

**LONDON BOROUGH OF TOWER HAMLETS  
MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD  
HELD AT 5.02 P.M. ON MONDAY, 20 MARCH 2023  
COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL**

**Present:**

Councillor Gulam Kibria Choudhury (Chair)	– (Cabinet Member for Adults, Health, and Wellbeing).
Councillor Kabir Ahmed (Member)	– Cabinet Member for Regeneration, Inclusive Development and Housebuilding.
Councillor Saied Ahmed (Member)	– Cabinet Member for Resources and the Cost of Living
Councillor Maium Talukdar (Member)	– Deputy Mayor and Cabinet Member for Education, Youth and Lifelong Learning (Statutory Deputy Mayor)
Councillor Abdul Wahid (Member)	– Non-Executive Majority Group Councillor
Councillor Amy Lee (Stakeholder)	– Non-Executive Opposition Group Councillor
Councillor Ahmodur Khan (Stakeholder)	– Chair of the Health Scrutiny Sub-Committee
Dr Somen Banerjee (Member)	– Director of Public Health
Ellen Kennedy (Real)	– Head of Programmes - Real
Fran Pearson (Member)	– Safeguarding Adults' Board Chair
Fiona Peskett (Member)	– Director of Strategy and Integration - Royal London and Mile End
Mike Smith (Real)	– CEO - Real
James Thomas (Member)	– Corporate Director, Children and Culture
Warwick Tomsett (Member)	– Joint Director, Integrated Commissioning

**Apologies:**

Matthew Adrien	– Service Director at Healthwatch Tower Hamlets
Dr Neil Ashman	– Chief Executive of The Royal London and Mile End hospitals
Dr Ian Basnett	– Public Health Director, Barts Health NHS Trust
Chris Banks	– Chief Executive, Tower Hamlets GP Care Group CIC
Lucie Butler	– Director of Nursing and Governance
Denise Radley	– (Corporate Director, Health, Adults & Community)
Helen Wilson	– Clarion Housing/THHF - representative to HWBB

**Officers in Attendance:**

Viknesh Akilan	– Public Health Officer
Katie Cole	– Assoc Dir of Pub Health for Child & Fam
David Knight	– (Democratic Services Officer, Committees, Governance)
Joseph Lacey-Holland	– (Senior Strategy Policy & Performance Officer)
Ranjit Matharu	– Senior Performance Improvement Analyst
Charlotte Pomery	– Chief Participation and Place Officer North East London Integrated Care Board

**1. STANDING ITEMS OF BUSINESS**

**1.1 Welcome, Introductions and Apologies for Absence**

The Chair, Councillor Gulam Kibria Choudhury – Cabinet Member for Adults, Health, and Wellbeing welcomed everybody to the meeting.

**1.2 Declarations of Disclosable Pecuniary Interests**

No declarations were received at the meeting.

**1.3 Information Share**

**The Board:**

- ❖ **Noted** that would be Mike Smith's last meeting and that over the past twelve years, Mike has contributed significantly to Real's growth and development. Under his leadership Real has **(i)** become one of Tower Hamlet's leading pan-disability organisation **(ii)** succeeded in forging strong links within the Council, other statutory bodies.
- ❖ **Noted** that Chris Banks, Co-CEO of the GP Care Group was retiring the Board placed on record its best wishes with his retirement and thanked him for knowledge and frankness in Board discussions.
- ❖ **Noted** that regarding the Junior doctor's industrial dispute these medical professionals make up half of the medical workforce at the trust and includes doctors ranging from those who have recently finished medical school, up to doctors with 10 years' experience.
- ❖ **Noted** that during the industrial action, the Trust consultants took on the work of the junior doctors, supported by nursing staff, pharmacists, and other healthcare professionals.
- ❖ **Noted** that that the Trust has prioritised emergency care for those who urgently need it, they also rescheduled some appointments due to take place during the strike action.

- ❖ **Noted** that length of the walkout, coupled with the fact it started on a Monday - traditionally the busiest day of the week - had made it more difficult than previous strikes by nurses and ambulance staff.
- ❖ **Noted** it will take time to rebook patients who have treatments and appointments cancelled **e.g.**, Patients have to be individually prioritised.

#### 1.4 Feedback from the Tower Hamlets Together (THT) Board (verbal update)

The Board received an update from Amy Gibbs Chair of Tower Hamlets Together (THT) which may be summarised as follows:

The Board

- ❖ **Noted** that a major priority for THT currently is the implementation of the fuller review into how to better integrate primary care with other services; neighbourhood level and aligning that with the existing localities development program.
- ❖ **Noted this** is about integrating care at very local level around people's needs through working closely with residents, the voluntary sector, and statutory partners.
- ❖ **Agreed** that to improve health and wellbeing in the Borough. The Council, the NHS and Community organisations in Tower Hamlets can do better at listening and collaborating with people to make sure health and care services better address people's needs **i.e.** residents can help shape this so local services and opportunities are more in line with what people want.
- ❖ **Noted** the THT would be recruiting a new Localities Lead to deliver really integrated care integrated and partnership working across organisational boundaries. In addition, the Localities Lead will also be the responsible for developing the community voice strategy and the implications that this strategy will have for improving population well-being over the long term.
- ❖ **Noted** in regard to inclusion work the THT is looking to deliver anti-hate crime and discrimination program for leaders, managers, and HR professionals across the Borough.
- ❖ **Noted** that maternal deaths for women from ethnic minority backgrounds remains disproportionately high compared to women from the indigenous population.
- ❖ **Noted** some women are opting for private maternity care because they do not feel safe to give birth in the NHS. THT has therefore agreed that this must be a major priority for the local system and a deep dive is planned.

In conclusion, the Chair thanked Amy Gibbs for a most helpful and informative update.

## 2. HEALTH AND WELLBEING STRATEGY DISCUSSION

### 2.1 Learning from Coproduction

The Board received a report on provided a high-level overview of the state of health and wellbeing in the borough and to enable the Board to use this evidence to help shape their priorities:

The Board:

- ❖ **Noted** that the foundations of wellbeing are feeling safe, having a sense of control over one's life and feeling connected. The Covid-19 pandemic impacted profoundly on our sense of wellbeing. The Borough was faced with an invisible health threat, Covid-19 rules limited the daily routines and kept people separated from their loved ones and everyday connection.
- ❖ **Noted** that over and above the impacts of Covid itself, there is the legacy of the adverse impacts on mental and physical wellbeing. Although the data has not yet fully caught up to provide a full picture of the impact of Covid-19 on health and wellbeing in Tower Hamlets.
- ❖ **Noted** the primacy of Covid-19 messaging since March 2020 has meant that the core public health messages for residents to help support their health and wellbeing have taken a back seat.
- ❖ **Noted** that this report takes the opportunity to restate these messages but in the recognition that if Covid-19 has taught partners anything it is that the way that these messages are communicated needs to be by developed and shaped with the communities of Tower Hamlets.
- ❖ **Noted** that THT were to run workshops with a focus on how local health and care services could work together to deliver better services.
- ❖ **Agreed** that as local people appreciate what their communities need to improve health and wellbeing in the Borough. The Council, the NHS and Community organisations in Tower Hamlets need to be listening and collaborating with people to make sure health and care services better address people's needs.
- ❖ **Agreed** that co-production can form the foundation of safe, effective, inclusive, accessible, and efficient healthcare. Through the collaborative practice of clinicians, researchers, policymakers, health system managers and other professionals, working in a genuine partnership with patients and the public to improve health outcomes.

Accordingly, the Board **agreed** that **(i)** the presentation was really insightful and had provided a real sense of longstanding health inequalities in the Borough; and **(ii)** it is important to continue to use all the partnerships resources to address this injustice.

## 3. ITEMS FOR CONSIDERATION

### 3.1 Annual Public Health Report 2022

The Board received and reflected upon the findings of Annual Public Health

and considered the implications of the findings for priorities of the health and care systems and wider partnerships. The main points of the consideration of this report is outlines as follows.

#### The Board

- ❖ **Noted** that the foundations of wellbeing are feeling safe, having a sense of control over one's life and feeling connected. The Covid-19 pandemic impacted profoundly on our sense of wellbeing. We were faced with an invisible health threat, Covid-19 rules limited the daily routines of our lives and kept us separated from our loved ones and everyday connection.
- ❖ **Noted** that the cost-of-living crisis we now face creates further threats to health and wellbeing of Tower Hamlets residents. As we emerge out of the pandemic, the impacts that it has had on the health and wellbeing of people in Tower Hamlets are becoming clearer. Over and above the impacts of Covid itself, there is the legacy of the adverse impacts on mental and physical wellbeing.
- ❖ **Noted** that the purpose of this report is to provide a high-level overview of the state of health and wellbeing in the borough and to enable the Tower Hamlets Health and Wellbeing Board to use this evidence to help shape its priorities. In addition, as mentioned the primacy of Covid-19 messaging since March 2020 has meant that the core public health messages for residents to help support their health and wellbeing had taken a back seat. This report takes the opportunity to restate these messages but as referred to earlier in the recognition that if Covid-19 has taught us anything it is that the way that these messages are communicated needs to be by developed and shaped with the communities of Tower Hamlets.
- ❖ **Noted** that the Tower Hamlets Health and Wellbeing Strategy is founded on the principle that the opportunity to enjoy the best possible health is a human right. The Covid-19 pandemic has made it clearer than ever that this is not a right that is enjoyed equally by everyone.
- ❖ **Agreed** that covid-19 hit our most deprived communities in Tower Hamlets the hardest and this reflects longstanding health inequalities in the Borough, and stakeholders need to continue to use all their resources to address this injustice.
- ❖ **Agreed** that the use of the cultural appropriate means of communication and engagement will ensure health messages do not unwittingly disadvantage target communities as the checklist mandates for messages to be co-designed by collaborating with communities and resources focused on addressing those who are most in need. This ensures communities are treated equally, respectfully and without discrimination whilst providing assurance that health and wellbeing information and advice are clear, simple, and produced with those who will benefit from them.
- ❖ **Agreed** that it is key that communication is clear, simple and co-designed towards ensuring that communities feel connected and included in the design, delivery, and engagement with health

messages.

- ❖ **Agreed** it was essential to ensure power differentials between council officers and communities are redressed through ensuring messages are informed by community lived realities.
- ❖ **Agreed** that it was important the use of community assets in the form of leaders and settings to inform message content and delivery that will further build trust and fosters partnership working.
- ❖ **Noted** that the Health and Wellbeing Strategy is grounded upon a number of principles that matter most to residents of Tower Hamlets: **(i)** resources to support health and wellbeing should go to those who most need it; **(ii)** feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme; **(iii)** being treated equally, respectfully and without discrimination should be the norm when using services; **(iv)** health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them; **(v)** people should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing; and **(vi)** stakeholders should all be working together to make the best use of the assets that they already have that supports people's health and wellbeing.
- ❖ **Noted** the importance to have sufficient services to meet the demand for evidence-based community-based drug treatment. Further, the effectiveness of available services varies as much as the diversity of their treatment regimens. Capacity-building can help increase the scale and improve the quality of those interventions.
- ❖ **Noted** that maximising the impact of capacity-building requires a comprehensive and systematic approach and it starts with assessment and planning.
- ❖ **Agreed** that using an empowerment model for capacity-building can increase the stakeholders and resources engaged in the process.
- ❖ **Agreed** better engagement with community stakeholders increases the likelihood that capacity-building outcomes will be sustainable and based on community lived realities.
- ❖ **Agreed** on the importance of having the resources (sufficient staff, with appropriate competences and the time) to conduct ongoing, specific, and strategic reviews as specified.
- ❖ **Agreed** on the need to monitor a range of recovery outcomes to understand and demonstrate the benefits being derived from treatment.
- ❖ **Agreed** on the importance of having access to a diverse range of interventions, intensities, and settings (including residential) to optimise treatment and care.
- ❖ **Agreed** that people with a learning disability often have poorer physical and mental health than other people and an annual health check can improve people's health by spotting problems earlier. Therefore, it is important to **(i)** canvass key stakeholders' views on how to improve access to primary care in general practice settings for people with learning disabilities; and **(ii)** improve the basic monitoring of disability in secondary care systems, primary care,

adult social care.

- ❖ **Agreed** that concerted, systematic and sustained action is therefore needed to address the multiple and overlapping factors that drive health inequalities – from differences in experiences and quality of healthcare through to the wider determinants of health. This should include, but go beyond, the health and care system. It therefore will require working in partnership across services, sectors, and communities across the Borough.

### 3.2 Suicide Prevention Strategy

The Board received and reflected upon the Tower Hamlets Suicide Prevention Strategy 2023-2026 that summarises the approach and plans for the refresh of Tower Hamlets' multi-agency suicide prevention strategy. The main points of the consideration of this report is summarised below.

The Board:

- ❖ **Noted** that the Tower Hamlets Suicide Prevention Strategy 2023-26 is a partnership strategy based on community lived realities which: **(1)** aims to reduce the rates of suicide and self-harm among Tower Hamlets residents; **(2)** aims to establish supportive environments for people affected by suicide.
- ❖ **Noted** that updates on action against the strategy or on any particular issues will be reported to the Health and Well-Being Board.
- ❖ **Noted** that the strategy refreshes the previous strategy and aligns to current best-practice Guidance. The strategy will focus specifically on suicide; and refers to, and supports, a range of other strategies which focus on a range of preventive issues.
- ❖ **Noted** that the report includes background information about national recommendations for suicide prevention, a summary of local data and progress, a summary of the consultation taken to date and how feedback has been addressed.
- ❖ **Noted** that there is a multi-agency steering group that comprises those organisations with an interest in suicide prevention collaborating with each other to make a difference to bring about the following outcomes: **(i)** talking about suicide and taking action to maintain good mental health, so that it is as normal as talking about and maintaining physical health; **(ii)** encouraging people who are experiencing emotional distress to seek help before they become suicidal; and **(iii)** ensure that when people in emotional distress seek help, they receive appropriate support from the people or organisations they approach and that they are offered appropriate options.
- ❖ **Noted** that the Group aims to reduce the impact of suicide to ensure that people affected by suicide get the support they need to cope with the impact on their life.

## 4. UPDATES

### 4.1 Combatting Drugs Partnership

The Board received and noted an update from the Combating Drugs Partnership (CDP) which is responsible for monitoring performance against the Combating Drugs Outcome Framework. The main points of the discussion may be summarised as follow:

#### The Board:

- ❖ **Noted** that CDP is a multi-agency forum formed to implement the Governments national From Harm to Hope strategy locally. The CDP is responsible for partnership work within Tower Hamlets to reduce drug related harm and account for local delivery and performance to central Government.
- ❖ **Noted** that the purpose of the CDP is to work together with partners to combat illegal drugs and the harm they cause in the community. The CDP will be responsible for delivering a set of outcomes relating to drug related harm, set out in the Governments drugs strategy. The partnership will provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need.
- ❖ **Noted** that the members of the CDP are those with senior responsibility for delivering the Governments strategic priorities and the agreed local priorities. Members should have the authority to influence strategic direction, service delivery and relevant resources within the agencies they represent. If members are unable to attend, they should send a representative at the appropriate level with decision making authority.

### 4.2 Serious Violence Duty

The Board noted that received an update on the Serious Violence Duty (The “Duty”) as a key piece of partnership work for 2023/2024 as it relates to the London Borough of Tower Hamlets. The main points of the discussion may be summarised as follows:

#### The Board **Noted** that:

- ❖ Serious violence has a devastating impact on lives of victims and families and instils fear within communities and is extremely costly to society. The “Duty” is a key part of the Government’s programme of work to collaborate and plan to prevent and reduce serious violence.
- ❖ Serious violence is addressed through a multi-agency approach to understand the causes and consequences of serious violence was a focus on prevention and early intervention and informed by evidence.
- ❖ The “Duty” aims to ensure that duty holders are focussed on their activity to prevent and reduce serious violence whilst also providing



sufficient flexibility so that the relevant organisations will engage and work together in the most effective local partnership for any given area.

- ❖ This does not require the creation of new multi-agency structures. Local senior leaders may use existing local structures where possible to comply with the requirements of the “Duty” to ensure coordination of planning activity to prevent and reduce serious violence in Tower Hamlets and to improve community safety and safeguarding.
- ❖ The Duty requires the duty holders to collaborate and plan to prevent and reduce serious violence. With a focus on a defined population and the partner agencies need to agree a defined geographic boundary within which they will operate for the purposes of the Serious Violence Duty.
- ❖ The Strategic Needs Assessment (SNA) should include a common understanding of the cohorts that are most vulnerable to serious violence and the local strategy need to demonstrate how each area is focussing resources on the defined population most in need of support. Once options have been agreed timelines must be confirmed to satisfy Government deadlines e.g., published strategy by the end of January 2024.

## **5. ANY OTHER BUSINESS**

In conclusion the Chair with no other business to discuss:

- ❖ called this meeting of the Board to a close; and
- ❖ thanked everybody, for their attendance and participation.

**The meeting ended at 7.11 p.m.**

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