LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.00 P.M. ON MONDAY, 10 JUNE 2024

COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL

Members Present in Person:

Councillor Gulam Kibria Cabinet Member for Adults, Health and Wellbeing

Choudhury

Councillor Suluk Ahmed LBTH Member

Councillor Maium Talukdar Cabinet Member for Education & Childrens

Services

Councillor Abdul Wahid (Cabinet Member for Equalities and Social

Inclusion)

Dr Somen Banerjee Acting Corporate Director Adult Social Care
Matthew Adrien Service Director at Healthwatch Tower Hamlets
Councillor Amy Lee Non-Executive Largest Opposition Group Councillor

Vicky Scott Chief Executive Officer THCVS

Charlotte Pomery Representative from North-East London NHS

Integrated Care Board

Kosru Uddin Tower Hamlets Housing Forum

Members In Attendance Virtually:

Steve Reddy Corporate Director of Children Services

Apologies:

Dr Neil Ashman Chief Executive of The Royal London and Mile End

hospitals

Councillor Kabir Ahmed (Cabinet Member for Regeneration, Inclusive

Development and Housebuilding)

Dr Ian Basnett Public Health Director, Barts Health NHS Trust Councillor Bellal Uddin Scrutiny Lead for Adults and Health Services

Officers Present in Person:

Warwick Tomsett Joint Director, Integrated Commissioning

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

Apologies were received from Neil Ashman, Charlotte Pomery and Councillors Kabir Ahmed and Bellal Uddin.

1.2 Declarations of Disclosable Pecuniary Interests

There were no declarations made.

1.3 Minutes of the Previous Meeting and Matters Arising

RESOLVED:

1. That the minutes of the Board meeting held 16 April 2024 are approved as a correct record and signed by the Chair.

2. ITEMS FOR CONSIDERATION

2.1 Sexual and Reproductive health strategy 2024-2029

The Board noted and agreed the reasons for urgency as set out in the report.

Sukhjit Sanghera, Public Health programme lead and Liam Crosby, Associate Director of Public health introduced the report that introduced the North East London (NEL) Sexual and Reproductive Health Strategy 2024- 2029, summarised why it was important to have a joint strategy across NEL and set out the approach for developing and implementing the strategy. Somen Banerjee, Acting Director for Adult Social Care, explained that Tower Hamlets faced some of the greatest sexual and reproductive health (SRH) challenges including high rates of Sexually Transmitted Infections (STIs), low use of suitable contraception. The joint NEL wide sexual and reproductive health strategy for 2024-2029 would aim to respond to those challenges and would provide an opportunity to set out a new vision for working collaboratively to respond to the challenges and improve the delivery of SRH services.

Sukhiit and Liam briefly summarised the strategy's four key priorities:

- 1. healthy fulfilling relationships
- 2. good reproductive health across the life course
- 3. high quality and innovative STI testing and treatment
- 4. moving towards zero HIV transmission.

Further to questions and discussion from the Board, Sukhjit and Liam

- Explained how LBTH representation had been secured for focus groups and surveys
- Explained how core issues and problems with existing service had been identified and had informed the strategy. In particular, the experience of covid had led to an increase in remote consultations and a reduction in walk-in services.
- Summarised plans to tackle stigma and culturally sensitive issues, including amongst BAME and Muslim communities. There had been an increased emphasis on co-production and 'myth busting'.
- Provided an overview of engagement with faith groups in producing the strategy

- Explained the advantages and limitations of the available data which underpinned the strategy.
- Described how the Council could best play its part to ensure success of the strategy. Officers stressed the importance of Council networks, especially in addressing stigma and incorrect information. Learning disability service was highlighted as a Council services with risk of poor sexual health.
- Explained how the strategy planned to engage with hard to reach individuals and the most vulnerable groups, including those in hostels, homeless and asylum seekers.
- Described the current engagement with housing providers. It was noted that housing providers Some providers could help access hard to reach groups.
- Explained how performance would be evaluated and reviewed to ensure continuous improvement.

RESOLVED that the Health and Wellbeing Board:

- 1. Noted the content of the strategy and approve the joint NEL sexual and reproductive health strategy as set out in Appendix 1 to the report.
- 2. Noted the content of the year 1 NEL and Tower Hamlets actions to be implemented as set out in Appendix 2 to the report.
- 3. Noted the content of the year 1 Tower Hamlets actions to be implemented as set out in Appendix 3 to the report.

2.2 Updated SEND Improvement

Steve Reddy, Corporate Director Children's Services, provided the Board with a presentation to provide an update on the SEND system, including progress, demand & risk issues, as we prepare for inspection. The presentation covered Progress made against the Written Statement of Action (WSoA)

- Current challenges, including a sustained rise in demand for care plans and impacts on timeliness of assessments & caseloads
- What difference are SEND services making for parents and young people
- Preparation for inspection, including fortnightly meetings of an inspection preparation group with representation from Health, Education & Social Care services.
- Key strategic workstreams, including the new SEND & Inclusion Strategy.

Steve explained one of the key questions for the Board was how can we strengthen our partnership approach and whether there were additional opportunities to link with existing work to strengthen multi-agency approaches?

Further to questions from the Board, Steve

- Explained how young persons fed-into evaluation work of existing SEND services.
- The advantages and challenges of the existing SEND data set in designing new approaches. Steve explained additional investment in a dedicated resource for data analysis is hoped for. Such an approach would enable the service to design culturally specific and tailored services.

The Chair welcomed the presentation and looked forward to the Council delivering on the improvement steps as outlined.

RESOLVED that the presentation is noted.

2.3 Serious Violence Strategy

The Board noted and agreed the reasons for urgency as set out in the report.

Leo Hutchinson, Strategy & Policy Manager, introduced the report that outlined the new Serious Violence Duty that came into effect in 2023. The duty required police, councils and local services (known as duty holders) to work together to share information and target interventions to prevent and reduce serious violence.

Leo then introduced the first Draft Serious Violence and Exploitation Strategic Plan. He explained the plan had been formulated using the findings from the Serious Violence needs assessment, recommendations, engagement with professionals and wider consultation with local residents.

Further to questions from the Board, Leo

- Provided detail on the preparation of the action plan underlying the Strategy
- Explained how schools and representatives of young persons and education institutions had been included in the preparation and design of the strategy.

Further to responses from officers, the Board made a number of comments, including:

- Some members expressed disappointment at the conviction rate for crimes related to VAWG. Opportunities had been missed and the statistics represented failings by the Met Police.
- Some members felt the plan could say more about the role of the voluntary sector. It was felt the VCS could play an important role in capacity building.
- Similar, some members indicated the strategy should involve the social housing sector. Providers had unique insight into the impact of serious violence on residents.
- The Board noted the linkages between this strategy and the Council's VAWG Strategy.

RESOLVED that the Board:

- 1. Notes the draft Serious Violence and Exploitation Strategy Plan
- 2. Notes the work associated with the Serious Violence Duty will be managed and monitored by the Community Safety Partnership but should be addressed widely across multiple statutory boards (i.e. Health and Wellbeing Board, Safeguarding Adults Board, Safeguarding Children's Partnership).

2.4 Tower Hamlets BCF 2023/24 Year End Template

The Chair informed the Board that due to staff sickness a report had not been submitted to accompany this item, but would be brought to the next meeting of the Board.

RESOLVED to receive a report on Tower Hamlets BCF 2023/24 Year End Template at the September 2024 meeting of the Board.

2.5 ADPH Annual Health Report 2023

The Board noted and agreed the reasons for urgency as set out in the report.

Somen Banerjee, Acting Corporate Director Adult Social Care introduced the report that provided a comprehensive overview of the trends in health and drivers of health in the borough to inform priorities to maintain and improve health in Tower Hamlets and address health inequalities. Somen then provided a brief presentation covering the trends, providing commentary on each, including.

- Life expectancy in Tower Hamlets is lower than London.
- The Tower Hamlets population is projected to age faster than London by 2040.
- Tower Hamlets has the highest population churn in London.
- Tower Hamlets has amongst the highest levels of child poverty in the UK
- Tower Hamlets has second highest levels of overcrowding in London.
- Tower Hamlets residents are more affected by poor air quality than London.
- Early access to maternity care is much lower in Tower Hamlets than London and England
- There are significant ethnicity variations in levels of diagnosed mental health.
- Hospital admissions for alcohol for males is the highest in London.
- Tower Hamlets has amongst the highest levels of adults in treatment for substance misuse.

Somen summarised the key challenges for the Health and Wellbeing Board in response to the data findings as recognition of how different the Tower

Hamlets population is and to reflect on how this translates into the health and care system and how partners work together to address inequalities.

Further to questions from the Board, Somen

• Explained that the hospital admissions for alcohol reflected persons resident in LBTH, not just those admitted to LBTH hospitals.

Further to questions, Board members made the following observations:

- Data quality and collection is critical to ensure the Council can reach those most in need, to help design of services to and to tackle inequality. It was noted that service data often did not match the level of detail or granularity of the public health report, which presented a challenge for the Board.
- The data on hospital admissions for alcohol was particularly troubling given the demographics of the borough.
- It was difficult to understand why early access to maternity care is much lower in Tower Hamlets. More research would be needed to draw useful conclusions from this data.
- Using the ONS 'Healthy Life Expectancy' metric could help further highlight health disparities.
- Inadequate funding for VCS organisations assisting women and girls may drive some of the gender disparities in health.

RESOLVED that the Board

1. Noted the high-level findings of the presentation.

3. ANY OTHER BUSINESS

The meeting ended at 7.00 p.m.

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