LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.05 P.M. ON TUESDAY, 1 FEBRUARY 2022

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

Members Present:

Councillor Rachel Blake (Chair)		
Councillor Denise Jones (Member)	–	Older People's Champion
Dr Somen Banerjee (Member)	–	(Director of Public Health)
James Thomas (Member)	–	(Corporate Director, Children and Culture)
Christopher Cotton (Member)	–	Deputy Director of Finance
Denise Radley (Member)	–	(Corporate Director, Health, Adults & Community)
Randal Smith (Member)	–	Co-Chair for Healthwatch Tower Hamlets.
Fran Pearson (Stakeholder)	–	Safeguarding Adults Board Chair LBTH
Councillor Gabriela Salva Macallan	–	(Stakeholder & Chair of the HASC)

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
Dr Paul Gilluley	–	East London Foundation Trust
Jackie Sullivan	–	Managing Director of Royal London Site, Barts Health
Vivian Akinremi	–	Deputy Young Mayor Lead for Health & Wellbeing

Apologies:

Councillor Asma Begum	–	(Deputy Mayor and Cabinet Member for Children, Youth Services, Education and Equalities (Statutory Deputy Mayor)
Councillor Danny Hassell	–	(Cabinet Member for Housing)
Vicky Clark	–	(Director of Integrated Growth and Development)
Helen Wilson	–	Clarion Housing/THHF (Representative to HWBB)
Marcus Barnett	–	Detective Chief Superintendent - MPS

		Central East Borough Command Unit
Richard Tapp	–	Borough Commander - London Fire Brigade
Councillor Andrew Wood	–	Stakeholder

Officers in Attendance:

Mahendra Rastogi	–	Real
Hannah West	–	Real
David Knight	–	(Democratic Services Officer, Committees, Governance)
Warwick Tomsett	–	Joint Director, Integrated Commissioning
Jamal Uddin	–	Strategy Policy & Performance Officer
Suki Kaur	–	Deputy Director of Partnership Development
Phil Carr	–	(Strategy and Policy Manager, HAC)
Amy Gibbs	–	Chair of Tower Hamlets Together
Yasmin lalani	–	Detective Chief Inspector
Anna Carratt	–	Deputy Director of strategy, planning and performance WEL CCGs
Mike Smith	–	Chief Executive, Real

1. STANDING ITEMS OF BUSINESS

1.1 Welcome and Introductions

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

1.2 Declarations of Disclosable Pecuniary Interests

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

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.

In addition, the Board was reminded that at the last meeting the following changes to the Terms of Reference been made due to Local CCGs coming together to form NEL CCG, it was:

i. **Agreed** that a suitable clinical representation from the NHS North East London CCG be identified. It was noted that Dr Sam Everington will remain in this role for now.
ii. **Agreed** that it is expected that a quarter of the membership attend Board meetings physically as per Terms of Reference to ensure meetings are quorate. Health and Wellbeing Board Terms of Reference held an additional premise that the quarter of the membership 'included at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group.' As there is no legal precedent for this requirement, it had been agreed to remove this additional premise from the Terms of Reference.
iii. **Agreed** to revisit the Terms of Reference in the near future to reflect on proposed changes resulting from changes to the **(i)** NHS governance arrangements; and **(ii)** health landscape.

1.4 Chairs Update

Home care re-procurement

Noted that work is continuing with the home care re-procurement, with the expectation that the new service model will:

a) have a clearer focus on outcomes, enabling support to be delivered in more creative, flexible, and innovative ways

b) be person centred and strength based with service users at the centre of their support and care planning

c) exploit the opportunities for integration with health e.g., closer working between home care and district nursing
d) ensure providers are connected to local assets and networks and communities, working in partnership with community provision to add value and improve

In, addition, it was **noted** that a draft service specification is in the process of being compiled; this has been informed by a series of co-production events with services users and their carers, alongside feedback from market engagement activity. The new contracts will be in place by August 2022.

Tower Hamlets Connection Network

Noted that:

i. The launch event for what is to be provisionally called the Tower Hamlets Connection Network is being held on 9th March 10.00am to 1.00pm. It will be an online event that Councillor Denise Jones has kindly agreed to chair.

ii. It is planned that there will be input on what the loneliness taskforce has achieved including improving the understanding of how loneliness impacts people in Tower Hamlets, the small grants programme (supplemented by the Mayor`s Covid Recovery fund) and the work on befriending services which it is hoped will lead to a re-evaluation of their strategic importance. It is also planned that some local groups will have space to display what they are delivering and also highlight the challenges that they face.

iii. Tower Hamlets will be publicising the fact that is now a member of the Connection Coalition founded by the Jo Cox Foundation and other national partners and a speaker from the Connection Coalition has been invited to tell partners about the national work and also some examples of other local initiatives.

iv. The launching of the local network will connect up the work that many organisations are doing on the ground and there will be time at the event for people to share their views on how the network can be made really effective at supporting and motivating the great work across the Borough to combat loneliness and isolation.

2. ITEMS FOR CONSIDERATION

2.1 Health and Wellbeing Story

The Board received and noted a presentation about Real a user-led organisation run by disabled people who live, work, volunteer, or study in Tower Hamlets. An outline of the main points arising from the questioning after the presentation is set out below:

The Board:

- Was **informed** that Real supports disabled people of all impairment types, all age groups, all ethnicities, and all other protected characteristics.
- **Understood** that Real is driven by and committed to both the social model of disability and the human rights model of disability. They recognise that people are disabled, not by their impairment, but by the physical, communication, attitudinal, financial, and legal barriers, and discriminatory behaviours and practices, which limit disabled people's equal status in society whether at an individual or group level.
- **Agreed** that (i) the complexity of multiple impairments, and the multiple disadvantages disabled people face; and (ii) there are differential experience of disability by those who were born with impairments, and those who acquired their impairments through illness, injury, or ageing.
- **Noted** that whilst all the residents experienced the external impact of covid disabled people were more fearful, with the proportion of disabled people who feared catching Covid being significantly higher than the wider population. Therefore, it is not just about the provision of

assistance to disabled people, but it is about how agencies engage with those residents' psychological concerns and make them feel relevant.

- **Noted** that during the coronavirus pandemic, primary care services were forced to work differently and patients to receive care in a limited way, breaking with the traditional, person-to-person interaction.
- **Acknowledged** that Covid-19 created additional barriers for disabled residents who felt an extra burden of social responsibility in protecting themselves and their own health, while the perception was that other residents had not adhered to Covid rules in public places, with scant regard for anyone else at all, let alone those with impairments and underlying health conditions.
- **Noted** that some residents found making sense of the changing rules around Covid harder because of their impairments e.g., disabled residents were regularly confronted with an array of barriers and socially imposed limitations over and above those experienced by non-disabled people. These limitations had sometimes been material, as in the case of physical walls, or spatial, such as the ability to observe social distancing rules or to obtain necessities and this exacerbated mental health issues and distress.
- **Noted** that Covid impacted on disabled residents' independence, sometimes reducing opportunities for independence, sometimes increasing their dependency (**e.g.,** such as support and care arrangements, shopping, transport, and in numerous other ways). Whilst some of disabled residents had to negotiate new living arrangements as they were no longer being covered by their care providers for specific support needs. Although some disabled residents felt better equipped to cope with adversity because of their prior experiences with socially imposed isolation or that they had an existing support structure such as an emotional support dog trained to regularly provide a feeling of comfort and companionship to people who need it. These emotional support dogs help people with health problems manage their symptoms by offering emotional comfort (**e.g.,** to be cheered up by a dog when you are feeling down or having a bad day).
- **Noted** that Covid has lessened the number of available options **e.g.,** not having a 'good' option and a 'better' option but being required to choose between 2 non-preferred options. In addition, for many participants, a lack of formal support during the pandemic has meant that they have had to rely on family and friends.
- **Noted** that during the pandemic, the Boroughs disabled residents felt the passage of time more intensely than usual, to varying degrees e.g. felt time "slowing down", even "coming to a halt", as plans and routines have been disrupted **e.g.** extended waiting times and delays to formal government services and support, including health services, as well as an impact on practices such as repairs, building improvement works, online shopping, and in other areas of necessity. These key lifeline services for those within the local disabled community have been significantly disrupted during Covid times.
- **Agreed** that it is incumbent upon partner agencies as a collective to consider what they can do differently to help to meet the needs of the

hidden victims of Covid including those residents living with disability who have been disproportionately negatively impacted by the pandemic. In addition, funding to support residents with a disability would be most welcome given that this is an area that has been drastically under resourced even prior to the pandemic.

- **Accepted** that it is inevitable given the COVID-19 pandemic and resulting economic climate that no matter how much extra funding is provided there will still be a shortfall in terms of what is needed to give disabled residents the optimum level of support to enable them to lead as independent and fulfilling lives as possible, which of course they should be entitled to do. Therefore, the key is to provide support in as joined-up holistic manner as possible. This means all stakeholders and all people collaborating with people with disability coming together. All people involved, from those allocating the local authority budget, to the disability charity support worker or the lawyer supporting someone who has sustained serious injury, can provide valuable input into the best strategy to best meet the needs of disabled young persons and adults.
- **Agreed** that there is much to do in a number of the areas and partner agencies need to reflect, learn and to agree when delivering on the recommendations.
- **Acknowledged** on the importance of the collaborative process during the pandemic that brought together health professionals (primary and secondary care), organisations such as Real and local families to enable the development of mutual understanding and trust that had empowered professionals to address health concerns together and support families to make informed health choices.
- **Agreed** that as Covid continue to be part of our lives for the near future those adults who need care and support may be targeted at this time because of a number of factors. Generally speaking, they may need assistance with some tasks, be less up to speed with technology, more welcoming of new contacts, more trusting and there is concern that social isolation increases the likelihood of abuse. Whilst many older and disabled people spend long periods at home alone under normal circumstances and will continue to do so even as the restrictions lift.
- **Understood** that those persons who seek to exploit these vulnerabilities are quick to act and therefore, it would be helpful to have any further thoughts about how the Safeguarding Adults Board and other bodies can create a good culture and to be on the alert for such issues.
- **Recognised** that social prescribing should become a ‘routine part of community support across the Borough’ from primary care, local authority, mental health, trust, and the acute trust.
- **Agreed** that as community support is often provided by local authorities, charities, and voluntary sector organisations these could undergo a transformation with the expansion of social prescribing (**e.g.,** more joined-up use of premises to help community groups such as sharing leisure, sports, and health services).
- **Noted** that Real as the leading disabled people’s organisation in Tower Hamlets are looking to set up a coproduction working group to think about the collaborative process to ensure that coproduction needs to

be at the heart of everything that is undertaken within the Borough (**e.g.,** to ensure that frontline staff have the training to support and meet the access needs of local residents).

In conclusion, the Chair thanked all those attendees for a really Insightful, and powerful discussion based on stories throughout the pandemic and that there is such a lot to think about to learn from what has been done well since March 2020 (**e.g.,** how agencies engage with those residents' psychological concerns and make them feel relevant).

2.2 Improving Care Together: The New Adult Social Care Vision and Strategy

The received a report that presented the new vision and strategy in adult social care for information and comment. The mains points arising from the questioning arising from discussions on the report maybe summarised as follows:

The Board:

- **Noted** that this report outlines the new vision and strategy in adult social care called "Improving Care Together" which has been developed over summer and autumn 2021 in close partnership with people who use adult social care, carers, staff, and other stakeholders and comprises:
- **Understood** that a vision for the future of adult social care that reflects what staff, providers, users, and carers stated that is important to them **e.g.,** personal goals, connection to others and to be as independent as possible.
- Was **informed** that the aims to meet the vision are the same as the aims of the Tower Hamlets Together partnership and again reflect what they have heard from staff, providers, adult social care users and carers.
- **Noted** that the work packages to meet the aims have been defined through evidence, insights from peers and in feedback from staff, providers, users, and carers.
- **Noted** that the vision and strategy are currently being launched to staff, stakeholders, adult social care users and carers using a range of communication mechanisms. With the aim to have high levels of engagement with the strategy, so that it is well-known and well-understood by all.
- **Agreed** that it has been a very positive piece of work and welcomed the commitment to ensure that the strategy is 'co-delivered' with people who use social care and carers and will be looking to establish a new service user and carer group to oversee this in the new year.
- **Agreed** that they would have liked to see a specific mention around discharge given the absolute pressures around hospital beds and patients who are ready to go home not going home.

As a result of discussions on the report the Board **RESOLVED** to note the report and the above-mentioned comments on the new adult social care vision and strategy.

2.3 North East London Integrated Care System (NEL ICS) discussions and Tower Hamlets Together (THT)

The Board received a presentation that **(i)** focused on the updated timeline and ambitions of the NEL ICS changes; and **(ii)** outlined the potential form and functions options that are available to borough partnerships as part of the wider changes. A summary of the key themes highlighted in the discussions on the presentation is set out below:

The Board:

- **Noted** that the purpose of this presentation is to give an update on the upcoming changes via the forming of the NEL Integrated Care System (ICS) and the impact of this at a borough level on the Tower Hamlets Together (THT) Partnership. The national timelines have now been extended to 1st July for the formation of the NEL ICS. This is due to the recent winter pressures and the ongoing Covid-19 situation.
- **Noted** that the system has undergone some significant change recently, especially at the CCG and system levels, due to implementation of requirements set out in the NHS Long Term Plan.
- **Noted** that with the introduction of the Integrated Care System (ICS) there is a real opportunity through the ICS arrangements to look at the structure of the decision-making process alongside the THT partnership arrangements.
- **Noted** that working in an integrated way is not new for Tower Hamlets, and the Borough has a strong history of partner agencies working together across the system to provide health and care for patients. Most recently this was very much at the heart of the local response to the Covid pandemic and the rollout of the vaccination programme. **Agreed** that for Tower Hamlets Together, this means evolving into a Place-based Partnership within the North East London Integrated Care System.
- **Agreed** on the importance in developing strong leadership; driving the transformation; and implementing the health and well-being strategy. Which requires consideration to be given to looking at **(i)** a continuation of representation from the GP Federation; **(ii)** a primary care representative coming from the local clinical leads; **(iii)** the proposals around Healthwatch; **(iv)** Borough based partnerships;**(v)** how to build in the clinical and care professional leadership within the Borough into the partnership arrangements.
- **Agreed** on the importance to make sure that the required infrastructure is in place, to be able to support decisions based on population need, which may or may not be people from a public health background, but that have the relevant expertise to develop the required form and function for an Integrated Care System.

- **Agreed** that as the Integrated Care System will bring together a wide range of partners across a number of different local authority boundaries. That there is a need to reconcile local concerns with the need to consider the wider impact of transformation over the whole healthcare system.
- **Agreed** that effective public scrutiny has a role in helping local providers to reduce inequalities, to improve people's lives, to improve people's experiences, to deliver better health and better services and to achieve greater value from the public's money. Effective public scrutiny uses democratic accountability, openness, transparency, searching questions and focused recommendations to deliver for the good of the local communities.
- **Noted** that the Health and Well-Being Board members will be part of the discussions going forward regarding the establishment of the Integrated Care System in North East London either through Tower Hamlets Together (THT) or through the various workshops that are being arranged through the Northeast London CCG and Board members are encouraged to be involved in those workshops to provide a Tower Hamlets perspective.

In conclusion, the Chair thanked all those attendees for a really helpful and informative discussion on the timeline of integration and the importance of Integrated Care System in **(i)** developing a shared understanding of local needs; **(ii)** providing leadership to meet those needs; and **(iii)** and involving councillors and patient representatives in those commissioning decisions.

2.4 Black, Asian and Minority Ethnic Inequalities Commission - Health section progress update

The Board was reminded that the Tower Hamlets Black, Asian and Minority Ethnic Inequalities Commission health recommendations and action plan was brought to the Health and Wellbeing Board on the 21st of September 2021. Nine of the twenty-three recommendations made by the Commission had related to health and wellbeing and the immediate priorities for delivery had been discussed further at the Board on the 2nd of November (following agreement of recommendations at Cabinet on the 27th of October) The report presented to the Board provided an outline of the progress, plans and areas of challenge for delivery against these recommendation. A summary of the mains points arising from discussions on the presentation has been summarised below:

The Board:

- **Noted** that the recommendations for Black, Asian, and Minority Ethnic groups are interrelated to campaigns, communications, research, codesigned services, digital exclusion, clinical training, hostile environment, partnership, representation.
- **Noted** that at this point, progress links primarily to existing pandemic related work, specifically, pandemic work focussed on Black, Asian, and Minority Ethnic communities continues including the multilingual

vaccine helpline, Covid Champions and outreach work targeted at Bangladeshi, Somali, Black African Caribbean, and Black African communities. In addition, the research work to understand health inequalities at a deeper level amongst Black, Asian, and Minority Ethnic communities and coproduce ways forward has now been commissioned and will complete over the next two months.

- **Understood** that capacity to take forward the communications and campaigns recommendations has been identified through a full-time fixed term post which will focus particularly on recommendations around ensuring communications messages and materials are available and culturally appropriate linking to the research findings as well as the campaigns work.
- Having **considered** the recommendations around digital exclusion facing Black, Asian, and Minority Ethnic communities indicate that a more strategic approach is required and agreed that it was important to ensure alignment with the wider measures of the overall digital inclusion plan and that specific equalities considerations needs to be at the heart of the Boroughs Health and Well-Being Strategy to address inequalities in Tower Hamlets and provide a platform to ensure equalities remains at the forefront of the Boards collective work.

In conclusion, the Chair thanked all those attendees for a very positive discussion that had helped to understand health inequalities at a deeper level amongst Black, Asian, and Minority Ethnic communities and the specific equalities considerations that will need to be at the heart of the Boroughs Health and Well-Being Strategy.

2.5 Better Care Fund 2021/22 update

The Board noted that the Better Care Fund (BCF) is currently in its sixth year the aim of the BCF is to deliver better outcomes and secure greater efficiency in health and social care services through increased integration of provision. The mains points arising from the questioning arising from discussions on the presentation is summarised below:

The Board:

- **Noted** that **(i)** to receive BCF funding, a local BCF Plan and programme needs to be agreed jointly by the Council and the Clinical Commissioning Group (CCG), endorsed by the Health and Well-Being Board (HWBB) and finally approved by NHS England (NHSE), **(ii)** the jointly agreed programme then needs to be incorporated into a formal agreement under Section 75 of the NHS Act 2006, **(iii)** BCF plans set out the local joint vision for, and approach to, integration, including how the activity in the BCF plan will complement the direction set in the NHS Long Term Plan and are also expected to take into account the wider context, including the development of Integrated Care Systems; the requirements of the Care Act, 2014, and wider local government transformation in the area covered by the plan - for example, programmes, such as Integrated Personal Commissioning.

- **Noted** that the Health and Wellbeing Board are required to approve Borough plans and due to the late issuing of guidance and scheduling of Health and Wellbeing Boards this year the Board are requested to retrospectively approve the plan.

As a result of discussions on the report the Board **RESOLVED** to approve the Better Care Fund Plan for 2021-22.

3. ANY OTHER BUSINESS

With no other business to discuss the Chair called this meeting to a close and thanked the Members and Officers of the Board for their contributions over the last two years and said that she believed the Board had worked hard to make a difference to the lives of local residents.

The meeting ended at 7.07 p.m.

Chair,
Tower Hamlets Health and Wellbeing Board