

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 6.03 P.M. ON TUESDAY, 26 JULY 2022

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

Councillor Gulam Kibria Choudhury (Chair)	– (Cabinet Member for Health, Wellbeing and Social Care)
Councillor Maium Talukdar (Member)	– (Deputy Mayor and Cabinet Member for Education, Youth and Lifelong Learning (Statutory Deputy Mayor))
Councillor Kabir Ahmed (Member)	– (Cabinet Member for Regeneration, Inclusive Development and Housebuilding)
Councillor Saied Ahmed (Member)	– (Cabinet Member for Resources and the Cost of Living)
Councillor Ahmodur Khan	– (Stakeholder)
Councillor Abdul Wahid (Member)	–
Matthew Adrien (Member)	– Service Director at Healthwatch Tower Hamlets
Gail Arnold (Member)	– Interim Borough Delivery Director,
Dr Somen Banerjee (Member)	– (Director of Public Health)
Lucie Butler (Member)	– Director of Nursing and Governance
Ellie Kershaw (Member)	– (Acting Director, Growth and Economic Development)
Councillor Amy Lee	– (Stakeholder)
Fiona Peskett (Member)	– Director of Strategy and Integration - Royal London and Mile End
James Thomas (Member)	– (Corporate Director, Children and Culture)

Others present:

Matthew Adrien	– Healthwatch Towerhamlets
Shakila Ali	– Women's Inclusive Team
Safia Jama	– Women's Inclusive Team
David Knight	– Democratic Services Officer
Ted Maxwell	– Bethnal Green resident
Jamie Stafford	– East London NHS Foundation Trust
Warwick Tomsett	– Joint Director, Integrated Commissioning
Phil Warburton	– Rethink Mental Illness & Citizens

UK

Apologies:

Councillor Ohid Ahmed	– (Cabinet Member for Safer Communities)
Chris Banks	– Chief Executive, Tower Hamlets GP Care Group CIC
Marcus Barnett	– Detective Chief Superintendent - MPS Central East Borough Command Unit
Christopher Cotton	– Deputy Director of Finance
Dr Paul Gilluley	– Chief Medical Officer North East London Integrated Care Board
Councillor Iqbal Hossain	– (Cabinet Member for Culture and Recreation)
Charlotte Pomery	– Chief Participation and Place Officer North East London Integrated Care Board
Denise Radley	– (Corporate Director, Health, Adults & Community)
Shohel Ahmed	– Joint Safeguarding Adults Strategy and Governance Manager
Helen Wilson	– Clarion Housing/THHF - representative to HWBB

1. STANDING ITEMS OF BUSINESS

2. WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Councillor Gulam Kibria Choudhury (Cabinet Member for Health, Wellbeing and Social Care) welcomed everybody to the meeting.

2.1 Declarations of Disclosable Pecuniary Interests

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

2.2 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.

2.3 Liveable Streets

The Chair indicated that he understood that there were some questions from the public and he invited Mr. Ted Maxwell a Bethnal Green resident and one of the authors of the open letter signed by 850 people and sent to Mayor Rahman about the proposals to reverse elements of the Liveable Streets schemes. A summary of the discussions on this issue is outlined below:

1. The Boroughs Health and Well-Being Strategy states that for a 'healthy borough' that everyone can access safe, social spaces near their home to live healthy lives a community and to achieve this ambition by working with partners to make the best use of land and spaces and to reduce traffic levels to ensure that (i) everyone can use open spaces and amenities; and (ii) local green spaces and public amenities are sustained and strengthened. The Liveable Streets schemes it was felt has helped to achieve these ambitions (**e.g.**, by reducing traffic on Green Road along which four local schools are based and introducing a pocket park has transformed how local people use green spaces along this road). Therefore, given that the Council are consulting to remove all of these things, how will the health and well-being strategy support residents in maintaining these schemes so that health and well-being benefits are maintained? **In response** it was noted that since the implementation of the Liveable Streets programme, a significant number of objections and concerns have been raised by residents, businesses, and the emergency services **e.g.** petitions calling for the scheme's removal and there have been numerous reported incidents where emergency service responses have been hindered by physical road closures and for many residents, the closures have created longer journey distances which has increased emissions and costs.
2. What actions will the Council do to achieve the same level of benefit in terms of promoting physical activity and active travel, tackling air pollution, and sustaining and strengthening local green spaces and public amenities. **In response** it was noted that the Council will be investing in a whole range of other areas and are keen to engage with residents in how the Council will deliver on those issues and tackle any challenges (**e.g.**, promoting more healthier lifestyle choices)

3. ITEMS FOR CONSIDERATION

3.1 CONFIRMATION OF VICE-CHAIR

Agreed to defer the appointment of the Vice-Chair to allow time to reflect on proposed changes resulting from variations to the **(i)** NHS governance arrangements; and **(ii)** health landscape.

3.2 TERMS OF REFERENCE

The Board:

1. **Noted** the currently published Terms of Reference for the Board; and
2. **Noted** that the Terms of Reference will be subject in the near future to a review to reflect on variations resulting from changes to the **(i)** NHS governance arrangements; and **(ii)** health landscape.

3.3 Health and Wellbeing Strategy - Overview

The Board **noted** that the Health and Wellbeing Strategy sets out the principles and ambitions of the strategy based on what residents said mattered to them and an approach based on the recognition that the enjoyment of the best possible health is a fundamental right of every human being.

Accordingly, having considered the Health and Wellbeing Strategy and the Locality Plan at a briefing session held earlier this evening the Board formally:

1. **Noted** the principles and aspirations of the Health and Wellbeing Strategy and plans to develop the Locality Plan.

3.4 Mental Health Strategy 2019-2024

The Board received a presentation from Shakila Ali (Women's Inclusive Team); Safia Jama (Women's Inclusive Team); Jamie Stafford (East London NHS Foundation Trust); and Phil Warburton (Rethink Mental Illness & Citizens UK) on the Adult Mental Strategy 2019-2024 that has identified three themes:

1. To raise awareness and understanding of the importance of mental health and wellbeing
2. To ensure early help is available particularly in times of crisis
3. To ensure the provision of high-quality mental health care and treatment

The main points of the discussions on this presentation may be summarised as follows:

The Board:

- ❖ **Noted** that the pandemic has impacted adversely on levels of mental health issues in the Borough.
- ❖ **Noted** details of the Community Connector programme commissioned by East London Foundation Trust from the Women's Inclusive Team as an example of the strategy in action.
- ❖ **Noted** that Community Connectors provide person-centred support, working alongside clinical and other statutory and voluntary sector services to support people in achieving better mental health and wellbeing.
- ❖ **Noted** that the service cross cuts all three themes of the adult mental health strategy and is presented as a case study of an approach to addressing health inequalities through the engagement of local people to improve access to mental health services and achieve better outcomes.
- ❖ **Agreed** that to refer to people from ethnic minorities as Black, Asian, or Minority Ethnic (BAME) does not fully do justice to the diverse range of cultural experiences like fear, stigma and lack of culturally sensitive

treatment can function as barriers to accessing mental health care for people from BAME backgrounds (**e.g.**, parents claiming that their children have been possessed as opposed to admitting that they have mental health issues)

- ❖ **Agreed** that there is no 'one size fits all' when talking about race and identity as group labels bundle many identities and experiences together. This obscures the fact that people in these groups do not all have the same experience of race and they do not all face the same challenges.
- ❖ **Commented** that (i) residents from a BAME background, may experience different rates of mental illness than the rest of the population; and (ii) mainstream mental health services are not equipped to fully understand the needs of BAME groups due to a lack of training and a lack of staff diversity.
- ❖ **Felt** that there was a lack of lack of knowledge about different cultures that was thought to perpetuate stereotypes and reduce compassion and empathy. That can potentially marginalise people from mental health services (**e.g.**, staff do not take the time to ask about people about their culture and traditions).
- ❖ **Agreed** that whilst it is a very difficult thing to achieve it was important to move towards a culture of care where referrals to mental health services are an important part of the continuum of mental health services.
- ❖ **Agreed** that when staff members are proactive about referral processes, it can lead to consistent access to and use of services that help to identify, treat, and reduce the effects of mental illness for many.
- ❖ **Noted** that “Talking Therapies” (i) is a type of therapy which involves a patient talking to a trained professional about their thoughts, feelings, and behaviour. It provides a safe and confidential space to talk to someone who will not be judgemental; (ii) can help those referred make sense of things and understand themselves better. The therapists will help to discuss the next steps and any changes to make the patient feel more positive about their life.
- ❖ **Noted** that individual therapy may consist of telephone, face to face and online sessions. The length of sessions, number of sessions and frequency of sessions will vary depending on the main presenting problem and the level of severity of difficulties. The first stages of individual therapy usually involve an assessment and creating a shared understanding between client and therapist of the client’s difficulties and maintaining factors. The treatment plan is then discussed and agreed upon. Tower Hamlets Talking Therapies offers short term evidence-based interventions, based on Cognitive Behavioural Therapy principles.
- ❖ **Noted** the formation of Neighbourhood Mental Health Teams which will mean: (i) organising core community mental health teams around four neighbourhoods (which align to social care localities and Primary Care Networks); and (ii) introducing new ways of working which will bring together professionals daily to collaborate in providing care, and shift focus on population health across the neighbourhood.

- ❖ **Noted** that there would be additional investment into Voluntary, Community and Social Enterprise sector to tackle inequalities (**e.g.**, Grant schemes to tackle inequalities and build resilience and new partnerships and projects to improve access, experience, and outcomes for local communities).
- ❖ **Noted** the reimagining mental health by the co-designing new rapid access to help resolve distress in people's lives through the living well systems of support which are distinguishable by a set of key features (**e.g.** accountability for people centred outcomes that promote choice, recovery, and citizenship; sees people as citizens within communities, rather than 'patients' or 'professionals' and puts the voice of lived experience at the centre of services and the system to provide timely access to support where it is needed).
- ❖ **Noted** that World Mental Health Day will take place on the 10th of October 2022 and the theme for World Mental Health Day is '**Mental Health in an Unequal World**'. Reflecting on the Covid-19 pandemic, advocates will focus on how people with long-term health conditions for people living deprived communities and experiencing racial discrimination were disproportionately impacted.
- ❖ **Agreed** that it was important to develop a wider understanding of these issues throughout those communities that it seeks to serve (**e.g.**, how mental health issues are being addressed in Tower Hamlets).
- ❖ **Noted** that LBTH has combined a broad spectrum of services into a single program operated by Age UK East London. The Tower Hamlets Connect portal asks questions to guide users toward relevant health and wellbeing services. This website includes a calendar of in-person events and guides about health issues throughout life. Residents in need of one-on-one consultations with social care staffs and physicians can contact the Tower Hamlets Connect helpline.
- ❖ **Noted** that LBTH is running a pilot "Residents" Hub that will guide people through available resources for housing, healthcare, employment, and social services.
- ❖ **Noted** that LBTH will model a permanent Residents' Hub at the new Town Hall on lessons learned during the pilot.
- ❖ **Agreed** that whilst more people than ever are talking about their mental health, there is still a stigma in society attached to being open and honest about how you feel. This stops people from reaching out for help, as they may feel shame or embarrassment. To tackle this:
 - (i) **Schools** should organise a guided workshop for the students to process and express their feelings; raise money for mental health charities with a fundraising event; and hire a mental health speaker to share their story with the students.
 - (ii) **Businesses** need to ensure that mental health support is central to their employee benefits scheme
 - (iii) **Communities** could organise a community-wide fundraising event for a mental health charity; create a space where members of the community can talk about

their feelings; and ensure that residents have access to local and affordable mental health support.

The Chair thanked Shakila Ali; Safia Jama; Jamie Stafford and Phil Warburton and the contribution of Board Members to the discussion on this item.

3.5 Healthwatch overview

The Board received a presentation from Matthew Adrien (Healthwatch Towerhamlets) that provided an overview of Healthwatch Tower Hamlets, including their governance arrangements, service areas and priorities. The main points of the discussion summarised as follows:

The Board:

- ❖ **Noted** that LBTH has commissioned Your Voice in Health & Social Care (YVHSC) had been as the new provider for Healthwatch in Tower Hamlets, taking over from the previous provider on the 1st of April 2022.
- ❖ **Noted** that Your Voice in Health and Social Care (YVHSC) is an independent organisation that gives people a voice to improve and shape services and help them get the best out of health and social care provision.
- ❖ **Noted** that YVHSC specialises in providing Health and Care services that offer effective engagement and involvement that impacts on community wellbeing and development. Using their expertise YVHSC involve people in ways that are both efficient and inclusive, and so can maximise the impact of their engagement.
- ❖ **Noted** that as part of YVHSC's commitment to represent communities and provide services that are valuable and required, YVHSC provide Healthwatch services, Carers provision, Advocacy, and comprehensive community engagement. Their research and engagement teams support community consultation and deep dive studies across all London Boroughs. As an organisation, YVHSC aims to empower and represent diverse communities, so as to make every voice count. YVHSC strive to understand local needs, experiences and concerns of people who use health and social care services and to effectively to speak out on their behalf.
- ❖ **Noted** that YVHSC currently operates Healthwatch services in Hounslow; Ealing; Waltham Forest; Bromley; Lewisham, Hammersmith, and Fulham that engage and involve members of the public in the commissioning of Health and social care services.
- ❖ **Agreed** that **(i)** it is through extensive community engagement and continuous consultation with local people, health services and the local authority; and **(ii)** Healthwatch members of staff and volunteers need to speak to local people about their experiences of health and social care services. To build bridges and create partnerships between local people and services, to provide a better future for all.
- ❖ **Noted** the following priority areas for YVHSC in developing Healthwatch within Tower Hamlets is **(i)** to align community needs and priorities with partners strategic and commissioning plans, ensuring

impact and influence; **(ii)** to work with CVS partners and building links with key community groups (**e.g.** Somali and Bangladeshi community); **(iii) to develop** Directed Enhanced Service provision at the local care homes (**i.e.** primary medical services); **(v)** to advance the concept of the “15 minute neighbourhood” to ensure that everyone who lives in the Borough should be able to meet most, if not all of their needs within a short walk, using public transport or a short bike ride from their home to help them live a fulfilling and healthy life within their local area; **(v)** to ensure that the local voice heard in new regional structures.

- ❖ **Noted** the work being undertaken to establish a Local Advisory Committee with 6-9 members from local community to provide guidance, support, advice, and expertise to service delivery.
- ❖ **Noted** that YVHSC offers opportunity to gain relevant experience, while developing the practical skills and knowledge.

The Chair placed on record his thanks to Matthew Adrien and the contribution of Board Members to the discussion on this item.

4. ANY OTHER BUSINESS

With no other business to discuss, the Chair called this meeting to a close. Members were advised that the next meeting is scheduled for 20th September 2022 at 5.00 p.m. to be held in Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG.

Finally, the Chair thanked everybody for their attendance and participation tonight.

The meeting ended at 7.42 p.m.

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