

**LONDON BOROUGH OF TOWER HAMLETS**

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

**HELD AT 5.00 P.M. ON TUESDAY, 19 SEPTEMBER 2023**

**COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL**

**Members Present in Person:**

Councillor Gulam Kibria Choudhury	Cabinet Member for Adults, Health and Wellbeing
Councillor Kabir Ahmed	Cabinet Member for Housing Management and Performance
Councillor Maium Talukdar	Cabinet Member for Education & Childrens Services
Councillor Amy Lee	Non-Executive Largest Opposition Group Councillor
Matthew Adrien	Service Director at Healthwatch Tower Hamlets
Denise Radley	(Corporate Director, Health and Social Care)
Dr Somen Banerjee	Director of Public Health, LBTH
Amy Gibbs	Chair of Tower Hamlets Together
Vicky Scott	Chief Executive Officer THCVS
James Thomas	(Corporate Director, Children and Culture)
Helen Wilson	Clarion Housing/THHF - representative to HWBB
Councillor Iqbal Hossain	LBTH Member

**Apologies:**

Councillor Saied Ahmed	(Cabinet Member for Resources and the Cost of Living)
Councillor Ahmodur Khan	Scrutiny Lead for Adults and Health Services

**Others Present in Person:**

**Others In Attendance Virtually:**

**Officers Present in Person:**

Ranjit Matharu	Partnership Board Manager
Suki Kaur	(Deputy Director of Partnership Development)
Liam Crosby	Associate Director of Public Health (Acting)
Liam Flannigan	(Specialist Registrar Public Health)
Joel West	(Democratic Services Team Leader (Committee))

**Officers In Attendance Virtually:**

Ellie Kershaw (Acting Director, Growth and Economic Development)

**1. STANDING ITEMS OF BUSINESS**

**1.1 Welcome, Introductions and Apologies for Absence**

The Chair welcomed all attendees to the meeting and asked each to introduce themselves.

**1.2 Minutes of the Previous Meeting and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Board on 20 July 2023 were agreed as a correct record and signed by the Chair.

**1.3 Declarations of Disclosable Pecuniary Interests**

There were no declarations of disclosable pecuniary interests.

**2. ITEMS FOR CONSIDERATION**

**2.1 Health Wellbeing Board Story - London Bangladeshi Health Partnership**

Somen Banerjee, Director of Public Health, introduced the report that introduced the London Bangladeshi Health Partnership (LBHP) a new partnership which aims to bring together an interdisciplinary group of key health partners with Bangladeshi community organisations and representatives to support the development of a strategic workplan, aiming to respond to the health priorities of Bangladeshi communities in London and mitigate against health inequity.

Somen provided an overview of the health data relating to Bangladeshi communities in Tower Hamlets and how this compared to other community groups and ethnicities. The data suggested some stark inequalities between the Bangladeshi community and others in key health measures.

At the invitation of the chair, Riyadul Karim, Dr Sharmin Shajahan and Khasruz Zaman provided a verbal presentation on the history, role and aims of the London Bangladeshi Health Partnership. The presentation included information on:

- How the partnership learnt from the Covid-19 pandemic.
- How the partnership came into being, its aims and purpose
- Its role with the Legacy and Health Equality partnership (LHEP)
- Its recent webinar and the informative guest speakers that attended.
- Next steps and priorities for the partnership moving forwards
- How the partnership aligned with the Boards Health and Wellbeing Principles

Further to questions from the Board, Riyadul, Sharmin and Khasruz provided more information on:

- Their local connection to and engagement with Tower Hamlets residents
- Health outlier data and whether gender differences could be identified and if so, how they could be addressed
- The partnership's approach to mental health and the potential impact of overcrowding on prevalence.
- Timescales for aims and how the partnership proposed to measure its success.
- Their thoughts on the root causes of the disparities in health outcomes and how the partnership would work to uncover them.

Somen explained that there was existing work underway and some established networks also working toward many of the partnership's aims. He asked that the Board reflect on the presentation today to better understand how the partnership could be included in this work.

**RESOLVED** that the presentation and report be noted.

## **2.2 Gender Inequalities in Healthy Life Expectancy - initial findings from 2021 census**

The Chair asked the Board to notes that it had earlier in the year received a presentation on the Annual Public Health Report, which had highlighted that healthy life expectancy in women is consistently poorer in Tower Hamlets than elsewhere and the Board had resolved to bring the matter back to a future meeting.

Liam Crosby, Associate Director of Public Health provided a presentation on Healthy Life Expectancy and Healthy Life Expectancy in LBTH. The presentation noted that

- Life Expectancy is a metric of mortality for a group(s) of people and is defined as the average number of years that would be lived by babies born in a given time period, if mortality levels at each age remain constant. Healthy Life Expectancy (HLE) is a key headline measure of population health, constructed by combining mortality statistics with survey data on self-reported poor health and is defined as the average number of years babies born this year would live in a state of 'good' general health, if mortality levels at each age, and the level of good health at each age, remain constant in the future
- Life expectancy has improved for both males and females, but inequalities in life expectancy by deprivation persist and may be widening
- Circulatory, Respiratory and (for males) Cancer are more common in deprived groups and contribute to the life expectancy inequality.
- Females in Tower Hamlets live fewer years in good health than males. This is an unusual sex differential in Healthy Life Expectancy
- The latest Census gives a good opportunity to understand local health patterns further

- Self reported health gets worse at older ages, which makes it important to age-standardise
- Females' self-reported health in Tower Hamlets, relative to London averages, is much worse than males'.
- Females' self-reported health is worse than males', across all ethnic groups in Tower Hamlets;
- The gap is wider in Asian and Mixed ethnic groups
- The larger cohort of females who are long-term unemployed explains the sex difference in HLE

Further to questions from the Board, Liam and Board stakeholders provided more information on:

- How census data allows closer focus on the cohort of health inequalities, but does not necessarily pose solutions to how to address those. This needs to be a focus of the Board.
- How the Council's employment team worked with those experiencing health issues, including long term issues, to help them into employment.
- The impact of Covid on data collection and quality
- The clinical priorities set out in the CORE20+5 framework

Further to the presentation, the Board discussed:

- In-work poverty was a huge challenge in London. The focus on helping persons into employment may not address health inequalities.
- How the Board could encourage other employers in the borough to improve their pay differentials to tackle in-work poverty.
- The scope for better integration between Council services and health services. Better connecting of services, including those from partners, could make tangible differences to some of the identified health inequalities.
- How the insourcing of leisure services provided an opportunity to reach a wider audience for public health services.
- The impact of housing and overcrowding in exacerbating reduced life and healthy life expectancy.
- Isolation and hard to reach groups – promoting alternative access to services such as via local community groups, mosques etc. VCS organisations could offer learning and expertise from their work.

**RESOLVED** that the report be noted.

### **2.3 Tower Hamlets Together Board's Priorities**

Amy Gibbs, Independent Chair of Tower Hamlets Together, provided a presentation on the role and priorities of the Tower Hamlets Together partnership.

The presentation included information on:

- The partnership's vision, mission, objectives and outputs

- THTs outcomes framework which is designed to ground the services it designs and delivers in line with the needs and expectations of service users.
- How it tracks improvements as a result of its work
- A snapshot of the current workstreams and a closer look at some specific priority areas including Enhancing mental health & emotional wellbeing access and outcomes for children and young people; Tackling health inequalities; Community Health Facilitation for Prevention and Early Detection of LTCs and the Anti-racism action plan.

Further to questions from the Board, Amy and other partnership members provided more information on:

- Scope for the Council and voluntary sector to address some of the health inequalities identified
- How recent blood pressure results had showed how having better data could help to direct existing provision more intelligently.
- Opportunities to utilise Town Hall meeting spaces, including residents hub, to better join up and coordinate services.

Denise Radley, Corporate Director Adults Social Care added detail to the Partnership's promoting independence workstream. Denise explained how the focuses on frailty and homelessness had connected with wider conversations to promote better sharing of priorities and resources.

James Thomas, Corporate Director Children, provided a brief overview of the work strands under the children's partnership. James explained a new priority of combatting poverty had been added in the current year.

**RESOLVED** that the report and presentation be noted.

## **2.4 Health Wellbeing Board's Terms of reference**

Officers advised that discussions to address earlier concerns concerning this matter had yet to be fully investigated and resolved. Accordingly the Board was asked, and agreed, to defer consideration of this matter until the December 2023 meeting when a full report would be provided.

**RESOLVED** to defer consideration of the Board's Terms of Reference until the December 2023 meeting.

## **3. ANY OTHER BUSINESS**

### **3.1 Sexual and reproductive health strategy information**

Liam Crosby, Associate Director of Public Health advised of an upcoming sexual and reproductive health strategy consultation which would go live between now and the next Board meeting. He noted the nature of sexual health services necessitated cross-borough and pan-London working. He

briefly summarised the purpose of the strategy and engagement undertaken so far. Workshops were planned for coming months. There would be a borough-specific action plan in addition to approaches to charred challenges.

**RESOLVED** that the information update be noted.

### **3.2 Winter Plan and Covid/Flu update**

Liam Flannigan, Specialist Registrar Public Health, provided a brief update on the Winter and Covid/Flu plans. The presentation included approaches to Covid-19 variants and why the NHS vaccination programme had been brought forward in response. Liam explained the eligibility criteria for Covid-19 and flu vaccinations and the different ways eligible persons in Tower Hamlets could get vaccinations.

Denise Radley, Corporate Director Health and Adults Social Care asked if service providers were sufficiently challenging themselves to ensure as wide a reach for the programmes as was possible. It was critical that the vast learning from the Covid-19 pandemic experience was applied. Liam advised that a programme of engagement was in progress and was informed by Covid learning.

Somen Banerjee, Director of Public Health, advised that all GP practices in Tower Hamlets were participating in the vaccination programme, which was very welcome as it added to the range of options residents could choose.

The meeting ended at 7.20 p.m.

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