

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.00 P.M. ON TUESDAY, 29 SEPTEMBER 2015

**COMMITTEE ROOM MP701, 7TH FLOOR, MULBERRY PLACE, 5 CLOVE
CRESCENT, LONDON E14 2BG**

Members Present:

Councillor Amy Whitelock Gibbs (Vice-Chair, in the Chair)	– (Cabinet Member for Health & Adult Services)
Dr Somen Banerjee (Member)	– (Director of Public Health)
Luke Addams (Member)	– (Service Head Adult Social Care)
Dr Sam Everington (Member)	– (Chair, Tower Hamlets Clinical Commissioning Group)
Jane Milligan (Member)	– (Chief Officer, Tower Hamlets Clinical Commissioning Group)
Debbie Jones (Member)	– Interim Corporate Director - Children's Services
Councillor Rachael Saunders (Member)	– (Deputy Mayor and Cabinet Member for Education & Children's Services)
Councillor David Edgar (Member)	– (Cabinet Member for Resources)

Co-opted Members Present:

Dr Ian Basnett	– (Associate Medical Director Public Health Director, Barts Health NHS Trust)
Dr Navina Evans	– Director of Operations and Deputy Chief Executive, East London and Foundattion Trust
Karen Breen	–
DengYan San	– Young Mayor

Other Councillors Present:

Apologies:

Suzanne Firth	– (Tower Hamlets Community Voluntary Sector)
Mayor John Biggs	– (Executive Mayor)
Dr Amjad Rahi	– (Healthwatch Tower Hamlets Representative)
Steve Stride	– (Chief Executive, Poplar HARCA)
Stephen Halsey	– (Corporate Director Communities, Localities & Culture)
Kirsty Cornell	– (Chief Executive of Tower Hamlets Community Voluntary Sector)

Others Present:

Sarah Castro	–	Poplar HARCA
Sarah Barker	–	(Independent Chair - Tower Hamlets Local Safeguarding Children's Board)
Sandra Fawcett	–	(Chair of Tower Hamlets Housing Forum)
Jane Ball	–	Tower Hamlets Housing Forum
Monsur Ali	–	(Deputy Young Mayor)

Officers in Attendance:

Shazia Hussain	–	(Service Head Culture, Learning and Leisure, Communities Localities & Culture)
Louise Russell	–	(Service Head Corporate Strategy and Equality, Law Probity & Governance)
Martin Ling	–	Housing Policy Manager
Tim Madelin	–	(Senior Public Health Strategist, Adults' Services)
Jamal Uddin	–	(Business Services Manager, LBTH)
Justin Morley	–	(Senior Solicitor Legal Services, Law Probity & Governance)
Elizabeth Dowuona	–	(Senior Committee Services Officer)

1. CHAIR'S OPENING REMARKS

1.1 Welcome and Introductions

Councillor Amy Whitelock Gibbs (Vice Chair)(in the Chair)

Welcome

The Chair welcomed everyone to the meeting of the Health and Wellbeing Board and invited everyone to introduce themselves.

The Chair reported that the theme of the meeting is Integrated care.

1.2 Apologies

An apology for absence was received from Mayor John Biggs (Chair), Dr Amjad Rahi (Healthwatch Tower Hamlets Representative) and Steve Stride (Chief Executive, Poplar HARCA).

Notes of lateness was also received from Councillor David Edgar (Cabinet Member for Resources), Councillor Rachael Saunders (Cabinet Member for

Education, Children's Services and the third sector) and Deng Yan San (Young Mayor).

1.3 Public Questions

The Board noted that no questions had been received from members of the public.

2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

No interests were declared.

3. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

RESOLVED:

That the minutes of the meeting held on 7 July 2015 be approved as a correct record subject to Justin Morley being included in the list of officers present.

4. ACTION UNDER DELEGATED AUTHORITY

There were no actions under delegated authority by the Director of Public Health on behalf of the Chair and the Health and Wellbeing Board.

5. FORWARD PROGRAMME

Dr Somen Banerjee (Director of Public Health, LBTH) presented the forward plan. It was anticipated that the theme for the next meeting would be Children's Mental Health and Wellbeing.

Action: Jamal Uddin (Strategy, Policy & Performance Officer, LBTH)

6. COMMUNITY INTELLIGENCE: TOWER HAMLETS COMMUNITY INTELLIGENCE

Dianne Barham invited community researchers (also residents of the borough) to talk about 'Up for a Challenge' which is a community project they took part in. They explained how they interviewed members of the local community about their views on health and wellbeing services provided in Tower Hamlets, their needs and their suggestions for improvements on health services. The priorities included

- carers – the views of carers on what support they needed to continue their role, in particular, young carers, carers of people accessing community health services and carers of people with disabilities;
- older people – the views of older people on the type of health and social care services that they would like to be made available to them, should they need care ;
- children – understanding the causes of childhood obesity;
- young people – how young people could be supported to express their understanding of what mental health and good wellbeing were; and to promote a social action campaign;

- cancer services - the experiences of cancer patients and how services could be improved in that area;
- GP Practice - how GP practices could play a vital role in being a link with health programmes and services, community services, welfare support, and access point for advice;
- integrated care – Views of patients on family centred health education;
- Eastern European community; the needs and expectations of the growing eastern; and
- dual diagnosis – the experiences of people with mental illness, substance misuse and the issues they had in accessing services

It was noted that the volunteers were recruited from 17 different organisations from across the Borough, who were then trained up in research skills by Queen Mary University and Tower Hamlets Citizens by a series of workshops and mentoring. This created a network of community researchers who not only had the skills but also had the contacts to carry this research out. There were a total of 33 researchers who were either staff members, volunteers of users from the different organisations. They were awarded certificates for their skills, experience and work following the training.

Diane Barham underlined two overarching issues: building knowledge (which related to sign posting, where and how to access information, expectations and being prepared setting up a single directory) and building capacity (supported self-care, wellbeing not health and the role of the extended family).

It was noted that the aim of the community intelligence was to help shape the priorities and commitments for 2016-17 of Tower Hamlets CCG, Healthwatch, THCVS and the London Borough of Tower Hamlets and work with key partners, including the Health and Wellbeing Board. It was also noted that individual reports including recommendations outlined would be reported back to the key stakeholders in the community.

The Board welcomed the presentation and commended officers for their originality in the bid to involve the local community and acknowledged this as a good example for community engagement. Members also considered that this was an opportunity for health organisations to take on board that volunteers are a great resources for projects on schools, IDEA stores etc.

The Chair thanked the community researchers for their work and commented that the project was an excellent piece of work, a demonstration of members of the community assisting with community projects for the good of the wider community.

The Board agreed that Healthwatch related projects and research findings will be better aligned to Health and Wellbeing Board agenda meetings and forward programme.

Action: Dianne Barham, (Chief Executive of Healthwatch Tower Hamlets)

7. **THEME: INTEGRATED CARE**

7.1 Integrated Care in Tower Hamlets - Update

Jane Milligan provided an overview of the Integrated Care programme as a major piece of health and social care transformational work of which was to deliver co-ordinated and person-centred care supporting and empowering patients to self-care and self-manage. She set out the principles of Integrated Care, an approach which considered that people with high levels of health activation, with the knowledge, skills, and confidence to manage their health, were more likely to adopt healthy behaviours, have better clinical outcomes and lower rates of hospitalisation. Levels of activation could improve when a person-centred approach was followed and people were supported to develop a sense of ownership, take control over their health and are empowered to make informed choices.

Dr Navina Evans added that the Tower Hamlets Integrated Provider Partnership (THIPP) has developed a strong partnership amongst core partners to deliver a clear vision. The partners are as follows Tower Hamlets Clinical Commissioning Group (CCG), Barts Health, East London Foundation Trust (ELFT) and Tower Hamlets Social Care and Public Health (LBTH).

The presentation described the integrated care approach as a segmented approach where healthcare providers are commissioned to enable better integration of care so that services are less fragmented and easier for patients to access. She spoke on the outcome based approach. Outcomes-based commissioning aimed to create incentives for providers to collaboratively produce integrated services capable of delivering the outcomes that mattered to their population, reducing duplication and waste. The ability to reward higher performance was designed to encourage providers to continually innovate to find better solutions to meet population needs – for example, through investing in preventing ill-health. In this approach, the health services and providers worked together with service users and partner agencies, to understand the outcomes that they wanted to see from the contract. A contract was offered to providers which combined capitation and rewards for improved outcomes; providers were also able to keep money generated from delivering care more efficiently, cutting waste in the system.

RESOLVED

That the presentation be noted.

7.2 A Prevention-Orientated System

Abigail Knight, acting Associate Director in Public Health presented the report. She explained that Making Every Contact Count programme encouraged providers to make the most of every opportunity and discuss healthy lifestyle to facilitate change in healthy living amongst the local community.

Making Every Contact Count programme was recognised for its contribution to improvements in the health of individuals, reductions in the numbers of preventable diseases in communities and improving employee health and wellbeing.

It was noted that the London Borough of Tower Hamlets public health team had developed a localised training programme and accompanying training material. This training programme was being delivered to a range of staff across the wider partnership in the Borough to ensure consistency of message in the brief advice and signposting offered and embedded as a working practice.

The learning outcomes of the Tower Hamlets' MECC training programme were:

- To improve knowledge about key public health messages: smoking, alcohol, healthy eating, physical activity and mental health.
- To build on existing skills in promoting healthy lifestyle and behaviour change
- To explore and identify opportunities to raise key health issues
- To recognise opportunities for staff and staff team to put MECC into practice

It was noted that In 2015/16, MECC was being introduced in the:

- Adults and Children's Services
- Frontline health staff working within different settings of care, including primary care services, acute services, community services, mental health service, pharmacy and voluntary and independent sector organisations.
- Barts Health staff dealing with health promotion amongst patients, at Pre-operative Assessments, patients attending all its A&Es for dangerous levels of alcohol use,
- East London NHS Foundation Trust (ELFT) - staff dealing with improving parity of esteem by improving the physical health of people with serious mental illness. ELFT is adopting a quality improvement approach to health promotion in which small scale interventions, such as information and signposting to lifestyle.

The Health and Wellbeing Board welcomed the joint working between public health and other areas of the health service.

RESOLVED

1. That the progress on the Making Every Contact Count (MECC) programme be noted;
2. That comments on the proposed areas for further development be noted.

7.3 Housing and the Integrated Care Agenda

Somen Banerjee, Director of Public Health presented the report.

Somen explained that the aim of the integrated care is to deliver co-ordinated and person centred care supporting and empowering patients to self-care and self-manage. A short animation was shown to the board meeting demonstrating how joined-up services can help meet the needs of patients and also help reduce anxiety and increase the patients overall health and wellbeing.

He also noted, there is greater emphasis on integrated care increasingly delivered outside traditional health care settings. There are already a number of initiatives such as the Vanguard pilot that will lead to an expansion of the numbers of people subject to integrated care in the borough.

Tower Hamlets Housing Forum (THHF) is the structure in which Registered Providers (RPs) come together in the borough. The group considers health issues and more recently agreed to set up a more formal health and housing sub-group. This will help ensure that smaller RPs are also included and that they all give consistent messages to their residents around health

The commitment from both housing and health is strong with a joint desire to solve problems/issues on behalf of residents/clients. An initial housing and health action plan was developed by THHF and the HWB in February 2014. The action plan featured joint activities aligned to the health and wellbeing strategy's priorities.

Public Health has a long working relationship with RPs and delivered a number of initiatives in partnership utilising community development approaches to promoting health e.g. Well London initiatives with Poplar HARCA and Tower Hamlets Community Housing

The recent community involvement network meeting (RP staff involved in community involvement) considered barriers, blockages and challenges to closely working between housing and health care sectors:

- Difficulty navigating the health and social care sector to highlight issues and opportunities from an RP perspective
- A need for the opportunities to develop work together around health and housing to be more clearly recognised and prioritised
- Set of challenges in taking forward opportunities relating to
- Employee turnover
- Changing health and social care landscape
- Consistent communication and messaging across agencies
- Ongoing consistent ownership of joint work
- Tracking outcomes of initiatives

The recent community involvement network meeting also considered how the two sectors could work better together and produced the following thoughts;

- RPs are one of the main contact organisations for many residents and there is therefore significant opportunity to provide consistent information and guidance on health and social care issues as well as feedback to service provider
- Some residents do not make as much use of primary care as they could to support their health - there is an opportunity for housing staff to support residents on issues such as GP registration and use of services
- RP websites could be a valuable resource for conveying consistent information on health and healthcare services as well as information for events
- Common tools could be developed to measure the impact of health and housing initiatives could be developed to use across the THHF partnership.
- Greater involvement of RPs on relevant health and social care boards would be helpful to provide the collective leadership to tackle barriers and ensure a realistic pace that is mindful of the need to build relationships at all levels of the organisations.

RESOLVED –

1. That the report be noted;
2. That the comments on potential actions to take these opportunities forward and address barriers be noted.
3. That a further update report is programmed in the forward plan.

Action: Jamal Uddin, (Strategy, Policy & Performance Officer)

8. HEALTH AND WELLBEING STRATEGY REFRESH - UPDATE

Somen Banerjee, Director of Public Health presented the report.

The report outlined the approach that will be taken to develop the refreshed Tower Hamlets Health and Wellbeing Strategy, given that all Health and Wellbeing Boards now had a duty to publish and deliver local health and wellbeing strategies.

It was noted that the strategy would be developed through a partnership approach, consulted on, presented to the CCG Board, HWB and endorsed by the Council's Cabinet.

Formal approval of the Health and Wellbeing Strategy and its delivery plans will be sought in July 2016. Once approval has been given, the Strategy will then be published.

The Board discussed the integration of services provided by the Council focusing on the use of relevant public sector resources across a wide

spectrum of services and interventions, with greater focus on integration across spanning health care, social care and public and health mental health.

The Board went through the timelines in finalising the strategy, ensuring that all the key stakeholders had the opportunity of reviewing and agreeing the priorities and emerging needs of the community/borough.

It was noted that the strategy would be launched in July 2016.

RESOLVED -

1. That the timeframe for the refresh of the Joint Health and Wellbeing Strategy be agreed.
2. That a priority setting workshop for Health and Wellbeing Board members planned in November 2016 be noted.

9. CHARTER FOR HOMELESSNESS HEALTH - ST MUNGO'S BROADWAY

Somen Banerjee, Director of Public Health presented the report.

The report set out the commitment sought by St Mungo's Broadway, a national level homelessness charity for Wellbeing Boards nationwide to consider signing a Charter for Homeless Health.

The aim of the Charter was for the Health and Wellbeing Boards to include the needs of people who were homeless in the Joint Strategic Needs Assessment; to provide leadership across the partnership to address homeless health; and to ensure that across the local authority and clinical commissioning group, local health services met the needs of people who were homeless.

Somen stated that the commitments of the Charter were in line with existing work by the Council and recommended that the Health and Wellbeing Board sign the Charter in order to demonstrate continued partnership commitment to working together to protect and improve the health of people who were homeless.

He concluded that the charter demonstrated recognition at the highest level of the importance of the issue of health and homelessness and a commitment to addressing the health needs of people who were homeless.

As part of a network of other Health and Wellbeing Boards across the country (currently 32) there would be an opportunity to share information, guidance and case studies.

The Chair noted that there is a good track record in the borough of demonstrating its commitment to addressing issues highlighted and that a London-wide strategy or charter would add value in addressing similar challenges.

Members of the board were on the whole supportive of the charter and agreed to adopt the charter.

RESOLVED –

The recommendation to sign up for the Charter be approved and that the commitment continue to underpin the Council and CCG's strategies and commissioning to address the needs of people who were homeless

10. ANY OTHER BUSINESS

There were none.

11. DATE OF NEXT MEETING

It was agreed that the next meeting of the Health and Wellbeing Board be brought forward to November. It was noted that the meeting was currently scheduled for 8 December, however, the Executive Officers Group (sub-group of the HWBB) decided that a meeting in November is required to maintain the Board's priorities.

The Committee Officer confirmed the date as 17th November 2015.

The meeting ended at 6.50 p.m.

Councillor Amy Whitelock-Gibbs Vice-Chair,
Tower Hamlets Health and Wellbeing Board