

# Tower Hamlets Health and Wellbeing Board

## Agenda

**Tuesday, 19 September 2023 at 5.00 p.m.**  
**Council Chamber - Town Hall, Whitechapel**

### Members:

**Chair:** Councillor Gulam Kibria Choudhury

### Vice Chair:

Councillor Kabir Ahmed, Cabinet Member for Housing Management and Performance  
Councillor Saied Ahmed, Cabinet Member for Resources  
Councillor Maium Talukdar, Cabinet Member for Education & Childrens Services  
Councillor Ahmodur Khan, Chair of the Health Scrutiny Sub-Committee  
Councillor Amy Lee, Non-Executive Largest Opposition Group Councillor  
Matthew Adrien, Service Director at Healthwatch Tower Hamlets  
Dr Neil Ashman, Chief Executive of The Royal London and Mile End hospitals  
Zainab Arian, Acting Chief Executive Officer at Tower Hamlets GP Care Group CIC  
Dr Somen Banerjee, Director of Public Health, LBTH  
Dr Ian Basnett, Public Health Director, Barts Health NHS Trust  
Lucie Butler, Director of Nursing and Governance  
Amy Gibbs, Chair of Tower Hamlets Together  
Vicky Scott, Chief Executive Officer THCVS  
James Thomas, (Corporate Director, Children and Culture)  
Warwick Tomsett, Joint Director, Integrated Commissioning  
Helen Wilson, Clarion Housing/THHF - representative to HWBB

### Co-opted Members:

### Substitutes:

[The quorum for this body is 3 voting Members]



## Contact for further enquiries:

Joel West, Democratic Services Officer (Committee),

[joel.west@towerhamlets.gov.uk](mailto:joel.west@towerhamlets.gov.uk)

020 7364 4207

Town Hall, 160 Whitechapel Road, London, E1 1BJ

<http://www.towerhamlets.gov.uk/committee>



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**Tower Hamlets Council**  
Tower Hamlets Town Hall  
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## **A Guide to the Health and Wellbeing Board**

The aim of the Tower Hamlets Health and Wellbeing Board (HWBB) is to improve the health and wellbeing of Borough residents. To achieve this, the Board will carry out the following:

To encourage joint working between health or social services providers in Tower Hamlets for the advancement of the health and wellbeing of Borough residents.

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 Commissioning (CCG) 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.

The quorum of the Board in the Terms of Reference is a quarter of the membership.

### **Public Engagement**

Meetings of the committee are open to the public to attend, and a timetable for meeting dates and deadlines can be found on the council's website.

# **London Borough of Tower Hamlets**

## **Tower Hamlets Health and Wellbeing Board**

**Tuesday, 19 September 2023**

**5.00 p.m.**

### **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 and Matters Arising (Pages 7 - 14)**

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

#### **1.3 Declarations of Disclosable Pecuniary Interests (Pages 15 - 18)**

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

### **2. ITEMS FOR CONSIDERATION**

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

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

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

#### **2.5 Health Wellbeing Board's Terms of reference (To Follow)**

### **3. ANY OTHER BUSINESS**

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

#### **3.1 Sexual and reproductive health strategy information (Pages 19 - 22)**



## **Next Meeting of the Tower Hamlets Health and Wellbeing Board**

Tuesday, 5 December 2023 at 5.00 p.m. to be held in Council Chamber - Town Hall,  
Whitechapel



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Tower Hamlets Town Hall  
160 Whitechapel Road  
London E1 1BJ

**LONDON BOROUGH OF TOWER HAMLETS**

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

**HELD AT 5.01 P.M. ON THURSDAY, 20 JULY 2023**

**COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL**

**Members Present:**

Councillor Gulam Kibria Choudhury (Chair)	– (Cabinet Member for Health, Wellbeing and Social Care)
Councillor Kabir Ahmed (Member)	– (Cabinet Member for Regeneration, Inclusive Development and Housebuilding)
Councillor Iqbal Hossain	– (Cabinet Member for Culture and Recreation)
Councillor Maium Talukdar (Member)	– (Deputy Mayor and Cabinet Member for Education, Youth and Lifelong Learning (Statutory Deputy Mayor))
Councillor Ahmodur Khan (Stakeholder)	– (Scrutiny Lead for Adults and Health Services)
Dr Somen Banerjee (Member)	– (Director of Public Health)
Ralph Coates (Member)	– (Tower Hamlets   Metropolitan Police Service)
Denise Radley (Member)	– (Corporate Director, Health, and Social Care)
James Thomas (Member)	– (Corporate Director, Children's Services)

**Apologies:**

Councillor Amy Lee	– Non-Executive Largest Opposition Group Councillor
Councillor Saied Ahmed	– Cabinet Member for Resources and the Cost of Living
Councillor Suluk Ahmed	– Cabinet Member for Equalities and Social Inclusion
Dr Neil Ashman	– Chief Executive of The Royal London and Mile End hospitals
Dr Ian Basnett	– Public Health Director, Barts Health NHS Trust
Lucie Butler	– Director of Nursing and Governance
Detective Chief Superintendent James Conway	– MPS Commander for Central East
Fran Pearson	– Safeguarding Adults' Board Chair
Warwick Tomsett	– Joint Director, Integrated Commissioning
Helen Wilson	– Clarion Housing/THHF -

representative to HWBB

**Officers in Attendance:**

Lipi Begum	– Partnership Board Co-ordinator
Liam Crosby	– Associate Director of Public Health (Acting)
Sam Crosby	– THCVS - Development Manager
Nick French	– Better Care Fund Manager
Suki Kaur	– (Deputy Director of Partnership Development)
Ellie Kershaw	– (Acting Director, Growth and Economic Development)
David Knight	– (Democratic Services Officer, Committees, Governance)
Ranjit Matharu	– Partnership Board Manager
Abdul Mumin	– Partnership Board Leader
Joseph Leach	– (Business Intelligence and Performance Lead)
Charlotte Pomery	– Chief Participation and Place Officer North East London Integrated Care Board
Katy Scammell	– Associate Director of Public Health
Roberto Tamsanguan	– GP and Tower Hamlets Place Clinical Director
John Williams	– Engagement and Community Relations Manager - NHS North East London

**1. WELCOME AND INTRODUCTIONS**

The Chair, Councilor Gulam Kibria Choudhury – Cabinet Member for Adults, Health, and Wellbeing welcomed everybody to the meeting.

**2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**

No declarations of interest were received at the meeting.

**3. QUESTION FROM THE PUBLIC**

The Chair invited Mr. Ted Maxwell to submit the following questions related to agenda item 7.3:

*Can the health professionals around this table - including the council's public health team and any representatives from partners across the borough - describe how your views about the council's proposals to remove the current street layouts in Bethnal Green have been taken into consideration so far? Do you believe you are part of a co-production process?*

*Will you, as a Board, ensure that a robust Health Impact Assessment is undertaken by the council before any decision about the future of "Liveable*



*Streets” is made, so that health and wellbeing considerations can be seen to be properly considered?*

In response to the questions, Board members made the following points:

- some of the Liveable Street’s proposals may contribute to delay in the response times of emergency services.
- whilst walking and cycling should be made more attractive through the infrastructure the Council builds and maintains, it must be coproduced in a way that works for all stakeholders.
- whilst increased walking and cycling levels can make a positive contribution to improving health and tackling obesity, such programs can also be divisive and therefore it is important that through the coproduction of such schemes everyone needs to understand the scheme in order to build as broad a coalition of support as possible.
- coproduction must proceed in a way that works for both the public and stakeholders who will be affected by the scheme. There is a risk that some of these stakeholders can be overlooked if they are not mapped out at the outset of any coproduction, for example those who need to deliver into, out of, or through the area (**e.g.**, the role of taxis in providing accessible transport for community elders and the mobility-impaired).
- the Council has a health impact assessment policy which it applies when it is appropriate to do so.

#### **4. MINUTES OF THE PREVIOUS MEETINGS AND MATTERS ARISING**

##### **4.1 Tower Hamlets Health and Wellbeing Board - Monday, 20th March, 2023**

The Chair of the Board moved, and it was: - **RESOLVED**. That the unrestricted minutes of the meeting held on 20<sup>th</sup> March, 2023 were confirmed as a correct record and the Chair of the Board was authorised to sign them accordingly.

##### **4.2 Tower Hamlets Health and Wellbeing Board - Tuesday, 23rd May, 2023**

The Chair of the Board moved, and it was: - **RESOLVED**. That the unrestricted minutes of the meeting held on 23<sup>rd</sup> May, 2023 were confirmed as a correct record and the Chair of the Board was authorised to sign them accordingly.

#### **5. ITEMS FOR CONSIDERATION**

##### **5.1 Better Care Fund (BCF) 2023-25 Plan**

The Board received a report on Better Care Fund (BCF) 2023-25 Plan that asks for approval of the Tower Hamlets Better Care Fund Plan for 2023-25 as part of the NHS England Assurance process. A summary of the discussions on this report is set out below:

The Board:

- ❖ **Understood** that the Better Care Fund (BCF) is aimed at bringing together health and social care organisations to plan, fund and commission integrated services.
- ❖ **Noted** that the BCF Policy Framework sets out four national conditions that all BCF plans must meet to be approved. These are: (i) A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board; (ii) 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; (iii) Provide the right care in the right place at the right time; and (iv) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.
- ❖ **Noted** that the Tower Hamlets BCF has been rolled over from the previous year. A review will be carried out in 2023 of the BCF areas of spend with the intention to make changes to the 2024-25 plan next year.
- ❖ **Noted** 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 as the BCF is used to fund a number of schemes across health and social care each scheme has a contract and within that there will be performance indicators in relation to how that money is spent by both the Council and the Integrated Care Board.
- ❖ **Noted** that in relation to the BCF there is a finance group that meets on a quarterly basis that goes through and looks at the spending against each of the schemes.
- ❖ **Noted** that this year's BCF winter schemes are fully committed, and they are based on last year's outturn.
- ❖ **Noted** in regard to the Inflationary price uplifts they are not currently in line with inflation and is a central government decision.
- ❖ **Noted** that the healthcare infrastructure is having to respond to a significant backlog of planned care. Increases in non-covid activity, as well as increased acuity in patients, are resulting in system-wide pressures, in particular across primary care, the ambulance service, Emergency Departments and mental health services.
- ❖ **Agreed** that it was important to closely monitor key services to ensure that they are absolutely as effective as they can be and that there needs to be **(i)** a review of the Better Care Fund spend areas during 2023; and **(ii)** a report with recommendations to be presented to the HWBB in December 2023.

In conclusion the Health and Wellbeing Board **resolved** to:

1. **Approve** the Better Care Fund Plan for 2023-25; and
2. **Support** a review of the Better Care Fund spend areas during 2023 with the report and recommendations to be presented to the HWBB in December 2023.

## 5.2 Health Wellbeing Board - Terms of Reference

The Board **noted** that since publication of the report, it has become apparent that the proposed membership arrangements in the new draft terms of reference may not satisfy statutory voting and representation requirements of all stakeholders.

Accordingly, the Health and Wellbeing Board **resolved** to defer the decision on the Terms of Reference to a meeting later meeting in the current Municipal Year to allow time for these concerns to be fully investigated and resolved.

## 6. ANY OTHER BUSINESS

### 6.1 THT Monthly Briefing

The Board received an update from Amy Gibbs Independent Chair of Tower Hamlets Together (THT) The Board **noted** that instead of receiving an update from Amy Gibbs Independent Chair of Tower Hamlets Together (THT) a detailed briefing had been circulated as part of the agenda pack.

### 6.2 Summary – North East London (NEL) Joint Forward Plan

The Board **noted** that the NHS are required by law to publish a [plan](#) that explains how health and care organisations across north east London will work together to enable residents to get the care that they need. This could be physical care – seeing a GP, getting hospital treatment or care at home, or it could be mental health care when residents are struggling or having a crisis. A summation of the discussion on this item is set out below:

The Board:

- ❖ **Noted** that the Joint Forward Plan spells out who will take the lead in getting residents the help and care they need.
- ❖ **Noted** that there was extensive consultation on this plan involving residents and organisations involved in caring for the local population (GPs, hospital doctors, councils, Healthwatch and local charities) to agree this plan as the way forward to improve the health of everyone who lives in North East London.
- ❖ **Noted** that the Plan will be reviewed each year to make sure that it is tackling the long-standing local issues.
- ❖ **Agreed** that a new approach is needed in regard to how the relevant agencies should work together to deliver health and social care for local people across the Borough.

- ❖ **Agreed** that more time and resources needs to be spent on prevention helping people to take better care of themselves before they get sick and then need to rely on the NHS and others.
- ❖ **Agreed** the important role that the built and natural environment has on health and well-being, with the local plan being a real opportunity to improve health outcomes and address health inequalities.
- ❖ **Agreed** that both the built and natural environment are part of the wider determinants of health and wellbeing across the life course and have an influence on people's physical and mental health, and on health inequalities.
- ❖ **Agreed** that the quality of the built and natural environment can affect connectivity within a neighbourhood and people's social networks, the location and quality of housing, exposure to air and noise pollution, safe and accessible transport, and opportunities for active travel. It also plays a crucial role in promoting access to open space, employment, and healthy food options.
- ❖ **Agreed** that some of the most pressing health challenges – such as obesity, poor mental health issues, physical inactivity and the needs of an ageing population are influenced by the built and natural environment.
- ❖ **Agreed** that the planning, design, construction and management of spaces and places can help to promote good health, improve access to goods and services, and alleviate, or in some cases even prevent, poor health thereby having a positive impact on reducing health inequalities.
- ❖ **Agreed** that is would therefore be helpful for the Plan to be more specific about how it will tackle the long-standing local health issues (e.g., the quality of the built environment such as the connection between where new homes are delivered and that air quality).

In conclusion, the Chair thanked everybody for their presentations and contributions to the discussions on this critical issue to improve the health and lives of everyone in the Borough.

The Chair then Moved, and it was **RESOLVED** to note the Plan and to incorporate the points raised above to help the partnership focus its work with and for all the Boroughs residents to create meaningful improvements in their health, wellbeing, and equity.

### 6.3 Coproduction and the approach to the Health Wellbeing Board future meetings

The Board received a report that was asked to reflect on the coproduction principles (currently in draft) and to comment on the proposed approach to future Health and Wellbeing Board meetings and how coproduction principles can be built into future meetings. The discussions on this report have been summarised below:

The Board:

- ❖ **Noted** that at the heart of coproduction is that ‘people should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing’.
- ❖ **Agreed** that coproduction is at the heart of addressing inequalities in health. Applying consistent principles to programmes as well as to the approach of the Health and Wellbeing Board across the health and care system is fundamental.
- ❖ **Noted** that **(i)** over the past 6 months, partners and residents have come together to agree shared principles of coproduction across the health and care system; and **(ii)** the Health and Wellbeing Strategy has been grounded upon what matters most to residents of Tower Hamlets.
- ❖ **Agreed** that residents should not be the passive recipients of health care services, but the active agents of their own lives trusted to make the right choices for themselves and their families.
- ❖ **Agreed** that coproduction changes all this. It makes the system more efficient, more effective, and more responsive to community needs. More importantly, it makes social care altogether more humane, more trustworthy, more valued and altogether more transforming for those who use it.
- ❖ **Agreed** that co-production shifts the balance of power, responsibility, and resources from healthcare professionals more to the individuals, by involving residents in the delivery of their own services. It recognises that “people are not merely repositories of need or recipients of services” but are the very resource that can turn public services around (**i.e.**, by treating residents and the wider community as potential assets, rather than as passive recipients, the healthcare agencies will be able to leverage previously invisible or neglected resources – the capacities and knowledge of service users and the wider community itself).
- ❖ **Agreed** that co-production also means unleashing a wave of innovation about how services are designed and delivered and how public goods are achieved, by healthcare professionals working alongside residents.
- ❖ **Agreed** that it was important to consider co-production within the context of the equality duty to ensure that all that all healthcare professionals play their part in making the local community fairer by tackling discrimination and providing equality of opportunity for all.
- ❖ **Agreed** on the importance of greater transparency so that all stakeholders involved in the co-production of a service are informed of the relevant governance and commissioning timeframes which may provide the parameters of any associated work.
- ❖ **Agreed** on the need for clarity to communicate those decisions that are in scope of the co-production process and those that are not.
- ❖ **Agreed** that when discussing the key components of co-production these should include: **(a)** defining people who use services as assets with skills; **(b)** breaking down the barriers between people who use services and professionals; **(c)** building on people’s existing capabilities; **(d)** working with local peer and personal support networks alongside professional networks; and **(e)** facilitating services by helping

organisations to become agents for change rather than just being service providers.

- ❖ **Agreed** that there should be an opportunity for a continuing dialogue on the proposed approach to future Health and Wellbeing Board meetings and how coproduction principles be developed and shared.

In conclusion, the Chair thanked presenting officers and all attendees for a really helpful and informative discussion on **(i)** the coproduction principles (currently in draft) and the proposed approach to future Health and Wellbeing Board meetings; and **(ii)** how coproduction principles can be both developed and shared.

#### **6.4 Vote of Thanks**

The Chair informed those present that this will be David Knights last Health and Wellbeing Board meeting as he sadly leaves the Council on August 25<sup>th</sup>, 2023 as he will be retiring as a Democratic Services Officer after 40 years of public service.

The Chair and Deputy Mayor on behalf of the Board placed on record their sincere thanks to Mr. Knight for his invaluable service to the residents of East London as an officer over the past 40 years and for the diligent discharge of his duties over that time.

#### **7. CLOSE OF MEETING**

With no other business to discuss, the Chair called this meeting to a close. Members were advised that the next meeting is scheduled for 19<sup>th</sup> of September 2023 at 5.00 p.m. to be held in Town Hall, 160 Whitechapel Road, London, E1 1BJ. Finally, the Chair thanked everybody for their attendance and participation tonight.

**The meeting ended at 6.37 p.m.**

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

## **DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER**

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

### **Interests and Disclosable Pecuniary Interests (DPIs)**

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

### **Effect of a Disclosable Pecuniary Interest on participation at meetings**

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

**Further advice**

For further advice please contact:-

Asmat Hussain, Corporate Director, Governance & Monitoring Officer,  
Telephone Number: 020 7364 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	<p>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.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.</p>
Contracts	<p>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—</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
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	<p>Any tenancy where (to the Member's knowledge)—</p> <p>(a) the landlord is the relevant authority; and</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where—</p> <p>(a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either—</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(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>

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<p>Non-Executive Report of the:</p> <p><b>Health and Wellbeing Board</b></p> <p>19th September 2023</p>	
<p><b>Report of:</b> Sukhjit Sanghera, Public Health programme lead, London Borough of Tower Hamlets</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Report Title: North East London (NEL) Sexual and reproductive health strategy 2024 -2029: plan for development and implementation</b></p>	

<b>Originating Officer(s)</b>	Sukhjit Sanghera, Public Health programme lead Liam Crosby, Associate Director of Public Health
<b>Wards affected</b>	All wards

## Executive Summary

This is a short 'for information' item to inform the HWBB on the following:

- The importance of developing a NEL wide sexual and reproductive health strategy.
- The priority areas of the strategy
- Consultation plans, setting out how residents and borough wide partners are being engaged to support shaping the strategy and action plans.
- The process and timelines for developing & implementing the strategy and Tower Hamlets specific action plan.

## Development of a NEL Sexual and Reproductive Health strategy, with Tower Hamlets Action Plan

1. Tower Hamlets faces some of the greatest sexual and reproductive health (SRH) challenges including high rates of Sexually Transmitted Infections (STIs), low use of suitable contraception such as Long-acting reversible contraception (LARC) and high use of emergency contraception.
2. Some of these challenges are similar in other North-East London (NEL) boroughs. Furthermore, sexual health services and patient journeys regularly cross borough Borders. For example, many TH residents work, study or visit elsewhere in London and access SRH services in other Boroughs.

3. To respond to shared challenges, we plan to agree a North East London (NEL) wide sexual and reproductive health strategy for 2024-2029. The strategy will include a NEL-wide vision to improve sexual and reproductive health and will set out the priority outcomes we wish to achieve across NEL.
4. The purpose of this strategy is to improve sexual and reproductive health outcomes for residents by:
  - a. Ensuring that our residents have the ability and freedom to make safe informed choices regarding their sexual and reproductive health and can access services regardless of who they are and where they live.
  - b. Delivering high quality services across the whole of North East London (Barking, Havering, Redbridge, Waltham Forest, Newham, Tower Hamlets and Hackney).
5. The Strategy sets out intended Outcomes across in the following four priority areas. These priority areas have been developed in consultation of with key stakeholders including NEL professionals who work in sexual health services and local authority sexual health commissioners of services and engagement with residents.
  - Residents have healthy and fulfilling sexual relationships.
  - Residents have good reproductive health across the life course.
  - High quality and innovative STI testing and treatment.
  - Living Well with HIV and reducing rates of new HIV
6. Underpinning the strategy, we will develop a set of Action Plans, which set out how providers, commissioners and other partners across the sector will work together to achieve the strategy's outcomes. One of these Action Plans will be specific to Tower Hamlets, while another will cover actions planned at NEL-wide level.
7. Workshops will take place in October with stakeholders (service providers and commissioners across NEL) to develop NEL wide actions that will support a more integrated approach among commissioning and service provision of sexual and reproductive health services.
8. We are also developing a Tower Hamlets specific action plan against the priority areas in the strategy. Through workshops we have been consulting with the Tower Hamlets sexual and reproductive health partnership group (made up of sexual health providers including All East, Safe East, GPs, CVS, education, VAWG and youth service providers) and also engaging partners on an individual level.
9. Further consultation (through surveys) from October to December 2023 will take place with stakeholders and residents across NEL to ensuring the vision, priorities and actions plans respond to local views and need.

## 10. Timeframe for the NEL strategy development

Item	Deadline
Development of a draft NEL wide sexual and reproductive health strategy that sets out the vision, aims and priority areas	March 2023 to September 2023
Resident engagement across borough on strategy priorities	1st August to 15 <sup>th</sup> August 2023
Strategy consultation and action plan development with NEL wide stakeholders	October 2023
Development of borough specific year 1 actions plan	July to October 2023
Health and Wellbeing Board briefing & support	September 2023
Briefing for the lead member	September 2023
Formal resident & stakeholder consultations on strategy and action plans	October to December 2023
Briefing update on strategy and action plan for the lead member	January 2024
Final draft approval of strategy and action plan by NEL Directors of Public Health	December 2023/ January 2024
Health and Wellbeing Board Final draft strategy & action plan approval & sign off	December 2023/January 2024
Briefing for HAC DLT & MAB	December 2023 /January 2024
NEL Strategy Launch	April 2024

### Recommendations:

The Health and Wellbeing Board is recommended to:

- Note the proposed approach to development of a NEL SRH strategy, with Tower Hamlets Action Plan.
- Look forward to approving the draft strategy which will be shared in December 2023

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