

**LONDON BOROUGH OF TOWER HAMLETS**

**THE ADVISORY MEETING TOWER HAMLETS HEALTH AND WELLBEING  
BOARD**

**HELD AT 5.17 P.M. ON TUESDAY, 29 JUNE 2021**

**COMMITTEE ROOM ONE - TOWN HALL, MULBERRY PLACE, 5 CLOVE  
CRESCENT, LONDON, E14 2BG**

**Members Present:**

Councillor Rachel Blake (Chair)	– (Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing)
Dr Sam Everington (Vice-Chair)	– (Chair Tower Hamlets Clinical Commissioning Group)
Dr Somen Banerjee (Member)*	– (Director of Public Health)
Christopher Cotton (Member)	– Deputy Director of Finance
Councillor Danny Hassell (Member)*	– (Cabinet Member for Housing)
Councillor Denise Jones (Member)	– Older People's Champion
Fran Pearson	– Safeguarding Adults Board Chair LBTH
Denise Radley (Member)	– (Corporate Director, Health, Adults & Community)
Randal Smith (Member)*	– Healthwatch Tower Hamlets
James Thomas (Member)	– (Corporate Director, Children and Culture)

**Co-opted Members Present:**

Vivian Akinremi	– Deputy Young Mayor Lead for Health & Wellbeing
Chris Banks	– Chief Executive, Tower Hamlets GP Care Group CIC
Marcus Barnett	– Metropolitan Police Service
Dr Paul Gilluley	– Chief Medical Officer - East London NHS Foundation Trust
Peter Okali	– Tower Hamlets Council for Voluntary Service
Jackie Sullivan	– Managing Director of Royal London Site, Barts Health
Helen Wilson	– Clarion Housing/THHF - representative to HWBB

**Apologies:**

Dr Ian Basnett	– Public Health Director, Barts Health NHS Trust
Councillor Asma Begum	– (Deputy Mayor and Cabinet Member for Children, Youth Services and

Councillor Candida Ronald – Education)  
(Cabinet Member for Resources and  
the Voluntary Sector)

**Officers in Attendance:**

Jamal Uddin – Strategy Policy & Performance Officer  
David Knight – (Democratic Services Officer,  
Committees, Governance)

\*Board Members present in person. (Remaining Board Members attended from remote locations)

**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.
- ❖ Welcomed Fran Pearson the new Chair of the Safeguarding Adults Board to this her first Board meeting
- ❖ Advised the Board that due to unforeseen circumstances and consequent exceptionally busy demands the primary care partners are joining online which means that according to the current formal terms of reference the meeting is not formally quorate and as a result the status of this meeting will be recorded as advisory. Nevertheless, it was noted that since the Board has no executive decisions to take it would not affect the determination of any of the business to be transacted at this hybrid meeting. In addition, the Board agreed that this hybrid meeting provided an opportunity for the Board to learn and to take stock of its terms of reference and the format of its meetings.

**1.2 Declarations of Disclosable Pecuniary Interests**

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

**1.3 Minutes of the Previous Meeting and Matters Arising**

The Chair **Moved** and it was:-

**RESOLVED**

That the unrestricted minutes of the meeting of the Board held on 2nd February 2021 be agreed subject to formal ratification at the next formal Board meeting (**Appendix One refers**)

## 1.4 Chairs Update

Councillor Rachel Blake (Chair) provide the Board with the following:

The Board noted that:

- ❖ The consultation on the Health and Well Being Strategy for the period for 2021-2025 had commenced last month and currently had received over 100 responses to the to the consultation. Although this was a positive step it was intended (i) to undertake a number of more in-depth conversations with some particular groups; and (ii) that all members of the Board should continue to use their own networks to promote the online survey and that it was important to have a genuine dialogue throughout the consultation.
- ❖ The ambitions outlined in the Strategy can definitely be delivered through the Tower Hamlets Together life course work streams that are already well established and demonstrates a clear link between the strategic direction established by the Health and Wellbeing Board **e.g.** “Ambition 1 To all access safe, social spaces near our homes, so that we can live active, healthy lives as a community” To achieve this the Board will work with partners across the Borough, including the Council’s Public Realm team and housing associations, to reduce traffic levels and make the best use of the Borough’s land/spaces. The intention being to ensure that all Tower Hamlets residents are owning and using the open spaces to lead active, social lives – whatever their age, sex, ethnicity, health condition or locality.
- ❖ The outcome of Black, Asian and Minority Ethnic Inequalities Commission inequalities report had been considered at the last meeting and it was accepted that the Board must take ownership of the recommendations. Accordingly, this will be followed up over the next couple of months so that the Boards action plan will be ready to be implemented **e.g.** if there's any particular recommendations that partner organisations would like to champion.
- ❖ The Health and Wellbeing Board terms of reference and the membership are now the subject of a refresh as (i) several members organisations and organisational structures that have changed; and (ii) there is a need to address challenges regarding about how the Board is representing the whole Community in the diversity of health and social care professionals and other leaders across the NHS, the Council, and the voluntary sector who are working together to solve problems and lead change to benefit of residents.

Dr Sam Everington (Vice-Chair) provided the Board with the following:

The Board noted the following critical issues that:

- ❖ There is continued disruptive impact of the Covid pandemic on NHS care. The latest available data indicates that the shutdown of most non

Covid services in the first wave, combined with drastic changes in patient behaviour, mean the NHS is facing a large backlog of non - Covid care, thereby storing up greater problems for the future.

- ❖ As the infection control measures and the ongoing diversion of resources towards Covid services during the second peak of hospitalisations has meant that this backlog of care will take even longer to work through as it continues to accumulate. Also (i) whilst Accident and emergency services (A&E) demand decreased to significantly lower levels, partially due to less road and alcohol related accidents during lockdown, there is concern that some patients avoided seeking care from A&E even when suffering life-threatening symptoms; and(ii) mental health consultations have increased.
- ❖ The pressure is therefore enormous and on top of that there is a tired workforce as a lot of people did not take holiday during Covid although they now being encouraged to do that. It is therefore really important people are aware of that.
- ❖ Maintaining appropriate staffing in healthcare facilities is essential to providing a safe working environment for healthcare personnel (HCP) and safe patient care.
- ❖ Health organisations are demanding an end to the abuse endured by healthcare workers during the pandemic and are calling on the public to join them.
- ❖ The Borough's health organisations were not allowed to vaccinate residents in the younger cohorts (31 and 46 per cent of the Tower Hamlets population are aged between 20 and 39) to compensate for the different vaccination rates between various ethnic groups in the older cohorts. Therefore, next month there will be thousands in this age group requiring vaccinations.
- ❖ In the autumn there will be the extra pressure of the influenza viruses and the Covid boosters.
- ❖ The Board needs to understand these above-mentioned challenges and pressures on the overall system that stretch across health and social care.

## 1.5 Home Care Transformation and Re-procurement

The Board received a presentation and a report providing an update on the work being carried out on the Home Care re-procurement programme. The main points raised during the discussion may be summarised as follows:

The Board:

- ❖ **Noted** that the adult social care system could not survive without the contribution of paid and unpaid carers who provide vital support for thousands of people every day and preventing people having to go into primary care.

- ❖ **Noted** that the Safeguarding Adults Board in its focus to ensure that safeguarding arrangements in the Borough work effectively has a particular interest in care at home and the quality-of-care services.
- ❖ **Agreed** that with regard to the paid care workforce there is need for a review on pay, training and development, career progression and professionalisation and recognition.
- ❖ **Agreed** that any service provider needed to be based locally and to provide local jobs and making a real contribution to the local economy.
- ❖ **Noted** that within the re-procurement programme (i) contract management has been strengthened; (ii) hospital discharges are to work as smoothly as possible; and (iii) reviews are now happening in a timely way.
- ❖ **Agreed** that (i) it had a key role as an anchor institution to support communities and home care providers in Tower Hamlets; and (ii) the Tower Hamlets Carers Centre can facilitate the identification of carers, improve care, and support and increase public confidence in care.
- ❖ **Observed** that many carers do not think of themselves as carers or are not identified by health and social care professionals as such (so called 'hidden carers') and do not know about the support available to them.
- ❖ **Noted** that feedback from various sources has indicated that partnership working has vastly improved since the advent of locality working with improved collaborative working and innovation that has made best use of the assets available in the Borough. This has built relationships and enabled key information to be routinely shared as necessary amongst stakeholders. This has led to improved quality of care and better outcomes for service users, where this model works.
- ❖ **Agreed** that effective coproduction is critical to set the right delivery and contractual model to provide the right care, at the right time, which supports people to be as independent as possible.
- ❖ **Observed** that there are a range of new market developments resulting from Covid-19 and a number of new models of Home Care that are now in place across the country.
- ❖ **Agreed** that it is important that we consider these developments carefully and capture them in the new contractual arrangements and was pleased to note that work in the Borough is helping to identify best practice and viable models that could be a good fit for Tower Hamlets.
- ❖ **Noted** that there may be a potential to link Service Provider payments to the achievement of desired contract outcomes. Whilst these arrangements need to be carefully considered they can incentivise better performance and alignment of Council and Service Provider objectives e.g. Nottinghamshire has introduced a payment system based on outcomes with 95% of the commissioned hours paid with the remaining 5% based on achievement of individual outcomes.

The Chair Moved and it was: -

## **RESOLVED**

1. To **note** the presentation; and

2. To **agree** that consideration should be given to the development of appropriate milestones in regard to the Home Care re-procurement programme.

## 1.6 SEND Improvement Plan

The Board received a briefing that provided an update on Special Educational Needs and Disabilities (SEND) improvement work, looking at the priority areas and the key issues, main activities, and current challenges for each. The main points raised as part of the discussion may be summarised as follows:

The Board:

- ❖ **Noted** the importance of the transition for children and young people with SEND especially with regards to the provision for these students at key stage 3 and key stage 4 e.g. Young peoples' annual reviews at Year 9 do not routinely make adequate plans for transition to adulthood and any appropriate services.
- ❖ **Noted** that it is recognised that there is a need to improve the understanding of projected future demand for SEND and specialist education provision in particular has been identified as an area for coproduction with the parents and carers.
- ❖ **Noted** that senior leaders recognise the importance of continued investment in the early identification and considerable joint work has been delivered in order that families remain known to services, to ensure that no child with additional needs is missed.
- ❖ **Noted** that that effective processes are in place to ensure that vulnerable children with additional needs, including those where there are safeguarding concerns, are kept in view by services.
- ❖ **Observed** however that SEND is not systematically considered as a relevant need by all parts of the workforce. This is borne out in how consistently services outside of Education monitor and record information around SEND status which has the potential to negatively impact on efforts to identify and meet need in a timely way.
- ❖ **Agreed** therefore that it is important to keep the momentum going on the improvement journey. In particular Education Health and Care Plans (EHCP) are an area of concern as whilst progress has been made both in the working through the backlog that had built up due to Covid and the aim is to have all of those outstanding cases resolved by before the start of the next school year. However, the overall timeliness of plans issued is 27% (this includes the backlog) with the timeliness of plans since October at 53% therefore this needs to be considered as it impacts on the overview of this service and therefore the quality of annual reviews.
- ❖ **Acknowledged** that going forward that it was important to (i) strengthen the understanding of SEND priorities for all partners across the local area so that all parts of the system work together to address issues and drive improvement; (ii) secure the commitment of partners around areas of work which are 'in development' and would benefit

from a more joined up approach; and (iii) support partners to deliver key messages to wider staff and colleagues about their role in delivering the best possible services and outcomes for children and young people with SEND.

- ❖ **Noted** that SEND Local Offer focus group with parents and young people is meeting on termly basis. In addition, the Young People's Zone was launched in April and "You said We did" feedback had been made available on the Council's own website.
- ❖ **Agreed** that it needed to continue to monitor and track the measure of progress of (SEND) improvement work, looking at (i) the priority areas; (ii) the key issues; (iii) main activities; and the current challenges for each area; (iv) the effectiveness of programs and initiatives that are in place to support young people who have SEN to have better outcomes when making the transition to adulthood e.g. Higher education and employment; (v) how schools are supported by the local area in assessing and meeting the needs of children and young people with EHCPs and at SEND Support; (vi) how relationships with the service users and their families are maintained; and (vii) the design and monitoring of services.
- ❖ **Noted** that (i) "Children and Families Act" brought a clear expectation that most pupils with SEND are to be taught in a mainstream school, and that every teacher is a teacher of SEND; and (ii) the Tower Hamlets Education Partnership is strengthening their role in respect of SEND e.g., a substantive training offer is being developed.
- ❖ **Agreed** that (i) there cannot be a school improvement without improvement for children with SEND; and (ii) EHCP should be co-produced with families as it is an effective method of development.

1. Accordingly the Board noted the contents of the presentation and agreed to consider the issue's raised in more detail at future meetings.

## 1.7 Health and Wellbeing Story

The Board welcomed Heena Patel who provided a presentation on her experience and ideas as a Tower Hamlets Resident, Mental Health Carer, Local Mental Wellbeing Small Business Owner and NHS East London Foundation Trust (ELFT) employee. The main points arising from the discussions on this item may be summarised as follows:

The Board:

- ❖ **Thanked** Heena Patel for her reflections which provided a really strong meaningful challenge about (i) the board; and (ii) how online meetings perform in terms of people's access and engagement.
- ❖ **Accepted** the need to consider access to the Strategy's development and how it can establish and maintain a dialogue with the local voluntary, community, and faith sectors on the strategy evolution.
- ❖ **Recognised** that getting care right is critical for residents and their outcomes

- ❖ **Agreed** that activity at the local level should target the problem and develop collaborative ways of working that puts the patient/service user first, and cross organisational boundaries.
- ❖ **Acknowledged** the ongoing importance of awareness raising around carers as there is much to do to recognise and raise awareness about what a carer is and what support is available for carers in all kinds of settings.
- ❖ **Commented** that (i) with regard to the Carers Centre services as this is a commissioned service this can be monitored through the contract; and (ii) carers assessments and support plans should be about engaging in a dialogue with carers This is important as getting care wrong leads to poorer experience, poorer outcomes, and the costly use of limited resources, not just across the NHS but including social care, housing, and other public services.
- ❖ **Agreed** that creating time for local collaboration and taking a systems-wide approach involving commissioners, providers, local government, and the voluntary sector remains essential.
- ❖ **Agreed** that people want to be more involved in decisions about their care and those living with long term conditions want more support to manage their health and wellbeing on a day-to-day basis. Therefore, more needs to be done to involve people in their own health and care, to involve communities and the voluntary sector in improving health and wellbeing and to coordinate and personalise care and support including through personal health budgets.
- ❖ **Commented** that by ensuring the people are heard meaningfully in all discussions about the quality of their care will improve and help people to make informed use of available healthcare and add value to their lives. This will rely on ensuring that all those working in health and care have person-centered and community centered skills, competencies, values, and behaviour.

1. The Board noted the issues raised as a result of discussions on the presentation and agreed to incorporate the above-mentioned comments as appropriate within the Work Programme.

## 2. LOCAL ENGAGEMENT BOARD

The Board received and noted an update from the Local Engagement Board that had been set up in response to the Local Outbreak Control plan to hold the Council accountable and to support the strategic aim of addressing inequalities highlighted by the impact of COVID-19 on individuals and communities and ensure that the Borough's COVID-19 response is led by residents and communities. The main points raised as part of the discussion may be summarised as follows:

The Board:

- ❖ **Noted** that after an initial enthusiastic response to the Covid-19 vaccine the uptake by younger people has petered out, so it will take



longer to reach the levels of vaccination seen in older groups – this pattern is seen across London.

- ❖ **Noted** that the focus of the campaign is now on the 18- to 40-year-old cohort and was concerned that the NHS are seeing patients in this cohort who are fit and have no other medical problems in ICUs [intensive care units] due to Covid.
- ❖ **Noted** that with in Tower Hamlets a high percentage of the population is made up of the young people and therefore much work is needed to be done to reach out to this particular age group.
- ❖ **Noted** with concern that some residents feel that general practitioners' surgeries want them to register before they receive a vaccination.
- ❖ **Stated** that it wished to have the information provided to the Covid-19 community champions circulated to the Board and the Local Engagement Group.
- ❖ **Noted** that there are multiple sites in the Borough where people can get their vaccine, so whether it's at East Wintergarden, Westfield shopping centre, a local pharmacy, or the Art Pavilion in Mile End [Book a Covid-19 vaccination - Tower Hamlets - Your details - Section 1 - forms](#)
- ❖ **Agreed** that it was important to stress to those residents aged 18- to 40-year-old should have both doses of the vaccine to give them the maximum protection from Covid-19 and that they should book their second jab eight to ten weeks after their first dose. In addition, it was **noted** that partner agencies are advertising in advance what to expect and help answer any questions raised. They are also working with the local voluntary; community and faith sectors to understand how best to reach out to people within Tower Hamlets and to get them involved in the develop in the rollout of the vaccine programme
- ❖ **Noted** that there are areas in the Borough where there is a really low uptake and there is targeted door-to-door testing in those areas starting in Mile End West
- ❖ **Noted** that some of the reasons for this gap are practical and are being tackled with a more pragmatic focus on logistics. Hence why the vaccination programme has been rolled out into local and community venues to widen access and ensure getting a vaccine is as simple and easy as possible. Residents also need to be given adequate information as without clear and effective communication people are susceptible to misinformation. That can spread through friends and family, online and via social media, playing on existing anxieties.
- ❖ **Noted** that Tower Hamlets continues to be one of the fastest growing, youngest, and most diverse populations in England, with a quarter of the whole population aged 0 to 19 years old and therefore a significant percentage of the population are only now receiving their vaccinations. However, it is important to acknowledge the work that the GP Care Group has done and the work that has been taken forward around an ensuring the good uptake of vaccination although that is not to say that there are some real risks around people who are clinically vulnerable who have not had the full course **e.g.** the fear of the covid vaccine now particularly among the younger generation definitely needs a different approach.

1. The Board noted the points raised in the discussion and agreed to incorporate the above-mentioned comments as appropriate within future discussions.

**3. ANY OTHER BUSINESS**

In conclusion the Chair expressed her thanks to everybody who contributed at this evening and welcomed the Boards willingness to take on health inequalities which was the biggest challenge in Tower Hamlets at present in terms of improving health and wellbeing.

**The meeting ended at 7.23 p.m.**

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