

TOWER HAMLETS HEALTH AND WELLBEING BOARD



**Tuesday, 20 September 2022 at 5.00 p.m. Committee Room One - Town Hall,
Mulberry Place, 5 Clove Crescent, London, E14 2BG**

This meeting is open to the public to attend.

Members:	Representing
Chair: Councillor Gulam Kibria	(Cabinet Member for Health, Wellbeing and Social Care)
Choudhury	Cabinet Member for Housing Management and Performance
Councillor Kabir Ahmed	Cabinet Member for Resources
Councillor Saied Ahmed	Cabinet Member for Education & Childrens Services
Councillor Maium Talukdar	Non-Executive Majority Group Councillor
Councillor Abdul Wahid	Non-Executive Largest Opposition Group Councillor
Councillor Amy Lee	Chair of the Health Scrutiny Sub-Committee
Councillor Ahmodur Khan	Chief Executive of The Royal London and Mile End hospitals
Dr Neil Ashman	Director of Public Health, LBTH
Dr Somen Banerjee	Director of Nursing and Governance
Lucie Butler	Chair of Tower Hamlets Together
Amy Gibbs	Corporate Director Health, Adults and Community
Denise Radley	(Corporate Director, Children and Culture)
James Thomas	Joint Director, Integrated Commissioning
Warwick Tomsett	
[The quorum for this body is 3 voting Members]	

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, Democratic Services Officer (Committee)
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG
Tel: 02073644878
E:mail: David.knight@towerhamlets.gov.uk
Web: <http://www.towerhamlets.gov.uk/committee>

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Role of the Tower Hamlets Health and Wellbeing Board.

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

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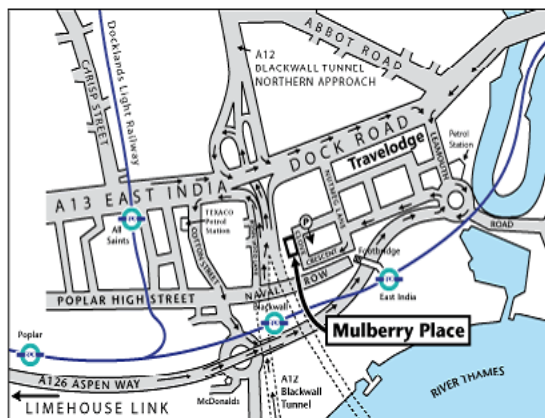
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1. STANDING ITEMS OF BUSINESS

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 Minutes of the Previous Meeting **7 - 14**

To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on 26 July 2022.

1 .3 Matters Arising

1 .4 Declarations of Disclosable Pecuniary Interests **15 - 16**

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

ITEMS FOR CONSIDERATION

2. INFORMATION SHARE

3. DRAFT FORWARD PLAN

4. APPROACH TO FUTURE AGENDA ITEMS

5. ITEMS FOR CONSIDERATION

5 .1 Cost of Living Crisis and Health **17 - 18**

5 .2 Winter Planning **19 - 22**

5 .3 Better Care Fund (BCF) **23 - 26**

6. ANY OTHER BUSINESS

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

Date of Next Meeting:

Tuesday, 6 December 2022 at 5.00 p.m. in Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 6.03 P.M. ON TUESDAY, 26 JULY 2022

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

Councillor Gulam Kibria Choudhury (Chair)	– (Cabinet Member for Health, Wellbeing and Social Care)
Councillor Maium Talukdar (Member)	– (Deputy Mayor and Cabinet Member for Education, Youth and Lifelong Learning (Statutory Deputy Mayor))
Councillor Kabir Ahmed (Member)	– (Cabinet Member for Regeneration, Inclusive Development and Housebuilding)
Councillor Saied Ahmed (Member)	– (Cabinet Member for Resources and the Cost of Living)
Councillor Ahmodur Khan	– (Stakeholder)
Councillor Abdul Wahid (Member)	–
Matthew Adrien (Member)	– Service Director at Healthwatch Tower Hamlets
Gail Arnold (Member)	– Interim Borough Delivery Director,
Dr Somen Banerjee (Member)	– (Director of Public Health)
Lucie Butler (Member)	– Director of Nursing and Governance
Ellie Kershaw (Member)	– (Acting Director, Growth and Economic Development)
Councillor Amy Lee	– (Stakeholder)
Fiona Peskett (Member)	– Director of Strategy and Integration - Royal London and Mile End
James Thomas (Member)	– (Corporate Director, Children and Culture)

Others present:

Matthew Adrien	– Healthwatch Towerhamlets
Shakila Ali	– Women's Inclusive Team
Safia Jama	– Women's Inclusive Team
David Knight	– Democratic Services Officer
Ted Maxwell	– Bethnal Green resident
Jamie Stafford	– East London NHS Foundation Trust
Warwick Tomsett	– Joint Director, Integrated Commissioning
Phil Warburton	– Rethink Mental Illness & Citizens

UK

Apologies:

Councillor Ohid Ahmed	– (Cabinet Member for Safer Communities)
Chris Banks	– Chief Executive, Tower Hamlets GP Care Group CIC
Marcus Barnett	– Detective Chief Superintendent - MPS Central East Borough Command Unit
Christopher Cotton	– Deputy Director of Finance
Dr Paul Gilluley	– Chief Medical Officer North East London Integrated Care Board
Councillor Iqbal Hossain	– (Cabinet Member for Culture and Recreation)
Charlotte Pomery	– Chief Participation and Place Officer North East London Integrated Care Board
Denise Radley	– (Corporate Director, Health, Adults & Community)
Shohel Ahmed	– Joint Safeguarding Adults Strategy and Governance Manager
Helen Wilson	– Clarion Housing/THHF - representative to HWBB

1. STANDING ITEMS OF BUSINESS

2. WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Councillor Gulam Kibria Choudhury (Cabinet Member for Health, Wellbeing and Social Care) welcomed everybody to the meeting.

2.1 Declarations of Disclosable Pecuniary Interests

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

2.2 Minutes of the Previous Meeting and Matters Arising

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

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

2.3 Liveable Streets

The Chair indicated that he understood that there were some questions from the public and he invited Mr. Ted Maxwell a Bethnal Green resident and one of the authors of the open letter signed by 850 people and sent to Mayor Rahman about the proposals to reverse elements of the Liveable Streets schemes. A summary of the discussions on this issue is outlined below:

1. The Boroughs Health and Well-Being Strategy states that for a 'healthy borough' that everyone can access safe, social spaces near their home to live healthy lives a community and to achieve this ambition by working with partners to make the best use of land and spaces and to reduce traffic levels to ensure that (i) everyone can use open spaces and amenities; and (ii) local green spaces and public amenities are sustained and strengthened. The Liveable Streets schemes it was felt has helped to achieve these ambitions (**e.g.**, by reducing traffic on Green Road along which four local schools are based and introducing a pocket park has transformed how local people use green spaces along this road). Therefore, given that the Council are consulting to remove all of these things, how will the health and well-being strategy support residents in maintaining these schemes so that health and well-being benefits are maintained? **In response** it was noted that since the implementation of the Liveable Streets programme, a significant number of objections and concerns have been raised by residents, businesses, and the emergency services **e.g.** petitions calling for the scheme's removal and there have been numerous reported incidents where emergency service responses have been hindered by physical road closures and for many residents, the closures have created longer journey distances which has increased emissions and costs.
2. What actions will the Council do to achieve the same level of benefit in terms of promoting physical activity and active travel, tackling air pollution, and sustaining and strengthening local green spaces and public amenities. **In response** it was noted that the Council will be investing in a whole range of other areas and are keen to engage with residents in how the Council will deliver on those issues and tackle any challenges (**e.g.**, promoting more healthier lifestyle choices)

3. ITEMS FOR CONSIDERATION

3.1 CONFIRMATION OF VICE-CHAIR

Agreed to defer the appointment of the Vice-Chair to allow time to reflect on proposed changes resulting from variations to the **(i)** NHS governance arrangements; and **(ii)** health landscape.

3.2 TERMS OF REFERENCE

The Board:

1. **Noted** the currently published Terms of Reference for the Board; and
2. **Noted** that the Terms of Reference will be subject in the near future to a review to reflect on variations resulting from changes to the **(i)** NHS governance arrangements; and **(ii)** health landscape.

3.3 Health and Wellbeing Strategy - Overview

The Board **noted** that the Health and Wellbeing Strategy sets out the principles and ambitions of the strategy based on what residents said mattered to them and an approach based on the recognition that the enjoyment of the best possible health is a fundamental right of every human being.

Accordingly, having considered the Health and Wellbeing Strategy and the Locality Plan at a briefing session held earlier this evening the Board formally:

1. **Noted** the principles and aspirations of the Health and Wellbeing Strategy and plans to develop the Locality Plan.

3.4 Mental Health Strategy 2019-2024

The Board received a presentation from Shakila Ali (Women's Inclusive Team); Safia Jama (Women's Inclusive Team); Jamie Stafford (East London NHS Foundation Trust); and Phil Warburton (Rethink Mental Illness & Citizens UK) on the Adult Mental Strategy 2019-2024 that has identified three themes:

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

The main points of the discussions on this presentation may be summarised as follows:

The Board:

- ❖ **Noted** that the pandemic has impacted adversely on levels of mental health issues in the Borough.
- ❖ **Noted** details of the Community Connector programme commissioned by East London Foundation Trust from the Women's Inclusive Team as an example of the strategy in action.
- ❖ **Noted** that Community Connectors provide person-centred support, working alongside clinical and other statutory and voluntary sector services to support people in achieving better mental health and wellbeing.
- ❖ **Noted** that the service cross cuts all three themes of the adult mental health strategy and is presented as a case study of an approach to addressing health inequalities through the engagement of local people to improve access to mental health services and achieve better outcomes.
- ❖ **Agreed** that to refer to people from ethnic minorities as Black, Asian, or Minority Ethnic (BAME) does not fully do justice to the diverse range of cultural experiences like fear, stigma and lack of culturally sensitive

treatment can function as barriers to accessing mental health care for people from BAME backgrounds (**e.g.**, parents claiming that their children have been possessed as opposed to admitting that they have mental health issues)

- ❖ **Agreed** that there is no 'one size fits all' when talking about race and identity as group labels bundle many identities and experiences together. This obscures the fact that people in these groups do not all have the same experience of race and they do not all face the same challenges.
- ❖ **Commented** that (i) residents from a BAME background, may experience different rates of mental illness than the rest of the population; and (ii) mainstream mental health services are not equipped to fully understand the needs of BAME groups due to a lack of training and a lack of staff diversity.
- ❖ **Felt** that there was a lack of lack of knowledge about different cultures that was thought to perpetuate stereotypes and reduce compassion and empathy. That can potentially marginalise people from mental health services (**e.g.**, staff do not take the time to ask about people about their culture and traditions).
- ❖ **Agreed** that whilst it is a very difficult thing to achieve it was important to move towards a culture of care where referrals to mental health services are an important part of the continuum of mental health services.
- ❖ **Agreed** that when staff members are proactive about referral processes, it can lead to consistent access to and use of services that help to identify, treat, and reduce the effects of mental illness for many.
- ❖ **Noted** that “Talking Therapies” (i) is a type of therapy which involves a patient talking to a trained professional about their thoughts, feelings, and behaviour. It provides a safe and confidential space to talk to someone who will not be judgemental; (ii) can help those referred make sense of things and understand themselves better. The therapists will help to discuss the next steps and any changes to make the patient feel more positive about their life.
- ❖ **Noted** that individual therapy may consist of telephone, face to face and online sessions. The length of sessions, number of sessions and frequency of sessions will vary depending on the main presenting problem and the level of severity of difficulties. The first stages of individual therapy usually involve an assessment and creating a shared understanding between client and therapist of the client’s difficulties and maintaining factors. The treatment plan is then discussed and agreed upon. Tower Hamlets Talking Therapies offers short term evidence-based interventions, based on Cognitive Behavioural Therapy principles.
- ❖ **Noted** the formation of Neighbourhood Mental Health Teams which will mean: (i) organising core community mental health teams around four neighbourhoods (which align to social care localities and Primary Care Networks); and (ii) introducing new ways of working which will bring together professionals daily to collaborate in providing care, and shift focus on population health across the neighbourhood.

- ❖ **Noted** that there would be additional investment into Voluntary, Community and Social Enterprise sector to tackle inequalities (**e.g.**, Grant schemes to tackle inequalities and build resilience and new partnerships and projects to improve access, experience, and outcomes for local communities).
- ❖ **Noted** the reimagining mental health by the co-designing new rapid access to help resolve distress in people's lives through the living well systems of support which are distinguishable by a set of key features (**e.g.** accountability for people centred outcomes that promote choice, recovery, and citizenship; sees people as citizens within communities, rather than 'patients' or 'professionals' and puts the voice of lived experience at the centre of services and the system to provide timely access to support where it is needed).
- ❖ **Noted** that World Mental Health Day will take place on the 10th of October 2022 and the theme for World Mental Health Day is '**Mental Health in an Unequal World**'. Reflecting on the Covid-19 pandemic, advocates will focus on how people with long-term health conditions for people living deprived communities and experiencing racial discrimination were disproportionately impacted.
- ❖ **Agreed** that it was important to develop a wider understanding of these issues throughout those communities that it seeks to serve (**e.g.**, how mental health issues are being addressed in Tower Hamlets).
- ❖ **Noted** that LBTH has combined a broad spectrum of services into a single program operated by Age UK East London. The Tower Hamlets Connect portal asks questions to guide users toward relevant health and wellbeing services. This website includes a calendar of in-person events and guides about health issues throughout life. Residents in need of one-on-one consultations with social care staffs and physicians can contact the Tower Hamlets Connect helpline.
- ❖ **Noted** that LBTH is running a pilot "Residents" Hub that will guide people through available resources for housing, healthcare, employment, and social services.
- ❖ **Noted** that LBTH will model a permanent Residents' Hub at the new Town Hall on lessons learned during the pilot.
- ❖ **Agreed** that whilst more people than ever are talking about their mental health, there is still a stigma in society attached to being open and honest about how you feel. This stops people from reaching out for help, as they may feel shame or embarrassment. To tackle this:
 - (i) **Schools** should organise a guided workshop for the students to process and express their feelings; raise money for mental health charities with a fundraising event; and hire a mental health speaker to share their story with the students.
 - (ii) **Businesses** need to ensure that mental health support is central to their employee benefits scheme
 - (iii) **Communities** could organise a community-wide fundraising event for a mental health charity; create a space where members of the community can talk about

their feelings; and ensure that residents have access to local and affordable mental health support.

The Chair thanked Shakila Ali; Safia Jama; Jamie Stafford and Phil Warburton and the contribution of Board Members to the discussion on this item.

3.5 Healthwatch overview

The Board received a presentation from Matthew Adrien (Healthwatch Towerhamlets) that provided an overview of Healthwatch Tower Hamlets, including their governance arrangements, service areas and priorities. The main points of the discussion summarised as follows:

The Board:

- ❖ **Noted** that LBTH has commissioned Your Voice in Health & Social Care (YVHSC) had been as the new provider for Healthwatch in Tower Hamlets, taking over from the previous provider on the 1st of April 2022.
- ❖ **Noted** that Your Voice in Health and Social Care (YVHSC) is an independent organisation that gives people a voice to improve and shape services and help them get the best out of health and social care provision.
- ❖ **Noted** that YVHSC specialises in providing Health and Care services that offer effective engagement and involvement that impacts on community wellbeing and development. Using their expertise YVHSC involve people in ways that are both efficient and inclusive, and so can maximise the impact of their engagement.
- ❖ **Noted** that as part of YVHSC's commitment to represent communities and provide services that are valuable and required, YVHSC provide Healthwatch services, Carers provision, Advocacy, and comprehensive community engagement. Their research and engagement teams support community consultation and deep dive studies across all London Boroughs. As an organisation, YVHSC aims to empower and represent diverse communities, so as to make every voice count. YVHSC strive to understand local needs, experiences and concerns of people who use health and social care services and to effectively to speak out on their behalf.
- ❖ **Noted** that YVHSC currently operates Healthwatch services in Hounslow; Ealing; Waltham Forest; Bromley; Lewisham, Hammersmith, and Fulham that engage and involve members of the public in the commissioning of Health and social care services.
- ❖ **Agreed** that **(i)** it is through extensive community engagement and continuous consultation with local people, health services and the local authority; and **(ii)** Healthwatch members of staff and volunteers need to speak to local people about their experiences of health and social care services. To build bridges and create partnerships between local people and services, to provide a better future for all.
- ❖ **Noted** the following priority areas for YVHSC in developing Healthwatch within Tower Hamlets is **(i)** to align community needs and priorities with partners strategic and commissioning plans, ensuring

impact and influence; **(ii)** to work with CVS partners and building links with key community groups (**e.g.** Somali and Bangladeshi community); **(iii) to develop** Directed Enhanced Service provision at the local care homes (**i.e.** primary medical services); **(v)** to advance the concept of the “15 minute neighbourhood” to ensure that everyone who lives in the Borough should be able to meet most, if not all of their needs within a short walk, using public transport or a short bike ride from their home to help them live a fulfilling and healthy life within their local area; **(v)** to ensure that the local voice heard in new regional structures.

- ❖ **Noted** the work being undertaken to establish a Local Advisory Committee with 6-9 members from local community to provide guidance, support, advice, and expertise to service delivery.
- ❖ **Noted** that YVHSC offers opportunity to gain relevant experience, while developing the practical skills and knowledge.

The Chair placed on record his thanks to Matthew Adrien and the contribution of Board Members to the discussion on this item.

4. ANY OTHER BUSINESS

With no other business to discuss, the Chair called this meeting to a close. Members were advised that the next meeting is scheduled for 20th September 2022 at 5.00 p.m. to be held in Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG.

Finally, the Chair thanked everybody for their attendance and participation tonight.

The meeting ended at 7.42 p.m.

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

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, Director of 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.

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>Tuesday 20th September 2022</p>	
Report of: Ellie Kershaw, Acting Director Growth and Economic Development	Classification: Unrestricted

Originating Officer(s)	Ellie Kershaw, Acting Director Growth and Economic Development
Wards affected	All wards

Executive Summary

The LBTH Growth and Economic Development team is responsible for a number of key initiatives designed to mitigate the impacts of increases to the cost of living, including those delivered by the Tackling Poverty team to support vulnerable residents.

The purpose of this presentation is to provide 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.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the presentation for information

1. REASONS FOR THE DECISIONS

- 1.1 The LBTH Growth and Economic Development team is responsible for delivering a number of projects designed to mitigate the impacts of increase to the cost of living.
- 1.2 These include delivery of the Mayor's cost of living relief package and the Mayor's energy fund.
- 1.3 Interventions are made against a backdrop of support measures from central government, including the energy bills support scheme, cost of living payments and council tax rebate.

2. ALTERNATIVE OPTIONS

2.1 N/A

3. DETAILS OF THE REPORT

- 3.1 Steep increases in the costs of energy and food have led to increased financial strain on residents which will have an impact on their ability to heat homes and provide sufficient food for themselves and their families over winter.
- 3.2 A number of measures to mitigate the impacts of this financial strain are already in place at the national level, including the energy bills support scheme, cost of living payments and council tax rebates. These exist alongside existing local level provisions including council tax reductions, housing payments, the residents support scheme, free school meals, the HAF programme and others.
- 3.3 A number of targeted local measures will be rolled out in the coming months, including the allocation of the Household Support Fund through the Mayor's cost of living relief package and the Mayor's energy fund.

4. EQUALITIES IMPLICATIONS

4.1 N/A

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- None

Local Government Act, 1972 Section 100D (As amended)

List of "Background Papers" used in the preparation of this report


List any background documents not already in the public domain including officer contact information.

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

Officer contact details for documents:

Vincent Wood, Senior Cost of Living Officer, LBTH

vincent.wood@towerhamlets.gov.uk

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>Tuesday 20th September 2022</p>	
<p>Report of: Kathriona Davison - The Royal London and Mile-End Hospitals Winter Planning 2022/23</p>	<p>Classification: Unrestricted</p>

Originating Officer(s)	Kathriona Davison - Barts Health NHS Trust
Wards affected	All wards

Executive Summary

As we approach Autumn and Winter, we want 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 our services, and the need to vaccinate for these as well as unexpected viruses such as monkeypox and polio are affecting our vaccination capacity and resource.

The system is already under considerable strain and working through a backlog in elective care, as well as increased demand.

We are developing plans to manage these competing pressures as we approach winter alongside our 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. We are also focused on regular and effective communications to local residents.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. To review the Royal London and Mile-End Hospitals initial winter planning and approve the continued development of plans.

1. ALTERNATIVE OPTIONS

- 1.1 Not applicable.

2. DETAILS OF THE REPORT

- **Managing new Covid variants and respiratory challenges:** there have been national changes to infection, prevention and control guidance affecting our ability to optimise bed capacity and delivery of an integrated covid and flu vaccination programme so we are working through how best to prepare for and manage this.
- **Appropriate plans in place to increase capacity and manage demand:** We're working with our community, mental health and primary care services to ensure sufficient urgent care capacity is in place for NHS 999 and 111 services. The aim is to minimise patient presentation at emergency departments.
- **Robust oversight of urgent and emergency care (UEC) performance:** There is a focus on initiatives to improve ambulance service performance including 111. This work includes a detailed focus on discharge processes from our hospitals working with all local authorities across north east London and looks at addressing challenges for out of area discharges and admissions avoidance schemes. A UEC Programme Executive is being established to ensure mutual accountability for delivery of UEC standards and the winter plan using a nationally developed assurance framework approach. The UEC programme executive aims to also provide strategic direction and use data driven insights to identify and drive system wide solutions.
- **Supporting our workforce:** The health and wellbeing of the workforce is crucial and interventions targeting recruitment and retention will be a focus in managing additional demand this winter. We are working on initiatives to bolster recruitment and retention plans including sharing staff and bank arrangements.
- **Driving our delivery via place based partnerships** - we will work through places to understand local pressures and how we effectively work together through winter. For example, we held a Royal London and Mile-End Hospitals winter planning cabinet meeting on the 12th September with partners to look at how the system can adopt an intensive and joined up approach to support people to stay at home and in the community this winter. We are reviewing how we can build in all parts of the system from carers' support to enable people to stay at home ,to how the hospital processes work to make sure we support people who do have to come into hospital to return home rather than long term care.
- **Working collectively as a system to manage the impact of the rising cost of living** – we are working through what value we can add as a system to support the challenges emerging from this, with a focus on workforce, patient pathways and sharing good practice already underway across north east London.

3. EQUALITIES IMPLICATIONS

- 3.1 There are no implications for equalities.
-

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- None

Local Government Act, 1972 Section 100D (As amended)


List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

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

Officer contact details for documents:

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<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>20th September 2022</p>	
<p>Report of: Warwick Tomsett</p>	<p>Classification:</p> <p>Unrestricted</p>
<p>Better Care Fund Plan 2022-23</p>	

Originating Officer(s)	Suki Kaur Deputy Director of Partnership Development
Wards affected	All wards

Executive Summary

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

The BCF 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. NHS contribution to adult social care to be maintained in line with the uplift to ICB minimum contribution.
3. Invest in NHS commissioned out-of-hospital services.
4. Plan 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.

This paper requests approval of our Better Care Fund Plan for 2022-23 as part of the NHS England Assurance process and in line with national condition 1.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Approve the Better Care Fund Plan for 2022-23

1. REASONS FOR THE DECISIONS

The Health and Wellbeing Board has a statutory duty to approve local Better Care Fund Plans as set out in the national planning requirements.

2. ALTERNATIVE OPTIONS

To not provide approval and request amendments. However note that due to the late issuing of guidance (19th July 2022) for a programme that began on 1st April 2022 there is limited scope to make amendments.

3. DETAILS OF THE REPORT

Currently in its seventh year the aim of the Better Care Fund (BCF) is to deliver better outcomes and secure greater efficiency in health and social care services through increased integration of provision.

To receive BCF funding, a local BCF Plan and programme needs to be agreed jointly by the council and the ICB (used to be the CCG), endorsed by the Health and Well-Being Board (HWBB) and finally approved by NHS England (NHSE). The jointly agreed programme then needs to be incorporated into a formal agreement under Section 75 of the NHS Act 2006. BCF plans set out the local joint vision for, and approach to, integration, including how the activity in the BCF plan will complement the direction set in the NHS Long Term Plan and are also expected to take into account the wider context, including the development of Integrated Care Systems; the requirements of the Care Act, 2014, and wider local government transformation in the area covered by the plan - for example, programmes, such as Integrated Personal Commissioning.

The Health and Wellbeing Board are required to approve Borough plans which are due to be returned to NHS England on 26th September. Approval letters are expected by 30th November. If we gain approval then we will need to have in place a signed Section 75 by the 31st December 2022.

The BCF programme in 2022-23 totals £57.40m which is made up of ICB minimum contribution (£24.4m), the Disabled Facilities Grant (£2.3m) and the Improved Better Care Fund (£16.8m) which now includes the previously separate Winter Pressure funding. Both the ICB and Council make additional contributions to the pooled fund of £13m and £0.77m respectively. The 2022/23 BCF plan for Tower Hamlets has been rolled over from 2021/22, with an uplift of 5.6% applied by the ICB to the social care income. In 2021, we carried out a review of our schemes and set the plan to cover 2022/23 as well.

Note that the Better Care Fund is not additional funding to the council, instead it represents a continuation of existing funding to support the base budget spend on integrated services. A full list of services funded by the Better Care Fund in 2022-23 is included in the Better Care Fund Planning Template attached to this report.

Key national changes to the BCF plan are:

- National Condition 4 objectives have changed to the following on which the narrative plan is expected to cover:
 - ✓ Enable people to stay well, safe and independent at home for longer.
 - ✓ Provide the right care in the right place at the right time.
- Part of this change is for each area to submit plans for expected capacity and demand for intermediate care services in their area. Though this will not be a part of the assurance process.
- Metrics change - there will be no requirement to submit Length of Stay ambitions for this year, though the Policy framework is clear that reducing length of stay remains a priority of the BCF.

Attached to this report is the completed BCF 2022-23 Planning Template, BCF Narrative Plan and a new addition for this year – the Intermediate Care Capacity and Demand Template.

4. EQUALITIES IMPLICATIONS

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.

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.

5. OTHER STATUTORY IMPLICATIONS

The Better Care Fund 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

6. COMMENTS OF THE CHIEF FINANCE OFFICER

7. COMMENTS OF LEGAL SERVICES

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- BCF 2022-23 Planning Template,
- BCF narrative plan and
- Capacity and Demand Template for Intermediate Care

Local Government Act, 1972 Section 100D (As amended)

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Officer contact details for documents:

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