

**LONDON BOROUGH OF TOWER HAMLETS**

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

**HELD AT 5.05 P.M. ON TUESDAY, 6 FEBRUARY 2024**

**COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL**

**Members Present:**

Councillor Gulam Kibria Choudhury  
(Chair)

Dr Somen Banerjee (Member)

Councillor Ahmodur Khan (Stakeholder)

Councillor Amy Lee (Stakeholder)

Warwick Tomsett (Stakeholder)

– (Director of Public Health)

– Scrutiny Lead for Adults and Health  
Services

– Joint Director, Integrated  
Commissioning

**Apologies:**

Denise Radley

– (Corporate Director, Health & Adult  
Social Care & Deputy Chief  
Executive)

**1. STANDING ITEMS OF BUSINESS**

**1.1 Welcome, Introductions and Apologies for Absence**

Apologies were received from Denise Radley and Councillor Abdul Wahid.

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

The minutes of the previous meeting were agreed and there were no matters arising.

**1.3 Declarations of Disclosable Pecuniary Interests**

There were no declarations of disclosable pecuniary interests.

**2. HEALTH PROMOTING LEISURE SERVICES - TO FOLLOW**

Amy Amandeep and Simon Jones provided the Board with a brief presentation on the Health Promoting Leisure Services. Amy explained that from the 1st May 2024 the Leisure centres in Tower Hamlets were being brought back in house by the council. This insourcing project provided a huge opportunity to come together as a system to implement activities that will support health and wellbeing and address inequalities. This required strong relationships and integration between leisure and health and social care partners. Developing a theory of change was a first step towards this

integrated approach, helping to provide a joined-up strategic vision on how the new leisure service will deliver health and wellbeing outcomes.

Further to questions, the Board made the following observations:

- It was important to establish the pathways from clinical services into leisure services.
- It was important with the new brand that the service was future proof as possible.
- It was important to have the joined up strategic vision about how the new leisure will deliver health and well being outcomes, and who will be prioritised with the new offer.
- It was important to emphasise more commissioning targeted offer. The groups of people who face physical challenges and additional barriers.
- It was key to further strengthening pathways between primary and secondary care into physical activity intervention.

**RESOLVED** that:

1. The Board noted the presentation and supported the delivery of theory of change.

### **3. NORTH-EAST LONDON JOINT FORWARD PLAN**

Warwick Tomsett, Joint Director Integrated Commissioning, provided the Board a brief presentation on the NEL Joint Forward Plan (NEL JFP) 2024-2025 refresh draft document, at, follows on from the first JFP 23/24 submitted in June 2023. The expectation is that our system's five-year plan is refreshed yearly and submitted to NHSE by the end of March each year. It will therefore continue to describe how we will, as a system, deliver our Integrated Care Partnership Strategy as well as core NHS services.

- Further to questions from Board members, Warren and Ann Corbett (Director of Community Safety) explained
- That there was a need to incorporate the feedback from the big conversation which was one of the biggest engagements that was taking place across North East London, which saw local residents input to the plan.
- This has been a two way process about what needs to be set across North East London and how does the work that's happening in boroughs need to be reflected in a North East London plan as well. Tower Hamlets priorities are reflected in here and the priorities of NHS NE London are reflected in the THT plan and some of the additional changes that have been made to this plan since the last time the board convened which saw the description around health inequalities that are in the plan and the demands and challenges.

Further to questions, the Board made the following observations:

- workforce strategy that has been brought coaching co created across northeast London with partners to the ICB Board this this month for sign off.to give opportunities to the population.
- Tower Hamlets has taken this to a work force group making sure local agencies are represented, looking at path work pathways into domiciliary care.
- Right care right person models the mental health waits in any were increasing and this was across the board, it was noted that there was more work that needed to be done on this aspect.
- Work was being done together on areas such as improving productivity, making sure that prevention and early intervention spaces were delivered.
- The Board were keen to implement Future care and health and care models and to make sure it is in bedded in that evidence-based approach smoking cessation was an area for that.

**RESOLVED** that the Board noted the presentation and approved the final submission to the NHSE in March 2024.

#### 4. TOWER HAMLETS TOGETHER PRIORITIES

Amy Whitelock, and Warwick Tomsett, Director of Integrated Commissioning provided the Board with a brief presentation on the Tower Hamlets Together Priorities. Amy explained that there were certain areas which were a working progress and that they had been working on for some years as a partnership, but they were very much developed with those outcomes It was highlighted that the outcomes came from residents as well as frontline and operational delivery staff in mind.

It was important to highlight the localities and neighbourhoods work, which was really crucial to how the services were delivered as joined up and as close to people and where they lived, and how they access services most easily, closer to their home as possible. It was crucial for delivering on the kind of health inequalities agenda and also the issues around of anti-racism and equality that needed to be highlighted much more.

Having a core priority was important for the board and the partnership and each of the seven priorities as a board member kind of leading the work stream and which is supported by clinical leadership., with good joint leadership across management and lay representation and clinical inputs and sort of sitting across these is the coproduction work that were still committed to and this was led by Muna Hassan, Tower Hamlets community voice lead.

Further to questions, the Board made the following observations:

- It was important to note the rapid process of hospital discharge, and that the term bed blocking was a negative one, which was broadly used the board should be encouraged to stop using this.
- It would be beneficial to include co production plan.
- The first priority which was the access to primary urgent care, and the third one on the list around our localities and the neighbourhood's model, both are places where the access to primary care was part of that priority there was a huge amount of work happening on this.
- There was new development in which pharmacists where they will be able to deliver some of the things that GP's will be able to currently deliver these priorities and should be included in this Board.

**RESOLVED** that:

2. The Board noted the presentation.

## **5. PARTNERSHIP EXECUTIVE GROUP PLAN**

Kirsty Roberts Corporate Strategy and Lead, introduced and presented the board on the Partnership Executive Group Plan, the plan was agreed by cabinet a November it has been Co produced with the partnership and were in a review period trying to work out how to set ourselves up to an ambitious partnership plan.

The board today was asked to call to action and how the board felt the work plan and priorities are aligned to the course to action and the partnership plan. The feedback in the partnership plan showed great strengths, particularly in the statutory boards and real confidence from across the partnership in the relationships and trust built again, particularly for those thematic partnerships and the statutory boards.

Further to questions from the Board, Kirsty:

- Explained the A new shared vision: Residents and partners working together to improve quality of life, advance equality, opportunity and empowered communities.
- Shared outcomes including to address inequalities, improve neighbourhoods and tackle climate change
- Each call to action can add value to current work and prepare us for the challenges and opportunities of the future
- Commented on the statistical relevancy of the respondent sample of 1,000 responses. She stressed that, whilst the sample was relevant, the feedback formed part of an ongoing, not a one-off, conversation. She expressed hope the work would develop and future feedback would supplement those received to date.

Further to questions, the Board made the following observations:

- The Board noted Tower Hamlets together and were keen to know the percentage of Council officers and other organisations, were present on the board.
- The Board felt that there was some level of duplication taken place between the health and well-being board and Tower Hamlets Together
- There has been a suggestion to have some form of resident champion voice on PEG and on some of the other partnership boards.

**RESOLVED** that:

1. The Board noted the presentation and the group plan.

**6. ANY OTHER BUSINESS**

There was no other business.

The meeting ended at 6.35 p.m.

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