

**LONDON BOROUGH OF TOWER HAMLETS**

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

**HELD AT 5.03 P.M. ON TUESDAY, 20 SEPTEMBER 2022**

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

**Members Present in Person:**

Councillor Gulam Kibria Choudhury – <b>(Chair)</b>	Cabinet Member for Adults, Health, and Wellbeing
Councillor Kabir Ahmed	Cabinet Member for Housing Management and Performance
Councillor Saied Ahmed	Cabinet Member for Resources
Councillor Iqbal Hossain	LBTH Member
Councillor Ahmodur Khan	Chair of the Health Scrutiny Sub-Committee
Councillor Maium Talukdar	Cabinet Member for Education & Children's Services
Councillor Abdul Wahid	Non-Executive Majority Group Councillor
Matthew Adrien	Service Director at Healthwatch Tower Hamlets
Dr Neil Ashman	Chief Executive of The Royal London and Mile End hospitals
Dr Somen Banerjee	Director of Public Health, LBTH
Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Chris Banks	Chief Executive, Tower Hamlets GP Care Group CIC
Natalia Clifford	Public Health Older People, NHS Tower Hamlets
Kathriona Davison,	Director of Operations and Transformation Barts Health NHS Trust
Amy Gibbs	Chair of Tower Hamlets Together
Suki Kaur	Tower Hamlets Together
Ellie Kershaw	(Acting Director, Growth and Economic Development)
Fran Pearson	Safeguarding Adults' Board Chair
Fiona Peskett	Director of Strategy and Integration - Royal London and Mile End
Charlotte Pomery	Chief Participation and Place Officer North East London Integrated Care Board
James Thomas	(Corporate Director, Children and Culture)
Helen Wilson	Clarion Housing/THHF - representative to HWBB

**Apologies:**

Peter Okali	CEO of Tower Hamlets Council for Voluntary Service (THCVS)
Denise Radley	(Corporate Director, Health, Adults & Community)
Warwick Tomsett	Joint Director, Integrated Commissioning

**Others Present in Person:**

David Knight (Democratic Services Officer, Committees,  
Governance)

**1. STANDING ITEMS OF BUSINESS**

**1.1 Minutes of the Previous Meeting**

The Chair of the Board moved and it was: - **RESOLVED**

The unrestricted minutes of the last meeting were confirmed as a correct record and the Chair of the Board was authorised to sign them accordingly.

**1.2 Declarations of Disclosable Pecuniary Interests**

No declarations were received at the meeting.

**2. INFORMATION SHARE**

**World Mental Health Day**

The Board:

- ❖ **Noted** that one in eight people worldwide are living with a mental-health issue, according to the World Health Organisation (WHO). Therefore, this year's world mental health day is on October 10<sup>th</sup> has a focus on prioritising mental wellbeing; and
- ❖ **Agreed** that it is important that the partners need to do as much as possible to prioritise reducing the factors known to pose a risk to people's mental health, enhancing those known to protect it and creating the conditions needed for people to thrive.

**3. APPROACH TO FUTURE AGENDA ITEMS**

The Board:

- ❖ **Expressed** concern that more residents than ever are experiencing real hardship because of the cost-of-living crisis, and that the situation for many is set to worsen.
- ❖ **Agreed** that further money should be channelled into supporting businesses, health initiatives, housing support, employment, and financial schemes to help with fuel bills, advice on reducing bills, information on benefits and what to do in a crisis.
- ❖ **Agreed** to consider what help available for families, where to get mental health support and links to community organisations and charities that can help.
- ❖ **Agreed** on the importance of the partners being commitment to work with others to find the best way to help residents through this crisis

(e.g., a joined-up approach to help people through the coming months and beyond).

- ❖ **Commented** that access to GPs is a longstanding public concern. GPs are usually the first port of call and gateway to being referred for specialist support. However, residents have reported barriers to access, poor communication from the practice, and a lack of choice (e.g., Residents with disabilities, those whose first language is not English, and those on lower incomes have all expressed concern about facing specific barriers to accessing GP services).
- ❖ **Agreed** that the public should be able to choose the type of appointment that best meets their needs.
- ❖ **Agreed** on the need to receive an update on the integrated care system and other issues (e.g., were air pollution; the wider health impacts of Covid; substance misuse; and mental health in younger people and health and well-being of older people).
- ❖ **Agreed** that when any item is put before Board it needs to be presented within the framework of the Health and Wellbeing Strategy with a covering note on **(i)** how the approach is targeted for those in greatest need; **(ii)** it is helping people to get more connected; **(iii)** does it address equity discrimination; **(iv)** on how coproduction is built into the to any particular strategy or program: and **(v)** how it make best use of assets. This will allow the Board to be critically engaged.
- ❖ **Agreed** that housing professionals who come into contact with adults with care and support needs, or who are experiencing or at risk of abuse or neglect, have a responsibility and duty of care to tenants and service users e.g., Identifying their needs, raising concerns, and reporting them through the correct channels.
- ❖ **Recognised** that safeguarding challenges have never been more complex, nor the legal requirements placed upon housing providers more stringent. The number and range of safeguarding concerns experienced by communities have grown exponentially to include issues such as anti-social behaviour, county lines, cuckooing and domestic violence. Therefore, those working in housing settings have an important responsibility to manage the scale of these challenges and this should be reflected in Boards forward plan.

#### 4. ITEMS FOR CONSIDERATION

##### 4.1 Cost of Living Crisis and Health

The Board received a presentation that provided an update on the cost-of-living crisis, its impact on residents and the measures being taken at the local and national level to mitigate those impacts. The main points of the discussion maybe summarised as follows:

The Board

- ❖ **Noted** that due to a combination of factors, both internal and external to Tower Hamlets, the cost of standard household items like energy and food have increased significantly and continue to do so. Whilst the Government has announced a number of measures that will support households, these will not cover the additional costs households will incur in full. Therefore, the Council has to find ways to support its most vulnerable residents.
- ❖ **Noted** that in April 2022 the energy price cap increased by 54%, which is £700 a year for an average household. Whilst in October it is likely to increase by a further £800. This will mean that in the space of a year, the cost of energy bills has more than doubled.
- ❖ **Noted** that food prices have increased by an average of 5.9%, the largest increase since 2011. However, there are items have exceeded this increase, such as pasta (10.1%), milk, cheese, and eggs (8.6%). Lamb (16.9%), beef (8.9% and oils and fats (18.1%). In other words, items which are household staples have seen the largest increases, meaning the largest proportional impact is on low-income households.
- ❖ **Noted** that the British Retail Consortium expects this trend to continue across the year. With an increase in energy, processing costs rising even further than expected, driving further retail price increases.
- ❖ **Noted** that residents can get help with essential costs from LBTH through the 'the Household Support Fund' that provides help for those struggling to afford things such as **(i)** energy and water bills; **(ii)** food; and **(iii)** other essential items.
- ❖ Was **informed** that **(i)** this Fund is aimed at anyone who is vulnerable or cannot pay for essentials; **(ii)** they do not have to be getting benefits to get help from LBTH; and **(iii)** those already in receipt of benefits, will not be affected if they also get a payment from the Household Support Fund scheme.
- ❖ **Agreed** that if LBTH did not provide any intervention other than those funded by the Household Support Fund. This will lead to many more vulnerable residents remaining in crisis, with an associated detrimental impact on their physical and mental health.
- ❖ **Recognised** that it is likely that not supporting residents at an early stage would lead to increased costs for LBTH when residents make contact needing emergency support.
- ❖ **Commented** that this situation is unfolding whilst benefits are at a 35 year low in real terms, and while coming out of a pandemic which has disproportionately impacted those on low incomes.
- ❖ **Noted** that the Government has also confirmed that another tranche of Household Support Funding will be given to Local Authorities for use between October 2022- March 2023 which should particularly target those who were ineligible for the above measures.
- ❖ **Welcomed** the fact that LBTH and its partners are working very hard to ensure that everybody across the partnership understands the offer from both **(i)** Central Government; and **(ii)** LBTH so as to ensure that everybody entitled gets the aforementioned financial support as many families do not always accept all of the benefits to

which they are entitled. Accordingly, LBTH and its partners are looking at a more systematic approach whereby frontline practitioners are empowered help families.

- ❖ **Noted** that LBTH and its partners want service providers to think harder about other ways in which they can help mitigate the impacts of the cost-of-living crisis on residents.
- ❖ **Agreed** that **(i)** living in poverty can lead to an increased likelihood of adverse effects on physical and mental wellbeing, in addition to poorer future life outcomes; and **(ii)** it is more difficult for those children living in poverty to access education at the same level emotionally and mentally as children who are not living in poverty.
- ❖ **Welcomed** the programme to poverty proofing of the School Day which consists of an audit for each individual school, questioning pupils, staff, parents/carers, and governors. This result in an action plan tailored to each individual school to address any stigmatising policies or practices.
- ❖ **Agreed** that the cost-of-living crisis hits residents in different ways. There is obviously the economic impact, but as mentioned that there is also the wellbeing element with people suffering from anxiety, depression and isolation and a decrease in their quality of life because of financial pressures.
- ❖ **Agreed** that by working in partnership with partners from across Tower Hamlets LBTH can ensure that everything is being done to help residents through the challenges ahead.
- ❖ **Welcomed** the intention to publicise what is being done which will give residents the assurance that they are not alone and together the Council, and its partners are doing everything to connect systems so that people have the advice and support that they need.
- ❖ **Agreed** that the information on advice and support available on the internet needs to recognise that all users will have different needs at different times and in different circumstances. Accessibility being about making sure that the service can be used by as many people as possible to make sure that nobody is excluded **e.g.**, looking at the various local papers and radio stations, not just the digital channels and obviously to make sure that all partners are aware, especially those who come into regular daily contact with people in greatest need.
- ❖ **Noted** that with people of all ages there are concerns around self-neglect and practitioners in the community can find collaborating with people who self-neglect extremely challenging. Therefore, it is important to consider how to engage with people, to offer support them without causing distress, and to understand the limitations to interventions should a resident not wish to engage.
- ❖ **Agreed** that any form of abuse is unacceptable, no matter what justification or reason may be given for it, and it is very important that all practitioners are aware of this and those in need know that help is available.

In conclusion, the Chair thanked the officers for their presentation and all attendees for their contributions to the discussions on this significant topic

## 4.2 Winter Planning

The Board noted that the purpose of this agenda item is to provide an overview the Royal London and Mile-End Hospitals initial winter planning and the continued development of plans and also to briefly provide an overview of vaccination plans over Winter. The main points of the discussion may be summarised as follows:

The Board

- ❖ **Noted** that as Autumn and Winter approach the Royal London wanted to share the planning already underway for this winter. There are a range of risks and uncertainties with increasing demands across health and social care. Issues such as cost of living increases and rising energy costs are placing pressures on households and individuals, impacting on their health and ability to cope. Seasonal infections are also on the increase such as respiratory viruses, flu and new covid variants which may place additional pressure on services, and the need to vaccinate for these as well as unexpected viruses such as monkeypox and polio are affecting vaccination capacity and resource.
- ❖ **Noted** that the system is already under considerable strain due to the need to work through a backlog in elective care, as well as increased demand.
- ❖ **Noted** that the Royal London is developing plans to manage these competing pressures as winter approaches alongside its health and social care partners. The work underway is underpinned by clear governance and decision making as well as effective communication and escalation channels across the partnership from place and providers and we want to ensure that as a system everyone is aware of the work underway and has an opportunity to shape it further. The Royal London is also focused on regular and effective communications to local residents.
- ❖ **Commented** that patients from ethnic minority backgrounds have faced inequality when accessing healthcare services due to language, culture, population diversity and institutional attitudes. New policies and processes should be created to tackle these issues, with ongoing research to further explore and monitor outcomes. With primary care being the front door to healthcare services, it must be geared to meet the needs of the whole population consistently and competently.
- ❖ **Stated** that primary care services provide the initial point of contact in the healthcare system, acting as the front door for the NHS. These services should therefore notably be a point of equal access for all in the community (e.g., using Accident and Emergency or the immunization programmes for polio, measles, mumps, and rubella).
- ❖ **Agreed** that it is imperative (i) to encourage understanding of those groups who experience difficulties in accessing primary care services

and consider ways to help them overcome obstacles they may encounter; and **(ii)** to have adequate patient access and experience can only be improved if the need for resources to support the care of BAME populations within primary care is recognised.

In conclusion, the Chair thanked officers for their presentation and all attendees for their contributions to the discussions on the winter planning and the development of plans over the Winter.

#### 4.3 Better Care Fund (BCF)

The Board received a presentation is to provide an overview of the Better Care Fund (BCF) programme that supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

The BCF **(i)** is aimed at bringing together health and social care organisations to plan, fund and commission integrated services; and **(ii)** Policy Framework sets out four national conditions that all BCF plans must meet to be approved. These are:

1. A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
2. The NHS contribution to adult social care to be maintained in line with the uplift to Integrated Care Board (ICB) minimum contribution.
3. Investment in NHS commissioned out-of-hospital services.
4. Plans for enabling people to stay well, safe, and independent at home for longer and provide the right care in the right place at the right time.

The paper requested approval of the BCF Plan for 2022-23 as part of the NHS England Assurance process and in line with national condition. The main points of the discussion may be summarised as follows:

The Board:

- ❖ **Noted** that the Better Care Fund is not additional funding instead it represents a continuation of existing funding to support the base budget spend on integrated services. NHS North East London is responsible for planning and buying health services across north east London and supports adult social care with BCF spend on services such as community equipment, reablement teams and hospital social work teams. A full list of services funded by the Better Care Fund is included in the Better Care Fund Plan attached to the report.
- ❖ **Noted** that 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 the outcome of a national review of the programme is await.

- ❖ **Noted** that the national guidance this year has seen the introduction of three new health metrics around 'avoidable admissions', 'length of stay' and 'discharge'. The length of stay metric will be the particular focus of the national assessors. Tower Hamlets has met all the national conditions as set out in the guidance.
- ❖ **Noted** that the Tower Hamlets Together Executive Board (which reports into the Health and Wellbeing Board) provides strategic oversight of the schemes that sit within the BCF. 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 the collective priorities for Tower Hamlets.
- ❖ **Noted** that the BCF 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.
- ❖ **Noted** that the BCF is concerned with achieving best value in the health and social care economy, by ensuring that services are provided most appropriately across the system and that the allocation of resources supports efficiency improvements, as well as better outcomes for service users. It also seeks to reduce the historic problem of financial savings in one sector being achieved at the expense of additional costs in the other, through better joint planning and shared priorities.

As a result of a full and wide-ranging discussions on the Better Care Fund Plan for 2022-23 the Chair of the Board then **Moved**, and it was:-

**RESOLVED** that:

- ❖ any member of the Health & Wellbeing Board would be given a further opportunity to raise any queries on the Better Care Fund Plan before the formal sign off on the 26<sup>th</sup> of September 2022.

**NB:** Subsequent to the meeting the Chair has agreed that there should be a programme of reviews/deep dives into the BCF schemes (with a focus on outcomes/impact and also addressing inequalities) that will be developed into a proposal for the Board's Forward Plan.

**5. ANY OTHER BUSINESS**

The Chair of the Board then **Moved**, and it was:-

**RESOLVED** that:

The NHS partner agencies were formally asked to provide a nomination for the position of the Boards Vice-Chair.

**6. CLOSE OF MEETING**

With no other business to discuss the Chair of the Board:

- A. Called this meeting to a close.
- B. Indicated that the next ordinary meeting of the Board is currently scheduled for Tuesday 6th December 2022; and
- C. Thanked everybody for their attendance and participation at this evening meeting.

The meeting ended at 6.49 p.m.

Chair, Councillor Gulam Kibria Choudhury  
Tower Hamlets Health and Wellbeing Board