

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.00 P.M. ON TUESDAY, 17 SEPTEMBER 2019

MP701 - TOWN HALL MULBERRY PLACE

Members Present:

Councillor Amina Ali (Chair)	Lead Member for Health & Adults
Dr Sam Everington (Vice-Chair)	Chair of TH/London CCGs
Councillor Danny Hassell	Cabinet Member for Children, Schools and Young People
Councillor Candida Ronald	Cabinet Member for Resources and the Voluntary Sector
Councillor Denise Jones	Older People's Champion
Dr Somen Banerjee	Director of Public Health
Debbie Jones (Member)	Corporate Director, Children and Culture

Co-opted Members Present:

Chris Banks	Chief Executive, Tower Hamlets GP Care Group CIC
Randal Smith	Healthwatch Tower Hamlets
Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Jackie Sullivan	Managing Director of Royal London Site, Barts Health
Vivian Akinremi	Deputy Young Mayor Lead for Health & Wellbeing
Edwin Ndlovu	East London Foundation Trust – Substitute for Dr Navina Evans
Steve Collins	Substitute for Selina Douglas (Managing Director WEL CCGs)
Dan Rutland	Chief Inspector – substitute for

Marcus Barnett

Alison Roberts

Development Manager THCVS –
substitute for Peter Okali

Other Councillors Present:

None.

Apologies:

Councillor Sirajul Islam

Statutory Deputy Mayor and Cabinet
Member for Housing

Selina Douglas

Managing Director NHS Newham,
Waltham Forest, Tower Hamlets CCG

Denise Radley

Corporate Director, Health, Adults &
Community

Asmat Hussain

Corporate Director, Governance and
Monitoring Officer

Peter Okali

Director Tower Hamlets CVS

Dr Navina Evans

Chief Executive East London NHS
Foundation Trust

Amy Gibbs

Chair of Tower Hamlets Together

Jackie Fearon

Representative of THHF

Marcus Barnett

Detective Chief Superintendent - BCU
Commander

Others Present:

Dianne Barham
Simon Hall

Healthwatch Director
East London Health & Care
Partnership – Director of
Transformation

Officers in Attendance:

Phil Carr
Rushena Miah
Christine McInnes
Carrie Kilpatrick

Strategy and Policy Manager
Democratic Services Officer
Head of Education and Partnership
Commissioning Manger

1. STANDING ITEMS OF BUSINESS

2. WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies were received from: Cllr Sirajul Islam, Denise Radley, Dr Navina Evans – Edwin Ndlovu attended as a substitute, Marcus Barnett – Dan Rutland attended as a substitute, Selina Douglas – Steve Collins attended as a substitute, Jackie Fearon.

3. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of pecuniary interests.

3.1 Minutes of the previous meeting, Actions and Forward Plan

RESOLVED:

1. The minutes of the meeting held on 16 July 2019 were approved as an accurate record and signed by the Chair.

4. NHS LONG-TERM PLAN

Simon Hall (Director of Transformation East London Health & Care Partnership) briefed the Board on his work on the progress on developing NHS Long Term Plan for North East London.

Summary of key points:

- NHS England had instructed the North East London Health and Care Partnership to draw up the Long-Term Plan which required the inclusion of three key elements. These were:
 - To develop a strategy delivery plan or ‘the narrative plan’.
 - To submit a planning tool – this would be a spreadsheet containing activities, financial resource and workforce requirement.
 - To submit the Long-Term Plan Collection Tool – this was essentially a performance tool with 50 key metrics to monitor.
- Engagement exercises included running workshops on mental health, bringing systems together and there was a showcase event in June. A first draft had been prepared but a firmer second version would be available to executive Board members in the next few days, including the Chair and Director of Public Health.
- The Board were asked to comment on whether the document looked accurate and whether it was suited to north east London and the local level.
- It was noted the work on metrics and workforce would not be completed until the 27 September 2019. These aspects would be completed on the day the first draft is submitted to NHS England. So far out of 50 performance indicators, guidance had been submitted for around 30 indicators.
- The final draft would be submitted to NHS England on 15 November 2019.

Local challenges were highlighted. These included:

- Significant population growth 2.02 million to 2.28million by 2028. 13% rise so the new system would need to ensure needs could be met.
- Variation in clinical quality and outcomes across the north east London patch and the need to tackle health inequalities as a system.
- Workforce was identified as a big challenge as difficulty in recruiting staff in all disciplines was a concern.
- It was noted the current health and care system did not have the financial resource to continue with the existing financial model and this would need to be addressed in the plan.

In order to mitigate challenges the following solutions were identified:

- Greater emphasis in preventing ill health and empowering people to take control of their own health. And putting resources behind prevention.
- Ensuring the services provided were integrated and joined up.
- The need to rapidly modernise the approach to service provision including utilising the NHS academic and research base.

The Plan is intended to be integrated with other clinical strategies and the London mayor's vision.

Transparency and openness was a key principle behind the plan. It was important local populations were informed of changes.

A draft of the plan was to be submitted to NHS England on 27 September 2019, with a final outward facing plan published on 15 November 2019. It was noted that local sign off by Health and Wellbeing Boards was not mandatory in the guidance but for the purpose of meaningful engagement, Mr Hall sought the consensus of the Board on the draft document.

Discussion following the briefing:

Managing expectations

There was a question on how realistic it was that the plan would be tailored to north east London given the NHS England requirements. Mr Hall acknowledged it was a challenge and explained that a balance had to be met. He said the issue was raised at a recent STP meeting where he reinforced to NHS England representatives that the plans would have to be realistic and right for the north east London area.

Staff

Members asked how staff would be recruited and retained in the new plan. It was noted that there were several ideas to increase the number of people working in the NHS and this included training and developing staff, creating opportunities for younger staff and their partners to build careers in the health system and attracting local people to NHS jobs. Though it was acknowledged staffing would be a challenge.

Resources

Members understood that resourcing needs would have to be identified in the October draft plan because there was a risk additional resourcing was not guaranteed. Members asked how they could meaningfully engage with the document given the time constraints and the need to align the document with the Health and Wellbeing Strategy. Members were advised to engage with Mr Hall directly throughout the October period to comment on the draft. The 'I' statements were a welcomed approach.

Community engagement

The Chair asked whether there was a risk of Tower Hamlets priorities being diluted in the long term plan and asked how residents had been consulted. Mr Hall explained that the document aimed to 'build from the bottom up'. He said the local Healthwatch organisations had been consulted and produced advisory reports. He also said the Tower Hamlets Together partnership had been utilised to provide community insight, as well as executive Members of the Local Authority and he welcomed further engagement with local partners in the month ahead. It was noted that because the NHS Long Term Plan was based on the Tower Hamlets model, there would be an element of familiarity within the plan.

Localised services

Dr Ian Basnett asked for clarification on what services would stay in the plan and what would come out. He highlighted in some situations localised services were essential. Mr Hall advised that if there were any specific areas that required resourcing he should be contacted.

In addition, Debbie Jones – Corporate Director for Children and Education, requested her comments be noted. She said that it would be difficult to represent the totality of the north east London area and local priorities. Though there were similarities between local authorities, there were significant differences and the Health and Wellbeing Board would have to be very careful and mindful of any commitments it put forward. She said from a local authority perspective the commitments made should be consistent with local work without losing traction or pace.

Social Care

It was noted that work was required to further develop the social care narrative and that the draft circulated to the Chair and Corporate Directors later in the week would allow for specific input. Mr Hall agreed to circulate the draft by 2 October 2019.

Online access

It was noted that the most up to date version of the draft north east London long term plan was posted on the East London Health and Care website for public comment.

ACTIONS:

1. For Members of the Board to get in touch with Simon Hall if they had further comments on the draft north east London long term plan.

RESOLVED:

1. To note the update on the north east LONDON long term plan.

5. REFRESH OF THE MENTAL HEALTH STRATEGY 2019-2024

The Board received the report of Phil Carr (Strategy and Policy Manager, Health, Adults and Community) and Carrie Kilpatrick (Deputy Director of Mental Health Joint Commissioning) on the Mental Health Strategy Refresh.

In response to the report the following comments were made by the Board:

Impact of adverse childhood experiences:

There was a question on to what extent the strategy considered parenting and adverse childhood experiences. It was noted this was mentioned in the third priority in reference to perinatal care but childhood experience not covered directly as the strategy is focussed on Adults.

Strategy alignment:

The Board noted it was important for the Mental Health Strategy to align with the Health and Wellbeing Strategy and Long Term Plan to ensure consistency especially around the 'I' statements. In addition to this the Substance Misuse Strategy was identified as another key strategy to align with due to the interconnection with dual diagnosis. Officers said it was an opportunity to strengthen engagement between the two strategies.

Governance of the Strategy

Members asked who was responsible for the overall governance of the strategy. The Mental Health Partnership Board would be responsible for the operational delivery of the strategy but the Health and Wellbeing Board would maintain strategic oversight. It was suggested that a Health and Wellbeing Board member should participate in the mental health strategy working group to oversee the work.

- Co-opt one Board member to oversee mental health, including the delivery of the strategy in whatever form that takes

Addressing wider issues

There was a comment that there is significant pressure on the Adult Improving Access to Psychological Therapies programme (IAPT) and that to address this need we should consider broader ways of accessing care, such as self-care or digital. This should be expanded in the strategy.

Housing:

A Member raised a point about training housing officers to recognise mental health and the implications of poor housing on mental health. Officers explained that the strategy was committed to providing mental health first aid training which would include to housing officers and mental health would be considered in the Place strategy. The Chair asked if there was any way of

monitoring the commitments made by other strategies. Officers explained that the delivery plan would link to commitments made and monitor progress.

Engagement

The Board requested that the engagement work, particularly with the BME and other risk groups be expanded on in the Strategy given high levels of mental health amongst the BME community in the borough.

The Chair requested that the strategy come back for final sign-off following the amendments. Officers noted the comments.

ACTION:

1. For the Mental Health Strategy to be amended and come back to a future meeting

RESOLVED:

1. For the Mental Health Strategy to come back to the Board at a future meeting having taken note of Member comments and concerns.

6. HEALTH AND WELLBEING STRATEGY 2020

The Board received an update on the Health and Wellbeing Strategy consultation 2020-2025 from Dr Somen Banerjee, Director of Public Health.

The Board were asked to consider the following:

- The strategic leadership of the Board and how to work together in the new health and social care system.
- How to co-produce priorities of the strategy.
- There was a subsequent piece of work on how to measure the 'I' statements clustered around the themes of wider determinants of health, healthy lives, quality of care and support, integration and quality of life. These formed the framework for engagement.
- Questions that would be posed to the public at upcoming engagement events.
- It was noted that it was important to be inclusive and identify potential gaps in perspectives.
- It was noted the strategy would be discussed at the December 2019 Health Summit.
- It was noted that there was a Health and Wellbeing Board workshop scheduled for February 2020 to discuss Board priorities and alignment with other work streams on key issues.

Member comments:

- With regard to questions to pose at consultation events, it was suggested that we also consider the Health and Wellbeing of their staff
- There was a suggestion to include in the document a before and after section on 'what people wanted us to do' and 'what we did.' Members

said people tended to want to engage when they could see they had made a difference.

- To cross reference the the Health and Wellbeing Strategy with the Long-Term Plan.
- Overall Members were in agreement with the development and direction of the Health and Wellbeing Strategy draft.

RESOLVED:

1. To note the update on the development of the Health and Wellbeing Strategy 2020.

7. SEND IMPROVEMENT UPDATE

The Board received an update on the SEND improvement plan and a briefing on the preparation for the imminent SEND Local Area Inspection from Christine McInnes (Divisional Director Education & Partnership).

In response to the briefing the following discussions took place:

JSNA

Simon Twite (Public Health Programme - Lead Early Years) was thanked for his work on integrating the SEND plan into the JSNA refresh.

Risks

A poor track record of sharing data and professionals speaking as one voice on an agreed narrative, were identified as potential risks during the inspection.

The high needs funding block is a ring fenced grant for SEND; it was noted there was a growing demand on this budget arising from an increasing demand for education health and care plans (EHCPs) and an increase in SEND Transport need. Officers said the council had excellent provision for SEND and was committed to continued support in mainstream schools and special schools.

Rationing

A Member asked whether the action plans and recovery plans were working in relation to the budget or if rationing was required. Officers explained that a recovery plan in relation to addressing the overspend in the high needs funding block had been submitted to the Department for Education and the council was awaiting a response from the government regarding additional grant funding.

Officers said they were reviewing the EHCP process to ensure it was rigorous enough and EHCPs were suited to the people receiving them. Officers were keen to release more funding to invest in early intervention such as increasing the level of speech and language therapy available to children in their early years as a way of reducing demand.

There were no plans to ration EHCPs but actions in the recovery plan included reducing the current level of top up funding to schools. Officers informed the Board that a consultation was also underway to review a reduction of top up funding and gather views on the level of funding for the different bands of EHCP. They also said council was also looking to improve transport and support more people to travel independently.

SEND Local Area Inspection: Officers said the statutory requirements of Children and Families Act 2014 in relation to Special Educational Needs are described in the SEND Code of Practice 2015. In relation to preparing for inspection partners were advised to familiarise themselves with the contents of the Code of Practice as the inspection will focus on how well the requirements were being implemented across the local area.

Two events were planned to explain the inspection requirements and Members were encouraged to attend.

ACTION: For Christine McInnes to circulate the SEND Code of Practice and the SEND Self-Assessment document to the Board.

8. ANY OTHER BUSINESS

Members were invited to the Barts Health AGM on 18 September 2019 at the Royal London 11am-3pm and Mile End Hospital at 3-6pm.

There was a request to reduce the number of pages in the agenda pack.

The Chair sought ideas from the Board to change the format of meetings to make them more interactive rather than reports based. Members were advised to contact the Chair for if they had any thoughts on the matter. The Vice chair suggested verbal updates from Board Members would be useful as well as shorter reports that highlighted key issues that could be teased out at the Board.

Dr Somen Banerjee informed the Board he was working with the communications team to develop a Health and Wellbeing Board website.

The Chair noted that the timing of the meeting was difficult for some Members. It was agreed the next meeting would start at 6pm on a trial basis to monitor attendance.

There was a discussion on changing the location of the meeting but Members advised against the idea saying that it had been tried in the past and did not result in greater attendance from the public. It was also difficult to find suitable venues.

The meeting ended at 6.50 p.m.

Chair, Councillor Amina Ali
Tower Hamlets Health and Wellbeing Board