

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.01 P.M. ON TUESDAY, 2 FEBRUARY 2021

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)	– (Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing)
Dr Sam Everington (Vice-Chair)	– Tower Hamlets Clinical Commissioning Group
Councillor Danny Hassell (Member)	– (Cabinet Member for Housing)
Councillor Sirajul Islam (Member)	– (Statutory Deputy Mayor for Community Safety, Faith and Equalities)
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)
Randal Smith (Member)	– (Healthwatch Tower Hamlets)
Christabel Shawcross (Stakeholder)	– (Safeguarding Adults Board Chair LBTH)
Councillor Gabriela Salva Macallan	– (Stakeholder)

Co-opted Members Present:

Chris Banks	– Chief Executive, Tower Hamlets GP Care Group CIC
Dr Ian Basnett	– Public Health Director, Barts Health NHS Trust
Peter Okali	– Tower Hamlets Council for Voluntary Service
Paul Gilluley	– East London Foundation Trust
Jackie Sullivan	– Managing Director of Royal London Site, Barts Health
Marcus Barnett	– Detective Chief Superintendent - BCU Commander - Metropolitan Police Service

Other Councillors Present:

Councillor Asma Begum	– Deputy Mayor and Cabinet Member for Children, Youth Services and Education
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Others in Attendance:

Polly Ashmore	– Public Health Specialty Registrar
Dianne Barham	– Director of Healthwatch Tower Hamlets
Aiysha Begum	– Team Leader – Deaf Plus
Anna Charles	– Local Resident
Stephanie Hockett	– Registered Sign Language Interpreter
Afazul Hoque	– (Head of Corporate Strategy & Policy)
Heena Patel	– Local Resident
Warwick Tomsett	– Joint Director, Integrated Commissioning
Jamal Uddin	– Strategy Policy & Performance Officer
Linessa Wicks	– Digital inclusion Officer Age UK East London
David Knight	– Democratic Services Officer, Committees, Governance

1. STANDING ITEMS OF BUSINESS

1.1 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.

The Board noted apologies:

- ❖ for absence from Tracey Stanley; Joe Hall and Andrew Attfield; and
- ❖ for lateness were received from Cllr Sirajul Islam; James Thomas; and Warwick Tomsett.

1.2 Declarations of Disclosable Pecuniary Interests

The following Member for transparency declared a potential interest in relation to the Item 5:

- ❖ Councillor Denise Jones as her Grandson was in receipt of special educational provision from Tower Hamlets.

1.3 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.

Subject to the inclusion of Randal Smith (Healthwatch Tower Hamlets) in the list of Board Members present.

1.4 Chair and Vice Chair Update

The Board noted following:

Dr Sam Everington (Vice-Chair):

- ❖ Indicated that those items he wished to refer to were included in tonight's agenda e.g. Covid-19 - latest news with reference to the vaccine programme.

Councillor Rachel Blake (Chair):

- ❖ Referred specifically to the Better Care Fund and the current proposal from the national BCF Team is that an end of year review should be submitted outlining how the pooled budgets had been spent to support health and social care services work in the Borough. Noted that the Borough is well placed to account for how those budgets have been spent and that the future programme will include the winter pressure funding.

2. HEALTH AND WELLBEING STORY - THE IMPACTS OF DIGITAL EXCLUSION

The Board received a presentation that outlined how the move across the partnership to digital service delivery is impacting on users, also several residents talked about their own experiences including access to devices, access to the internet and their skills in using devices.

The main points arising from the discussion on the findings and learning across the partnership may be summarised as follows:

The Board:

- ❖ Were advised how the Tower Hamlets Community and Voluntary Sector (CVS) has been delivering a digital project commissioned by Tower Hamlets Together (THT) covering community insights, training, access to devices and personalisation.
- ❖ Commented about (i) the innovations such as the smartphone applications for those who are living with a hearing-impairment; (ii) how they have helped Deaf patients using British Sign Language (BSL); and (iii) that in hospitals and in general practice the pandemic has highlighted how important it is to ensure that appropriate reasonable adjustments must be made to ensure that the required digital infrastructure must be in place to support patients with a sensory impairment.
- ❖ Wanted to see all service providers to taking steps or make "reasonable adjustments" to avoid putting any patient with disabilities at

a substantial disadvantage when compared to a person who is not disabled.

- ❖ Expressed concern that not all health care professionals in hospitals/general practice apparently were not fully aware of (i) the BSL interpreter booking process or how to use; and (ii) the BSL online remote access that allows persons with a sensory impairment who use BSL to use video equipment to communicate with voice telephone users.
- ❖ Wanted assurances that the right technological solutions were in place to support all health care professionals in hospitals/general practice in Tower Hamlets and that health care professionals were aware of the available infrastructure and how to use it.
- ❖ Expressed concern that the **myGP** app that allows people to book and cancel appointments is not apparently accessible for all patients with a sensory impairment. Which is a real barrier and requires the patient to set up an online account which required the patient to have an e-mail address.
- ❖ The Board indicated that it wished to see that appropriate adjustments are made to ensure that (i) the required digital infrastructure is in place; and (ii) staff are trained and made aware so that they can support patients with a sensory impairment.
- ❖ The Board wanted to see the promotion of BSL as a language in an education setting” with each child starting primary school in LBTH to learn BSL from KS1 to KS4 as additional language. The Board wanted to see key stakeholders from sign language and from education to explore how BSL could be sustainably taught in the Borough’s mainstream school with the aim for an inclusive community where Deaf BSL pupils can communicate in BSL with their friends, peers, and staff.
- ❖ The Board wanted to see ways to address the digital divide in the Borough the pandemic having highlighted that those who are unable to access the internet find themselves cut off from access to services and advice, as many services and day-to-day activities having moved online because of the Coronavirus. However, not everyone is able to use the Internet because it was not a part of their everyday lives until now. The Board was pleased to see that the East London Age UK has developed a **Digital Buddy** programme to help older residents gain these new skills and access essential online services with support and training from experienced volunteers and staff. As part of the programme the residents also get a Huawei Media Pad with a data package currently provided by O-2.
- ❖ The Board felt that digital inclusion and affordability are key issues for many older residents and the partner agencies should explore (i) how they can most effectively leverage support from internet providers for the digital inclusion agenda; and (ii) mechanisms for mitigating costs for older residents.

In conclusion, the Chair thanked everybody for their presentations and contributions to the discussions on this important issue.

The Chair then indicated that she would discuss with the Vice-Chair and officers how to address the barriers or issues that impact the ability of the Borough's more vulnerable residents to access the internet.

3. TOWER HAMLETS RESPONSE TO COVID 19

3.1 Local Authority Covid-19 Vaccination Programme

The Board noted (i) that the local GP Care Group had been given the green light to commence COVID-19 vaccination in Tower Hamlets from Monday 14th December, 2020 as the first wave of the primary care based COVID vaccination programme; (ii) the details of the types of vaccinations available in the Borough; (iii) who had had the COVID vaccine first and in what order; (iii) the details about the vaccination centre in Mile End and new centres; (iv) the experiences of people receiving the vaccine; and (v) the ongoing support from partners and next steps.

The main points of the discussion on how the vaccination programme is administering vaccines to residents, NHS and social care staff of Tower Hamlets may be summarised below:

The Board:

- ❖ Noted that the programme aims to complete the following priority groups 1-4 by 14th February 2021: (i) residents in a care home for older adults and their carers; (ii) all those 80 years of age and over and frontline health and social care workers; (iii) all those 75 years of age; and (iv) all those 70 years of age and over and clinically extremely vulnerable individuals.
- ❖ Noted that there are currently 3362 Individuals outstanding with over 4000 appointments available via primary care (excluding pharmacy and mass vaccination centre)
- ❖ Were concerned that although overall that there is a high level of willingness to take up the Covid-19 vaccines, marked differences do exist by ethnicity, with the Black population the most likely to be Covid-19 vaccine hesitant followed by the South Asian community.
- ❖ Commented that people are having concerns about the currently available vaccines or that they are intending to wait for the introduction of other vaccines that are more effective against latest strains of the virus.
- ❖ Commented that it is important to recognise that a key factor for residents in the older age groups is that they want to go to community-based vaccination sites.
- ❖ Noted that going forward it is intended to use the community-based venues such as the: (i) Mile End Leisure Centre; (ii) London Muslim Centre; (iii) GP Practices; (iv) care homes; and (v) visits to housebound residents.
- ❖ Noted that those individuals who are not taking up vaccine will be contacted to talk through if they have any issues about the vaccines and how those issues can be resolved.

- ❖ Stated that Board Members should ensure that their agencies are utilising their networks to promote effective communications to overcome vaccine hesitancy and to encourage increased uptake of the available vaccines.
- ❖ Noted that from the 1st of February 2021 a Vaccine Helpline funded by LBTH and supported with training and resources by GP Care Group has been established and is now open 7 days per week, between 8:00 am to 8:00 pm with multilingual staff to (i) answer queries; (ii) contact those who are vaccine hesitant; (iii) book appointments with local clinics and mass vaccination centre.
- ❖ Agreed that the impact of COVID-19 on communities would rely in part on the quality of communication regarding health risk and danger. Any co-ordinated approach by partners and stakeholders therefore needs to take full account of the way life conditions, cultural values, and risk experience affect actions during a pandemic. Unfamiliarity with sociocultural, economic, psychological, and health factors within any community can jeopardise effective communication at all levels.

In conclusion, the Chair thanked Chris Banks for his presentation and to all partners and stakeholders for their contributions in the discussions on this topic.

The Chair then Moved, and it was **RESOLVED** to note the progress made to date in administering vaccines and the ongoing support by partners and stakeholders to ensure effective delivery of the vaccination programme

4. **TOWER HAMLETS HEALTH & WELLBEING STRATEGY 2020-25: UPDATE AND AGREEMENT ON DRAFT PROPOSALS**

The Board received an update on progress to date in developing the Health and Wellbeing Strategy, key messages from two workshops in early January to test principles and priority areas the remit of the Strategy and emerging priorities, as well as next steps and obtain feedback from experts, leaders and public on the priorities set out in the Strategy and insight on how priorities can be delivered with desired impact/outcomes

As a result of discussions on the presentation the Board discussed the emerging priorities, and these are summarised as follows that:

The Board,

- ❖ Noted that in Spring-Summer 2020 a review had taken place of key health and wellbeing data, alongside public engagement to hear residents' views on key issues. Following this, interviews with Health and Wellbeing Board members had taken place throughout October 2020 to gather their views on the role and remit of the Board and its Strategy, and what the priorities of that Strategy should be.
- ❖ Was reminded that on 17th November 2020 they had agreed priority health areas: the health impacts of poverty, Mental Health and emotional wellbeing, and healthy diet and exercise. Then after this,

there were two workshops (January 8th, 2021 and January 11th, 2021) that had brought together Board members and stakeholders to discuss: the wider determinants that impact these health priority areas across the life course; the mechanisms to impact those wider determinants; and what role the Board should play in driving forward change across both wider factors and health and wellbeing support services across the Borough in the next five years.

- ❖ Commented that culturally competent staff are important for a variety of reasons. Firstly, as the Borough becomes increasingly more diverse, as it attracts residents from all over the UK and wider international communities. The Tower Hamlets population is mobile, relatively young and is expected to increase by around 20% over the next six years health care professionals are progressively seeing patients with a broad range of perspectives regarding health, often influenced by their social or cultural backgrounds **e.g.** patients whose first language is not English and have different thresholds for seeking care or different expectations about their care, and beliefs that influence whether or not they adhere to health care staff's recommendations.
- ❖ Health care staff need to be (i) aware of these issues and how to address them; and (ii) acknowledge that a 'one size fits all' approach to health care will not suffice. In addition, local communities face some unique health challenges, with significant levels of poverty and high premature death rates amongst adults from circulatory disease, diabetes; cancer; vitamin D deficiency; 25% of teenage girl's self-harm; and the incidence of respiratory disease. Therefore, with the population growing fast, this will lead to even greater challenges if the Borough fails to act now.
- ❖ Wanted to see more adults' accessing dental services and to have improved oral hygiene **e.g.** reduce the incidence of gum disease.
- ❖ Commented that a healthy weight and good nutrition in childhood sets an individual up for life. It is a key factor in life-long general physical and mental wellbeing as well as preventing common long-term conditions such as diabetes, heart disease, stroke, and some cancers. This issue is of particular importance in the Borough as childhood obesity levels of 4-5-year-olds and 10-11-year-olds are significantly higher than national levels. Also, children that are under-achieving educationally in the Boroughs schools can almost relate directly back to their nutrition and their mental, physical, and social health. Therefore school-based interventions delivered by school nurses can play a key role in implementing sustainable, effective school-based obesity interventions.
- ❖ Noted what has been done to address knife crime in the Borough following the success in Glasgow where it has adopted a public health approach to knife crime, in which the police work with those in the health, education and social work sectors to address the problem. In the London, the NHS England appointed a leading surgeon Martin Griffiths to tackle rising knife crime in the Capital. Mr Griffiths, a consultant trauma surgeon at the Royal London Hospital, becoming the health service's first clinical director for violence reduction. Mr Griffiths it was noted has helped to set up a service for young patients injured

through gang crime, providing support to victims while they are being treated onwards.

- ❖ Agree that if such an ambitious approach were applied to all aspects of the Strategy then in 5 years' time LBTH would have a healthy environment for all residents.
- ❖ Noted that a huge amount of work is going on across the Boards priority areas particularly on the health impacts of poverty on mental health healthy diet exercise. Therefore, the ambitions that have been discussed tonight bring together a lot of the key issues.
- ❖ Noted that the workshops held in January 2021 had focused on different aspects **e.g.** early years and supporting families to be healthy. There had also been considerable discussion about young adulthood and making sure that people have opportunities and access to help when they need it.
- ❖ Noted that there had been much discussion about the stronger networks that could be established across different professions and how support can be more effectively targeted.
- ❖ Noted that the focus of the consultation exercise was to take the values considered and develop at the workshops and for these to be discussed with the public, experts, and leaders.
- ❖ Commented that it is important to recognise the Partnerships collective power as leaders and their ability to galvanise people across different sectors and within different organisations.
- ❖ Agreed that to add value and bring about positive change it was important to ensure that the right priorities and issues have been identified.

In conclusion, the Chair thanked Officers and Members for their presentation and to all partners and stakeholders for their contributions in the discussions on this topic.

The Chair then Moved, and it was **RESOLVED** (i) to agree the consultation plan; and (ii) that Board Members would support the consultation process.

5. SEND IMPROVEMENT PLAN

The Board received a presentation from James Thomas - Corporate Director, Children and Culture that outlined the programme of improvement work for the council and partners in relation to Special Educational Needs and Disability (SEND), and SEND related, services. It identified priorities, actions to be taken, lines of responsibility and timescales for delivery. The plan included details of how the Tower Hamlets SEND Strategy 2020 – 2024 will be delivered. The main points of the discussion are outlined below:

The Board

- ❖ In response to questions noted that work has been underway over the last few months to refresh the improvement plan and this will continue as it is an iterative process. Noted that as part of this process feedback will be sought regularly to ensure that the views and contributions of a

wide range of stakeholders are considered to help to strengthen the approach being taken. Also noted that work is underway to strengthen and take a more systematic the view of children, young people and parents/carers, and the direct involvement of their representatives in driving forward improvement.

- ❖ Was advised that a range of activities have been taken place over the last few months to review and revise the SEND Improvement Plan including workshops with senior managers and with parents and carers and young people representatives. However, recently capacity has been constrained across all services, and in particular health services, as the current wave of the pandemic has worsened, and staff sickness or redeployment has become more of an issue.
- ❖ Noted that the aim throughout has been to ensure that the plan is an effective tool to drive improvement work. Work continues with strategic leads to refine and sharpen the focus of the plan. Particular attention continues to be on identifying the most pressing items for improvement, rationalising content to avoid duplication and confirming actions are 'SMART' (specific, measurable, achievable, relevant, and timely). Also, that a set of priority areas for indicators have been identified, and these are currently being reviewed by the SEND Improvement Board. These will help to clarify the focus of attention for the improvement plan. The proposed indicators are set out below with details of how the improvement plan addresses them.
- ❖ In response to the presentation noted that the Partnership has started to work to ensure that procedures are in place to agree a plan of action to secure SEND provision in line with the statutory responsibilities to meet the needs of young people as part of the local offer and captures the range of health services available relevant to children and young people with a disability. The intention is that local health practitioners will bring those children who may have SEND to the attention of LBTH so they can consider whether an assessment is necessary, and work with parents on this. Then the health practitioners will contribute to any co-ordinated Education, Health and Care (EHC) Assessment. As well as ensuring that (i) health care provision as specified in the EHC plan is made available; (ii) the Local Offer including relevant contracts with providers reflects the needs of the local population; and includes information about health care provision for children and young people with SEND.
- ❖ Wished to see what specific plans to address needs for all high functioning students with autism spectrum disorder (ASD) at secondary level and wanted to know what specific plans to support children in that age group.
- ❖ Stated that it was important to create appropriate settings in secondary schools for students with ASD and was concerned that demand for places for pupils with SEND is increasing and many are being sent out of the Borough and such "out of borough" placements are costly and require children to undertake stressful journeys. Therefore, the Board wanted to look at increasing SEND provision at local secondary schools and to support teaching staff to have the right skill sets.

- ❖ In response to questioning it was noted that the Education Partnership strongly believes in the importance of inclusion for all pupils. This belief is at the heart of SEND practice and ensures students reach their full potential. The Education Partnership is committed to developing a creative and challenging curriculum to ensure all students, irrespective of their needs, thrive and succeed. Therefore, students with SEND have the same opportunities to take part in enriching experiences as their peers.
- ❖ Agreed on the importance of keeping the programme of improvement work on the agenda to maintain an understanding where the challenges are and to have honest conversations between partners to address any challenges.
- ❖ Commented that they acknowledged that schools have worked tirelessly to support young people during the pandemic, facing daily challenges, difficult decisions and changing national guidance.
- ❖ Was concerned that there is a potential risk that children with SEND will be disproportionately impacted by the pandemic, unless agencies and services for children and young people with SEND are given additional support.
- ❖ Were informed that the programme of improvement will ensure that there are more opportunities and better information about care and education across the Borough. In addition, it was noted that the intention is to make it simpler for parents/carers to be involved in major decisions regarding their children's needs.

As a result of discussions on the report it was **RESOLVED** to consider a further report at the next meeting.

6. ANY OTHER BUSINESS

In conclusion the Chair thanked everybody who has contributed this evening discussions which has provided incredibly positive guidance on the next steps in the development of integrated services; partnership working and pooled budget arrangements.

The meeting ended at 7.06 p.m.

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