



# Tower Hamlets Health and Wellbeing Board

# **Agenda**

Monday, 10 June 2024 at 5.00 p.m. Council Chamber - Town Hall, Whitechapel

#### **Members:**

**Chair:** Councillor Gulam Kibria Choudhury

Vice Chair: Dr Neil Ashman

Councillor Suluk Ahmed, LBTH Member

Councillor Kabir Ahmed, Cabinet Member for Housing Management and Performance 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
Steve Reddy, Corporate Director of Children Services
Matthew Adrien, Service Director at Healthwatch Tower Hamlets

#### **Partner Members:**

Dr Ian Basnett, Public Health Director, Barts Health NHS Trust
Councillor Ahmodur Khan, Chair of the Health Scrutiny Sub-Committee
Councillor Amy Lee, Non-Executive Largest Opposition Group Councillor
Amy Gibbs, Chair of Tower Hamlets Together
Vicky Scott, Chief Executive Officer THCVS
Charlotte Pomery, Representative from North-East London NHS Integrated Care Board
Kosru Uddin, Tower Hamlets Housing Forum

[The quorum for this body is 3 voting Members]

#### Contact for further enquiries:

Joel West, Democratic Services Officer (Committee), joel.west@towerhamlets.gov.uk 020 7364 4207 Town Hall, 160 Whitechapel Road, London, E1 1BJ

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



#### **Public Information**

#### 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.

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**Please note:** Whilst the meeting is open to the public, the public seating in the meeting room for observers may be limited due to health and safety measures. You are advised to contact the Democratic Services Officer to reserve a place.

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Tower Hamlets Council
Tower Hamlets Town Hall
160 Whitechapel Road
London E1 1BJ

#### 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 guorum of the Board in the Terms of Reference is a guarter 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**

Monday, 10 June 2024

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 Declarations of Disclosable Pecuniary Interests (Pages 7 - 10)

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

1.3 Minutes of the Previous Meeting and Matters Arising (Pages 11 - 18)

To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on 16 April 2024. Also to consider matters arising.

#### ITEMS FOR CONSIDERATION

- 2.1 Sexual and Reproductive health strategy 2024-2029 (To Follow)
- 2.2 Updated SEND Improvement (To Follow)
- 2.3 Serious Violence Strategy (To Follow)
- 2.4 Tower Hamlets BCF 2023/24 Year End Template (To Follow)
- 2.5 ADPH Annual Health Report 2023 (To Follow)

#### 3. ANY OTHER BUSINESS

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

Next Meeting of the Tower Hamlets Health and Wellbeing Board

Tuesday, 17 September 2024 at 5.00 p.m. to be held in Council Chamber - Town Hall, Whitechapel



Tower Hamlets Council Tower Hamlets Town Hall 160 Whitechapel Road London E1 1BJ

#### <u>DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER</u>

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.

<u>Further Advice</u> contact: Linda Walker, Interim Director, Legal and Monitoring Officer, Tel: 0207 364 4348.

## **APPENDIX A: Definition of a Disclosable Pecuniary Interest**

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Proscribed description
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.



TOWER HAMLETS HEALTH AND WELLBEING BOARD, 16/04/2024

#### LONDON BOROUGH OF TOWER HAMLETS

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

#### HELD AT 5.05 P.M. ON TUESDAY, 16 APRIL 2024

#### **COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL**

#### **Members Present in Person:**

Councillor Gulam Kibria Cabinet Member for Adults, Health and Wellbeing

Choudhury (Chair)

Councillor Kabir Ahmed Cabinet Member for Housing Management and

Performance

Dr Somen Banerjee Director of Public Health, LBTH

Steve Reddy Corporate Director of Children Services

Matthew Adrien Service Director at Healthwatch Tower Hamlets
Dr Neil Ashman Tower Hamlets Place Lead, NHS North-East

London

Dr Ian Basnett Public Health Director, Barts Health NHS Trust Councillor Ahmodur Khan Chair of the Health Scrutiny Sub-Committee

Vicky Scott Chief Executive Officer THCVS

Charlotte Pomery Representative from North-East London NHS

**Integrated Care Board** 

#### **Apologies:**

Councillor Saied Ahmed (Cabinet Member for Resources and the Cost of

Living)

Councillor Maium Talukdar (Deputy Mayor and Cabinet Member for Education,

Youth and Lifelong Learning (Statutory Deputy

Mayor))

Kosru Uddin (Representative from the Tower Hamlets Housing

Forum)

#### Officers Present in Person:

Natalia Clifford

Liam Crosby Associate Director of Public Health (Acting)
Naveed Mohammed (Head of Strategy, Policy & Improvement)

Gemma Lyons (Health Protection Lead)

Joel West (Democratic Services Team Leader (Committee))

#### 1. STANDING ITEMS OF BUSINESS

#### 2. WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

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Apologies were recevied from Councillor Maium Talukdar, Councillor Saied Ahmed, Councillor Abdul Wahid and Kosru Uddin (Representative from the Tower Hamlets Housing Forum).

#### 3. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

**RESOLVED** that the minutes of the Board meeting on 6 February 2024 are approved as a correct record.

#### 4. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were none.

## 4.1 Draft Special Educational Needs Disabilities & Inclusion Strategy: 2024 - 2029

Steve Reddy, Corporate Director Childrens Services and Frances Winter, Strategy & Policy Lead introduced the report that set how the partnership, led by the SEND Improvement Board, would secure the improvements needed so that the right support is provided for children and young people with SEND and their families in Tower Hamlets.

The strategy aims to engage partners across the health and well-being board to promote consultation participation through various channels within the community. Notably, there has been a notable increase in demand across the education, health, and care sectors, especially concerning educational disabilities, as evidenced by a rise in education, health, and care plans from over 2000 to nearly 4000 in recent years.

The report highlighted the scrutiny around Special Educational Needs and Disabilities (SEND) with inspections and challenges prompting a need for self-assessment readiness for upcoming re-inspections. The focus on delivering better value programs for high-needs individuals, engaging young people and families, and attracting additional funding to manage demand highlights proactive steps being taken.

The strategy's priorities revolve around timely support, user-friendly services, phased support across different education stages, and creating an inclusive environment celebrating young people with SEND. Active involvement of young people would be sought in shaping priorities through forums like the Young People's Forum

During discussions, the Board sought ways to enhance support for those over 18 with learning disabilities, address low COVID booster uptake among the SEND cohort, and improve leisure and well-being opportunities for individuals with disabilities to tackle health inequalities. Suggestions included boosting over 18 special education offerings, enhancing pandemic response learnings, and promoting accessibility in leisure programs to cater to diverse needs more effectively.

The board welcomed the report.

#### **RESOLVED** that:

1. The Health and Wellbeing Board agree that the draft strategy is published for consultation during May and June 2024, with formal approval of the revised strategy to follow in late summer 2024.

#### 4.2 Covid Booster update

Natalia Clifford, Associate Director for Public Health and Gemma Lyons, Health Protection Lead introduced the report that updated the Board on the Autumn Covid-19 booster programme, delivered between 11 September 2023 and 31 January 2024. The data revealed that 25.6% of the eligible population in Tower Hamlets received the booster between September 2023 and January 2024, slightly lower than the North East London average of 31%. Noteworthy was the higher coverage among high-risk groups, including care home residents (75% coverage), housebound residents (81%), and individuals aged 80 and over (45%).

However, certain demographics, such as those aged 80 plus, individuals aged 65 to 79, and patients with learning disabilities or serious mental illnesses, exhibited lower booster coverage compared to the North East London average. To address these disparities, funding from the North East London Integrated Care System (ICS) and public health sources was utilized to implement targeted communication and engagement initiatives. These efforts involved collaborating with voluntary, community, and faith-based organizations to organize events, workshops, Q&A sessions, and distribute informative materials through various channels.

An innovative vaccination engagement pilot was developed to reach vulnerable residents, focusing on those aged 80 plus and individuals with specific health conditions. Additionally, motivational interviewing training was provided to enhance the workforce's ability to engage with the public effectively. The after-action review conducted with partners highlighted challenges and identified areas for improvement for the upcoming spring booster program.

Moving forward, action areas have been identified to enhance the delivery model for care homes, housebound patients, and clinically extremely vulnerable children. Improvements in escalation processes, governance, vaccine delivery across the health system, integration of outreach activities into broader health events, and data scrutiny mechanisms were outlined for future planning. The spring booster program, running from April 15th to June 30th, targets adults aged 75 and over, residents in care homes, and immunosuppressed individuals.

Efforts are being made to strengthen the delivery model through collaborative partnerships and tailored communication strategies for these specific cohorts. The overarching goal is to ensure equitable access to vaccinations, increase uptake among priority groups, and streamline processes for efficient program implementation. By addressing the identified challenges and implementing the planned improvements, the health system aims to enhance vaccination coverage and promote public health resilience in the community.

Further to the presentation, the Board:

- Stressed the importance of improving COVID booster uptake, especially among vulnerable sections of the community, such as older age groups and immunosuppressed individuals.
- Expressed concerns about the drop in vaccination rates within the Bangladeshi community, despite initially having high uptake at the start of the pandemic.
- Expressed concerns about the lack of detailed demographic data, particularly on COVID uptake by ethnic minorities, poses a challenge in addressing health inequalities effectively. The Board underscored the ongoing challenges in collecting comprehensive demographic data and the imperative need for tailored strategies to improve vaccination coverage across all vulnerable populations.
- Welcomed the additional efforts made to engage with communities historically showing lower vaccination rates through targeted messaging
- Expressed concerns about low vaccination rates among individuals
  with learning disabilities and serious mental illnesses and highlighted
  the need to increase awareness about the need to address barriers
  and enhance support for marginalised groups.

#### **RESOLVED** that:

 The Health and Wellbeing Board note the updates and efforts to promote uptake and awareness of the spring Covid-19 booster among eligible residents.

#### 4.3 Health and Wellbeing Story - Just Say Hello

Natalia Clifford, Associate Director for Public Health introduced the report that summarised the 'Just Say Hello' campaign, which was part of a broader campaign to tackle loneliness and isolation in Tower Hamlets.

Further to the presentation, the Board:

 Welcomed engagement with and from partners including charities, the NHS, and Council services, voluntary and community sector. Board members suggested this be widened to engage with the Tower Hamlets Together Partnership, including primary care, PEPS,

- community care, mental health services, and hospitals, to address social isolation comprehensively, especially post-illness periods.
- Asked if the campaign could be extended to target children and young people through school outreach programs to ensure a more holistic approach to combating loneliness and promoting well-being across all age groups.
- Noted the outreach efforts in GP surgeries, schools, and community hubs and welcomed the estimate which indicated around 1000 residents per week were reached during the campaign period.
- Expressed concerns regarding measuring impact, particularly on loneliness and isolation, given the collaborative nature of the campaign with multiple partners using varied evaluation methods. The Board welcomed plans to standardise measurement practices across partners to better understand the program's impact moving forward.
- Additionally, feedback highlighted the need to cater to residents who speak languages other than English to ensure inclusivity in future campaigns.
- Noted and welcomed the relatively low cost associated with the campaign,

#### **RESOLVED** that the Board:

Note the campaign and share with colleagues. Provide advice on how to further promote the campaign in preparation for next year re-launch (October 24)

#### 4.4 Be Well Report

Somen Banerjee, Acting Corporate Director Adult Social Care, Natalia Clifford, Associate Director for Public Health and Liam Crosby, Public Health Consultant introduced the report and provided a presentation that set out an overarching framework and logic model for a system-wide Be Well programme to tackle health inequalities and reduce risk of cardiovascular disease, respiratory disease, and cancer. The Be Well programme will be system-wide, consolidating existing workstreams and with input from all HWB partners.

Further to the presentation, the Board:

- Stressed the need to address existing fragmentation and siloed working within partnerships, particularly evident in initiatives like social prescribing where there lacks a consistent prevention message across various organisations.
- Stressed the need for targeting specific neighbourhoods with tailored well-being initiatives in collaboration with residents to address varying health issues like heart disease. Community approaches, such as conducting blood pressure checks in lunch clubs or collaborating with

mosques to identify and manage health concerns within communities could be effective.

- Expressed hope that the borough-wide brand "be well" would create a
  recognizable and consistent platform for residents to access key health
  messages and support services seamlessly. Such a system-wide
  approach could bring coherence, consistency, and collaboration across
  various health initiatives, addressing fragmented working practices,
  targeting specific health issues at the neighborhood level, establishing
  a unified health brand for residents, and enhancing analysis of health
  variations and relationships between healthcare providers to improve
  public health outcomes comprehensively.
- Stressed that prevention, particularly addressing wider determinants to effectively combat inequalities and promote overall well-being
- Noted the importance of getting the data right and aligning with related initiatives.
- Recommended the inclusion of children and young people in prevention efforts, recognising the impact they can have not only on their own health but also on influencing family behaviours positively.

#### **RESOLVED** that the Board:

- Note the scope and outline structure of the proposed Be Well programme;
- 2. Commit to organisational representation at the Programme Development workshop.

#### 4.5 PEG Mental Health Prevention Concordat next steps

Liam Crosby, Public Health Consultant and Angela Burns, Public Health Programme Manager introduced the report that provided an update on the priority within the 2023- 2028 Partnership Plan to become a signatory to the Mental Health Prevention Concordat and to develop an action plan to deliver mental health prevention and promotion for at least twelve months.

Tower Hamlets' Draft Mental Health Prevention Action Plan for 2024-2026, was something which Public Health are supporting PEG to develop. Angela and Liam asked the Board to note that PEG will discuss the application at their next meeting, agree leads for actions, and will submit as part of the application process for the Prevention Concordat to DHSC at the end of May 2024.

Angela and Liam set out next steps, including submitting the plan for approval at the forthcoming PEG meeting in May 2024, followed by submission to the Department of Health and Social Care. Input from stakeholders was encouraged to ensure the plan reflects the breadth of ongoing work and

priorities across different life stages, with a particular focus on children and young people's mental health as a critical aspect of prevention efforts.

Angela and Liam explained that signing up to the Concordat doesn't bring additional resources, but focuses on maximizing synergies within the system. The aim is to leverage commitments to attract resources in the future, exemplified by past funding successes.

#### Further to the presentation, the Board:

- Welcomed the development of a comprehensive action plan focusing on mental health prevention and promotion, involving partners from various sectors across the borough, including the Council, NHS, voluntary organizations, community groups, police, fire services, and businesses.
- Noted the key components of the plan include conducting needs assessments, improving partnership working, enhancing leadership commitment, promoting mental health, addressing inequalities, and developing a shared outcomes framework to measure progress consistently.
- Welcomed some of the commitments outlined in the mental health concordat, such as aligning organizational plans with mental health objectives, contributing to shared outcomes and annual reporting
- Noted that the Board would have a role in monitoring progress and ensuring accountability as a subsidiary group of the partnership, however it was suggested that the Mayor and the lead member to sign off on the Council's commitment to signify support for the plan.
- Noted concerns regarding young people's mental health trends, emphasising the importance of addressing this issue comprehensively.

#### **RESOLVED** that the Board:

- 1. Agree that the sign off of the action plan will be by a named representative of the Tower Hamlets PEG.
- 2. Support delivery of the proposed action plan in their respective organisations as action leads.
- 3. Noted that senior leaders would be named as leads on actions within the Mental Health Prevention Action Plan.
- 4. Agreed to review progress on the action plan on an annual basis (2024/2025 and 2025/2026).

#### 5. ANY OTHER BUSINESS

None.

The meeting ended at 6.50 p.m.

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