

**LONDON BOROUGH OF TOWER HAMLETS**

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

**HELD AT 5.01 P.M. ON THURSDAY, 20 JULY 2023**

**COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL**

**Members Present:**

Councillor Gulam Kibria Choudhury (Chair)	– (Cabinet Member for Health, Wellbeing and Social Care)
Councillor Kabir Ahmed (Member)	– (Cabinet Member for Regeneration, Inclusive Development and Housebuilding)
Councillor Iqbal Hossain	– (Cabinet Member for Culture and Recreation)
Councillor Maium Talukdar (Member)	– (Deputy Mayor and Cabinet Member for Education, Youth and Lifelong Learning (Statutory Deputy Mayor))
Councillor Ahmodur Khan (Stakeholder)	– (Scrutiny Lead for Adults and Health Services)
Dr Somen Banerjee (Member)	– (Director of Public Health)
Ralph Coates (Member)	– (Tower Hamlets   Metropolitan Police Service)
Denise Radley (Member)	– (Corporate Director, Health, and Social Care)
James Thomas (Member)	– (Corporate Director, Children's Services)

**Apologies:**

Councillor Amy Lee	– Non-Executive Largest Opposition Group Councillor
Councillor Saied Ahmed	– Cabinet Member for Resources and the Cost of Living
Councillor Suluk Ahmed	– Cabinet Member for Equalities and Social Inclusion
Dr Neil Ashman	– Chief Executive of The Royal London and Mile End hospitals
Dr Ian Basnett	– Public Health Director, Barts Health NHS Trust
Lucie Butler	– Director of Nursing and Governance
Detective Chief Superintendent James Conway	– MPS Commander for Central East
Fran Pearson	– Safeguarding Adults' Board Chair
Warwick Tomsett	– Joint Director, Integrated Commissioning
Helen Wilson	– Clarion Housing/THHF -

representative to HWBB

**Officers in Attendance:**

Lipi Begum	– Partnership Board Co-ordinator
Liam Crosby	– Associate Director of Public Health (Acting)
Sam Crosby	– THCVS - Development Manager
Nick French	– Better Care Fund Manager
Suki Kaur	– (Deputy Director of Partnership Development)
Ellie Kershaw	– (Acting Director, Growth and Economic Development)
David Knight	– (Democratic Services Officer, Committees, Governance)
Ranjit Matharu	– Partnership Board Manager
Abdul Mumin	– Partnership Board Leader
Joseph Leach	– (Business Intelligence and Performance Lead)
Charlotte Pomery	– Chief Participation and Place Officer North East London Integrated Care Board
Katy Scammell	– Associate Director of Public Health
Roberto Tamsangan	– GP and Tower Hamlets Place Clinical Director
John Williams	– Engagement and Community Relations Manager - NHS North East London

**1. WELCOME AND INTRODUCTIONS**

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

**2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**

No declarations of interest were received at the meeting.

**3. QUESTION FROM THE PUBLIC**

The Chair invited Mr. Ted Maxwell to submit the following questions related to agenda item 7.3:

*Can the health professionals around this table - including the council's public health team and any representatives from partners across the borough - describe how your views about the council's proposals to remove the current street layouts in Bethnal Green have been taken into consideration so far? Do you believe you are part of a co-production process?*

*Will you, as a Board, ensure that a robust Health Impact Assessment is undertaken by the council before any decision about the future of "Liveable*

*Streets” is made, so that health and wellbeing considerations can be seen to be properly considered?*

In response to the questions, Board members made the following points:

- some of the Liveable Street’s proposals may contribute to delay in the response times of emergency services.
- whilst walking and cycling should be made more attractive through the infrastructure the Council builds and maintains, it must be coproduced in a way that works for all stakeholders.
- whilst increased walking and cycling levels can make a positive contribution to improving health and tackling obesity, such programs can also be divisive and therefore it is important that through the coproduction of such schemes everyone needs to understand the scheme in order to build as broad a coalition of support as possible.
- coproduction must proceed in a way that works for both the public and stakeholders who will be affected by the scheme. There is a risk that some of these stakeholders can be overlooked if they are not mapped out at the outset of any coproduction, for example those who need to deliver into, out of, or through the area (**e.g.**, the role of taxis in providing accessible transport for community elders and the mobility-impaired).
- the Council has a health impact assessment policy which it applies when it is appropriate to do so.

#### **4. MINUTES OF THE PREVIOUS MEETINGS AND MATTERS ARISING**

##### **4.1 Tower Hamlets Health and Wellbeing Board - Monday, 20th March, 2023**

The Chair of the Board moved, and it was: - **RESOLVED**. That the unrestricted minutes of the meeting held on 20<sup>th</sup> March, 2023 were confirmed as a correct record and the Chair of the Board was authorised to sign them accordingly.

##### **4.2 Tower Hamlets Health and Wellbeing Board - Tuesday, 23rd May, 2023**

The Chair of the Board moved, and it was: - **RESOLVED**. That the unrestricted minutes of the meeting held on 23<sup>rd</sup> May, 2023 were confirmed as a correct record and the Chair of the Board was authorised to sign them accordingly.

#### **5. ITEMS FOR CONSIDERATION**

##### **5.1 Better Care Fund (BCF) 2023-25 Plan**

The Board received a report on Better Care Fund (BCF) 2023-25 Plan that asks for approval of the Tower Hamlets Better Care Fund Plan for 2023-25 as part of the NHS England Assurance process. A summary of the discussions on this report is set out below:

The Board:

- ❖ **Understood** that the Better Care Fund (BCF) is aimed at bringing together health and social care organisations to plan, fund and commission integrated services.
- ❖ **Noted** that the BCF Policy Framework sets out four national conditions that all BCF plans must meet to be approved. These are: (i) A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board; (ii) Plan for enabling people to stay well, safe and independent at home for longer and provide the right care in the right place at the right time; (iii) Provide the right care in the right place at the right time; and (iv) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.
- ❖ **Noted** that the Tower Hamlets BCF has been rolled over from the previous year. A review will be carried out in 2023 of the BCF areas of spend with the intention to make changes to the 2024-25 plan next year.
- ❖ **Noted** the BCF is focussed on integrating health and social care services to better support people with a diverse range of illnesses and conditions. These include people with mental health problems, people at risk of being admitted to hospital and people being discharged from hospital with appropriate support. It also funds Reablement which supports people to learn or relearn skills necessary for daily living following ill-health or disability; the adaptation of the domestic accommodation of people with disabilities to enable them to live at home, and the training of staff in the use of assistive technology.
- ❖ **Noted** that as the BCF is used to fund a number of schemes across health and social care each scheme has a contract and within that there will be performance indicators in relation to how that money is spent by both the Council and the Integrated Care Board.
- ❖ **Noted** that in relation to the BCF there is a finance group that meets on a quarterly basis that goes through and looks at the spending against each of the schemes.
- ❖ **Noted** that this year's BCF winter schemes are fully committed, and they are based on last year's outturn.
- ❖ **Noted** in regard to the Inflationary price uplifts they are not currently in line with inflation and is a central government decision.
- ❖ **Noted** that the healthcare infrastructure is having to respond to a significant backlog of planned care. Increases in non-covid activity, as well as increased acuity in patients, are resulting in system-wide pressures, in particular across primary care, the ambulance service, Emergency Departments and mental health services.
- ❖ **Agreed** that it was important to closely monitor key services to ensure that they are absolutely as effective as they can be and that there needs to be **(i)** a review of the Better Care Fund spend areas during 2023; and **(ii)** a report with recommendations to be presented to the HWBB in December 2023.

In conclusion the Health and Wellbeing Board **resolved** to:

1. **Approve** the Better Care Fund Plan for 2023-25; and
2. **Support** a review of the Better Care Fund spend areas during 2023 with the report and recommendations to be presented to the HWBB in December 2023.

## 5.2 Health Wellbeing Board - Terms of Reference

The Board **noted** that since publication of the report, it has become apparent that the proposed membership arrangements in the new draft terms of reference may not satisfy statutory voting and representation requirements of all stakeholders.

Accordingly, the Health and Wellbeing Board **resolved** to defer the decision on the Terms of Reference to a meeting later meeting in the current Municipal Year to allow time for these concerns to be fully investigated and resolved.

## 6. ANY OTHER BUSINESS

### 6.1 THT Monthly Briefing

The Board received an update from Amy Gibbs Independent Chair of Tower Hamlets Together (THT) The Board **noted** that instead of receiving an update from Amy Gibbs Independent Chair of Tower Hamlets Together (THT) a detailed briefing had been circulated as part of the agenda pack.

### 6.2 Summary – North East London (NEL) Joint Forward Plan

The Board **noted** that the NHS are required by law to publish a [plan](#) that explains how health and care organisations across north east London will work together to enable residents to get the care that they need. This could be physical care – seeing a GP, getting hospital treatment or care at home, or it could be mental health care when residents are struggling or having a crisis. A summation of the discussion on this item is set out below:

The Board:

- ❖ **Noted** that the Joint Forward Plan spells out who will take the lead in getting residents the help and care they need.
- ❖ **Noted** that there was extensive consultation on this plan involving residents and organisations involved in caring for the local population (GPs, hospital doctors, councils, Healthwatch and local charities) to agree this plan as the way forward to improve the health of everyone who lives in North East London.
- ❖ **Noted** that the Plan will be reviewed each year to make sure that it is tackling the long-standing local issues.
- ❖ **Agreed** that a new approach is needed in regard to how the relevant agencies should work together to deliver health and social care for local people across the Borough.

- ❖ **Agreed** that more time and resources needs to be spent on prevention helping people to take better care of themselves before they get sick and then need to rely on the NHS and others.
- ❖ **Agreed** the important role that the built and natural environment has on health and well-being, with the local plan being a real opportunity to improve health outcomes and address health inequalities.
- ❖ **Agreed** that both the built and natural environment are part of the wider determinants of health and wellbeing across the life course and have an influence on people's physical and mental health, and on health inequalities.
- ❖ **Agreed** that the quality of the built and natural environment can affect connectivity within a neighbourhood and people's social networks, the location and quality of housing, exposure to air and noise pollution, safe and accessible transport, and opportunities for active travel. It also plays a crucial role in promoting access to open space, employment, and healthy food options.
- ❖ **Agreed** that some of the most pressing health challenges – such as obesity, poor mental health issues, physical inactivity and the needs of an ageing population are influenced by the built and natural environment.
- ❖ **Agreed** that the planning, design, construction and management of spaces and places can help to promote good health, improve access to goods and services, and alleviate, or in some cases even prevent, poor health thereby having a positive impact on reducing health inequalities.
- ❖ **Agreed** that is would therefore be helpful for the Plan to be more specific about how it will tackle the long-standing local health issues (e.g., the quality of the built environment such as the connection between where new homes are delivered and that air quality).

In conclusion, the Chair thanked everybody for their presentations and contributions to the discussions on this critical issue to improve the health and lives of everyone in the Borough.

The Chair then Moved, and it was **RESOLVED** to note the Plan and to incorporate the points raised above to help the partnership focus its work with and for all the Boroughs residents to create meaningful improvements in their health, wellbeing, and equity.

### 6.3 Coproduction and the approach to the Health Wellbeing Board future meetings

The Board received a report that was asked to reflect on the coproduction principles (currently in draft) and to comment on the proposed approach to future Health and Wellbeing Board meetings and how coproduction principles can be built into future meetings. The discussions on this report have been summarised below:

The Board:

- ❖ **Noted** that at the heart of coproduction is that ‘people should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing’.
- ❖ **Agreed** that coproduction is at the heart of addressing inequalities in health. Applying consistent principles to programmes as well as to the approach of the Health and Wellbeing Board across the health and care system is fundamental.
- ❖ **Noted** that **(i)** over the past 6 months, partners and residents have come together to agree shared principles of coproduction across the health and care system; and **(ii)** the Health and Wellbeing Strategy has been grounded upon what matters most to residents of Tower Hamlets.
- ❖ **Agreed** that residents should not be the passive recipients of health care services, but the active agents of their own lives trusted to make the right choices for themselves and their families.
- ❖ **Agreed** that coproduction changes all this. It makes the system more efficient, more effective, and more responsive to community needs. More importantly, it makes social care altogether more humane, more trustworthy, more valued and altogether more transforming for those who use it.
- ❖ **Agreed** that co-production shifts the balance of power, responsibility, and resources from healthcare professionals more to the individuals, by involving residents in the delivery of their own services. It recognises that “people are not merely repositories of need or recipients of services” but are the very resource that can turn public services around (**i.e.**, by treating residents and the wider community as potential assets, rather than as passive recipients, the healthcare agencies will be able to leverage previously invisible or neglected resources – the capacities and knowledge of service users and the wider community itself).
- ❖ **Agreed** that co-production also means unleashing a wave of innovation about how services are designed and delivered and how public goods are achieved, by healthcare professionals working alongside residents.
- ❖ **Agreed** that it was important to consider co-production within the context of the equality duty to ensure that all that all healthcare professionals play their part in making the local community fairer by tackling discrimination and providing equality of opportunity for all.
- ❖ **Agreed** on the importance of greater transparency so that all stakeholders involved in the co-production of a service are informed of the relevant governance and commissioning timeframes which may provide the parameters of any associated work.
- ❖ **Agreed** on the need for clarity to communicate those decisions that are in scope of the co-production process and those that are not.
- ❖ **Agreed** that when discussing the key components of co-production these should include: **(a)** defining people who use services as assets with skills; **(b)** breaking down the barriers between people who use services and professionals; **(c)** building on people’s existing capabilities; **(d)** working with local peer and personal support networks alongside professional networks; and **(e)** facilitating services by helping

organisations to become agents for change rather than just being service providers.

- ❖ **Agreed** that there should be an opportunity for a continuing dialogue on the proposed approach to future Health and Wellbeing Board meetings and how coproduction principles be developed and shared.

In conclusion, the Chair thanked presenting officers and all attendees for a really helpful and informative discussion on **(i)** the coproduction principles (currently in draft) and the proposed approach to future Health and Wellbeing Board meetings; and **(ii)** how coproduction principles can be both developed and shared.

#### **6.4 Vote of Thanks**

The Chair informed those present that this will be David Knights last Health and Wellbeing Board meeting as he sadly leaves the Council on August 25<sup>th</sup>, 2023 as he will be retiring as a Democratic Services Officer after 40 years of public service.

The Chair and Deputy Mayor on behalf of the Board placed on record their sincere thanks to Mr. Knight for his invaluable service to the residents of East London as an officer over the past 40 years and for the diligent discharge of his duties over that time.

#### **7. CLOSE OF MEETING**

With no other business to discuss, the Chair called this meeting to a close. Members were advised that the next meeting is scheduled for 19<sup>th</sup> of September 2023 at 5.00 p.m. to be held in Town Hall, 160 Whitechapel Road, London, E1 1BJ. Finally, the Chair thanked everybody for their attendance and participation tonight.

**The meeting ended at 6.37 p.m.**

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