lives as a community.
 - ii. Children and families are healthy happy and confident.
 - iii. Young adults have the opportunities, connections and local support to live healthy lives.
 - iv. Middle aged people are supported to lived healthy lives and get support early if they need to it.
 - v. Anyone needing help knows where to get it and is supported to find the right help.
- 3.2.5 For each of the principles and ambitions, the strategy states a commitment for action by the Health and Wellbeing Board.
- 3.2.6 Overall, the refreshed strategy recognises both the long-standing health needs and inequalities in Tower Hamlets, and the emerging medium and longer-term impacts of the pandemic; and seeks to address these by ensuring the Health and Wellbeing Board are working towards the same, shared set of priorities. The strategy is deliberately high-level, acting as an umbrella strategy under which sits a suite of strategies and plans that turn the ambitions into concrete action.

3.3 Next steps

- 3.3.1 Following agreement of the strategy, two main next steps are proposed.
- 3.3.2 Firstly, the six system-wide principles in the strategy will be used as a basis to agree a set of outcomes and targets for which the Health and Wellbeing Board will be accountable. It is proposed that this be done via a workshop with Health and Wellbeing Board members before December 2021. The Board will agree their current position in relation to the commitments against each principle, where they want to get to and in what timeframe. The Board will then agree targets for each principle and will be accountable for progress against these.

For example: The Board will agree how well partner organisations currently record the protected characteristics of their staff and residents. They could agree to have fully comprehensive data on this with no gaps within three years. They could agree to monitor progress by focusing on this topic once per year.

- 3.3.3 Secondly, the five ambitions for a 'healthy borough' are intended to be delivered through the suite of existing strategies and plans that fall under the

umbrella Health and Wellbeing Strategy. As such, we will map both the ambitions and resident and stakeholder feedback against existing strategies and plans and will address any gaps. This includes but is not limited to:

- The Tower Hamlets Together plan
- The plans held by the Tower Hamlets Together workstreams (Born Well, Growing Well; Living Well; Promoting Independence)
- The 2019-24 Mental Health Strategy
- The Suicide Prevention Strategy (currently under development)
- The Children and Families Strategy 2019-24: Every Chance for Every Child
- The Black, Asian and Minority Ethnic Commission action plan on health recommendations.

3.3.4 When agreed, the progress against the principles in the strategy will be regularly monitored by the Health and Wellbeing Board. The strategy will be reviewed when needed, as the Board is committed to continually listening, learning from and responding to the experience of people in the borough.

4. EQUALITIES IMPLICATIONS

4.1 The strategy sets out core priorities relating to targeting resources where they are most needed and understanding health needs around protected characteristics.

5. OTHER STATUTORY IMPLICATIONS

5.2 There is a statutory requirement to have a Joint Health and Wellbeing Strategy arising from the 2012 Health and Social Care Act.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 There are currently no direct financial implications of the proposed Health and Wellbeing strategy 2021-25. As the plan progresses, financial implications of potential actions to address any issues identified, will need to be assessed and contained within approved budgets.

7. COMMENTS OF LEGAL SERVICES

7.1 There are no Legal Implications at this stage.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- Appendix I: 2021 Joint Health and Wellbeing Strategy – To follow

- Appendix II: Consultation and engagement on the Health and Wellbeing Strategy – To follow

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:

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<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>Tuesday 21 September 2021</p>	
<p>Report of: Denise Radley, Corporate Director Health, Adults and Community</p>	<p>Classification: Unrestricted</p>
<p>Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission – Health Recommendations and Action Plan</p>	

Lead Member	Councillor Rachel Blake (Cabinet Member for Adults Health and Wellbeing)
Originating Officer(s)	Somen Banerjee (Public Health) Joanne Starkie (Strategy and Policy) Daniel Kerr (Strategy and Policy)
Strategic Plan Priority / Outcome	<p>Priority 1: People are aspirational, independent and have equal access to opportunities.</p> <p>Outcome 3: People access joined-up services when they need them and feel healthier and more independent.</p>

1 Executive Summary

This report presents the action plan in response to the Tower Hamlets Black, Asian and Minority Ethnic¹ Inequalities Commission health recommendations.

The Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission completed its review in March 2021, making recommendations across areas of community leadership, health, education, and employment. Nine of the 23 recommendations made by the Commission relate to health and care services.

The Health and Wellbeing Board are asked to further develop and refine the action plan (Appendix I) and associated deadlines so that our commitments to becoming an anti-racist and improving health outcomes for Black, Asian and Minority Ethnic communities are clear and meaningful.

2 Recommendations:

2.1 The Health and Wellbeing Board is recommended to:

- Note 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).

¹ This report and action plan uses the abbreviation “BAME” in line with the Commission report, however it is recognised that this term is subject to debate.

- Develop and refine 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.
- Agree the additional resources needed 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).

3 REASONS FOR THE DECISIONS

- 3.1 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.
- 3.2 Additional staff resource to carry out the action plan is recommended to ensure there is sufficient, dedicated resource to carry out the commitments in the plan.

4 ALTERNATIVE OPTIONS

- 4.1 The contents of the action plan (Appendix I) can be amended in line with feedback.
- 4.2 The action plan could be carried out through existing staff resources.

5 DETAILS OF THE REPORT

Background

- 5.1 The Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission completed its review in March 2021, focusing on four areas:
- Community leadership
 - Health
 - Education
 - Employment.
- 5.2 The Commission found that the constraints of structural racism are most apparent when considering health outcomes of our Black, Asian and Minority Ethnic residents which are worse than those of White residents in many areas, with many Black, Asian and Minority Ethnic residents suffering from a higher burden of multimorbidity. A considerable emphasis needs to be placed on improving the partnership approach to tackle the wider determinants of health, with too many Black, Asian and Minority Ethnic residents experiencing poorer employment and housing conditions. Furthermore, access to health services needs to be improved by ensuring services meet the cultural needs of our diverse communities and developing strong and effective relationships with these community. Digital exclusion is a prevalent access barrier, exacerbated by the COVID-19 pandemic, alongside ineffective communication and inadequate translation services. The need to work with our Black, Asian and Minority Ethnic communities should be at forefront of our recovery agenda ensuring we deliver real improvement in health outcomes.

Health recommendations arising from the Commission

5.3 As a result of these findings, nine of the 23 recommendations made by the Commission relate to health. These are:

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

- 5.4 Since the Commission published its recommendations in spring 2021, work has been carried out to develop plan, articulating the actions Health and Wellbeing Board and the Tower Hamlets Together partnership commit to carrying out in the short, medium and longer-term. These are presented in Appendix I. This action plan is presented to the Health and Wellbeing Board for discussion, refinement and further development².
- 5.5 Responding to the Covid-19 pandemic has of course been a key focus for the health and care system over the last year, and much of the work done to date to tackle inequalities facing Black, Asian and Minority Ethnic communities has been done through this lens (for example, work to tackle disparities in Covid-19 vaccination take-up levels). The work carried out to date is summarised in Appendix I.

Oversight and monitoring the action plan

- 5.6 The Health and Wellbeing Board will hold oversight of the action plan and will be responsible for the actions assigned to it. The Tower Hamlets Together partnership and Board will be responsible for the actions delegated to it by the Health and Wellbeing Board and will be accountable to the Board for delivery.
- 5.7 The progress of the action plan covering all 23 recommendations on community leadership, health, education and employment will be monitored by the Tower Hamlets Race Equality Network on a quarterly basis. The Network will lead on a thematic review, undertake further investigations into specific issues, and consider progress made against individual Pledges. The Race Equality Network will hold an annual event to publicly check and mark progress, and it will release an annual report which details achievements, challenges, and further findings.

Resources to carry out the action plan

- 5.8 Existing staff resources from all partner organisations will be needed to carry out the action plan.
- 5.9 In addition, it is recommended that an additional 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). The role of the post-holder will be to coordinate key, cross-cutting activity including:
- Gathering equalities data across the system, collating, analysing and acting on this
 - Coordinating an audit of key public information in community languages and organising subsequent translations
 - Coordinating 'you said, we did' work related to co-production
 - Coordinating a 'lessons learned' exercise in relation to Covid-19 approaches targeted at Black, Asian and Minority Ethnic communities that we may want to replicate in future for other health issues.

6 EQUALITIES IMPLICATIONS

- 6.1 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

² It should be noted that Appendix I will be presented to Cabinet in October 2022.

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

7 OTHER STATUTORY IMPLICATIONS

7.1 The main interfaces here relate to:

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

8 COMMENTS OF THE CHIEF FINANCE OFFICER

8.1 In addition to existing staffing resources within the partnership, this report requests an additional resource to work on the action plan. The estimated cost for each of the five partnership organisations is £2,800 to fund a 0.2 FTE, six-month post.

8.2 There is further work required to cost up the short-term and longer-term funding requirements to carry out the proposed activities in the action plan (including health actions). The funding requirement calculation for each proposed activity would need to consider the use of existing resources (including internal staffing resource) within the partnership and potential funding sources. Funding would need to be secured through the relevant organisations' governance processes before a project could be initiated, and this would need to include permanent budget source to be agreed for any projects which would create funding requirements in future years (in addition to one-off funding).

9 COMMENTS OF LEGAL SERVICES

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

9.2 The refined action plan refers to activities which may require 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 in accordance with the Council's constitution (as the case may be). 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.

9.3 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

Appendices

- Appendix 1 – Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission - Health Recommendations and Action Plan – To follow.

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

- NONE

Officer contact details for documents:
Or state N/A