

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.00 P.M. ON THURSDAY, 24 SEPTEMBER 2020

ONLINE 'VIRTUAL' MEETING - [HTTPS://TOWERHAMLETS.PUBLIC-I.TV/CORE/PORTAL/HOME](https://towerhamlets.public-i.tv/core/portal/home)

Members Present:

Councillor Rachel Blake (Chair)	
Dr Sam Everington (Vice-Chair)	
Councillor Danny Hassell (Member)	– (Cabinet Member for Children and Schools)
Councillor Candida Ronald (Member)	– (Cabinet Member for Resources and the Voluntary Sector)
Councillor Denise Jones (Member)	– Older People's Champion
Denise Radley (Member)	– (Corporate Director, Health, Adults & Community)
Steve Collins (Member)	– Executive Director of Finance
Dr Somen Banerjee (Member)	– (Director of Public Health)
Asmat Hussain (Member)	– (Corporate Director, Governance and Monitoring Officer)
Christabel Shawcross (Stakeholder)	– (Safeguarding Adults Board Chair LBTH)
Councillor Kahar Chowdhury (Stakeholder)	
Councillor Andrew Wood (Stakeholder)	

Co-opted Members Present:

Vivian Akinremi	– Deputy Young Mayor Lead for Health & Wellbeing
Chris Banks	– Chief Executive, Tower Hamlets GP Care Group CIC
Dr Ian Basnett	– Public Health Director, Barts Health NHS Trust
Vicky Clark	– (Divisional Director for Growth and Economic Development)
Peter Okali	– Tower Hamlets Council for Voluntary Service
Paul Gilluley	– East London Foundation Trust
Jackie Sullivan	– Managing Director of Royal London Site, Barts Health
Richard Tapp	– Met police
James Thomas	– (Corporate Director, Children and Culture)
Helen Wilson	– Clarion Housing/THHF - representative to HWBB

Apologies:

Councillor Sirajul Islam	– (Statutory Deputy Mayor and Cabinet Member for Housing)
Marcus Barnett	– Detective Chief Superintendent - BCU Commander

1. WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Chair Councillor Rachel Blake (Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing) welcomed everybody to the meeting.

2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of disclosable pecuniary interest were received at the meeting.

2.1 Minutes of the Previous Meeting and Matters Arising

The Chair Moved and it was: -

RESOLVED

The unrestricted minutes of the last meeting were confirmed as a correct record and the Chair was authorised to sign them accordingly.

2.2 Offline papers for ratification

The Board noted that:

1. Due to the current pandemic they had been unable to discuss several key items at the 9th June 2020 board meeting and because of timeframes the SEND strategy had been circulated to Board Members offline on 24th July 2020 with a deadline for comment by 7th August 2020.
2. Over the past year the context has changed rapidly and since the Special Educational Needs & Disabilities (SEND) strategy was first developed in late 2018 there has been two external reviews; A SEN review conducted by a former Ofsted inspector and a review of health and the Tower Hamlets Clinical Commissioning Group (THCCG) by the Council for Disabled Children (CDC). Feedback and recommendations from both have helped better understand the strengths and weaknesses in the local area and the steps needed to improve. Therefore, one year on, the SEND strategy has been reviewed & refreshed to ensure a sharper strategic direction.
3. Comments from the Board and other stakeholders have been taken into consideration and the strategy can be recorded as signed off by the Board.

3. ITEMS FOR CONSIDERATION

3.1 Health and Well Being Board Story - Impact of Covid-19

Ruth Roberts (Bromley by Bow Centre) and Allison Talbot a service user provided an update on how Bromley by Bow Centre has adapted services during the Pandemic. The main points of the discussion maybe be summarised as follows:

The Board:

- Were particularly concerned about how people with learning disabilities are managing and how particular their carers are managing to support them.
- Noted that many people with learning disabilities have multiple health conditions and it is important for people to keep up to date to see their GPs to feel safe to go out.
- Noted that since October 2016, the GP Care Group has run the Tower Hamlets Social Prescribing service with funding from the local Clinical Commissioning Group (CCG).
- Noted details of the Social Prescribing for GPs, nurses, and other healthcare professionals to help improve patients' health and wellbeing, specifically those who do not need a medical intervention, by referring them to access non-clinical services and support.
- Noted that in the more deprived wards in Tower Hamlets, patients visit their GP for reasons other than clinical problems, as they might not know where to access support for wider social issues such as debt advice or housing problems. These determinants can have a significant impact on people's health and wellbeing. The Social Prescribing service offers direct support to access 'social prescription' helping to improve residents' overall health and wellbeing.
- Noted that the Coronavirus has presented an unprecedented challenge to the local Food Banks as they have become more important than ever for the most vulnerable members of the community.
- Noted that the purpose of establishing Food Hubs is to principally provide logistical support to those Food Banks that provide essential food to people classed as extremely vulnerable and at the highest risk of severe illness from Coronavirus and to help others at-risk residents who might have difficulty getting food. These include the very elderly who may be self-isolating or unwell with symptoms of coronavirus and without a support network of family or friends.
- Was advised that the Council and its partners also provide an intensive, individualized care management process for residents with serious or complex needs. This wraparound care typically includes formal services and interventions, together with community services and interpersonal support and assistance provided people drawn from social networks.

In conclusion the Board

1. Noted that the reflections of organisation and service users would remain as a standing item on all Board agendas; and
2. Encourage Members; Partner Agencies and Services Users to submit suggestions for updates on examples of how various schemes have adapted during the Pandemic.

3.2 Tower Hamlets Response to Covid-19

Somen Banerjee, Director of Public Health provide an update on current situation and challenges to date related to outbreak control. A summary of the discussions on the presentation is set out below:

The Board

- Noted that despite a fall over the summer, the number of cases of Covid-19 have risen and it is accepted that the situation is once again worsening. Tower Hamlets now has one of the highest levels of Covid-19 in London. Therefore, as a second rise in infections hits the Borough, all steps necessary must be taken to limit the spread of the virus and protect those most at risk.
- Noted that whilst confirmed cases are going down the GPs are seeing people coming into their practices with suspected cases continues to rise and the other thing that continues to rise is the calls to NHS 111 online coronavirus service which gives an indication that of an increase. Although there is not a great deal of change in terms of hospital admissions and therefore not having an impacting on bed occupancy and those indicators
- Noted that Tower Hamlets has been in the top third in London in terms of incidents rates
- Noted that Public Health England provide data where there is a high risk of an outbreaks such as care homes; schools workplaces; hospitals and faith.
- Noted that whilst in Tower Hamlets there have been no significant outbreaks to date, there is evidence to show an increasing number of these situations in these settings.
- Noted that in Tower Hamlets the testing rates are low relative to the rest of London. Therefore, it is a priority for the Borough and last week a local testing site was opened in Watney Market which is an appointment only and whilst it has only been only been open a few days 500 people have been tested.
- Noted that the National Programme of Test and Trace has been progressing and they are (i) seeing 80 percent of cases who have been identified as positive; (ii) 20 percent of people that they cannot contact.
- Noted in response to this Tower Hamlets is very close to implementing a local Test and Trace programme in which we get passed on the names of the 20 percent of cases that the national system was unable

to identify and we have people locally who will contact those people and then pass the contacts back to the national system.

- Noted that we need to strengthen the Test and Trace System that residents have access to.
- Noted regarding those cases known to Tower Hamlets they are being track on a day-to-day basis.
- Noted the Borough gets very good data from the National Biosecurity Centre and good local data.
- Noted when the Second Wave started it was mainly in the younger age group but as it has progressed there have been more cases in older and more vulnerable groups. It was initially in the more affluent groups but now it is very clearly higher in the most deprived groups. It is also higher where there is high density social housing and for people who live in high-density social housing it was initially highest in the black populations but over the past few weeks it has been higher in the Bangladeshi population and then there are areas within the Borough in which we see higher levels e.g. some areas in the North West of the Borough and also in the North East
- Noted that in the national policy context there is a rise which means that the reproduction number (R) is the average number of secondary infections produced by a single infected person is on the increase.
- Agreed it was important that as nationally we starting to see cases start to rise in care homes both in residents and staff, we need to be prepared for that
- Recognised that the Council and its Partners/Stakeholders need to work together to ensure compliance with the guidance. Therefore, it is not just about enforcement it is about encouragement.
- Was advised that (i) there is additional capacity for Environmental Health around enforcement; and (ii) there is a review of Care Homes arrangements and making sure that these are robust as possible procedures around discharges from hospitals.
- Noted that Tower Hamlets are working with Department of Health and that there is a lot of investment around engagement across Tower Hamlets and identified that the networks that link our communities. Also, Tower Hamlets are undertaking strengthening community outreach in those groups in which the networks more limited.
- Was advised that as cases of Covid-19 are increasing in the Borough, Tower Hamlets is calling on residents to sign up to become Covid-19 community champions to help everyone stay informed and in tune with the latest advice.
- Noted that those residents who sign up to become champions are updated on a regular basis with advice and information on Covid-19. The Champions then share this with their families, friends and their wider communities and help them make sense of it.
- Noted that the Royal London Hospital has created space for 176 intensive care and high dependency beds. This facility now allows the Royal London to separate Covid and non-Covid patients so they can get the care that they need.

- Noted that Healthwatch research has illustrated that there has been a disproportionate impact on people with mental health issues in terms of their physical health as a result of Covid-19.
- Noted that NHS Covid-19 app asks users who have been near someone with a positive coronavirus test result to self-isolate for two weeks. It also allows users to check-in to public houses, restaurants or other venues by scanning a QR code on their phone. They will then get an alert telling them to self-isolate if other visitors at the same time are found to have been infected.

3.3 Health Tower Hamlets: Building the Vision Together (Covid-19 Update)

The Board received a presentation that provided a progress update on the work being undertaken to develop a new Health & Wellbeing Strategy for the Borough. Members were provided details of the engagement work that has been completed to date, and proposals for amending the approach to the next phase of strategy development considering the Covid-19 coronavirus. The discussions on this presentation maybe summarised as follows.

The Board

- Noted that prior to Covid-19 Tower Hamlets was on a pathway for developing a new Health and Wellbeing Strategy and the principles were around coproduction locality focus and delivery.
- Noted that health data was considered, and strategies were reviewed
- Was informed that there had been several workshops with providers; and service users. Healthwatch also had conducted a resident conversation at local level to identify the issues that mattered to residents. It was intended that prior to the pandemic that there should have been a summit to bring all this together and think through priorities.
- However, Covid-19 has changed the landscape therefore it is recognising that that has been a lot of work that has done bit for which obviously we do not wish to lose.
- Recognised that we need to think slightly differently about our vision and especially around the inequalities that Covid-19 has highlighted in our society. This can be seen in several ways but the most obvious from doctor's perspective is the disproportionate number of people affected in Black, Asian and Minority Ethnic (BAME) communities. E.g. in the medical community across the country 90 percent of the doctors who have died were from BAME communities. It is therefore very stark, and analysis has identified several reasons (i) poverty. (ii) overcrowded housing (iii) specific diseases like diabetes and obesity that clearly play a factor in all of this. Therefore, there is a whole raft of risk factors which fundamentally go to the core of preventative medicine and how we intervene at a much earlier stage both an illness but also to prevent the illness. For example, if you take something like diabetes, we are in a very good position probably one of the best positions in the country because we have been running a project on preventative proactive

work with patients with diabetes. Tower Hamlets has patients with diabetes who the best cholesterol and blood pressure control in the country. You might say what has that got to diabetes the answers these things are all interrelated and the key to diabetes also to is not just the drugs prescribed that is a very small part of managing diabetes fundamentally the food one eats; the type of food the amount you eat; your weight; the amount of exercise you take are all critical and sometimes more important.

- Noted that this process has highlighted the inequalities that have been highlighted in this process. Therefore, fundamentally what we should do what will be the long-term legacy to Covid-19 as with the Second World War the biggest legacy was the foundation of the NHS. That came as a result of the stark challenges that the Nation faced between 1939 to 1945 and we need to think about in terms of the Covid legacy
- Acknowledge that we need to fundamentally improve healthcare. Such as in every single practice in Tower Hamlets has a multi-disciplinary team that meets monthly including psychiatrists; Macmillan nurses; district nurses; social workers and a whole raft of different people that proactively manage the 5 per cent of our population that are housebound; have complex illnesses; that are terminally ill.
- Noted that this is critical mainly in improving their quality of life because when people are this ill you can do something about length in life and in some ways most important to his quality of life. Hence an example of something we are doing already but what can we do more? In the school-age children the statistics are stark with about 40 percent overweight or obese by the age of 11. which is double the rate compared to the age 5 which tells you that schools can play a major role in trying to turn this back. Self-harm greatly increased in teenage years mental health generally increasing in this age group let alone the additional mental health that we discovering as a result of Covid-19. Diet 50 percent of children are vitamin D deficient vast majority of children are malnourished. Therefore, a child can be normal weight or even underweight but has major issue around nutrition. The children who are going to suffer most will be in the lower socio-economic groups. Most governing bodies of schools do not have somebody with health expertise who can drive the issue of health
- Schools, health agencies, parents, and communities share a common goal of supporting the link between healthy eating, physical activity, and improved academic achievement of children and adolescents. Evidence shows that the health of students is linked to their academic achievement, so by working together, we can ensure that young people are healthy and ready to learn. Public health and education professionals can share the link between healthy eating, physical activity, and improved academic achievement to engage stakeholders in working together to support healthy school environments.
- Considered how can we get young people involved in doing more around co-production around a health and preventative health

- Agreed that we need to think about how we do (i) work together;(ii) make sure Council messages are being disseminated in general practice; (iii) share our data systems more effectively.
- Agreed that addressing poverty as the underlying cause of so much of the inequality especially as it is likely to be worsening due to the economic impact of Covid-19. Therefore, we need to look at employment; housing conditions; school providing the space to eat well; learn well and live well.
- Noted that Act Early programme which aims to improve the life chances of children by focusing on improving the environments that influence their health. Three themes will be examined: (i) on healthy places, considering the environments in which children live and attend school, and examining how these could increase physical activity, reduce obesity, and improve mental wellbeing, for example; (ii) healthy learning, focussing on how learning is linked to place and community interactions that facilitate learning; and (iii) healthy livelihoods, considering what is good for children's learning and social engagement. The research will extend the applicant's work in Bradford and include Tower Hamlets in London, two ethnically diverse areas of the UK with high levels of child poverty. The two sites are intended to enable testing of the replicability of research approaches and generalisability of interventions.
- Agreed that there should be a real emphasis about co-production and co-production where people feel that they oversee their own lives.

In conclusion the Board

Agreed that the next step is a discussion between Councillor Rachel Blake; Dr Sam Everington; Denise Radley and Dr Somen Banerjee to develop an action plan for consideration at the next Board meeting.

3.4 Health and Wellbeing Board Development

The Board reflected the strategic direction; future priorities and start to shape the future forward work programme. Discussions of the key points are summarised below:

The Board noted:

- Local strategy/policy development which will have an impact on Joint Health and Wellbeing Strategy (JHWS) and wider determinants of health in Tower Hamlets.
- Using digital innovation, community engagement and social media
- Add value to arrangements between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision
- Improving quality and safety of maternity care.to ensure a better experience and improved clinical outcomes

- To prepare, educate and equip patients with end stage renal failure to enable them to choose their preferred form of renal replacement therapy and to commence this treatment in a planned manner through the delivery of a seamless and comprehensive out-patient service.
- As carers play a critical role in reducing the need for formal care. They are often the lynchpin between the person being cared for, social care, the GP, and other care workers and professionals.
- How use of tobacco and alcohol increases the severity of respiratory diseases.
- Recognition that some people may not feel safe at home and may experience some type of domestic abuse.
- engagement from the community and stakeholders
- Clear and defined roles and relationships with other partnership boards both within the local authority and across health and community partners.

4. ANY OTHER BUSINESS

CCG mergers

Noted that since the beginning of 2019, CCGs (clinical commissioning groups) in England have been encouraged to consider merging to cover larger areas with the intention to (i) support system-wide working and (ii) more streamlined commissioning, with the single CCG directing commissioning across the entire system.

The merged CCG's would also work directly with other partners across the system, including the ICS (integrated care system) or STP (sustainability and transformation partnership) leadership, PCNs (primary care networks), PCN clinical directors, NHS trusts, community and mental health care providers, local authorities and others. This is to reflect a longer-term trend of closer co-operation between CCGs.

5. DATE OF NEXT MEETING

The next meeting is scheduled for Tuesday 17th November 2020, 5pm

The meeting ended at 6.55 p.m.

**Chair, Councillor Rachel Blake
Tower Hamlets Health and Wellbeing Board**