Tower Hamlets Together Board

Tower Hamlets Together (THT) is a partnership of health and care commissioners and providers who are working together to deliver integrated health and care services for the population of Tower Hamlets. Building on our understanding of the local community and our experience of delivering local services and initiatives, THT partners are committed to improving the health of the local population, improving the quality of services and effectively managing the Tower Hamlets health and care pound. This is a meeting in common, also incorporating the Tower Hamlets Integrated Care Board Sub Committee.

Meeting in public on Thursday 5 December 2024, 0930-1130

Committee Room 1, Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ **and by Microsoft Teams at this** link

Chair: Neil Ashman

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.	**Welcome, introductions and apologies:** 1. Declaration of conflicts of interest 2. Minutes of the meeting held on 7 November 2024 3. Action log	0930 (5 mins)	Chair	Papers Pages 3-5 Pages 6-11 Pages 12	 Note Approve Discuss
2.	**Questions from the public**		Chair	Verbal	Discuss
3.	**Chair's updates**		Chair	Verbal	Note
4.	**System resilience and urgent issues**	0935 (5 mins)	All	Verbal	Note
5.	**Operational Management Group highlights**	0940 (5 mins)	Zainab Arian	Verbal	Note
6.	**Community Voice:** • **Lead Annual Report** • **You said, we did** • **Board reflection on Community Voice Process**	0945 (20 mins) (05 mins) (15 mins)	 Muna Hassan Jon Williams Jon Williams	Papers Pages 13-47 Pages 48-52 Verbal	Discuss/ Note

7.	**TH Anti-Racism update**	1025 (25 mins)	Amy Whitelock Gibbs and Dr Farah Bede	Papers Pages 53-77	Update/ Approval
8.	**NEL Anti-Racism Framework**	1050 (15 mins)	Anna Carratt	Papers Pages 78-121	Engagement
9.	**Strategic vision 2035**	1105 (20 mins)	Somen Banerjee	Papers Pages 122-131	Engagement
10.	**Any Other Business**	1125 (5 mins)	Chair	Verbal	Note
Date of next meeting: Thursday 09 January 2025, 0930-1130 – Committee Room 1 – Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ					

- Declared Interests as at 28/11/2024

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Chetan Vyas	Director of Quality	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Clinical Advisory Group Havering ICB Sub-committee Havering Partnership Board ICB Quality, Safety & Improvement Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel Procurement Group Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indirect Interest	Some GP practices across NEL	Family members are registered patients - all practices not known nor are their registration dates	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Redbridge Gujarati Welfare Association - registered charity in London Borough of Redbridge	Family member is a Committee member.	2014-04-01		Declarations to be made at the beginning of meetings
James Thomas	Member of the Tower Hamlets Together Board and Place ICB Sub-Committee	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Non-Financial Professional Interest	Innovation Unit & Tower Hamlets Education Partnership	Non-Executive Director	2022-09-01		Declarations to be made at the beginning of meetings
Kerry Greenan	ICB Clinical Lead for Population Health and Homelessness	Tower Hamlets ICB Sub-committee	Financial Interest	St. Andrews Health Centre / Bromley-by-Bow Health Partnership	I am a Partner at BBBHP, based at St. Andrews.	2024-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Bromley-by-Bow Centre	I am part of the Population Health Team at BBBHP, so linked with the Bromley-by-Bow Centre.	2022-08-01		Declarations to be made at the beginning of meetings
Khyati Bakhai	Primary care clinical lead and LTC lead	Primary Care Collaborative sub-committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Financial Interest	Bromley by Bow Health partnership	Gp Partner	2012-09-03		

			Financial Interest	Greenlight@GP	Director for the education and training arm	2021-07-01		
			Non-Financial Professional Interest	RCGP	Author and review for clinical material	2021-03-01		
Richard Fradgley	Director of Integrated Care	Community Health Collaborative sub-committee Mental Health, Learning Disability & Autism Collaborative sub-committee Newham Health and Care Partnership Newham ICB Sub-committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Non-Financial Professional Interest	Compass CIC	Director of Compass CIC	2024-05-31		
Roberto Tamsanguan	Clinical Director Tower Hamlets	Clinical Advisory Group Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Financial Interest	Bromley By Bow Health Partnership	GP Partner	2024-01-01		Declarations to be made at the beginning of meetings

- Nil Interests Declared as of 28/11/2024

Name	Position/Relationship with ICB	Committees	Declared Interest
Sunil Thakker	Director of Finance and Partnership Services	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Audit and Risk Committee ICB Finance, Performance & Investment Committee Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Jeanette Weismann	Senior Quality and Safety Manager	ICB Finance, Performance & Investment Committee Procurement Group Tower Hamlets ICB Sub-committee	Indicated No Conflicts To Declare.
Jonathan Williams	Engagement and Community Communications	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Vicky Scott	CEO	ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

Zainab Arian	Chief Executive Officer of GP Federation working within NEL ICS	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board	Indicated No Conflicts To Declare.
Helen Jones	tower hamlets named GP for child safeguarding, tower hamlets clinical lead for CYP MHEW and LD	Tower Hamlets ICB Sub-committee	Indicated No Conflicts To Declare.
Somen Banerjee	Director of Public Health	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Warwick Tomsett	Joint post	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Shakil Islam	Plannings and outcomes officer	Tower Hamlets ICB Sub-committee	Indicated No Conflicts To Declare.
Muna Hassan	Community Voice Lead	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Roberto Tamsanguan	Clinical Director Tower Hamlets	Clinical Advisory Group Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

DRAFT Minutes of the Tower Hamlets Together Board
Thursday 7 November 2024, 0930-1130 in person and via MS Teams

Minutes

Members:		
Neil Ashman (Chair)	Place Lead and Chief Executive Officer Royal London & Mile End Hospitals, Barts Health NHS Trust	In person
Warwick Tomsett	Director of Integrated Commissioning, NHS North East London & London Borough of Tower Hamlets	In person
Roberto Tamsanguan	Tower Hamlets Clinical / Care Director, NHS North East London	In person
Zainab Arian	Joint Chief Executive Officer, Tower Hamlets GP Care Group	In person
Sunil Thakker	Director of Finance, NHS North East London	MS Teams
Somen Banerjee	Director of Public Health, London Borough of Tower Hamlets	In person
Vicky Scott	Chief Executive Officer Council for Voluntary Services	In person
Richard Fradgley	Director of Integrated Care & Deputy Chief Executive Officer, East London NHS Foundation Trust	In person
Fiona Peskett	Director of Strategy and Integration Barts Health – Royal London and Mile-End Hospitals	In person
Khyati Bakhai	Tower Hamlets Primary Care Development Clinical Lead, NHS North East London	MS Teams
Layla Richards	Covering Director, Commissioning and Youth Children's Services	MS Teams
Matthew Adrien	Healthwatch Service Director	MS Teams
Attendees:		
Eleasar Reas	Deputy Director of Partnership Development – Tower Hamlets Together, NHS North East London	In person
Julie Dublin	Senior Programme Manager for Unplanned Care, NHS North-East London ICB	In person
Juliet Alilionwu	Interim Head, Ageing Well, London Borough of Tower Hamlets	MS Teams
Mary Jamal	Deputy Director of Integrated Commissioning, Aging Well	In person
Tim Hughes	Partnership Programme Lead – Localities & Neighbourhoods Programme	In person
Lianna Martin	Transformation Partners in Health and Care - Community Led Prevention	In person
Matthew Quin	Acting Associate Director of Public Health	MS Teams
Darren Ingram	Head of / Deputy Director - Living Well Integrated Commissioning	In person

Dan Hopewell	Director of Knowledge and Innovation London Region Social Prescribing	In person
James O'Donoghue	Deputy Director of Acute Finance & Tower Hamlets Place	MS Teams
Madalina Bird	Minute taker, Governance Officer, NHS North East London	In person
Apologies:		
Kat Davison	TH UCWG Chair; Chief Operating Officer, RLH, Barts Health NHS Trust	
Ashton West	Deputy Director of Partnership Development – Tower Hamlets Together and NHS North East London	
Georgia Chimbani	Corporate Director of Health and Adult Social Care, London Borough of Tower Hamlets	
Charlotte Pomery	Chief Participation and Place Officer, NHS North East London ICB	
Jon Williams	Engagement and Community Communications Manager (Tower Hamlets), NHS North East London	
Steve Reddy	Interim Corporate Director, Children's Services London Borough of Tower Hamlets	
Muna Hassan	Resident and community representative/Community Voice Lead	
Chetan Vyas	Director of Quality, North East London Integrated Care Board	

Item No.	Item title
1.0	**Welcome, introductions and apologies**
	The Chair, Neil Ashman welcomed members and attendees to the November Tower Hamlets Together (THT) Board meeting held in public, noting apologies as above.
1.1	**Declaration of conflicts of interest**
	The Chair reminded members of their obligation to declare any interests they may have on any issues arising at the meeting which might conflict with the business of the committee. No additional conflicts were declared.
1.2	**Minutes of the meetings held on 3 October 2023**
	The minutes of the previous meeting held on Thursday 3 October 2024 were agreed as an accurate record of the meeting.
1.3	**Actions log**
	All actions on the action plan are in progress. MB to request updates and bring to the next meeting
2.0	**Questions from the public**
	No questions from the public have been received in advance of the meeting.
3.0	**Chair's updates**
	The chair remarked that co-chairing arrangements will hopefully soon be in place for a better run of the Board and demonstration of a more inclusive approach to leadership and representation of the borough. Conversation to be picked up in the planning meetings. The Board noted the update

4.0	**System resilience and urgent issues**
	Issues flagged, to note: • Challenges currently facing in ED particularly around mental health patients. Conversations taking place with provider partners to understand how the experience can be improved for patients and their families • Urgent Care under enormous strain partly due to demand at the front door (by mental health representation) discharge and homelessness • Growing concerns around insufficient winter funding • Similar concerns and pressures faced by mental health services in ELFT • Looking at mental health clinical assessment service model and whether that would be helpful for TH and Newham. There are examples where it has worked in other different systems, also looking at the financial implications. Underfunded space, hopefully ICB will commit to more funding • Need to pursue the issue of discharge for out of borough patients • Need to make sure the funding is being used in the most effective way. Discussion will be picked up as part of the winter planning item agenda • High number of 24 hours packages of care that the system will need to do work around and develop as an integrated discharge hub • Children Services are having ILACS social care Ofsted inspection • Drugs, alcohol and misuse services are being reviewed and an item will be brought to the Board. Good to see the impact of this services across the partnership
5.0	**Operational Management Group (OMG) highlights**
	Zainab Arian (ZA) verbally updated the Board members and attendees on the key discussion points highlighting: • Barts Health system pressures • Inspection • Free home care packages. Package of care for people will not see any changes, impact or delays • Homeless strategy presentation by rough sleeping strategic group and the work that OMG will do to help move the work forward. Homeless strategy (and the impact) to be brought to the Board • Risk register (also to be brought to the Board) The Board noted the update
6.0	**Community Voice**
	Item deferred to December Board meeting
7.0	**Tower Hamlets winter plan 2024/25**
	Mary Jamal (MJ), new Deputy Director of Integrated Commissioning, Aging Well and Julie Dublin (JD) presented the item and talked the Board through the slides that outline the joined winter plan for 2024/25 Comments and questions from the Board included: • Urgent Care Working Group to review the schemes proposed and email with the schemes budgeted against the allocation to be sent out to members for comments and sign off from the Board • Money needs to be spent wisely. Need to do things differently and collectively • Need to be clear on what is already spent and what is new. What money is being used and what is the allocation process • Need to address and support homelessness. Other systems are using B&Bs. How to address/ make sure the homeless person who has no borough of origin is cared for with dignity and appropriately. Connection to the Homeless pathway Team in the

	process. Bring Homeless pathway Team to a future Board meeting for discussion and assurance • Section 256 has allocated money for children services that are designed to address winter pressures but is a question that can be picked at the UCWG for discussion • No schemes featuring Primary Care in the winter plan this year. Respiratory Hubs were available last year through section 256 funding but not this year when the system is under huge pressures and also collective action • Helpful for UCWG to see the list of what is already funded alongside this. Need a Urgent Care Plan to reflect the situation – what should have happened on 1 April and the new plan – RAG rate for the partners to review • Need to have a forward view on the situation as a lot of the schemes are ending in March. Forward planning is difficult as no information on what funding will be available Chair urged all members to go on Change NHS website and enter their thinking, contribute to the conversation. Need to have a longer-term settlement in March (at least 3 years/ 10-year plan) which would make an enormous difference on how the services are planned • The NEL deficit position also feeds into the system's ability to do something meaningful short or longer term The Board noted the update
8.0	**Review of social prescribing and the connector roles in Tower Hamlets**
	Lianna Martin (LM), Matthew Quin (MQ) and Darren Ingram (DI) updated on the review and the recommendations: • Whilst excellent work is already being done by social prescribers, initial conversations with stakeholders indicated there was potential for better coordination and a more strategic approach across the borough to social prescribing • Transformation Partners in Health and Care were commissioned to undertake a review of social prescribing and connector roles in Tower Hamlets • Insights were gained through multistakeholder meetings, 1-1 interviews, online surveys, attendance at team meetings, network meet ups, desk-based research and processing of documents and data relevant to the services and broader social prescribing agenda • Main findings from the review are presented alongside recommendations that are proposed for consideration Recommendations: 1: Generate better, more consistent data across all services 2: Explore ways to better manage current and future demand across social prescribing and other community connecter services 3: Develop a strategic steering group for social prescribing and all community connector roles Comments and questions from the Board included: • All partners (council, providers, NHS, primary care, secondary services, voluntary sector) are doing work around social prescribing • Good recommendations as not trying to impose a structure. Need to have a programme for change • Implementing new systems can often require long time and energy. Cost needs to be factored in the discussion • Challenges most raised in discussions with the community is housing and emigration. Need to create capacity, project management to do implementation work with the potential to join up across NEL • Three other boroughs in NEL have procured the platform 'Joy' that generates valuable insights into which residents are being supported by which services, and the outcomes and impacts achieved, plus any gaps in provision. This type of enabler can inform future decision making about where to target resource across the

	community connector services and the onward services they refer to. This recommendation is a key enabler for recommendations that follow. It is estimated the requirement for this would be £27k per annum. Huge potential, need to make sure is enabling • Joy is going through development and work is ongoing to connect with existing system/ programmes (seats on top of Rio, EMIS and Mosaic). Whole system approach • Suggest being a pilot site to try new integrations • Currently the partners are investing money into a system that does not deliver adequate data on impact and a fragmented view • Programme at ICB level that is looking at supporting the transition • Need to invest in a valuable service that creates a sense of community within the coordinated piece • More can be done around children social prescribing services • Difficult decision as requires upfront investment from partners and faith that improvement will happen in a timely fashion when system is in challenging circumstances • Members agree that for an integrated function at place to work it need a strong voluntary sector and social prescribing • Good feedback from services that have implemented the system • Great idea for all NEL to have a single system to reach into services, directory of services • Opportunity to access ICB funding for Joy in Yr 1 • Need to consider where the funding for voluntary and community sector is coming from – system also in crisis and going downhill. 60% of the referrals that go to TH community advise network are from social prescribers (community not funded). Need to think on how to integrate as one – what is the bigger picture. Part of the neighbourhood work and opportunity to work with the Health and Wellbeing Board • Also consider the person's journey between services and avoiding duplication The Board/Sub-committee considered the recommendations and provided steer on next steps and governance
9.0	**Social Welfare Advice stocktake and recommendations on how to improve access and help address health inequalities in Tower Hamlets**
	Dan Hopwel (DH) and Tim Hughes (TH) presented the paper shared in the pack that provides a summary of the key findings and detailed recommendations from the advice stocktake. Chair thanked the presenters and agreed this is what a healthy and high function TH will eventually look like. 23 recommendations are beyond the remit of this Board today. Need to work out a process to look through the proposals and the financial gap Board noted the update, and the following points were made: • Helpful for senior level withing the council to have sight of the presentation to explore what help and support can be offered • The need for the service is big in TH/ need and demand/ expectations. Need to explore the volunteering option more. Opportunity to implement as pathway to employment or employability skill • Need to train problem notices for people to feel empowered to deal with some of the problems themselves not to generate more referrals • Need to do a broader piece of work around information revised that connects with the Board remit and the council which will also addresses some of the funding issues • Need to look at how to bring some of the recommendations across all areas and start to join the dots more strategically

	• Need to look at finances and the overlap with some other pressures • Opens up the opportunity to have a better joining between voluntary sector social welfare, social prescribing, health and social care – connecting the dots and clarity
10.0	**Any Other Business**
10.1	**A new framework for understanding the healthcare needs of people in Tower Hamlets**
	Somen Banerjee flagged there is a new strain of monkey pox. One case in London that is being contact traced at the moment. UKHSA is looking at the situation as low risk but high publicity

Tower Hamlets Board action log

						Closed this month, or open & due in the future
						Open, due this month
						Open, overdue
Action Ref	**Action Raised Date**	**Action Description**	**Action Lead(s)**	**Action Due Date**	**Action Status**	**Action Update**
0712-51	07-Dec	Primary care commissioning team to understand what the Primary Care Improvement Week learnings/project/work and resource implications are and identify where the resources are available in the system and what is required as additional	Warwick Tomsett and Jo Sheldon	tbc	In progress	As part of the primary care bid for S256 funds around THT priority to improve access, some funds were awarded to support this work in TH. Update June Board: TH Primary Care and EQUIP teams are developing a plan for best use of these funds alongside the wider improvement week support through the ICB
0205-58	02-May	WT to start work on a risk register to collate and report collective live risks	Warwick Tomsett	tbc	In progress	Update August Board: Meeting is scheduled to speak to the ICB to take forward the work
0205-59	02-May	Work on a 'ticket home' leaflet that will allow people to transit safely from one episode of care to their homes as effectively as possible. NA and WT to advise on time frame and Partnership roles	Jon Williams	tbc	In progress	Meeting organised on 25/06 – present were FP/MB from RLH/MEH, Jon Williams and Rachel Vincent. The 14 page discharge leaflet in question is with ELFT – new action now required for Jon and Rachel to follow up with ELFT.
0205-60	02-May	NM and WT to incorporate comments and refine the preferred option into the Joined Boards report/proposal and share with Partnership	Naveed Mohammed and Warwick Tomsett	tbc	Closed	Revised paper being developed incorporating comments from wider stakeholders. Pending presentation at the next HWB in October.
0606-62	06-Jun	VS to request and share with the Board more details on social welfare and legal advice challenges/ gap partners	Vicky Scott	October	Closed	
0509-63	01-Aug	Mapping of the available venues in the partnership/ organisations for team away days.	Ashton West	November	Closed	Team working on the list and will let Partnership know the details
0509-64	05-Sep	Members to review the financial place information in the pack and get back to Sunil with any comments or questions	All	tbc	Closed	
0509-65	05-Sep	Team to send a presentation with key messages about ASC CQC inspection that partners can share with colleagues.	Emily Fieran-Reed/ all	tbc	In progress	

Tower Hamlets Together Board

7 November 2024

Title of report	Community Voice Lead Annual Report
Author	Muna Hassan and Jon Williams
Presented by	Muna Hassan
Contact for further information	Jon Williams, Engagement and Community Communication Lead
Executive summary	This is the first Annual Report of the independent Community Voice Lead. It sets out reflection on the impact of the role, the Board Community Voice session and engagement activity of THT Partners. The report further outlines initial planning for engagement on the development of the THT Engagement Strategy including supporting the Anti-Racism and Health Equity Steering Groups engagement on the developed of THT as an anti-racist system.
Action / recommendation	The Board/Committee is asked to: discuss and note
Previous reporting	N/A
Next steps/ onward reporting	N/A
Conflicts of interest	No conflicts of interest are raised by this report.
Strategic fit	Which of the ICS aims does this report align with? • To tackle inequalities in outcomes, experience and access
Impact on local people, health inequalities and sustainability	Community Voice supports local people, and organisations representing their interests, to address their concerns and issues directly to the Board. It has a focus on health inequalities and supports the Board's commitment to reduce such inequalities. The Annual Report given an overall analysis of the impact of Community Voice.
Has an Equalities Impact Assessment been carried out?	No Equalities Impact Assessment has been undertaken for this report.
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising from this report.
Risks	N/A This is a report on the impact of Community Voice and the engagement activity of THT Partners.

THT Community Voice Lead Annual Report

Sections

Introduction

This is the first Annual Report of the Tower Hamlets Together (THT) Community Voice Lead and covers the period from December 2022 to March 2024. This role was created in January 2023 to replace the Lay member for patient and public involvement. The Board's aim was to enhance people and community involvement in its work to drive forward its ambitions of greater transparency and accountability to the people and communities it seeks to serve. This report sets out the Community Voice Lead's assessment of this ambition and how it can be built upon.

This report also sets out the impact of the Community Voice sessions held at every board meeting. The assessment in this report seeks to honestly reflect back to the Board and those who attended the sessions, on how effective it has been in delivering on Community Voices, and the complexities of converting people's call to action into practical interventions.

The report further sets out examples of THT partners people and community involvement to demonstrate the extent of all THT partners to work with people and communities as equal partners.

Report of the Community Voice Lead – Muna Hassan

The Tower Hamlets Together (THT) Community Voice Lead member leads the engagement work to put residents at the heart of the THT partnership decisions. The role seeks to champion and challenge anti-racism and inclusion within the Board alongside championing lived experience as equal to clinical expertise in decision-making. In addition, with the Chair, the Lead oversees the delivery of the anti-racism action plan and the THT equalities programme. It holds Board colleagues to account for individual and organisational commitments to challenge oppression in all its forms.

In this report, I report on how effective this new role has been in the ambitions set out above.

As the Community Voice Lead on the Tower Hamlets Together (THT) Board, my role is centred around ensuring that residents' lived experiences are at the heart of decision-making within the partnership. This role is essential for promoting the principles of anti-racism and inclusion, ensuring that the voices of the community are not only heard but also respected and integrated into the board's priorities. I view my role as a bridge between the residents and the board, advocating for genuine community involvement and supporting the board to have more access to lived experience and those experiences as equal to clinical expertise. Given, that the NHS long term plan, known as the 10 Year Plan (shifts from hospital to community; analogue to digital; and sickness to prevention) wants to see significant changes, if the partnership wants to achieve this, and not deepen health inequalities, a step change of public involvement is required.

My vision for people's involvement in THT is one where the community's voice is an intrinsic part of every decision. This means not only listening to residents but also ensuring their experiences shape and influence the direction and outcomes of our work. I believe that for THT to truly serve the community, we must move beyond tokenistic engagement to a model where co-production is the norm. Residents should feel empowered to contribute, knowing their input has a direct impact on the health and well-being initiatives in Tower Hamlets. This opportunity provides great feedback directly from the community as to what works for them and what doesn't and how improvements can be made that reflect those needs.

The ELG's away day and subsequent listening session event highlighted the importance of linking health and housing. The listening session provided a platform for community members to share their lived experiences and directly influence THT's approach to health and housing. The feedback from this session has been instrumental in shaping our ongoing work and underlined the necessity of integrating these two critical areas. The work to embed greater co-production in THT, particularly concerning the link between health and housing, has seen some advancements. We have started to see a more holistic approach where the intersection of health and housing is acknowledged, and it's been addressed. However, there is still much work to be done to ensure this approach is fully embedded in THT's practices.

The initiative to address health justice and welfare support has been one of the main focuses of the year. By centring these issues, I've made contributions to several different working groups addressing the social determinants of health that disproportionately affect marginalised communities in the borough. I've supported Tower Hamlets Public Health's initiative the Health and Housing Task and Finish Group: to develop a pathway and tool for health and social care professionals to use to support patients experiencing housing issues, such as damp and mould.

THT has also ensured that there was support for Austim in Somali-speaking community project, a growing public health concern for some time. ASD research will focus on Somali-speaking children and other immigrant communities to gather the true prevalence rates in the borough.

Despite some progress, the challenge of anti-racist commissioning remains. There has been a lack of significant progress in this area, and it is clear that more focused efforts are needed to dismantle systemic racism within the commissioning processes. This remains a critical area for future work. Small Black and Brown organisations that often support some of the most vulnerable members in our communities persistently suffer from a lack of sustainable funding, acknowledging the existence and impact of racist commissioning practices alone is not enough. This involves recognising how these practices have disproportionately affected Black and Brown organisations, leading to inequitable access to resources, and opportunities and which inevitably contribute to health inequalities that further marginalise certain communities.

In conclusion, while there have been significant strides in putting residents at the heart of THT's work, there are still considerable challenges to overcome. The future focus should be on strengthening the capacity for involvement, ensuring genuine equal working relationships, and embedding anti-racism in all aspects of THT's work. Also, considering adding community new members who represent a broader spectrum of the community, including young people, community representatives, and possibly elected individuals from the Trust Board. The issue of resources is of concern, budgetary pressures may require prioritising statutory duties over health inequality interventions, and therefore, the partnership must think about how they will strengthen the capacity of involvement in the future. This inclusion helps ensure diverse perspectives are incorporated into decision-making. I remain committed to championing these goals and ensuring that the lived experiences of our residents continue to shape the future of Tower Hamlets Together Board.

THT Board Community Voice sessions (December 22 – April 24)

The THT Board has a community voice item at the start of its meetings. This is an important part of every Board and demonstrates its commitment to the people and communities having an impact on its work. Below is set out work to date and actions taken. Part of the challenge of some of the Community Voices is the ability of the Board to take swift and effective action. This report will therefore go further than the outlines the Board receives in its quarterly Community Voice reports. Below Community Voices are contextualised in terms of health and care challenges, impacts of social determinants and how issues of discrimination are being addressed.

THT Board	Community Voice	Action	Outcome and reflection
December	Tower Hamlets LBGTQ+ Forum/ELOP presentation on their health and care experiences	Chair of THT board and THT Clinical lead attended ELOP/ TH LGBTQ+ Community Forums and heard feedback from local residents on aspects of receiving health and care in the borough and obtained some useful feedback on potential changes which could make their experience better. They met with ELOP and other groups to look at funding	All Tower Hamlets GP Practices will have the opportunity to take part in this programme until 2025. In July 2023 Aberfeldy became the first GP surgery to achieve Pride in Practice status, achieving the highest GOLD award. Since then, 2 others have achieved GOLD and 2 BRONZE, and continue to work to GOLD. Half of practices are in training and the other are being encouraged to join. The

		projects to improve experience of LGBTQ+ people who access health and care across the borough. THT has funded work with the LBGT+ Foundation to deliver Pride in Practice in all Tower Hamlets GP Surgeries.	programme has faced some challenges, staff sickness at the Foundation, which is a small team, has delayed training and some practices have had capacity issues to allocate time to the programme. The incentive payments do not cover all practices costs.
January	Spotlight, a local youth service raised issues of young people's involvement in supporting service change and improvement. This included developing young people's mental health in schools.	Spotlight recommendations reviewed and actioned by the Children and Family Executive (CFE) at its 0/10/23 meeting. The focus of Spotlight's recommendations was support for its Psychoeducation Programme in schools. CFE were invited to join the Adolescent Partnership Working Group for focused work on mental health overall for young people in the borough. Spotlight to be linked to Primary Care to explore young people's involvement in patient participation groups.	This work has evolved from since Spotlight and continues to build upon. Like many organisations Spotlight works with limited resources and pilots' interventions, which it seeks to mainstream. Also, it has staff churn. As a result, it has not been able to sustain the Psychoeducation Programme. However, contact has been maintained with Spotlight and it was connected in summer 2024 to the Programme Lead – Localities & Neighbourhoods Programme to discuss young people's involvement in this programme. Spotlight offer a pioneering co-production approach to working with young people to design services to effectively support their needs. Given the nature of funding and staff churn the opportunity with Spotlight is to build its relations with THT so it can influence with its structures. Also, this supports Spotlight's independent work empowering young people by given in access to demonstrate impact of its work.
February	Domestic Violence Services - Sufia Alam (London Muslim Centre) and Safia Jama (Women's Inclusive Team) raised issues on black and women of	Linked Sufia and Safia to Public Health Leads on Violence against Women and Girls, and Serious violence programmes, who are currently updating the needs analysis of these programmes. Provided copy of minute of THT Board Community Voice session and the WIT Haawa Project – Final Report to inform these analyses.	Violence against women and girls result in a range of physical and mental health problems including depression, emotional distress, and suicidality, as well as injuries, pain and long-term health conditions. The current Council strategy runs from 2019 to 2024. The new Violence against Women and Girls Strategy is scheduled for consultation in 2024.

	colour's experience of Domestic Violence and that services were currently insufficient for community need.		
March	Karen Wint CEO, Women's Health and Family Service (now known as Sister Circle) raised with the board local experiences of maternity outlined their services Maternity Mates, Her Health and Advocacy Programme	Board agreed deep dives around maternity and neonatal outcomes for black and brown women and babies	Very poor maternity and neonatal outcomes for black and brown women and babies have been clear for many years. This issue is widely recognised across the NEL footprint and nationally. Black and brown women and babies suffered significantly worse outcomes than white women and babies. Its persistence is the result of trenched racism within this society that results in the lived experience of black and brown systematically undervalued and unheard. To address this NHS NEL in July 2024 launched its initial maternity and neonatal case for change, which will lead to a formal consultation in early 2025 to address this severe health inequality. This work is being led by the Chief Nurse, Diane Jones.
April	Kinsi Abdulleh CEO of Numbi Arts and Celeste Danielle the founder of OFF the Wall Players CIC, joined the Board to discuss how to develop anti-racist commissioning	Board agreed co-production is key but also flagged that commissioning in Health and Care System is bigger than borough level; the discussion has to be across the ICS. There is discussion across the ICS to develop a tool that can be used as a measure of good practice and reshaping the commissioning approach in the NHS. ELFT has been exploring a more developmental approach through a simplified procurement form, a more involved and engaged approach to procurement process providing support to smaller organisations and is looking forward to learning and exploring new ways of working. Need to work with Senior Leadership Teams across the Partnership to look at how to influence change. CVS	This has been a challenging Community Voice to action and is an example of embedded racism within our commissioning process and system. The THT Board has recognised this and referred this for specific action to the Anti-Racism and Equity Steering Group for action. This Group will align to planned Public Health action on anti-racist commissioning. THT seeks to be an Anti-Racist partnership and is demonstratable challenged on that commitment by the slowness of addressing this action. This is also a reflection on the Community Voice process. This aims to address some of the health and care system most challenging issues. Community Voice needs to ensure actions are clear with named officials responsible for their implementation.

		group available to speak to Board members, Partnership and ICB.	
May	REAL presentation around lessons learned from coproduction with disabled people over the last 3 years, and how to use the learning to improve the health and well-being of disabled people in the Borough. REAL joined the Board setting out the main points/challenges of REAL's work on co-production, planning on the Embedding Disabilities Access Pilots (EDAP) programme and Health Inequalities work streams, by way of framing.	This learning is being incorporated in the THT Coproduction Task and Finish Group, which is developed THT Coproduction Guidance. REAL was a member of this Group. The THT Coproduction Task and Finish Group has completed its work and this will be folded into the work of the THT Engagement Leads Group.	This work remains at a small-scale and requires scaling up to ensure co-production has greater influence on service development. THT Co-production rollout is being planned for autumn 2024, as part of this THT Board will consider how to build capacity into the THT Commissioning process to allow for greater co-production, throughout its work.
June	GP Access - Matthew Adrien, Director, Healthwatch Tower Hamlets presented highlights of the latest Healthwatch reports	Healthwatch outlined its latest GP access report and its plans to enhance this for surgeries. They are • working on a breakdown of the GP Practices responses data and will forward when available • GP issues data is driven by lack of access (booking and scheduling appointments, length of waiting lists and inability to contact service by	THT Board recognises the importance of lived experience as crucial to understand people trends within the health and care system. Healthwatch have incorporated Board feedback into its research approach and continues to provide regular updates on Tower Hamlets people's views on health and care. Healthwatch data is now included in

	relating to GP Access (July-Sept reports)	phone, etc). Would be helpful if it can be compared (GP access) with RLH access. Healthwatch is working on a report and will supply the data when available. • The Healthwatch Community Insight System uses social media and will keep using google for feedback as more likely to get transparent data from independent sources rather than the individual GPs • System needs to triangulate different data and look at everything available • Need to see the breakdown on age, sexuality, nationality, etc	NEL dashboard and data/outcome reports to the THT Board.
July	Participatory Action Research (PAR) – Xia Lin, Head of Research, and Nasrat Tania, peer researcher, Toynbee Hall	PAR is an approach where everyone is working together (lived experience, policy makers, other stakeholders) to achieve a positive change focusing on research and action. The strategy/approach was started to improve services – trust, involve marginalised communities, work together towards a shared goal. Members agreed the approach needs to be built into services going forward and be linked to the Health Determinants Research Collaboration HDRC).	PAR is being integrated in the THT approach to bring together people and services to develop them as equals. The HDRC is supporting research into the sustainable of a peer researchers group including improving their employability through the skills gained through PAR. PAR is part of a wider shift by THT to ensure greater account of qualitative data in shaping service development and improvement, which links the work of Healthwatch, the VSCE and co-production. THT are supporting Xin Lin/Queen Mary's University London in partnership bids for funding to support a Tower Hamlets PAR programme. HDRC have funded them to use PAR to pilot health and housing research. NEL, the Council (Corporate and Public Health) and GP Care Group staff attended train that aims to create a community of practice for PAR trained policy-makers.

August	Autism research in the Somali community - Dr Halima Mohamed	Dr Halima Mohamed, QMUL, reported on LBTH and QMUL funded work to assess the extent and prevalence of autism in the Global Majority with a focus on the Somali community. This is a review and assessment of existing research, which builds on the recognition of Somali community concern about autism in their community. The project has consulted the community and service providers. This results in two themes; (1) the need for further research to assess prevalence in the Somali/Global Majority; and (2) community call for a specific Somali support service to address community access issues.	The scope and ambition of future research into the prevalence of ASD in the Somali community is such that the Dr Mohamed is seeking to develop a bid for a large research funding organisation, with Oxford University. THT and Public Health funded further preliminary 'pump priming' research and applications are currently being taken forward. A Somali Community Hub, a council/community partnership, is being developed to address shorter-term service improvement. The community are being consulted about this development. This work raises issues of how the experience of the Somali community is identifiable in data, for example, people of the Africa continent are usually groups under one category, Black African, rather than by country; this means the lived experience of specific groups can be masked. There is a working group in place to oversee this work, chaired by the Somali person who works for the Council.
October	Bromley-By-Bow Centre (BBBC) – primary care access and wider health and care access issues	BBBC offer person-centred, holistic and integrated support across health and well-being. It is a service very much driven by addressing the social determinants of its population. This includes providing basic needs and skills support such as welfare support, ESOL, job seeking support. Demand is high and increasing whilst funding is complex and under pressure. BBBC explained integrated working between health, other statutory partners and the VCSE needed to be more joined up. BBBC outlined its use of social prescribing, much was beneficial,	This presentation showcased the work of how primary care, with additional resources, can deepen its work and involvement with its population. This is not a simple task and has been built up over a number of years, and based on a challenging funding structure is within the current financial restraints can be difficult to sustain. NB: No specific action from this presentation.

		but need greater support to be effective. Board expressed desire to visit the BBBC in future	
November	Carers Centre – promoting independence	The Carers Centre provides quality services for unpaid carers in Tower Hamlets. Services range from advocacy and individual information, advice and guidance, support for areas like Carer's Assessment, Lasting Power of Attorney, the Emergency Card and safeguarding. Unpaid carers in TH save the borough £500 million/year. Chandrika Kaviraj also joined the meeting and talked through some of her personal experiences as an unpaid carer in TH. She explained a very challenging discharge where she felt the role of the unpaid carer was very much underappreciated by professionals, care and compassion although displayed is actually absent and lack of joined up care from organisations.	THT recognises unpaid carers as the bedrock of health and care in the community. THT Our Commitment to Carers 2024-27 outlines how we will continue to work with and for unpaid carers to provide flexible services, information, advice and activities to help them to carry out their caring role and maintain a good level of health and wellbeing. This includes continuing to work with the Carers Centre to deliver learning opportunities developed with and for unpaid carers, to enhance their skills and confidence, and help them in their caring role. Continuing with the Carers Partnership Board to oversee the priorities identified in this plan, and work to increase the representation and input of unpaid carers. Through the Carers Centre's Wellbeing Academy, develop and deliver a flexible range of health and wellbeing activities that aim to meet the needs of unpaid carers. Since this meeting Chandrika has raised issues around how people are supported to present to the THT Board. The Board has been asked to address these issues to ensure the Community Voice is a safe and trauma informed space for those presenting to it.
December	City of London University and Bromley By Bow Centre on Health Justice and Welfare Rights	Dr Sarah Beardon and Dr Dan Hopewell outlined to the Board national and local work on health justice partnership with a particular emphasis on health providing welfare benefits advice to people. It was recognised people not claiming their full benefits entitlement, along with dealing with housing and other issues, had an impact on health and care interventions, it was therefore to health and care interest to support access to benefit advice. The	THT has funded welfare advice service in all Tower Hamlets GP settings for a year and organised a working group to support mainstreaming this work. Also this project is leading a London wide initiative to secure better access for all Londoners to quality welfare advice. This work has a number of challenges to overcome to sustain this activity, which include providing data to support the evidence base of his work to access further

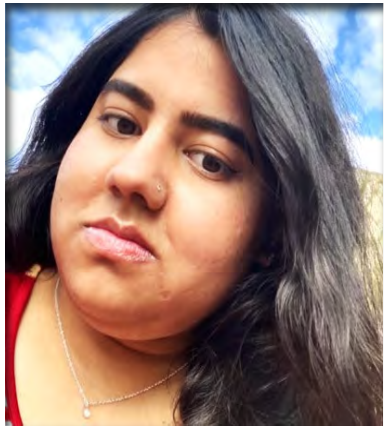
		Board agreed to progress work to integrate social welfare and legal advice into health settings with the aim of Tower Hamlets pioneering in this in all GP settings.	funding. THT partners team are supporting this initiative including the Council continuing to fund the THCAN (Tower Hamlets Community Advice Network) infrastructure network. The challenges faced by this project are an example of the challenges of how wider determinants impact health and care outcomes. Funding of welfare benefits advice is not a requirement of any institution. Councils have taken on the role as they recognise the benefit of such service, while facing continued pressured budgets. Given this situation this sector will continue to face funding uncertainty, which itself bring addition sustainability issues such as long-term staff retention.
January 24		Meeting cancelled	
February	REAL (Rowan Earle (and Ellen Kennedy) – Disability Access and Comms Training	REAL reported to the Board on their THT funded training programme on accessible communications and how they can be improved by addressing some accessibility issues in communications in health and social care. This including developing a toolkit and checklist for services to assess their progress and challenges to ensure their communications were accessible to all. The Board were informed there had been low take up of this training.	The THT Board were disappointed at the lack of take up of this THT funded work. Public Health took action to disseminate the toolkit and worked with Primary Care Networks to assess their progress to ensure their services were fully accessible. THT Team are working with partners to agree implementation of this training. However, funding of this training has ended; further funding needs to be identified for REAL to offer training programme again. Since 2016 all organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS). REAL's training was agreed to help THT Partners improve their practice in relation to this requirement. There needs to be a clear understanding why partners did were unable to ensure all staff took this training. Also, it suggests partners may have limited capacity to overcome

			health inequalities for disabled people. This has wider implications for other approaches the Board seeks to embed (e.g. Trauma informed care and co-production). This demonstrates a challenge for the system to implement new work it has identified as necessary. Is there is sufficient capacity within the local system take on additional activity?
March	Health and Housing: Abdirahim (Abdi) Hassan (AH) founder Coffee Afrik and Mohammed Ashadur Rahman (MAR and known as Gaz) Community Navigator joined the meeting to present the item and support discussion.	AH highlighted a news story in which reported 55 homeless children have died in temporary accommodation since 2019. There are currently 140,000 children in England living in temporary accommodation. Coffee Afrik is involved and advocating in many housing cases, where children are in terrible housing conditions and very sick. In Tower Hamlets in the last few years two children died in temporary accommodation. Residents feedback highlighted concerns around overcrowding, mould and lack of communication. Also, he proposed a Land Justice model to look at the land currently unoccupied in Tower Hamlets, examples by health trusts. MAR talked of his Community Navigator experience dealing with health issues affected by housing (mould, damp, overcrowding, neglect, impact on children sleep and development), trying to help and support people in the community and the problems he and his colleagues are facing with the Housing Associations and local Government. Many health issues are related and influenced by housing and housing conditions. Need to address the local Housing Associations problems and make sure the	Public Health have convened a working group to take this work forward with the Community Voice Lead as a member. There has been a number of other follow ups to these issues including a NEL/Barts Health/Medact hosted a Health and Housing event, which included health impacts of cold, damp & mouldy homes and links to climate change; Housing conditions, mental health and racialised inequalities; tenant experience and tenant led solutions; advocacy for tenant rights; LAs powers to improve housing and health. The Council is finalising The HDRC have started to undertaking research into housing and health as part of their embedding of their work with an event in July. The ELG are planning a follow up on this work as part its focus on health and housing and its work with people and communities. ELFT are looking at how its estate can promote community benefit and long-term opportunities including housing. Council has been doing a lot of work to address the overcrowding issues and what more can be done as a joined-up partnership

		community voice is heard. Health Associations need to be held accountable of people's health – people are suffering and dying.	The challenges faced by this work are an example of the challenges of how wider determinants impact health and care outcomes. Housing is recognised as a key determinant of heath. This represents a key challenge of working outside silos such as health and housing, and bringing about effective partnership work on wider determinants of health.

THT Partners Engagement Activity

Our Time
All Ability Youth Forum



We are run for and by young people, 14 – 25, with special educational needs and disabilities
We empower and inspire **We support others to grow** **We CAMPAIGN** **We give young people a voice**

''My roles require me to raise SEND awareness, increase inclusion, participation and acceptance as I want to strongly see a more inclusive Tower Hamlets" Sornnaly Hossain, Chair of Our Time Youth Forum, Youth Cabinet Member for Equalities and Social Inclusion in Tower Hamlets

The Forum is a co-productive and inclusive space that enables people of disabilities to express themselves. It's about creating an environment where everyone can be treated fairly and respectfully, be themselves and contribute their perspectives and talents.

The Forum looks at a range of issues important to it and those it represents. For example, it has had a focus on bullying, recognising for various forms of bullying and it can impact on people with SEND of all ages are especially vulnerable to bullying. It has made a range of recommendations to improve health and care services. For example, calling of adjusting times for appointments to suit individual needs (more appointments to support people with SEND) and training for staff about SEND, including about behaviours. The Forum created a card to help other understand behaviours (see front of card above). It has created a Year 9 Annual Review for preparing for adulthood as it's important for the young people, parents and relevant professionals for example, job advisors, case workers from SEND team and any other relevant professionals. This annual review is very important for young people to be able to plan their next steps

ELFT Tower Hamlets Community Health Services: People Participation Working Together Group Priorities 2024 – 2025

Challenges	Actions	Update
Increase the pool of service users and carers within People Participation in Tower Hamlets Community Health Service	Working with Comms Team to develop posters, leaflets, videos, blogs to promote People Participation across Tower Hamlets PPL to visit all teams to discuss PP work and ask to refer Service users and family members.	New Poster/ Leaflet created PPL visited the following teams: CHC, EPCT (South), ACP, Continence, Foot Health
Increase participation of members at Working Together Group meetings	WTG activity plan: develop a list of current activities/projects and state which members are involved and share at the WTG, to show how work is distributed Share quality and performance data to generate conversation and ideas/improvement projects	Service users completed activity list (waiting for others to do so) CHS Performance Leads attended WTG to start conversation

Better alignment of activities based on skills and abilities of members Support members with upskilling	Implement a screening process to support allocation of people based on skills and knowledge e.g. staff Interviews, Audits, QI projects, Service user Accreditation etc. Ask each group member what skills/experience they have to support PP work using the PP knowledge matrix Signpost to relevant training/support using the Recovery Colleges/ local organisations	List of activities Skill matrix
Sharing outcomes from the WTGs	WTGs to share information and outcomes in the quarterly CHS newsletter The Community Service website – feedback from WTG members	Contact with Business manager to include PP information and outcomes in staff and patient newsletters. Actions and recommendations from service users to the Directorate management team
Increasing engagement with housebound service users	To create and collect formal feedback system across Tower Hamlets Community Health Services To review feedback with services and staff in order to create YSWD (You said We did) posters/ leaflets To use feedback to inform service improvement Working collaboration with the Aberfeldy Practice and NHS NEL to improve housebound engagement	You said we did posters should be included in staff and patient newsletters
Employment Open Day	ELFT People Participation organised an Employment Fair for East London at the Tower Hamlets Town Hall on 19 July 2024	Hundreds of people have been recruited and given the opportunity to join People Participation

GP Care Group: Whole system reviews and engagement with service users, carers and those delivering and commissioning services have had an impact on policy, coproduced service redesign and specification as illustrated by the following examples:

Informal Carers

82 participants contributed to the review including 1:1 interview and facilitated group sessions. Recommendations made by the team resulted in the following:

The Children's Society and Co-op Foundation organised Learning events for professionals to provide opportunities to raise awareness of young carers issues. The events, and through partnership with local authorities helped:

a) Increase identification of young carers, particularly those from hidden groups, e.g., high levels of deprivation, caring for those with substance and alcohol misuse or mental illnesses
b) Increase professionals' knowledge and confidence in identifying, referring and supporting young carers as well as increase learning for community groups and professionals
c) Support local authorities in delivering a 'whole systems, whole family' approach, working in partnership with multi-agency professionals across the area

Admission Avoidance and Discharge Service (AADS)

225 participated and these are some of the following outcomes recorded:

- Falls training delivered through AADS
- Parkinson disease awareness training
- Pressure ulcer prevention training which was open to Reablement staff
- Weekly transformation meetings were held with Reablement partners to enable joint triage of referrals
- AADS increased shared access to systems to health and local authority such as Mosaic and EMIS to AADS, Reablement, and Integrated Discharge Hubs
- To resolve barriers across the discharge process, a joint integrated discharge hub was established.
- Fast falls services educate patients and informal carers about falls prevention at home visits
- As part of a strategy to raise awareness of the Rapid Response role, the team delivered induction training for PRU staff and joint clinical reviews and learning from cases.

Healthwatch Tower Hamlets: Examples of engagement from their Annual Report for 23/24

Local Maternity Services

In the past year, we engaged with pregnant women from Black, Asian and ethnic minority communities to understand how all babies born in NEL could have the best possible start. As a result, maternity providers committed to working towards cultural competency training and a communications post in each Maternity Unit., trauma-informed care for staff and service users, and the provision of accessible, timely information and multilingual advocates on sites.

From the feedback obtained, Healthwatch Tower Hamlets provided information to the Tower Hamlets Council's Health scrutiny group assisting them in understanding local community views and influencing plans, service design and delivery of maternity services.

This has led to several improvements in the local maternity services at the Royal London Hospital:

- Translation of online booking system into 100 different languages improving access to maternity care at the Royal London Hospital
- Implementation of additional phones and translators in the labour ward to ensure better communication with patients
- Funding to support two projects to improve care for the Somali community, and an Engagement Officer working specifically with Somali residents.

Improving access to leisure centres for people with disabilities

It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provide them with a better understanding of the issues that local people face.

As part of our Healthy Neighbourhoods project, we spoke to people with disabilities, including visual impairments, about what would help them to better access spaces for play and recreation. We heard how people with disabilities were less likely to access these spaces due to the cost, travel or lack of appropriate equipment. We shared this feedback with the staff from Tower Hamlets council who were re-designing the leisure service offer in the borough. Since then, a new 'Be Well' leisure service has been introduced in Tower Hamlets offering an accessible environment, more inclusive activities, and discounted or free services to certain groups,

Supporting people with language barriers

Our team joined Account3's English for Speakers of Other Languages (ESOL) class to hear the women's experiences of using cancer screening services.

Language is a barrier for many people accessing local health services. Healthwatch Tower Hamlets partnered with Account3 to engage with people who do not speak English well to hear their experiences accessing cancer screening services in Tower Hamlets.

The majority of people in the group were Bengali-speaking women. With assistance from Account3, we heard how the women sometimes struggled to book their screening appointments due to a language barrier. They also told us that receiving information in their language would help them fully understand everything.

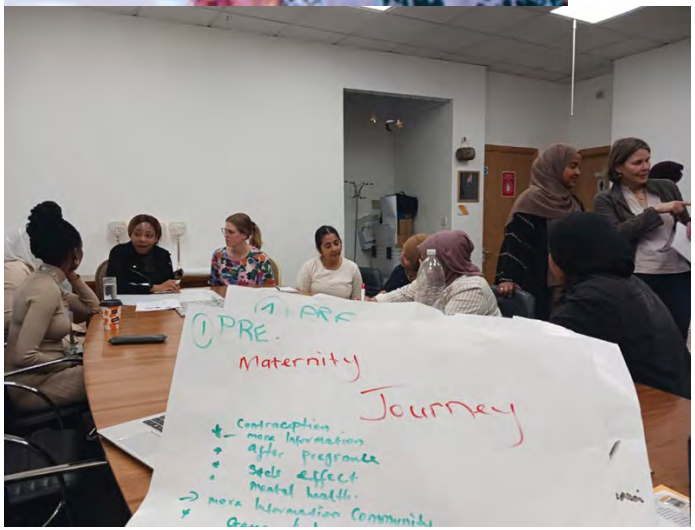
Based on this feedback, we have made recommendations to make screening services more accessible and for information to be provided in accessible formats.

Tower Hamlets Council of Voluntary Services

Flourishing communities

Partnership between Limehouse project, Praxis, Women's Inclusive Team and THCVS. Coproducing change in women's reproductive health with Bangladeshi, Somali and migrant women. It recruited and supporting women to be on the steering group, hosting meetings for the groups. It

recruited, trained and supporting champions, including sessions that are culturally sensitive in the community and provided Opportunities to influence change in learning sets. The partnership worked with a range of health partners: Public health, CEPN, GP care group Maternity services, Sexual health service and other VCS partners delivering health interventions with women.



Culturally sensitive approaches to cervical screening

Information sessions in community settings.

- Lack of awareness in the communities
- Cultural barriers due to embarrassment about talking about 'private parts'
- Lack of understanding of HPV and FGM

Maternity drops ins

Monthly maternity drop ins in community settings.

- Involving diverse groups of women to give a voice to their concerns
- Discuss embarrassing issues in a culturally safe space for the women and staff.
- Addressing gestational diabetes and supporting women in a culturally sensitive way.

Impact on the system

- Learning sets
- Staff training
- Health literacy with women – developing consistent approach
- Collaborating to address access to services
- Services in the community targeting vulnerable women
- Collaborations to support representation and access to employment.
- Mapping the health eco system
- Next steps reviewing theory of change to ensure the learning is imbedded into the health system.
- Evaluation report of the project to explore possible funding routes.

Cornerstone

This was a Lottery funded programme until October 2024. It involved THCVS and all of the borough Equality Hubs and Real DPO. It aims to enable and leave a legacy of more inclusive decision-making across public sector agencies in Tower Hamlets. It did this this by creating a partnership that brings together community organisations. It was led by and representing people across the diversity of lived experiences in Tower Hamlets. By Equalities partners working together, and with public sector bodies, they created a good practice co-production model and resource for carrying out Equality Impact Assessments (EqIAs) across the borough. This approach raises awareness and improves the visibility and understanding of the different equalities' issues and experiences across our communities through practical, lived, understanding of intersectionality and how this applies in Tower Hamlets. It also worked with a learning partner to develop a theory of change who supported partners and the panel to collaborate and led on the overall evaluation of the impact of the project.

Using co-production the programme recruited residents, developed a panel members manual and Developing the Good Practice guide and leaflets. It supported residents to be involved with the learning partners, with the training and in addressing the VAWG consultations and EqIA assessment

The partnership agreed that in order to support an EqIA assessment the partners and panel needed to better understand intersectionality. This resulted in the appointment of a trainer and working together to agree the intersectional issues that needed to be addressed. We also worked with the LBTH officer to review the EqIA and strengthen.

The partnership worked with the panel to produce a leaflet for residents, a good practice guide for council and NHS staff, training for the VCS on EqIAs and training on facilitation skills. There was a final learning event to launch the guide 30 October at the Professional Development Centre.

Supporting the VCS to connect with health and social care providers

THCVS coordinates the health and wellbeing forum The work is coproduced by VCS organisations on a steering group. The forum connects VCS organisations with health and social care organisations. The sessions are attended by between 20-40 organisations.

May – Mobilising community assets to improve health outcomes and reduce inequalities
June – Health determinants research collaboration and how research can support your organisation.
September – What can we do to support women to access cervical screening
October – Understanding the puzzle of local health care services, who is doing what and how the VCS can influence change
February – Building a VCS alliance as part of north east London ICS VCSFE collaborative.

The forum has also supported consultations on: Be well programme; Drugs and alcohol services; and Promoting the E breakfasts

Neighbourhood Forum Pilot project

The Neighbourhood Forum Pilot project began in October 2023 in two Primary Care Network areas (1 & 2) in the north west of Tower Hamlets. The pilot programme aims to build partnerships between residents, the VCS and statutory partners with 2 aims:

- Building a sustainable place-based approach to addressing the health needs of communities.
- Developing structures that would embed resident voice in health-related decision making at a local level

The pilot project has formed part of Tower Hamlets Together's Localities & Neighbourhoods programme.

The programme has been delivered by THCVS in partnership with local VCS organisations Social Action for Health, St Margaret's House, Women's Inclusive Team, and Somali Senior Citizens Club. The pilot project is being externally evaluated by Civic Society Consulting.

What have we done so far

The activities undertaken by the pilot project so far can be broken down into 4 phases:

1. A co-design phase took place in each PCN area before planning for the Neighbourhood Forums themselves began. This phase brought together local residents, local VCS organisations, and health professionals to co-design outcomes for the Neighbourhood Forum and principles for how they would be organised

2. The delivery of the first two Neighbourhood Forum meetings. These sessions were focused upon identifying barriers to residents' ability to access primary care services and potential solutions to overcoming these barriers
3. The development of action plans based around the discussions which were had at the 1st Neighbourhood Forum meetings. These plans areP focused upon co-producing with residents' answers to questions of access including translation, health literacy, and access to appointments.
4. The planning of 2nd Neighbourhood Forum meetings and interventions aimed at targeted groups.

Findings and Next Steps

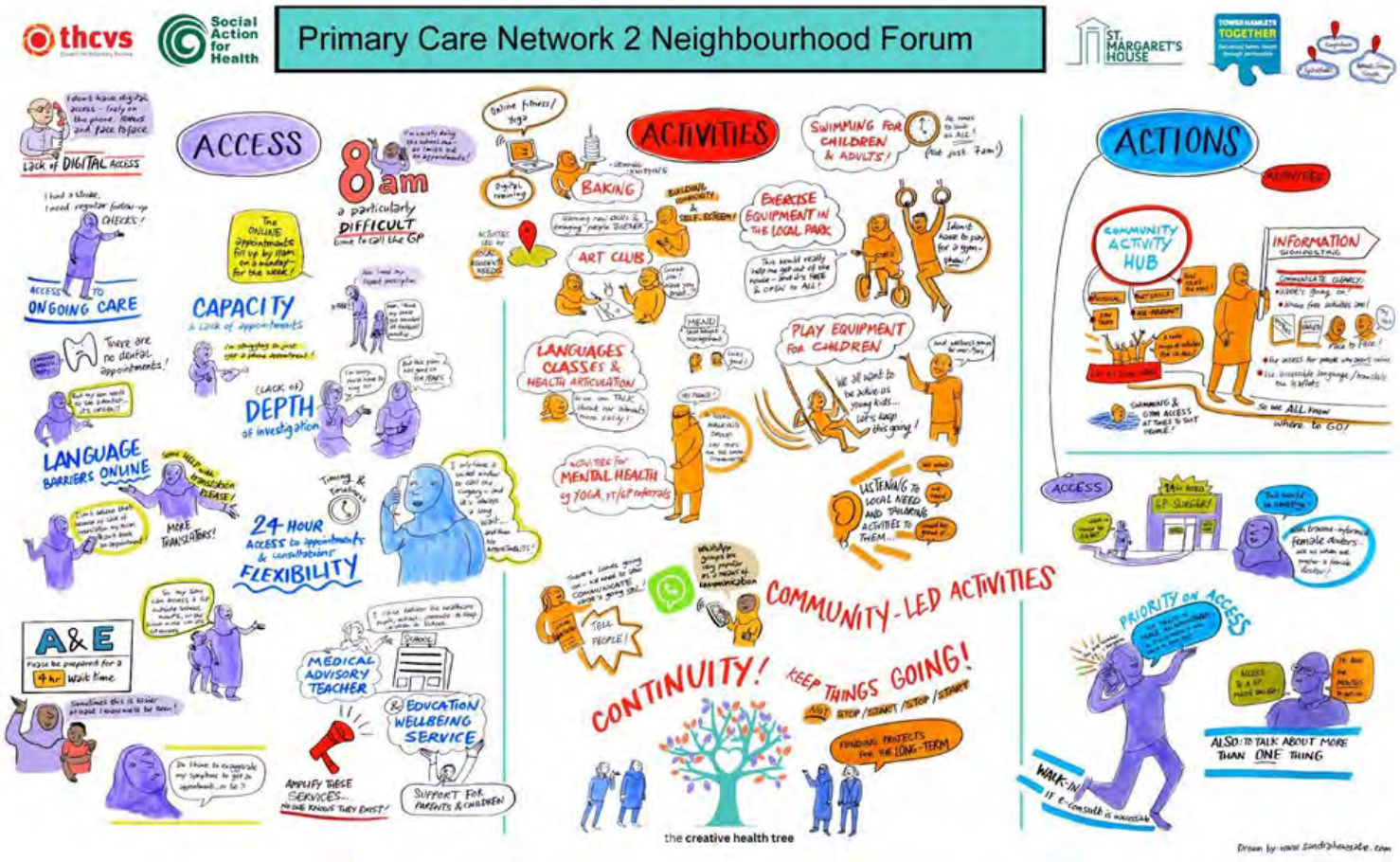
We engaged visual scribes to make live visual notes during both larger Neighbourhood Forum meetings. Below are these visual minutes plus a summary of the actions planned by each PCN area.

PCN1

The next steps planned in PCN1:

- 2 sessions aimed at establishing health literacy needs amongst Somali men and young people
- Following this a series of co-production sessions aimed at developing health literacy materials idenitified as needed through the initial sessions

PCN2



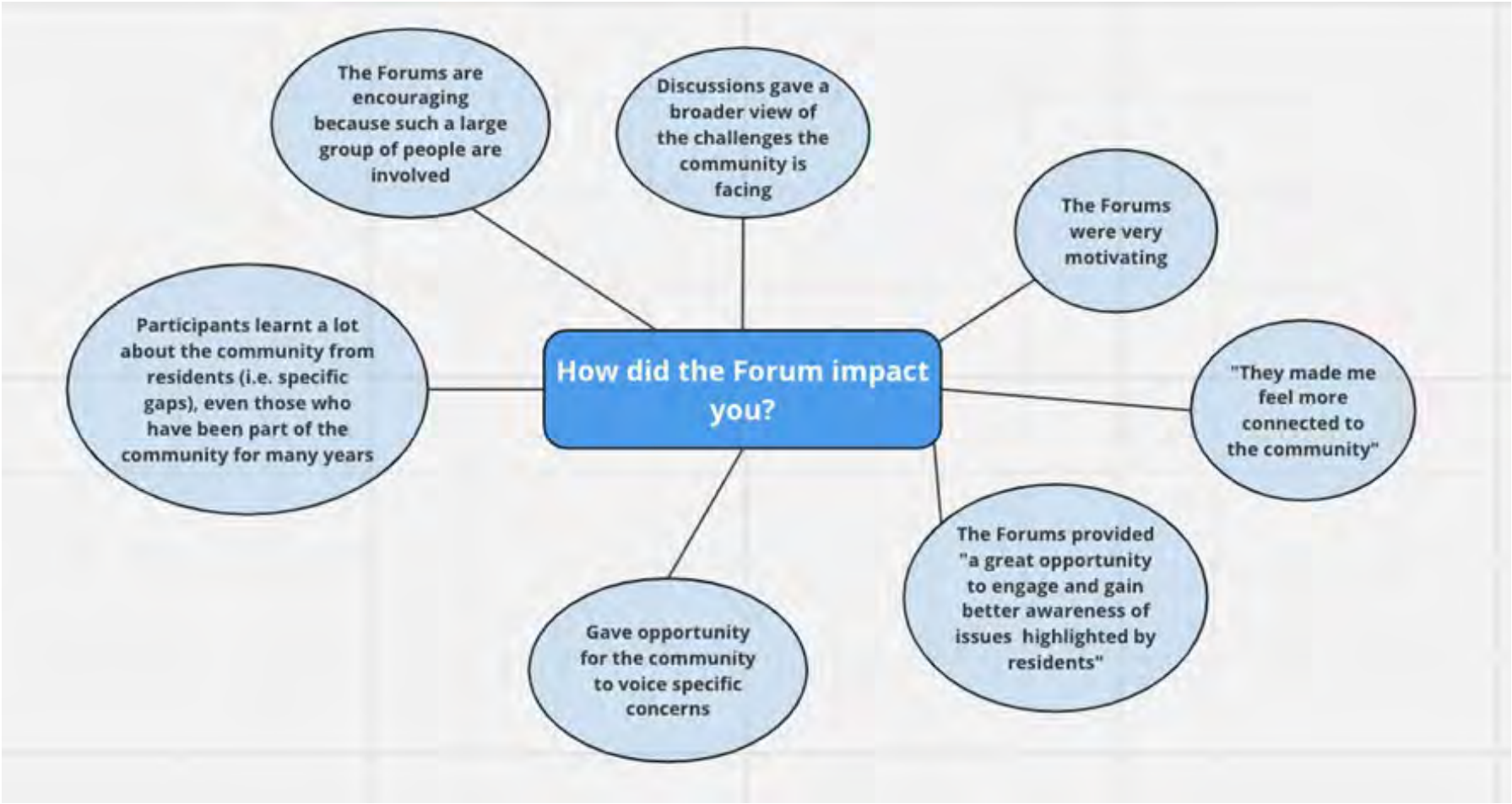
The next steps planned in PCN2:

- Identification of existing translation services and materials
- Programme of co-production sessions aimed at developing both written and non-written materials supporting marginalised communities to access primary care
- Working towards the involvement of patients in the procurement processes around advocacy and digital services

Impact

In order for the true impact of the Neighbourhood Forum to be seen it would have to be evaluated over a number of years. Our initial evaluation has looked at the way in which involvement in the programme has made patients living in the pilot areas feel. It has told us that when averaged across the two forum areas:

1. **96%** of participants thought the structure of the Forum was clearly laid out
2. **100%** thought instructions on all activities were clear
3. **96%** were 'very engaged' throughout the Forum
4. **96%** thought the topic(s) of the Forum were 'very' relevant
5. **96%** felt listened to and their opinions heard
6. **92%** reported they had an increased understanding of how health systems work in Tower Hamlets
7. **91%** reported developing a new connection through participating in the Forum



The next phase of measuring impact will be focused upon the material impact of the Neighbourhood Forum model; in particular the impact of the co-production exercises we are proposing for the next steps of the forum. For example, the impact of health literacy materials on the ability of patients to manage their own health and the resultant impact of this on Primary Care demand and the resultant savings in both cost and capacity.

Barts Health Community engagement in Tower Hamlets

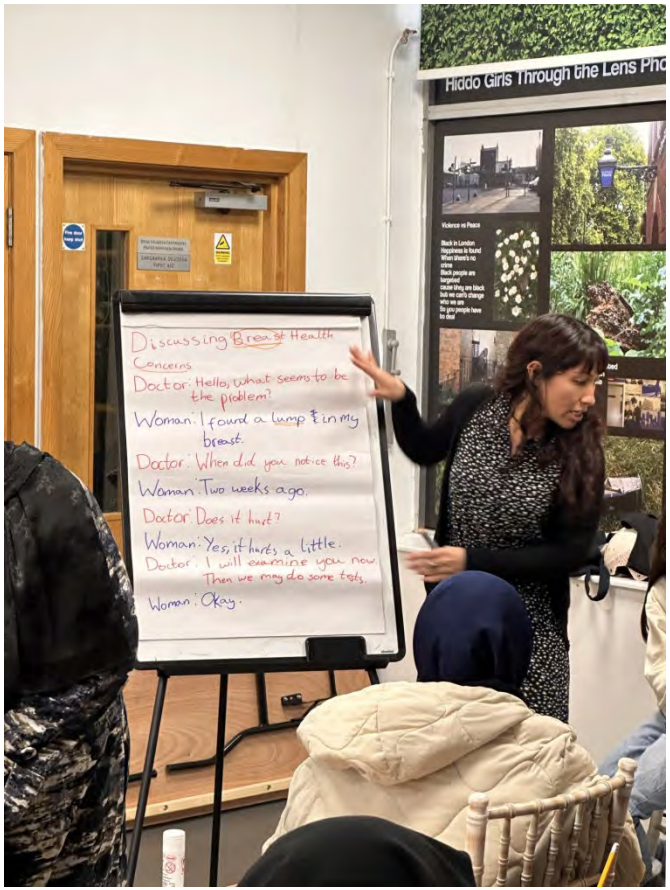
Faith and community leaders' forum (FCLF)

The Trust values the contribution made by our local faith and community leaders during the coronavirus pandemic in connecting with our local communities. The FCLF reconvened in 2023 and brings together local leaders to listen, learn, and take action to improve services and reduce health inequalities. The steering group is led by a Tower Hamlets local faith leader.

Somali community engagement

In collaboration with community partners and patient experience midwives, we have continued maternity outreach and information sessions, reaching around 60 women that might not otherwise have accessed support or antenatal care.

Our community engagement officer has also supported the promotion of financial literacy, employability sessions and breast screening awareness in the community. The partnership are working with six young women from the Somali community to educate them on breast cancer signs, symptoms, and screening importance, to help promote awareness amongst their families and communities. The most recent session took place the 23-10-2024



We now also work closely with our community partners Praxis and Limehouse Project whose members include migrant/refugee women, and members from the Bangladeshi community. Our maternity drop-in sessions are now in collaboration with Women's Inclusive Team, Praxis and Limehouse project (all part of the Flourishing Communities partnership), successfully hosting a number these sessions at each of their base. The lessons learned and collaborative partnerships established have been shared with other communities facing similar health inequalities. By sharing experiences and best practices, we hope our community engagement contributes to broader efforts to reduce health disparities on a larger scale.

International Women's Day 2024 – in partnership with Women1000

The community engagement team and Royal London Hospital/Mile End Hospital services supported Women1000 with their community health event focussed on addressing the unique challenges faced by women, particularly women from the global majority. Hosted at the Maryam Centre, we welcomed 300 women from our local community alongside representatives from Barts Health and other health and community organisations on the theme of 'inspire inclusion'. Women heard from keynote speakers including RLH/MEH deputy director of nursing and the associate director, patient and community engagement and participation, and several Barts Health consultants. Attendees were able to visit different stalls dedicated to women's health, have healthcare (i.e., cardiovascular, diabetes), and access key service information.

Celebrating International Day of Persons with Disabilities 2023

The Deputy Director of Nursing and Director of Inclusion at Royal London and Mile End Hospitals, Simmi Naidu, and the Head of Patient Experience and Engagement were invited to celebrate International Day of Persons with Disabilities 2023 with Apasen. Apasen are committed to empowering individuals with learning disabilities.

Supporting carers

The Royal London Hospital and Mile End staff have continued to work closely with Tower Hamlets Carers Centre to ensure carers are supported. We have embedded the Carers frameworks and policy successfully across 5 wards now and Carers TH nominated 11c as an outstanding ward. We have supported the training and onboarding of service users to be the RLH Carer Lead and he will work closely with Carers TH to ensure that there is a robust process in place to support the future expansion of this framework across RLH.

Faith in Health at East London Mosque

We supported the East London Mosque's Faith in Health event, with key local partners coming together to provide free health checks, service and healthcare information, and key note speakers, including Barts Health Director of Inclusion and Equity Ajit Abraham (pictured), and Associate Director for Patient and Community Engagement and Participation (Beth Brown).

Over 100 people attended the event and received free health checks, flu and other immunisations from different stalls.

Cancer Awareness Session at the Grace4Life project:

Barts Health community engagement team delivered a targeted Cancer Awareness and Screening Session in partnership with the Newham Community Link's at the Grace4Life Project in a church in Bromley by Bow area.

Beth Brown, the associate director of patient and community engagement and participation and Khasruz Zaman, Inclusion and community engagement manager spoke at the event alongside the facilitators.

Call to Action!

Health Inequalities Summit arranged by the London Bangladeshi Health Partnership

Barts Health is a leading member of the LBHP focusing on health inequalities faced by the local Bangladeshi community. LBPH arranged a strategic summit last month involving senior leaders from community groups, local councils, local health services, NHS London and NHS England. Senior leaders and clinicians spoke at the event including Khasruz Zaman, the vice chair and engagement lead of the group. Ajit Abraham, Barts Health Director of Inclusion was a panel member and Beth Brown also facilitated in the world cafe type of discussion.

The summit declared there is a diabetes emergency for the Bangladeshi people in London. The summit full report is due in the end of the year.

Faith and Community Leaders Forum visited RLH A&E and Air Ambulance Helipad:

Barts Health Community Engagement arranged it's Faith and Community Leaders Forum's members a visit to RLH A&E and Air Ambulance Helipad visit to see the pressure its services face every day and the incredible care it's provide for our patients. Leaders also visited RLH Air Ambulance Helipad and attended a presentation of the services it's providing to the most urgent cases. The feedbacks from the leaders were highly commendable. The site is also working on the suggestions made at this visit.

Reassuring community on Covid and Flu vaccine hesitations:

Barts Health Community Engagement Team actively supporting TH public health team on their Covid and Flu vaccination campaign. Beth Brown, the associate director of patient and community engagement and participation and Khasruz Zaman, Inclusion and community engagement manager recently attended a live tv talk show on Channel S alongside with an NHS England colleague and a local GP to promote the winter vaccination campaign and reassuring viewers those are hesitant to take the vaccination.

Amongst the viewers and callers a hesitant kidney dialysis patient was convinced to take the vaccination considering his vulnerability.

Supporting Digital Inclusion:
Barts Health Community Engagement Team promoting digital inclusion campaign and Patient Know Best (PKB) Portal and Doctor Digital installation at community venues. PKB and Doctor Digital has recently arranged an digital installation event at the Herford Centre in Stepney.
Over 90 local patient signed in and installed these apps on their phone to be in more control of their health records and connecting with their GP, such as requesting for repeat prescription. Khasruz Zaman, Inclusion and community engagement manager attended the event and supported the arrangements as well as the patients those visited on the day.

Some updates from Royal London Hospital:
Apasen- We are looking to establish longer term links with Apasen and our future plan is to co-design this piece of work which hopefully create close links to supporting patients with Learning Disabilities here at RLH.

Health Watch Tower Hamlets - we have formed a strong partnership with Healthwatch and the team now work alongside us from a Patient experience portfolio running regular patient experience surveys at the RLH.

Embedding greater accountability and transparency of the THT Board – Next Steps

The THT Board has demonstrated its commitment to greater accountability and transparency by maintaining and enhancing a role of lay person on its board. In this regard it is unique amongst the place-based systems within north east London. To deepen this work and bring Tower Hamlets people closer to its work it is proposed in the new year the Engagement Leads Group and the Anti-Racism and Health Equality Steering Group co-produce with the services and people of Tower Hamlets how THT will improve its accountability and transparency and ensure it is an anti-racism system.

The Community Voice Lead will work with both the Engagement Leads Group and the Anti-Racism and Health Equality Steering Group to initiate this process. Broadly, this work should include each THT partner co-producing with those it serves how services:

- can develop greater involvement of people in their work
- can demonstrate they are anti-racist in their work
- maintain overcoming health inequalities as central to their work
- can be publicly monitored delivering greater accountability and transparency
- recognise the impact of wider determinants of health such as housing, education, employment and the environment in their work

It is clear health and care face considerable challenges, key to overcoming these challenges is transforming the way we work with the people of Tower Hamlet and those work in services. The aim of this engagement is to support THT to deliver sustainable improvements in the health and wellbeing for the people of Tower Hamlets. In this we must challenge ourselves and encourage of agency of the Tower Hamlets people to build better health and care for all.

You Said We Did
Tower Hamlets Together (THT) Board Community Voice Update – 7 November 2024

The THT Board has a community voice item at the start of its meetings. This is an important part of every Board and demonstrates its commitment to the community having impact on its work. As part of this commitment this report sets out:

- The process by which responses and actions, which come out from the community voice are managed by the Board, and
- How the Board is responding to community voices sessions to date.

The THT Board's independent Community Voice Lead will publish as part of her Annual Report on community involvement in the work of the Board a 'You Said, We Did' section outlining the Board's responses to the community voice session. This report covers the period of the appointment of the Community Voice Lead to March 2024.

This report covers the period from April 2024 to September 2024

Process

1. Following a THT Board community voice the Engagement and Community Communications Lead (EL), or lead agreed by Board, will contact the community voice presenters to confirm actions to be taken following the meeting.
2. EL or lead agreed by Board, will link or follow up on behalf of the presenters with the THT partner/service responsible to take the actions forward.
3. THT Community Voice Lead will oversee this process and provide support where actions are not being effectively implemented
4. THT Community Voice actions will be reported quarterly to be THT Board under the heading 'You Said, We Did'.
5. THT Engagement Leads Group will receive updates on 'You Said, We Did' at its monthly meeting.
6. 'You Said, We Did' will be a section in the THT Community Voice Lead Annual Report.

'You Said, We Did' Annual Report

These THT Board You Said We Did update reports will be complied and reported in the THT Board Community Voice Lead's Annual Report (due to be published December 2024) on how the Board has involved communities and acted on the issues presented to it. This Annual Report is an important public statement demonstrating transparency and accountability. The report will therefore go further than the outlines below and contextualise the responses in terms of health and care challenges, impacts of social determinants and how issues of discriminations are being addressed.

Recommendation: The Board are asked to comment on and note this update.

Community Voice 22/23 'You said, We did'

THT Board	Community Voice	Action	RAG rating	Comment
April	Women in Health	The Women in Health scheme is a partnership programme run by the THT partnership, funded through tackling health inequalities funding provided by NHS North East London ICB, and delivered		The scheme has been extended for a further year, with the THT team

THT Board	Community Voice	Action	RAG rating	Comment
		jointly by London Borough of Tower Hamlets and Barts Health Trust, via Barts' Healthcare Horizons Programme, and supported by our primary care and community and voluntary sector partners. The scheme took place between September 2022 – August 2023. This programme demonstrates how health inequalities funding can develop innovative approaches to improve the diversity of the health and care workforce for local people under represented in our service.		looking how it could be mainstreamed and widen into include other groups, specifically young black men.
May	Mental Health	Aurora Todisco (AT) and Rachel Vincent (RV) shared their experiences of mental health: AT spoke of her experience as carer involved in ELFT People Participation. This included supporting her in-laws navigation of the complexity of mental health services. She had provided feedback on these experiences, emphasising the benefits of lived experience insight. She praised ELPT's collaborative approach, valuing her input and actively involving in discussions. It has empowered AT to become a vocal advocate for mental health services' accessibility and equity. RV shared Joseph's story: a man in his 50s with mental health issues and his experience of discharge including medication he had been provided. She explained his carer became concerned he was deteriorating and she outlined how difficult it was to access support. RV explained the information leaflet he was given was over long photocopied and the Crisis number was on page 8. She said such leaflets should be much better designed and straightforward, thinking about who is using it, and ensuring it had emergency numbers for other urgent inquiries other than Crisis numbers should be made available, especially at weekends. RV had worked with NHS Barts on 'my ticket home' leaflet (2 page and easy to read making the patient aware of things before being discharged) RV also give another example of the East Ham Care Centre which held online meeting to organise discharge which included carers.		RV has met and discussed leaflet re-design with Barts Health and ELFT. RV to work with other patients and ELFT to re-design mental health pathways patient and care information.

THT Board	Community Voice	Action	RAG rating	Comment
		ACTION: RV to meet with Barts Health and ELFT to discuss leaflet re-designed to ensure discharge patients have clear information including access to emergency support telephone numbers.		
June	Mental Health	Zuzanna Sokolowska (ZS), Groups Coproduction and Peer Development Coordinator at Mind, who supported Hasina Choudhury (HC), to tell her experience of support for her mental health. HC explained she had received great support from Mind which significantly aided her continuing recovery. She emphasised the importance of having an organisation like Mind supporting people with mental health issues. HC explained the support from her doctor had not a helpful experience and she had been discharged without accessing the support she sought. ZS explained Mind many people they support find it to navigate the online GP system including the online forms. She emphasised Mind staff are not mental health professionals, and many people need that type of support. ACTION: Connect Zuzanna Sokolowska, Groups Coproduction and Peer Development Coordinator at Mind and Hasina Choudhury with Richard Fradgley		Zuzanna Sokolowska, has been connected the ELFT clinical lead for talking therapies services to discuss the issues raised in this session.
July	Mental Health	Shamsur Choudhury (SC), Operational Lead at Bangladeshi Mental Health Forum (BMHF) for women and men joined the meeting to outline the work of the group, challenges of involving men, the impact of flexible Public Health funding to allow groups innovative early intervention support tailored by the community and how THT Board can improve community involvement/design, a more supportive funding regime for community-based groups such as BMHF. ACTION: Somen Banerjee to share the approach to an anti-racism commissioning ACTION: Add plans around anti-racist commissioning to the forward planner		The Public Health review of anti-racist commissioning and audit tool has been shared and it is planned to review this at the Anti-Racist and Health Equity Group Steering Group.
August	Mental Health	Samuel Conley (SC), from Spotlight updated the Board members on the organisation's work with young people co-producing mental health interventions, the importance of sustaining such peer-to-peer work and employability opportunities for young people out of work		No specific action from this Community Voice

THT Board	Community Voice	Action	RAG rating	Comment
		highlighting key discussion points of mental health, the Wellbeing ambassadors' programme and future to support for young people. The Board noted the plan to extend the wellbeing ambassador programme, which is funded through the Public Health. Students asked for workshops for year seven onwards, and to have them in primary schools and that MH should be introduced to parents on how this works in the borough. The Board suggested to have feedback at the next Health and Wellbeing Board in September. The Board noted the update.		
September		No Community Voice due to late withdraw of planned presentation		
October	Resident Influencing	Cornerstone Project: Alison Roberts, THCVS, Ellen Kennedy, Real DPO and Dan Range (Capture Consulting) presented the Cornerstone Partnership which aims to influence more inclusive decision-making across public sector agencies in Tower Hamlets. The project aimed to create a model for voluntary sector and public sector wanting to work with local communities to address inequalities within policy making services in Tower Hamlets. To do this it created a partnership bringing together the community organisations representing the borough's diversity and public sector to create a good practice guide and resource for carrying out Equality Impact Assessments across the borough. This highlighted equalities' issues and experiences across our communities through practical, lived, understanding of intersectionality and how this applies in Tower Hamlets. Cornerstone's goal is to ensure that all residents benefit from improved planning and decision-making that better reflects the experiences and needs of disadvantaged and marginalised communities in Tower Hamlets. The Board noted the Good Practice Guide will be on the THT Co-production Toolkit and that this approach could benefit co-production happening across the borough that could benefit from approach and avoid duplication. The THT Team to consider how to implement the Equality Impact Assessment (EqIA) so that the system can benefit from its approach.		The Cornerstone Good Practice Guide has been incorporated into the THT Co-production Toolkit. This toolkit requires promotion to staff and within this process this Guide will be highlighted. THT Team to consider have to further embed the Guide within the THT partnership.

THT Board	Community Voice	Action	RAG rating	Comment
November		No Community Voice due to late withdraw of planned presentation		

Tower Hamlets Together

Health and Social Care Place Based Partnership

THT Anti Racism Update
Amy Gibbs – Co chair THT health equity lead
Dr Farah Bede – Co chair and clinical lead
December 2024

Group Governance and Meetings To Date

Update

Core purpose:

- Racism and racial inequity persist in health and social care systems because they are ingrained in the social fabric of society. The unequal resourcing of black and brown people who form the global majority can be traced back to colonialism historically and has led to a legacy of structural, institutional and systemic racism which broadly refer to the system of structures in public life that have procedures or processes that disadvantage black and brown people. This infuses the norms, policies, assumptions, curricula, and ways of working.
- The Anti-racism and Equity steering group exists to **challenge all forms of racism including raising Islamophobia within our health and social care provisions**. We are responsible for improving equity and access to health and social care, especially amongst local ethnic & racialized communities and other marginalised or oppressed groups such as women, families with SEND children, disabled residents and the LGBTQ+ community, with a focus on intersectionality, socioeconomic status and the social determinants of health.
- We will work with staff across THT, the community and our partners to ensure we respond to the health and social care challenges that people face and promote an anti-racist, inclusive culture to drive equitable change. We will shape how the refresh of the anti-racism action plan will be carried out over next 3-4 years, with resident engagement to co-produce action plans and interventions. We will also oversee the Health and Inequalities programme, ensuring regular monitoring of delivery and outcomes of the programme.

Core responsibilities:

- **Anti-racism and equity beyond EDI – take actionable steps to drive change on all forms of health and social care racism, ethnic health disparities, misogyny, violence against women and girls, ableism and mental health discrimination, ageism, classism, and LGBTQ+ oppression related to Tower Hamlets.**
- Centre and frame racism as a public health emergency, as a structural fundamental and non-modifiable determinant of health and understanding how it intersects with other social determinants of health (such as housing, food, opportunities for young people), mental health provision & how we build community accountability, lived experience practitioners & data led co-designed and co-produced community led interventions.
- Monitor and review the collection of ethnicity datasets in relation to health and social care to identify opportunities for service quality improvement. We seek to understand exactly who the groups are and map the health needs of specific groups through an intersectional, anti-racist, anti-discrimination lens, by using population health management and quality improvement frameworks and similar health inequalities frameworks.
- Strengthen direct monitoring by collecting firsthand anti-racist and anti-discriminatory data, by devising and piloting an online reporting form which organisations can have on their website based on existing best practice from anti racism advocacy groups.
- Build on and directly address ethnic health disparity evidence, such as the race and health observatory data on unequal access, experiences and outcomes around maternity, SEND, young people, asylum seekers and refugees & mental health provision.
- Respond to local evidence presented to the THT Board in 2023-24 from Real and ELOP about unequal access, experiences and outcomes faced by disabled people and LGBTQ+ people to improve equity across our health and care services.
- Respond to local evidence presented by community groups and residents on maternity services, women's health, weight management services and racial discrimination.
- Understand how racism and other forms of discrimination affects the lived experiences of local resident's through direct engagement with the community, to identify opportunities and barriers to transformational change.
- Decolonise medical literature, clinical templates and health literacy, recognising that culturally competent information and trust are social determinants of health building on research conducted during Covid and the vaccine uptake barriers in our local communities.
- Analyse workforce ethnicity and disciplinary data across the partnership in respect of different grades, including senior management, and audit the commissioned work, spend and outcomes to underpin an anti-racist commissioning framework.
- Co-produce and resource concrete interventions to respond to the needs and priorities of communities facing oppression, monitor the delivery of services, and report to the Board, and Health and Wellbeing Board on progress and challenges faced.

Membership:

- Amy Gibbs – Co Chair and THT Equity Lead
- Farah Bede – Co Chair and THT Clinical Lead
- Ashton West – Interim Deputy Director of Partnership Development, LBTH & NHS NEL
- Muna Hassan – THT Community Voice Lead, THCVS
- Jon Williams – Engagement and Community Communications Lead, NHS NEL
- Roberto Tamsanguan – THT Clinical Director, NHS NEL
- Zakia Variava – Partnership Board Co-ord TH Together, LBTH
- Abdirahim Hassan – Coffee Afrik CIC & Somali community Rep
- Rowan Earle – REAL & Disabled Persons Rep
- Mark Brown – ELOP & LGBTQ+ Rep
- Koyes Ali – Streets for Growth & Bengali Community Rep

Steering Group Meetings Held to Date

Month	Theme	Outcomes
April	Cultural competency	Cyril from PH presented Cultural competency toolkit
May	Somali Autism	Met Halima, ppt about research plan, support the data collection ethnicity data from NEL I&I team
June	Disability training update	Sue from PH provided update on the disability training with real in primary care
July	Housing	Medact and Real presented their research on housing problems respectively
September	CVS funding and potential schemes	Refresh and ppt about potential THT AR deliverables by FB and Alison ppt THCVS
October	Brap/pride in practice training update	Roll out of the training of primary care practices update
November	Medical racism report - CoffeeAfrik	Findings of the community research into primary care presented

Other parts of the system engaged

- Individual THT board members or their EDI lead – discussion about how to link workstreams with work happening across the PbP provider orgs. Quarterly meetings with EDI leads but we need project manager to oversee this

- North West London ICS EDI lead - re their AR framework and adopting an approach in TH

- NEL ICB - I&I team to request data
- NEL ICB – attended ICB Anti Racism steering group meetings
- NEL ICB - Director of planned services and women's health re aligning AR, womens health and equity.

- LBTH – Exploring synergies with No Place for Hate Team

Medical Racism Report

Findings and Recommendations

Report Findings: ‘open your heart and your mind’

Infrastructure	Intelligence	Interventions Recommended
• Lack of representation • Poor pals/complainants' procedure • Lack of accountability, scrutiny • Lack of trust • Lack of communication • Lack of trauma informed care • Long waiting times for appointments • Lack of timely assessments for SEND care • Lack of reasonable adjustments • Lack of services for Muslim women ‘ is it because I’m a hijabi I can’t get specialist service?	• Lack of tracking of ethnicity data • Lack of research	• Listening deeply • Inclusive health rooted in decolonial practices • Community based pop up clinics in mosques, centres • Deal with social determinants such as housing as a hot topic • Focus on prevention • Improve Pals and complaints procedures antiquated and not trauma informed • Green prescribing (to combat Lack of green space) • Look at work done in PCN 7 and 8 emulate this across pcns

Report Case Studies

- MH – specific case of suicide errors within primary care
- Primary care - mis and delayed diagnosed of cancer
- Delays in statementing, EHCPs, SEND care
- Unmet social determinants of health affecting health such as poor housing etc
- Adultification of black and brown children

Recommendations: 'How do we heal the harm'

1. **Name racism** – campaign espousing our ambitions; pledges from provider organisations, tracking ethnicity data and responding to it quarterly

2. **Tackle medical racism as a contributor to health inequalities** – implement learning from CA report – more co-production, trauma informed, person centred approach, data interventions that foster trust, research

3. **Co-production event** – acknowledge primary care medical racism co-design and production remedies – MH, SEND, misdiagnosis,

4. **Framework** – to benchmark and drive actionable change

Summary: ‘Is Racism on your radar?’

As providers can you agree to evidence your commitment to the antiracism priority using the steps below…

1. Restoring trust and accountability by deep listening to those with living experience and self assessment of your organization ie unaware/aware/active scale

2. Recording and tracking ethnicity data

3. Reviewing policies, SOPs and clinical templates using an antiracist and decolonial lens

4. Responding to racial health gaps using both existing tools health equity, pmh, QI but also traditional models linking in spirituality

5. Relationship building with community as equal partners by co design and co production

6. Reimaging AR measured outcomes to get results

7. Repairing power imbalances by adopting anti racist commissioning.

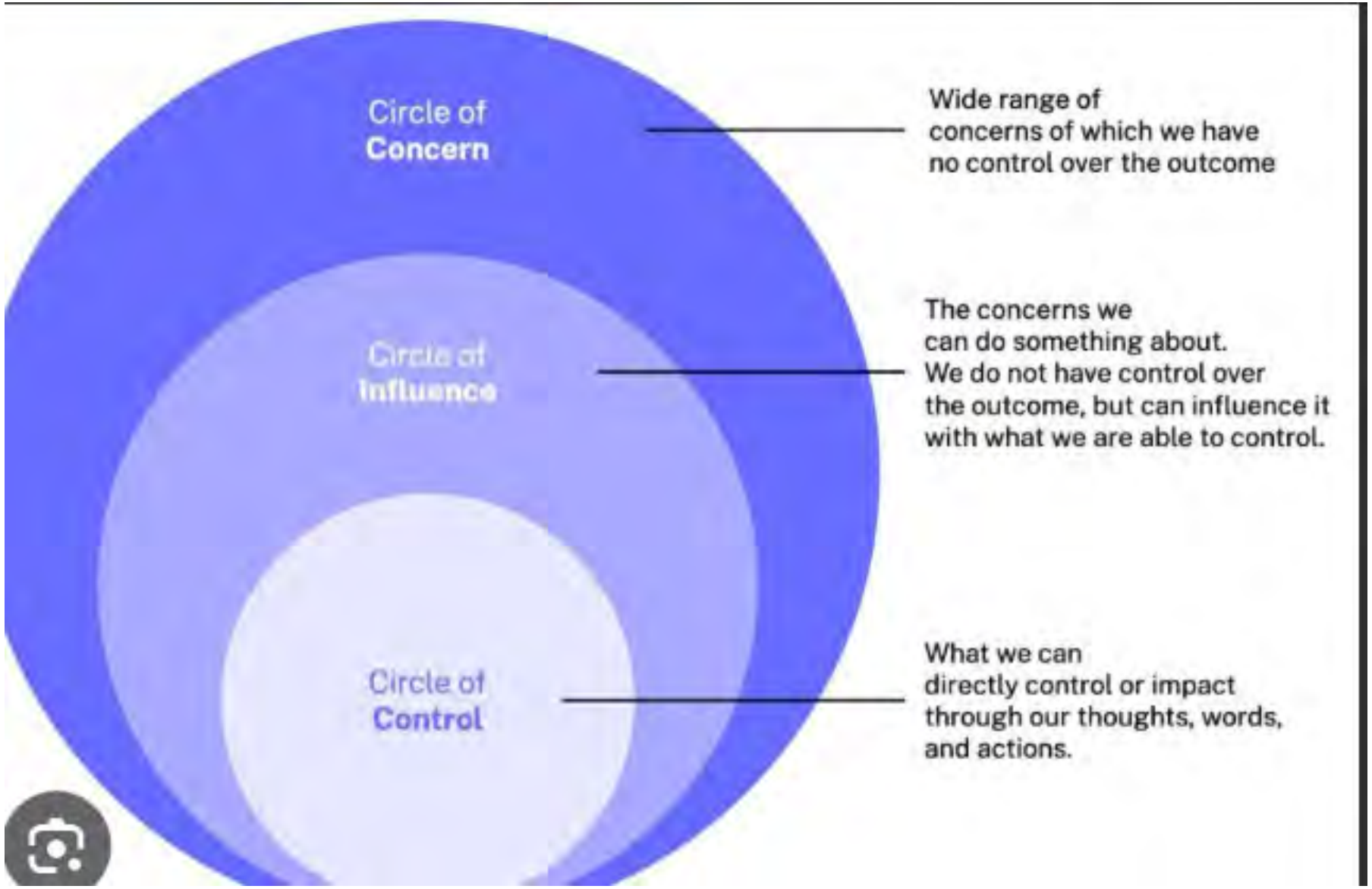
8. Re-iterating and evaluating

9. Repeating until you eliminate racial health gaps

Taking Action to promote anti-racism in Tower Hamlets

Concepts and proposals


How does structural racism operate in our health and care systems?
Access barriers to healthcare
Includes language barriers, cultural differences, migration status, and implicit biases which impact communication between healthcare providers and ethnic minority patients, leading to delays in diagnosis and treatment.
Bias in clinical decision-making
Structural racism can result in implicit bias in clinical decision-making, which can negatively impact patient care including likelihood of referral for further investigations or receive specialist treatment.
Inequities in patient outcomes
Structural racism can lead to inequities in patient outcomes, with ethnic minority patients experiencing poorer health outcomes, more likely to experience diagnostic delays, receive suboptimal treatment, and experience worse outcomes for certain health conditions.
Workforce disparities
Structural racism can result in workforce disparities - underrepresentation in senior roles, overrepresentation in lower-paid and lower-status roles., more likely to experience bullying and harassment with on the quality of care and better meet the needs of diverse patient
Lack of diversity in clinical trials
Structural racism can result in a lack of diversity in clinical trials, which can limit the generalizability of study findings and impact treatment options for diverse patient populations. This results in limited evidence-based treatment options for diverse patient populations.


Circle of
Concern
Wide range of
concerns of which we have
no control over the outcome
Circle of
Influence
The concerns we
can do something about.
We do not have control over
the outcome, but can influence it
with what we are able to control.
Circle of
Control
What we can
directly control or impact
through our thoughts, words,
and actions.


ANTI-RACISM PRINCIPLES
1
DEMONSTRATE LEADERSHIP BY NAMING RACISM
RACE & HEALTH OBSERVATORY
UNDERSTAND & ACKNOWLEDGE
2
3
MEANINGFULLY INVOLVE RACIALLY MINORITISED INDIVIDUALS & COMMUNITIES
COLLECT AND PUBLISH DATA
4
5
IDENTIFY RACIAL BIAS
APPLY A RACE-CRITICAL LENS
6
7

Frameworks we intend to use

Population health management – core capabilities of infrastructure, intelligence and data led interventions

Quality improvement – but ELFT QI programme has stopped – looking for how we can incorporate QI, any ideas welcome

Also would like to utilise vital 5 approach

Awards system

Could we support a mechanism to incentivise innovative antiracist projects with awards systems to celebrate and sustain the benefits such as the North West of England's Anti racism framework.

Feature a commitment letter foreword with system leads pledging to tackle ethnic health disparities.

NHS Trust's Anti Racism Framework

Anti-racist framework checklist

Summary of direct deliverables

Bronze

- [ ] The appointment of a senior director level EDI lead with a commitment to advancing anti-racism within the organisation.
- [ ] Evidence of how the organisation has acted to make anti-racism work mission critical in the past year.
- [ ] An organisation must have set and published at least one stretch goal that goes beyond legal or NHS assurance frameworks compliance.
- [ ] The organisation can demonstrate progress over the last 12 months of reducing an identified health inequality.
- [ ] The organisation must have communicated clearly that it takes a zero-tolerance approach to racist abuse from service users or staff members.

Silver

- [ ] Set up a local BAME leadership council within your organisation.
- [ ] Evidence of inclusive leadership education for all executive directors.
- [ ] All leaders at Band 8A and above must have a personal development plan goal agreed around equality, diversity and inclusion and a process to report annually the percentage of these goals that have been met.
- [ ] An executive director must attend Black, Asian and Minority Ethnic staff network meeting at least four times a year.
- [ ] WRES data and workforce data disaggregated by ethnic groups to be presented at board meetings to ensure that racial disparities are monitored and addressed as a part of the business as usual.

Gold

- [ ] An organisation's board of directors' diversity by ethnicity must match closely the diversity of the local population or at the minimum include one Black, Asian or Minority Ethnic member (whichever figure is higher).
- [ ] An organisation must use an EDI performance dashboard that is presented quarterly to at least a sub-group of the board and include performance against the race disparity ratio, WRES and other race specific targets.
- [ ] The organisation must be able to demonstrate two years of consecutive improvements against at least five WRES measures.
- [ ] The organisation can evidence diverse representation within their disciplinary and grievance processes.
- [ ] The organisation should bring together annually Black, Asian and Minority ethnic staff to review EDI progress and any learning be built into the following year's plans.

Anti-Racism Charter

Our organisation pledges we will introduce the following ongoing commitments within 12 months of signing:

Our leaders will

- Recognise the need and benefit in championing a racially diverse workforce.

Our equality auditing process will review

- Recruitment processes to identify and address race disparities in equality of

Proposed THT Anti Racism Deliverables

1. Campaign

See it ….recognize racism through quantitatively through data and qualitatively through lived experience

Say it or speak it…call out racism, challenge racist practice.

Act on racism…build the tools, capacity and the space for focused anti racist data led sustainable iterative interventions

2. Anti Racism clinical framework

Iterations for primary care
NHS trusts
Recognition/award system to incentivize and embed anti racist practice

3. Reporting form

Mechanism to continuous monitor, report and report racism and other forms of intersectional discrimination across place for staff, patients, service users.

4. Roadshow

Focus groups to test out our ideas, map patient journeys and priority set for the community.

Meeting people where they are by identifying groups that are experiencing poorer than average health outcomes through both quantitative data and qualitative lived experience data

Proposal 1: Medical racism co-design remedies

- What: Co-design event with VSCE and primary care. Restorative justice or broader title
- When: First quarter of 2025 by March
- Cost: £5k, to cover facilitation, event hire, food, community org payment for co-hosting
- How: Look to have brap hosting and chairing it with community engagement leads supporting the community groups invited.
- QI facilitation to capture change ideas
- We will present the ideas of a primary care AR framework there
- We will hold weekly T&F group meetings until this is event is done and report back to the board in April 2025
- **We would like agreement from THT for this to be next step**

Proposal 2: Anti Racism Campaign

- What: **THT board to agree an AR campaign to launch our AR ambitions and get racism on providers radars**
- How: Provider organization's to submit pledges
- Agree the manner of the campaign – open letter to our health and social care providers, patients, and people.
- EDI leads from each partner to take this campaign to their teams and put up posters, website newsletter features on this.
- Consider the manner of a reporting mechanism, it would be opportune to have it ready by the time the campaign is launched
- We can take this on the community roadshow.

Proposal 3: Anti Racism Framework

- What/ How: Once the Framework idea is agreed in principle with primary care we hope to devise a commissioning process for 3 or 4 community organisations to form an anti racist fellowship with primary care to progress the anti racism framework to agree the specifics and also form the panel for awarding via the recognition scheme at the end of the framework.

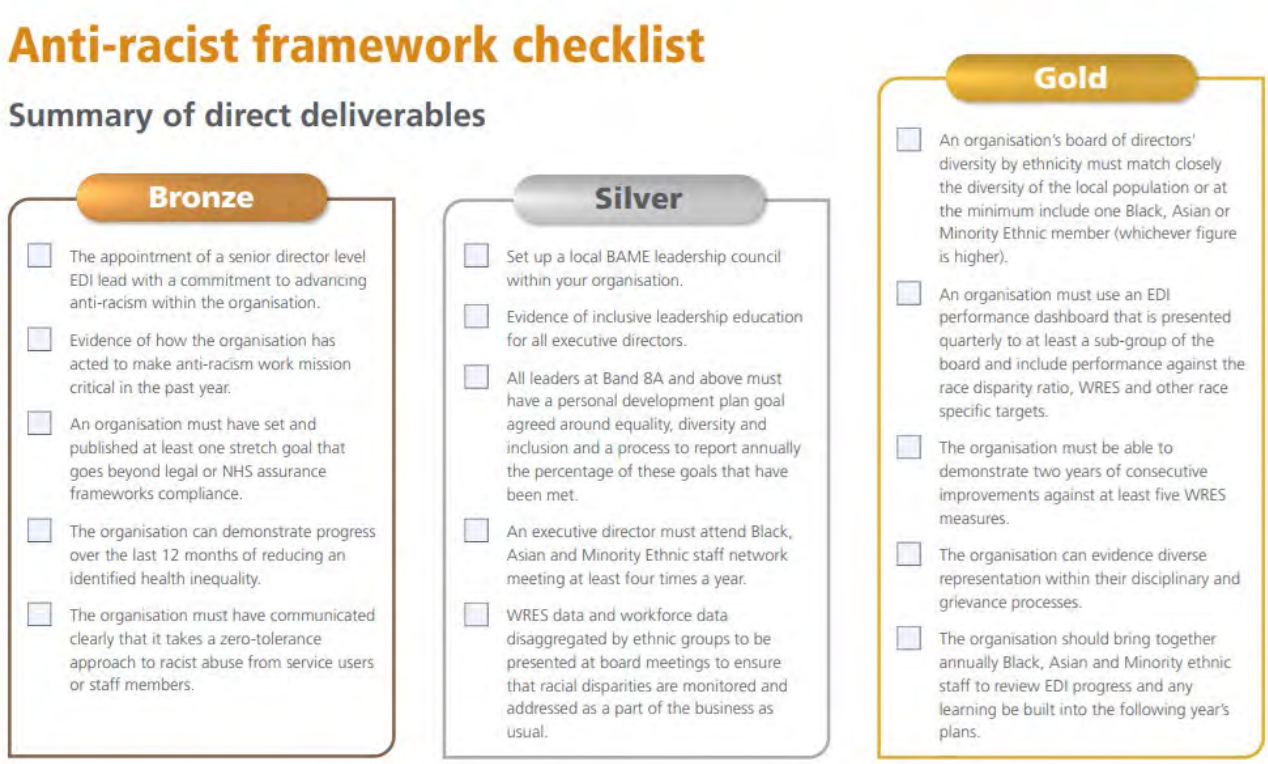
- The awarding panel would also include the Anti Racism and Health Equity Steering Group but also link in to People and OD Group and willing members of the Equalities Hub Ethnic Minorities Network, or the BAME Leadership Advisory Group, Staff Networks.

- Then we need to plan for a roadshow to present the FW and collect ethnic patient journeys and priority setting healthcare data from a focus group of the members of the community (CVS?).

- Cost: TBD

- **We would like agreement from THT Board for this to be a next step**

NHS trusts version



Anti-racist framework checklist

Summary of direct deliverables

Bronze

- The appointment of a senior director level EDI lead with a commitment to advancing anti-racism within the organisation.
- Evidence of how the organisation has acted to make anti-racism work mission critical in the past year.
- An organisation must have set and published at least one stretch goal that goes beyond legal or NHS assurance frameworks compliance.
- The organisation can demonstrate progress over the last 12 months of reducing an identified health inequality.
- The organisation must have communicated clearly that it takes a zero-tolerance approach to racist abuse from service users or staff members.

Silver

- Set up a local BAME leadership council within your organisation.
- Evidence of inclusive leadership education for all executive directors.
- All leaders at Band 8A and above must have a personal development plan goal agreed around equality, diversity and inclusion and a process to report annually the percentage of these goals that have been met.
- An executive director must attend Black, Asian and Minority Ethnic staff network meeting at least four times a year.
- WRES data and workforce data disaggregated by ethnic groups to be presented at board meetings to ensure that racial disparities are monitored and addressed as a part of the business as usual.

Gold

- An organisation's board of directors' diversity by ethnicity must match closely the diversity of the local population or at the minimum include one Black, Asian or Minority Ethnic member (whichever figure is higher).
- An organisation must use an EDI performance dashboard that is presented quarterly to at least a sub-group of the board and include performance against the race disparity ratio, WRES and other race specific targets.
- The organisation must be able to demonstrate two years of consecutive improvements against at least five WRES measures.
- The organisation can evidence diverse representation within their disciplinary and grievance processes.
- The organisation should bring together annually Black, Asian and Minority ethnic staff to review EDI progress and any learning be built into the following year's plans.

Framework; 3 Iterations (Above is the NHS trusts version), below is pilot primary care practices/PCNS) that is work in progress

Financing; there will be payment for the implementation/ QI support for pcns/ practices to write up, action a plan and feedback a plan

Each of the TH to work towards 3 levels

<u>Key mapping to Terms of reference domains as per Anti racism and health equity steering group April 2024</u>

- Mustard –AR leadership/training/workforce
- Red – utilising data
- Light blue- drives to increase diversity and representation at boards/groups
- Orange - demonstrating accountability and transparency through AR strategies /policies/toolkits
- Purple is co-design/co production with community partners
- Dark blue –interventions that reducing ethnic health disparities
- Brown -anti racist ways of working eg decolonisation, AR-commissioning,
- Pink -developing AR evidence base through research questionnaires

- Light green -through prevention, promotion and personalisation
- Dark green- black -Social determinants of health
- Grey – Workforce/WRES

BRONZE level;

- Nominate an EDI lead; to oversee the development of a primary care anti-racism strategy and it's advancement for each of the 7 primary care networks.
- The PCN to develop and communicate a clear zero-tolerance policy to racist abuse from service users or staff members and have this displayed clearly in waiting rooms and online booking forms.
- Ensure anti racism training is attended by key senior and management staff and pcn and practice level.
- To review collection & tracking of ethnicity data and agree a minimum data collection and reporting cycle eg quarterly.
- Identify local ethnic populations that maybe experiencing lower than average healthcare access, experience and outcomes.
- Take stock of work so far; PCN and member practices to evidence and appraise how they have acted to make anti-racism work mission critical in the past 1-3 years. Learn and reflect – what went well, what didn't and why?
- Review measured outcomes to addressing low update of health prevention, promotion and personalisation using an anti-racist lens with a special focus on addressing anti-blackness identified nationally and locally as a persistent form of racism from Brap training.
- PCNs to monitor the representation of PPGs to ensure PPG reps represent a cross section of ethnicities with special focus on addressing low representation from black and Somali groups in TH to address anti blackness and misogynoir as highlighted per brap training. Look at opportunities to co-design health & social justice projects and engage in social and restorative justice pathways.
- Look at opportunities to address unmet social determinants of health such as lack of employment, education, housing etc which is a major factor to systemic racism
- Housing is a hot topic for residents of TH; co-design and co producing primary support advocating for better housing conditions, partnering with VSCE orgs that support healthcare workers and utilising data from accurx on housing and linking with LBTH healthy environments team to monitor the emergence of health conditions related to poor housing.
- The PCN to demonstrate progress over the last 12 months of reducing ethnic health disparities in access/experience or outcome using a mix of quantitative data and qualitative data. Formulate an action plan for the next 12 months.

SILVER LEVEL

Organisation working towards silver level; must have held bronze level recognition prior.

In addition, for the silver award;

- Working towards full adoption of an anti-racism strategy with practice and PCN level with continual collection & tracking of ethnicity data and action on disparities as it related to access, experience and outcome.
- To host PPG meetings focusing on racism at least twice a year and sending a Accrux template to send out to patient groups asking about race and how they feel their race affects their health (examples such as Dr David Williams race and health questionnaire see appendix)
- Collect qualitative data related to patient access, experience and outcomes of services from community groups, unmet social determinants of health utilise this data to map out ethnic and marginalised patient journeys, health priorities and barriers of identified populations.
- Utilise the Tower Hamlets public health culturally competent toolkit and the THT co production toolkit see appendix to co-design & produce anti racist improvements to service pathways with the community as an equal partner, from a cross section of ethnic, disabled and marginalised groups identified using a mix of forums; PPGs, co-production community groups and other opportunities.
- PCNs to collate the responses and submit to THT Anti-racism and health equity board as part of ongoing monitoring of the intersection of health & race.
- The PCN to demonstrate progress over the last 12 months of reducing ethnic health disparities in access/experience or outcome using a mix of quantitative data and qualitative data. Formulate an action plan for the next 12 months.

GOLD LEVEL

Organisation working towards Gold level; must have held silver level recognition prior.

Review your action plans from Silver award and build on the successes of some of this.

In addition, for the Gold award;

<u>Anti-racism health equity Interventions</u>

- Launch co-designed and co-produced data led interventions building on ground work done at bronze and silver level; seeking to address ethnic health inequities as it relates to waiting lists, referral pathways (can utilise Anti-racism and health equity steering group and QI funding available).
- Review measured outcomes from work done to address unmet social determinants of health such as lack of employment, education, housing etc which is a major factor to systemic racism.
- Producing clinical guidance and primary care pathways to improve the recognition, diagnosis and treatment of certain conditions prioritised by the local community, local data sets at PH and PHM level as well as inequities and anti-racism dashboards, navigation of the

primary/secondary interface e.g. such as dermatology in the diagnosis of skin conditions in black and brown people or utilising core20plus5 with an anti racist lens such as having a ethnic group as an health inclusion group..

Decolonisation and anti-racist commissioning.

- Review and decolonise clinical templates referral pathways, policies, procedures and ways of working.
- Developing an equal partnership with the community ; Commission local community organisations with cross section of ethnicities, with special focus to combating racism, anti blackness as per the brap training and collect and act on local lived experience on racism from local community organisations.

Workforce equity

- Using WRES measures review local workforce diversity by ethnicity; look at approaches to match closely the diversity of the local population or at the minimum include visible representation from the local population with a special focus on addressing anti blackness.
- Asking staff about their experiences of racism at annual appraisals and offering support
- The organisation must be able to demonstrate improvements against WRES measures.
- The organisation can evidence diverse representation within their disciplinary and grievance processes.

Iterative feedback and evaluation cycle

- Monitoring these interventions to ensure KPIs are met and tracking success addressing healthcare access, experience and outcomes
- The organisation should bring together annually Black, Asian and Minority ethnic staff to review EDI progress and any learning be built into the following year's plans
- Look into the utilisation of an EDI performance dashboard that is presented at an agreed cycle such as bi yearly reporting work streams done through this framework to the THT Anti-racism and health equity to ensure sharing, learning & reflection to include performance against the race disparity ratio, WRES and other race specific targets.
- PCN EDI leads to attend annual reporting meeting to Anti racism and health equity steering group to share reflections and learning and plan for next phase of work.

THT Place based Partnership Board

5 December 2024

Title of report	North East London ICS Anti-Racism Strategy
Author	Joseph Lee – Senior Strategy Manager
Presented by	Anna Carratt - Deputy Director of Strategic Development
Contact for further information	Lee Walker, Head of Strategic Planning and Impact -
Executive summary	This paper provides an overview of the initial work to create a North East London ICS anti-racism strategy. The development of an anti-racism strategy is a continuation following on from the system anti-racist workshop convened in October 2023 and aims to build on anti-racism work already taking place in our organisations and partnerships. The overarching aim of the work is to co-create a joined-up strategy for the system without replacing or duplicating existing anti-racism initiatives. The strategy is being steered by a group of system representatives that includes NEL Trusts, Local Authorities, Healthwatch branches and VCSEs. Diane Jones chairs the group and is overseeing the development work. The strategy focuses on three key areas (listed below) and lists a selection of areas of focus for organisations to further develop within a wider anti-racist approach, and includes case examples of work within north east London. The three pillars of the strategy are: • Workforce and leadership • Our approach to anti-racism • Ethnic inequalities in health
Action / recommendation	The Board/Committee is asked to: note the contents of the paper which deals with progress to date and comment on the draft strategy document
Previous reporting	N/A
Next steps/ onward reporting	The strategy will be taken to the ICB board in January 2025 for sign off and publication.
Conflicts of interest	None
Strategic fit	Which of the ICS aims does this report align with?

	• To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access
Impact on local people, health inequalities and sustainability	We hope through the development of the strategy, and subsequent ICB action plan , that we will be able to increase the cultural sensitivity of our staff and services and reduce the inequalities in access, experience and outcomes.
Has an Equalities Impact Assessment been carried out?	No EQIA. The anti-racism strategy is work that seeks to identify patient, resident or staff groups that are disadvantaged because of race at the present time, and then reduce that disadvantage at the system wide level. Therefore, we have not anticipated that a protected characteristic group will be more disadvantaged (than they currently are already) by the development and implementation of this strategy
Impact on finance, performance and quality	There is no current financial request aligned to the development of the strategy, however further work within the ICB, as a result of the strategy, may require financial resources to deliver.
Risks	Evidence shows that the racism built into our structures and cultures is linked to poorer health outcomes for both physical and mental health. ICBs have a statutory duty to tackle health inequalities and over half of half north east London's population are from black, Asian and minority ethnic backgrounds. There is a risk that failing to address these sets of drivers that leave the majority of our population at risk of poorer outcomes which would lead to worsening inequalities for these groups. Having initiated the anti-racist workshop in autumn 2023 it has been asked by stakeholder what had happened to the outputs from that event and what had been happening. There would be a risk to the ICB if it did not give a system partners a clear way forward on anti-racism and while it does not specifically need to follow the approach outlined here an alternative process would be required to mitigate this risk.

1. Introduction

The population of north east London is hugely diverse by ethnicity, country of birth and language. More than half (53%) of NEL's population is made up of people of the global majority (all ethnic groups except while British and other white groups), compared with 18% across England overall.

In autumn 2023 NHS north east London brought together a system workshop to build on the anti-racist work that already takes place in some of our organisations and partnerships to co-create a joined up, overarching strategy. This strategic development work provides continuity with the previous system wide work the ICB had coordinated last year.

2. Proposed approach

The development of an anti-racism strategy will be built upon three core pillars of work within the ICB and across the ICS and look to work across all areas of the ICSs functions, focusing particularly on our system priorities for improving quality and outcomes and tackling health inequalities.

Strategy pillars

1. Workforce and leadership
2. Our approach to anti-racism
3. Ethnic inequalities in health

The ICS strategy will not replace any single-agency initiative but aims to build upon the work across the ICS and bring together all partners to a set of system wide aims that will address racism and its impact, across north east London.

3. Steering Group / Task and Finish Group Approach

A steering group, and task and finish group, have been established to develop the strategy, engage with system partners and build on the best practice already established within north-east London. The steering group is established to have more oversight and sign off of the strategy as it is drafted and the task and finish group is there to develop the detail of the content. Both groups are chaired by Diane Jones and the membership of the group is majority system partners not ICB staff. The T&FG meets weekly and are working in an agile way, refining and coproducing content together.

This group has representation from across Place, Local Authorities, Provider organisations, VCSE collaborative and healthwatch. Several Chief People Officers are being copied into the meeting papers to keep them informed.

The members of the T&FG and the SG have been asked to engage with their own organisations on the strategy to ensure support.

4. Governance and engagement

Overall sign off will be by the ICB Board in January 2025. We are taking the strategy to the ICB Executive Committee and the ICP Committee for endorsement in January 2025.

Each provider and LA representative in our SG and T&FG are asked to get endorsement from their organisation for the strategy.

Engagement to date has been focused on the weekly task and finish groups as we have tested the approach and content with the members of the T&F Group from our system partners. In addition there has been engagement with ICB staff through a number of events focusing on the strategy through Black History Month.

Further engagement has taken place with ICB staff, a specific VCSE place session and a session is planned with our ICB BME Network.

5. Principles from the Steering Group

A set of draft principles were developed, following feedback from the initial task and finish group to demonstrate that the strategy will complement existing organisational initiatives as well as look to set some aspirations goals for the ICS to work towards.

- Will build on, and magnify, the current work across the system within individual organisations
- Not duplicate or replicate current work within individual organisations
- The strategy will focus on areas which will be meaningful and impactful to deliver real change
- Not create unnecessary additional bureaucratic burden on organisations

It was immediately clear that we have system partners who have already made much progress on anti-racism and are very comfortable in sharing the achievements that have already been made and that the strategy would not need to try to replace good work already happening although it could attempt to raise the profile of that activity.

6. Draft strategy

The current strategy has been written in conjunction with the task and finish group to demonstrate the activities that the system needs to undertake

There has also been developed a strategy mission and vision for north east London to become ant racist:

6.1 Strategy mission - To ensure that north east London ICS is an anti-racist, equitable and positive place to live and work in.

6.2 Strategy vision - Working together, and with our communities, we will identify and address areas across north east London which may contribute to the continued systemic racism and health inequity that adversely affects the people of north east London. We will work with partners to deliver strategies and initiatives for tackling structural and systemic racism, and we will work towards embedding this approach across all we do as providers of health and social care.

The strategy aims to confirm that this work is needed as part of a wider social and economic measures that look at the wider determinants of health and addressing issues or inequalities.

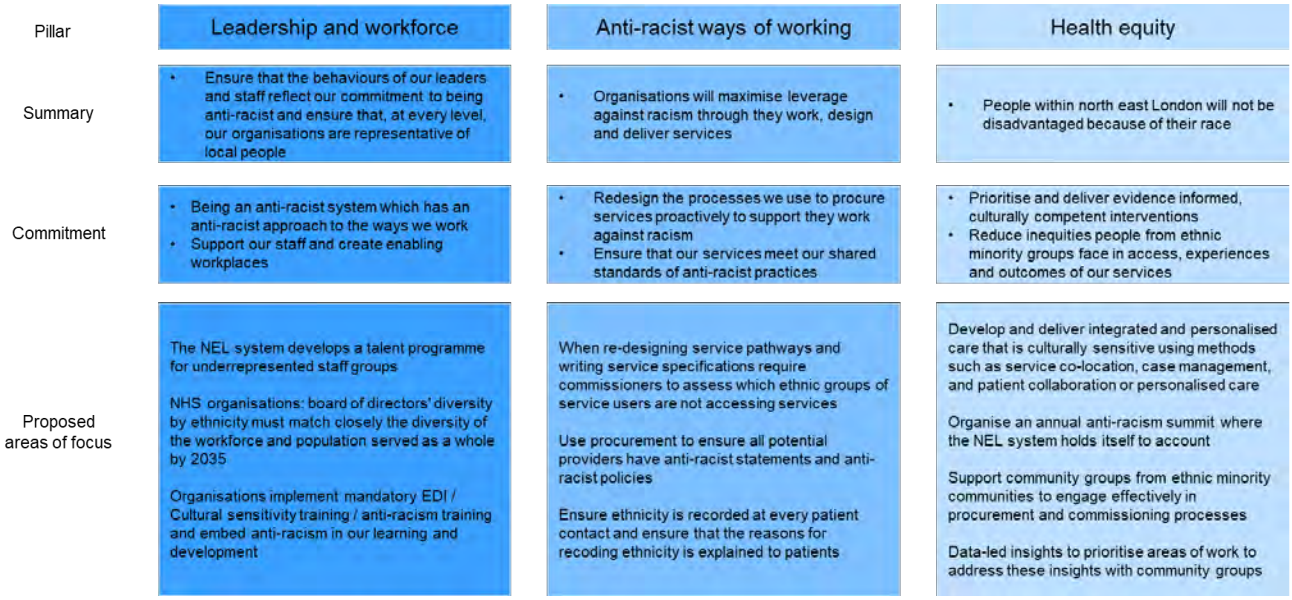
We acknowledge that inequalities are present across a broad range of characteristics and whilst we acknowledge these, this strategy focuses solely on the impacts of health related inequalities related to race.

6.3 Pillars and areas of focus

The strategy has been developed around three pillars, with several areas of focus for anti-racist initiatives we will deliver as a system to address systemic and institutionalised racism across our organisations.

- Workforce and leadership
    - Talent programmes for underrepresented staff at senior levels
    - Increasing the diversity of our board by 2035
    - Mandatory racial bias, EDI or cultural sensitivity training for staff

- Our anti-racist approach
    - Amending the service design process to remove the cause of any inequalities
    - Ensure our providers have the same anti-racist principles
    - Looking to standardise the use of the increased ethnicity coding
- Ethnic inequalities in health
    - Providing culturally sensitive services to reduce inequalities
    - The ICB to convene an annual anti-racism summit to share best practice
    - Utilise our community insights and engagement to shape services



7. Next steps

We will continue to develop and engage with partner organisations and the task and finish group regarding the anti-racism strategy prior to submission to the ICB board in January 2025.

While the anti-racism strategy will push ahead on anti-racism work across north east London it will not be a granular action plan that the system partner organisation could follow to progress intra-organisational anti-racism work.

After this strategy is published, there is likely to still be a need for a wider equality, diversity and inclusion action plan that would take forward the ICBs anti-racism work.

8. Appendix A – Draft NEL ICS anti-racism strategy

Attached is the full draft NEL ICS anti-racism strategy for comments. When approved, further engagement will take place as per section 4, and then brought back to the ICB EMT ahead of formal sign off through our governance in January 2025.

9. Appendix B – Attendance list

A distribution list is included to highlight the engagement and attendance at the Task and Finish / Steering Groups

Appendix A - Draft NEL ICS anti-racism strategy

Draft NEL ICS anti-racism strategy attached as an accompanying document

Annex B:

Attendance List

Local Authority EDI Leads *Head of equality diversity and inclusion*	**Name**	**Email**
Barking and Dagenham		
City of London		
Hackney	Rebecca Dyer, Workforce, Equality and Inclusion Officer Deborah Barnett, Head of Equality, Equity, Diversity, Inclusion & Belonging	[redacted]
Havering		
Newham	Paul Kitson as Corporate Director of Inclusive Economy	[redacted]
Redbridge		
Tower Hamlets	Damian Roberts, Head of Equalities and Inclusion	[redacted]
Waltham Forest	Joy Hume, Head of Equality, Diversity and Inclusion	[redacted]

Local Authority Education Leads (5-18 years)		
Barking and Dagenham		
City of London	N/A	N/A
Hackney		
Havering	Trevor Cook, Assistant Director of Education Services	[redacted]
Newham		
Redbridge	Colin Stewart, Director of Education	[redacted]
Tower Hamlets	Lisa Fraser, Director of Education	[redacted]
Waltham Forest	Cheryl Eyre, Education Advisory Services	[redacted]

Healthwatch		
Barking and Dagenham	Manisha Modhvadia, Manager	[redacted]

City of London	Rachel Cleave, General Manager	[redacted]
Hackney	Catherine Perez Philips, Deputy Director of Operations	[redacted]
Havering	Ian Buckmaster, Executive Director	[redacted]
Newham	Veronica Awuzudike, Manager	[redacted]
Redbridge	Cathy Turland, Chief Executive Officer	[redacted]
Tower Hamlets	Matthew Adrien, Service Director	[redacted]
Waltham Forest	Dianne Barham, Chief Executive	[redacted]

Primary Care Leads (Clinical)		
Barking and Dagenham		
City of London		
Hackney		
Havering		
Newham		
Redbridge	Dr Jyoti Sood, NEL Training Hub Clinical Lead	[redacted]
Tower Hamlets	Dr Farah Bede, Clinical Lead	[redacted]
Waltham Forest		

Community (Providers)		
Homerton	Victoria Beckwith Equality Diversity and Inclusion Lead at Homerton University Hospital	[redacted]
Homerton	Alesia Waterman, Deputy Director of People	[redacted]
Homerton	Basirat (Bas) Sadiq (copied for information only)	[redacted]
Homerton	Tom Nettel, Chief People Officer (copied for information only)	[redacted]
C&H Neighbourhoods	Angela McCalla, Neighbourhoods Partnership and Workforce Project Manager	[redacted]
Tower Hamlets Together	Roberto Tamsanguan, Clinical Director	[redacted]
Tower Hamlets Together	Ashton West, Tower Hamlets Together Partnership Lead	[redacted]

Tower Hamlets CVS	Najnin Islam, VCSE Collaborative NEL	[redacted]

Mental Health (Providers)		
NELFT	Harjit Bansal, Cherrise Chand, Cathrine Lund, of the Equality Diversity & Inclusion (ED&I) team	[redacted]
NELFT	Yvonne Hood, Deputy Director of People & Culture	redacted
NELFT	(copied for information only)	Equality&diversityadmin@nelft.nhs.uk
ELFT	Tanya Carter, Chief People Officer (copied for information only)	[redacted]
ELFT	Barbara Britner, Deputy Director of People and Culture	[redacted]
ELFT	Juliana Ansah, Head of Equality, Diversity & Inclusion	[redacted]
ELFT	(copied for information only)	elft.edi-team@nhs.net

Acute (Providers)		
BHRUT	**Janine La Rosa** Chief People Officer	[redacted]
BHRUT	**Alan Wishart, Interim Director of Workforce**	[redacted]
BHRUT	Remi Odejinmi Director for Equality, Diversity, and Inclusion	[redacted]
BHRUT	Temilola Smith, Deputy Matron	[redacted]
Barts Health	Olayinka Iwu has joined Barts Health as our new associate director of inclusion.	[redacted]
Barts Health	Anthea Bart, Head of Community Participation, Whipps Cross University Hospital	[redacted]
Barts Health	Delvir Mehet, Group Director of People (copied for information only)	[redacted]

Miscellaneous		
Diane Jones	Chief Nursing Officer	[redacted]
Hannah Harniess	Director of Allied Health Professionals	[redacted]
Anna Carratt	Deputy Director of Strategic Development	[redacted]
Ellen Bloomer	Public Health Consultant / Health Inequalities Lead	[redacted]
Lee Walker	Head of Strategic Planning and Impact	[redacted]
Joseph Lee	Senior Manager Strategy	[redacted]
Archna Mathur	Director of Specialised Services and Cancer	[redacted]
Adeola Agbebiyi	Deputy Director of Public Health	[redacted]
Anna Garner	Head of Performance and Population Health for City and Hackney at the ICB	[redacted]
Julie Dublin	Chair BME Network	[redacted]
Daksha Desai	Interim Organisational Development Consultant	[redacted]
Robert Sinfield	Senior Lead, Data Insights	[redacted]

NEL anti-racism strategy

Contents

Introduction

Racism continues to be a significant issue that deeply impacts the health and well-being of our diverse communities. The inequalities experienced by individuals facing racism are unacceptable and must be addressed through collective action.

To address persistent racialised health inequalities, it is imperative to embed anti-racist ways of working within the operations of our work as an Integrated Care System (ICS). Anti-racist work should be an integral service improvement tool aimed at reducing racial inequalities and moving towards health equity.

North East London Health and Care Partnership (NELHCP) is committed to becoming an anti-racist system and will continue to evaluate and monitor our efforts to ensure these positive changes become embedded into our organisational and system culture across our partners. We will:

- Work with our leadership and workforce, ensuring that the behaviours of our leaders and staff reflect our commitment to being anti-racist and ensure that, at every level, our organisations are representative of local people.
    - Being an anti-racist system which has an anti-racist approach to the ways we work.
    - Support our staff and create enabling workplaces.
- Ensure our approach to anti-racism, maximises our leverage against racism.
    - Review the processes we use to design and procure services, so they proactively support the work against racism.
    - Ensure that our services meet our shared standards of anti-racist practices.
- Review ethnic inequalities in health and ensure residents are not disadvantaged because of their race.
    - Prioritise and deliver evidence informed, culturally competent interventions.
    - Reduce the inequalities people from ethnic minority groups face in access, experiences, and outcomes of our services.

We acknowledge the need to tackle all forms of discrimination and inequalities and addressing systemic racism remains a critical priority for the organisations of north east London health and care partnership. It is important to recognise our anti-racist work within a comprehensive framework of equality and inclusion, whilst emphasising its prominent role in addressing some of the systemic causes of inequalities and that by addressing these issues, we can create a system that enhances outcomes for all staff and patients.

Foreword

XXXXX

Diane Jones
Chief Nursing Officer
NHS North East London Integrated Care Board

Background

In autumn 2023 NHS north east London (NEL) Integrated Care Board (ICB) brought together a system workshop to build on the anti-racism work that already takes place in some of our organisations and partnerships, to co-create a joined up, overarching approach.

Drawing on best practice from across the ICS and nationally, north east London proposes to adopt a model that emphasises the following elements:

- A clear and robust leadership commitment to anti racism, with role models across the system.
- Supported by:
  - The right resources and enablers (data, governance, partnerships, financial and people resource); and
  - Consistent messages and constant engagement and feedback
- With progress assured and reflected through:
  - Celebrating and evidencing success; and
  - Accountability and metrics
- The partners will work collaboratively to tackle racism as well as continuing to work individually.

The development of an anti-racism strategy will be built upon three core pillars of work within the ICB and across the ICS which look to embed across all areas of the ICSs functions, focusing particularly on our system priorities for improving quality and outcomes and tackling health inequalities.

The ICS strategy will not replace any single-agency initiative but aims to build upon the work across the ICS and bring together all partners to a set of system wide aims that will address racism and its impact across north east London.

Our mission

To ensure that north east London ICS is an anti-racist, equitable and positive place to live and work in.

Our vision

Working together, and with our communities, we will identify and address areas across north east London which may contribute to the continued systemic racism and health inequalities that adversely affects the people of north east London. We will work with partners to deliver strategies and initiatives for tackling structural and systemic racism, and we will work towards embedding this approach across all we do as providers of health and social care.

This strategy contributes and build upon the work towards an anti-racist approach across London and north east London ICS agrees with and has signed up to the London ICS's anti-racist commitment:

London ICS's anti-racist commitment

- The Chairs and CEOs of London's five Integrated Care Boards would like to express their commitment and support to a strategic anti-racism approach in London's Health and Care System. We understand our role, not just as leaders of statutory NHS bodies, but as the conveners of Health, Care and Community Partners, in driving forward this agenda, and embedding race equity into being part of how our health and care system operates.
- We are deeply proud to serve in London's diverse systems, where this diversity is central to the prosperity, strength and energy of our collective delivery. As such, our ICBs have developed strategies for tackling structural and systemic racism and are working towards embedding this approach into our emerging integrated care strategies, joint forward plans and workforce planning. We recognise that we are on a journey to see differently, respond differently and lead differently in order to achieve our anti-racism ambitions. We are taking actions that fit our specific situations for example anti-racism training and development for our staff and establishing race equality groups to advise our boards in order to help close health and workforce equity gaps. We will continue to evaluate and monitor our efforts to ensure these positive changes become embedded into our organisational and system culture.
- We look forward to working with, sharing with and learning from our partners across London in addressing ethnic health inequalities, as part of our approach to addressing wider health inequalities, at every level of our system.

September 2023

Organisational pledges

North East London Health and Care Partnership is committed to bringing together all organisations to deliver real change and the purpose of this strategy is to deliver a consistent approach to the systemic issues that deliver worse outcomes for those from an ethnically diverse background who work and live within north east London.

As such the Chairs and Chief Executive Officers of the organisations within the ICS would like to express their commitment and support to this strategy, in order to send a clear message that we are united in working to reduce these inequalities and confirm that racism, in any form, will not be tolerated in our organisations and services.

Drafting Note: CEOS OF ICS ORGANISATIONS PLEDGES TO GO HERE

North East London Health & Care Partnership

NHS North East London

NHS Barts Health NHS Trust

NHS Barking, Havering and Redbridge University Hospitals NHS Trust

NHS Homerton Healthcare NHS Foundation Trust

NHS North East London NHS Foundation Trust

NELFT NHS NHS Foundation Trust

Hackney

City of London

Tower Hamlets

Newham London

Waltham Forest

Barking & Dagenham

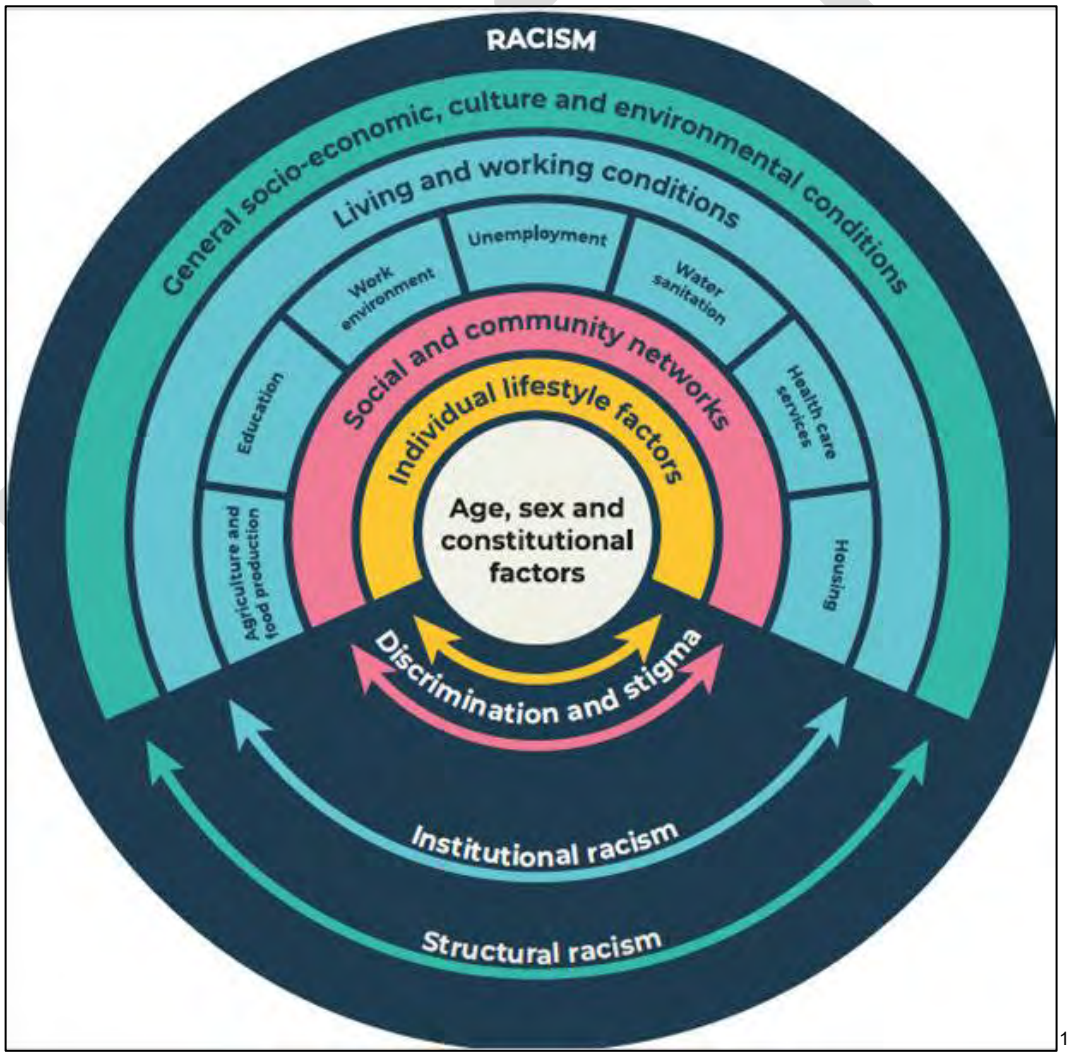
London Borough of Redbridge

Havering London Borough

Problem statement

Racism continues to be a significant issue that deeply impacts the health and well-being of our diverse communities. The inequalities experienced by individuals facing racism are unacceptable and must be addressed through collective action.

Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources – (Camara Jones)



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[1] Yip, Jennifer & Poduval, Shoba & Souza-Thomas, Leah & Carter, Sophie & Fenton, Kevin. (2024). Anti-racist interventions to reduce ethnic disparities in healthcare in the UK: an umbrella review and findings from healthcare, education and criminal justice. BMJ Open. 14. 10.1136/bmjopen-2023-075711

It is our ambition that we will remove the structural problems that continues to deliver differences in health outcomes for our population with the goal of achieving health equity. Health equity is the assurance of the conditions for optimal health for all people and is achieved through the removal of health inequalities. We have collectively agreed, as part of our approach, to the following statements:

- **Racism exists**
- **Racism is a structural and systemic problem**
- **Racism impacts health outcomes**

Only once we have, as a system agreed to these statements, we can begin to identify how racism is operating and how best to address it. As a system we acknowledge that everyone has a responsibility to address racism, and it is part of everyone's roles across our organisations to become actively anti-racist.

We need to be accepting of the uncomfortable truth around the existence of racism in our organisations and our services and critically reflect on the systems and ways of working which have engrained systemic racism that perpetuate racial inequalities within our population.

We need to acknowledge that no one group, regardless of racial ethnicity, can claim to be completely anti-racist and accept that we need to be honest and transparent in the fact that we all have work to do to become more anti-racist and address the effects or racism within our system and population.

To address persistent racialised health inequalities, it is imperative to embed an anti-racist approach within the operations of our work as an ICS. Anti-racist work should be an integral service improvement tool aimed at reducing racial inequalities and moving towards health equity.

We need to go further than simply naming racism, we need to move to action and look to address the causes of inequalities within our system through collective action against these causes.

Definitions and language

The language we use helps to shape the understanding and representation of the groups within north east London who have experienced racism through the care or services they have received. It is therefore important that a set of agreed definitions and a common use of language helps to shape the approach to tackling racism within each organisation.

Definitions

Racism: is defined as a complex system of structuring opportunity and assigning relative value based on phenotypic characteristics (appearances), unfairly disadvantaging ethnic minority groups, and unfairly advantaging white people.[2]

Anti-racism: a powerful collection of antiracist policies that lead to racial equity and are substantiated by antiracist ideas," where an antiracist idea is "any idea that suggests the racial groups are equals in all their apparent differences"[3]

Systemic racism: racism that emphasises the involvement of systems, and often whole systems such as political, legal, economic, healthcare, education, criminal justice systems, and includes the structures that enforce these systems.[4]

Structural racism: the form of racism that is enforced by structures in society, including the laws, policies, institutional practices, and entrenched norms, and form the systems' scaffolding.[5]

Institutional racism: the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through prejudice, ignorance, thoughtlessness, and racist stereotyping which disadvantage minority ethnic people.[6]

Health inequalities: avoidable, unfair, and systematic differences in health between different groups of people.[7]

Health equity: inequity is the absence of unfair, avoidable, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human

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[2] Jones CP. Confronting Institutionalized Racism. Phylon 2003;50(1-2):7-22
[3] Ibrahim X Kendi. How to be an antiracist. 2019.
[4] Systemic And Structural Racism: Definitions, Examples, Health Damages, And Approaches To Dismantling | Health Affairs
[5] Systemic And Structural Racism: Definitions, Examples, Health Damages, And Approaches To Dismantling | Health Affairs
[6] MacPherson Report (1999)
[7] What Are Health Inequalities? | The King's Fund (kingsfund.org.uk)

right. Health equity is achieved when everyone can attain their full potential for health and well-being. [8]

Personal / Interpersonal racism: this occurs during interactions between individuals and can include, making negative comments about a particular ethnic group in person or online, calling others racist names, and bullying, hassling or intimidating others because of their race.[9]

Trauma Informed Organisation: An organisation which has adopted and embedded the values and practices consistent with trauma informed approaches that are ways of working that support people recognised as having specific needs that are a result of past or ongoing trauma.

White fragility: the idea that some white people are upset and feel threatened when they think about or are told about racism (policies, behaviour, rules, etc. that result in a continued unfair advantage to some people and unfair or harmful treatment of others based on race).[10]

Cultural racism: is a form of racism (that is, a structurally unequal practice) that relies on cultural differences rather than on biological markers of racial superiority or inferiority. The cultural differences can be real, imagined, or constructed[11]

Medical racism: is the systematic and wide-spread racism against people of colour within the medical system. It includes both the racism in our society that makes people less healthy, the disparity in health coverage by race, and the biases held by healthcare workers against people of colour in their care.[12]

[8] Health equity (who.int)
[9] Australian Human Rights Commission - ahrc_sr_2021_4_keyterms_a4_r2_0.pdf (humanrights.gov.au)
[10] White fragility - English meaning - Cambridge Dictionary
[11] Mukhopadhyay, Carol C.; Chua, Peter (2008). "Cultural Racism". In John Hartwell Moore (ed.). *Encyclopedia of Race and Racism*.
[12] Medical Racism & Antiracism - Multicultural Health - Research Guides at Stanford School of Medicine - Lane Medical Library

Language

North east London is a diverse population with many ethnicities and communities represented. In our use of language, we will aim to reflect racism in its widest context, appreciating that it affects all ethnically diverse communities and acknowledge that we may not always use language which is as reflective as we intend. As such we aim to follow the principles laid out by The NHS Race and Health Observatory[13].

Our principles

- We will always be as specific as possible about the ethnic groups we are referring to, only using collective terminology where there is a legitimate need to do so.
- We will avoid use acronyms or initialisms such as BME or BAME.
- Where collective terminology is needed, we will always be guided by context, and will not adopt a blanket term. In the event that the context is not decisive, we will use collective terms such as 'Black and minority ethnic', 'ethnic minority', 'Black, Asian and minority ethnic' interchangeably. This is to reflect the fact that no one term is suitable to all of our stakeholders and to respect individual and community dignity.
- We will always be transparent about our approach to language and be open to adapting our approach in response to feedback.

[13] NHS_RaceHealthObservatory_Terminology-consultation-report-NOV-21-1.pdf (nhsrho.org)

Overview of North East London

The population of north east London is hugely diverse by ethnicity, country of birth and language. More than half (53%) of NEL's population is made up of people of the an ethnically diverse background (all ethnic groups except while British and other white groups), compared with 18% across England overall and we are the most diverse ICS in the country.

With a population of over two million, it is the second largest health economy in England and our population is predicted to increase by 13% to 2.2 million by 2028. This growth is faster than the London average with the greatest growth at 20% expected in Newham.

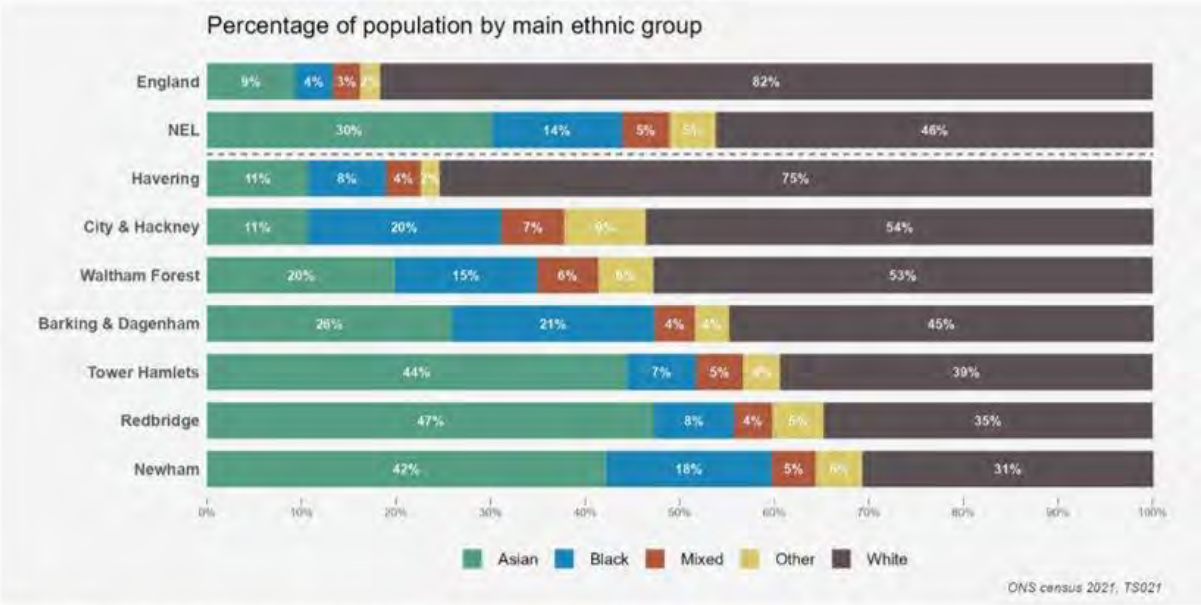

Figure 2 Percentage of population by main ethnic group (2021 ONS)

Our local communities are richly diverse with over 50% identifying as a Black, Asian or minority ethic groups. Four of our boroughs are in the top ten most diverse Local Authorities in England and Wales.

Five of our boroughs are in the twenty most deprived in England. Many local people rely on benefits, experience fuel poverty, unemployment and live in poor housing. There are significant variations across our boroughs in terms of health and care outcomes, population services and quality, between organisations and resources.

North east London is an area which has seen a huge deal of diversity over the past few decades and has some of the fastest growth of any London ICS within the coming years. Increasing diversity has been a core part of north east London, ever since the days of imperial rule and the importance of the docklands as the heart of global trade and colonialism.

North east London has a history as a place where people from a range of ethnic backgrounds were welcomed and able to contribute to the rich mix of ever-increasing diversity, bringing a wealth of benefits to local communities.

This however sits alongside a history of conflict and prejudice, as during the 1930s the East End was the focus of activity for Oswald Moseley's British Fascist Party, through to the 1970s and 1980 with a series of racially motivated murders and even as recently as the 1990s and 2006 with the election of British National Party (BNP) councilors in Tower Hamlets and Newham respectively.

As a population and a community north east London has consistently overcome this attempt to promote division and has celebrated the diversity that a rich complex set of cultures and ethnicities provides as a place to live and work.

North east London is a diverse and aspirant population and we as a system we need to put in place measures which will address systemic barriers, reduce racial health inequalities and enable the people of north east London to thrive.

Tackling racism and embracing the benefits of diversity in all forms, is at the core of our organisations and our people and therefore it is vital we continue to build on this work and take the next step in addressing some of the systemic causes and impact of racism on our population.

Inequalities in north east London

Tackling health inequalities is a priority for the north east London ICS and is identified as a key cross-cutting theme in our first Integrated Care Partnership (ICP) Strategy.

The ICS will publish an annual health inequalities data summary for NEL on an annual basis to ensure that the data is used to drive change and improvements. This is intended to support ICS programmes and providers to build on their existing work identifying and acting on healthcare inequalities, particularly where cross-NEL and multi-sector action is required.

There are several key inequalities worth highlighting as part of this strategy[14]

- a higher proportion of people from the Asian ethnic group are waiting 18 weeks than might be expected, representing 30% of the total waiting list compared to the 21% proportion of Asians in the NEL population.
- those from a black ethnic background had a non-elective rate 16% higher than the NEL rate.
- those living in the most deprived quintile experiencing a 14% higher rate of emergency admissions, than the rate for all people in NEL.
- people in the Black ethnic group experience emergency admissions at a rate statistically 14% higher than the NEL rate.
- across NEL, the rate of babies born stillbirth was higher for babies born to Black women (3.8 per 1000) and Asian women (4 per 1000) compared to the rate for those both to White women (2.6 per 1000). This compares with the national average of 3.8 per 1000 babies.

The identification and assessment of the causes of inequalities is a core component to the work of the ICS and central to this work will be the identification of race related inequalities. We need to continue this system approach to tackling inequalities but also look to extend the focus of our work to review the intersectionality between the causes of inequalities related to race, such as deprivation.

The NEL ICS is working to become a Trauma Informed Organisation, developing a violence reduction strategy, and adopting trauma informed ways of working. It is recognised that racism can be a source of trauma and so will be working to join up violence reduction and anti-racism work at organisation and system level.

[14] Annual Health Inequalities Information for NHS North East London – July 2024

Case Example

Executive Summary of North East London Local Maternity and Neonatal System's Equity and equality strategy and action plan

We know from the women and families we see, there are health, social and economic inequities and inequalities for women of Black, Asian and Mixed Ethnic backgrounds and those living in the most deprived areas when accessing and experiencing maternity services. Our initial needs assessment looked at the data and outcomes for women in our communities and identified a number of clinical outcomes and experiences that were poorer for certain communities than others.

As part of our engagement and co-production in developing a strategy and action plan to help deliver improvements in this space, we worked with Healthwatch and Maternity Mates to better understand the experiences and expectations of the women in our care. By meeting women where they are, prenatally and postnatally, in a variety of community based settings, we were able to have rich discussions and gain a real insight into their experience of maternity services. By utilising face to face interviews, focus groups and survey responses, from maternity service users and staff, we were able to identify themes and areas for improvements.

The key themes focussed on engagement, communication, information sharing and consent. It was evident that some difficult experiences and poor outcomes could have been different with more accessible information, stronger communication, greater cultural awareness and a trauma informed approach.

With these themes identified, an action plan has been developed, worked on collaboratively with maternity staff, public health colleagues, and Maternity Voice Partnership Chairs. The action plan will provide direction for the five maternity units in North East London to have an equity lens in all these areas. The action plan is not necessarily about creating something new, in terms of pathways, processes or ways of working, but creating a culture that looks to the diversity of our people and provides safe, equitable and personalised care regardful of this.

Alongside this equity and equality action plan, we will work with our maternity units on the priorities and actions from the Ockenden Report, CQC reports and the Women's Health Strategy, ensuring plans are working together to ensure Black, Asian and Ethnic minority women and those living in the most deprived areas, feel supported and listened to, and that outcomes for these women improve.

This strategy and action plan is the start of change over the next five years. It will need to be a living document that is adapted and developed over time as environments change. The action plan is an overview for north east London, understanding that our communities have different needs, and each maternity unit will need to develop a localised plan to fulfil these needs.

We are committed to working together, as a system, to improve equity for mothers and babies and race equality for NHS staff.

North East London Anti-racist Pillars

Work is already taking place across the system to address the cause and impacts of racism on our population. There are many programmes of work which have been set up to tackle racism, with these varying in terms of their scope and focus.

Our strategy will look to build upon these actions and agree a shared set of areas that organisations will work on, in order to make improvements for north east London as a place to work and receive health and care services.

We will look to do this by amplifying these examples of work, learning from what has worked and helping to spread this across our organisations.

This strategy will provide some examples of this work in the context of our agreed areas of focus, but it should be noted that these are by no means an exhaustive or definitive list of ways in which racism is being tackled through our organisations.

Therefore, we have chosen to focus on the following areas:

Our pillars

- Workforce and leadership
- Our anti-racist approach
- Ethnic inequalities in health

The pillars within this strategy look to summarise the areas which we, as a system, feel will have the most impact on our staff and the people of north east London.

As a system we need to deliver the initiatives within these pillars, as part of wider anti-racist approach, and acknowledge the ongoing commitment needed to deliver transformational change rather than transactional activities which do not to address the issues of systemic and institutionalised racism across health and care.

Pillar One: Leadership and workforce

One of the most prominent visible examples of the impacts of historical and structural racism is within the diversity of our workforce. Our leaders are in a unique position to influence the approach and culture of organisations towards anti-racist initiatives, ensuring that all levels of our organisations work towards being anti-racist places to work.

As a system we need to review the number and distribution of staff from Black, Asian and minority Ethnic background across all levels and seniority within our organisations, ensuring that the senior roles within our organisations are as representative of our population as more junior roles.

As organisations we need to improve the quality and transparency of our approach to tackling racism and providing our workforce with greater distribution of development opportunities regardless of their race. Our leadership is key in driving this change and supporting our workforce to reduce the current barriers experienced by staff from Black, Asian or minority ethnic backgrounds.

Leadership and workforce: Pillar Commitment

As a system we are committed to being an anti-racist system which has an anti-racist approach to the way we work, and we are committed to supporting our staff and creating enabling workplaces that are reflective of the diverse population we serve.

Leadership and workforce: Pillar Summary

As a system we will ensure that the behaviours of our leaders and staff reflect our commitment to being anti-racist and ensure that, at every level, our organisations are representative of local people. North east London has a broad diversity and as such our leadership and workforce should also reflect this to showcase our commitment to the ICS and ICB as anchor institutions for our community.

As such as we need to ensure that all of our workforce has equal opportunities and is not disadvantaged through recruitment processes or through structural practices which prevent or inhibit staff from ethnic backgrounds being reflected throughout all seniorities within our organisations.

There are numerous reasons for this not being the case throughout our organisations and as such we have tried to develop three action areas which look to address the systemic causes of this and deliver a broad and impactful means of addressing the current inequalities within our leadership and workforce.

Leadership and workforce: Pillar action areas

1. Talent Programmes

As a system we will develop talent programmes for underrepresented staff groups and implement initiatives which aim to reduce the number of underrepresented groups within senior management positions within our organisations.

These talent programmes or initiatives will be focused on ensuring that staff have the support and sponsorship for roles they apply for, and we will take positive steps to remove bias and establish inclusive practices within any appointment process.

This would be to ensure that staff from Black, Asian and minority ethnic background are confident that they can have the same opportunities and access to senior roles as their white counterparts and we will see a shift in the representation of Black, Asian and minority ethnic staff into more senior grades within organisations, based on the current organisational starting positions.

Case Example

2. Board diversity

NHS organisations will ensure their board of directors' diversity by ethnicity must match closely the diversity of the workforce and population served by 2035 so that as organisations we are truly representative of our staff and our population as a whole.

This looks to put a targeted date on the requirement within the Workforce Race Equality Standard (WRES), which is a requirement for NHS commissioners and NHS healthcare providers including independent organisations.[15]

As part of the WRES, NHS providers are expected to show progress against a number of indicators of workforce equality, including a specific indicator to address the small numbers of BME board members across the organisations.

[15] NHS England » NHS Workforce Race Equality Standard

This will be for individual organisations to review and decide how best to implement the required changes needed to address any underrepresented staff or populations groups within their board.

The benefits of this would be to ensure that, not only are more ethnically diverse views represented at the most senior levels within each organisation, but also that there is a visibility of staff at senior levels for the workforce and population. With our communities are clear that we have a pathway to the most senior positions for all individuals, regardless of their ethnicity.

Case Example

3. Staff training

Organisations will implement mandatory equality diversity and inclusion (EDI) or cultural sensitivity training / anti-racism training and embed anti-racism in their learning and development programmes.

The exact training needs of each organisation and its staff will be for local determination, however it is proposed that the focus of training and the outcomes of any programme, work to equip leaders, managers and staff with a range of tools, skills and knowledge to ensure our workforce becomes more culturally competent.

This may include the development of Black, Asian and minority ethnic mentoring/reverse mentoring and coaching or mandatory training for all staff around EDI, specific anti-racism, or racial bias training.

Whilst we acknowledge the limitations of mandatory training, the use of training aims to support the creation of an inclusive culture and address behaviours which are not conducive to an anti-racist workplace. It will also develop further understanding of examples and causes of systemic racism and help the understanding of concepts such as allyship and privilege, ensuring that it becomes everyone's responsibility to tack racism and not just that of Black, Asian and minority ethnic colleagues.

Case Example

Leadership and workforce: Pillar Success

If we can overcome racism within our organisations and workforce, we will be able to better represent the communities we serve, bring a broader set of lived experiences into our workplaces, and release the current talent pool of staff that are underrepresented at senior levels.

We want to ensure that all staff within organisations across north east London, feel that they have the same access to the job opportunities as their white counterparts and that the leadership of our organisations begin to accurately reflect the population of the rest of the workforce and the population we serve.

We will deliver change to ensure that we reduce the gap in the likelihood of staff from Black, Asian and minority ethnic backgrounds being shortlisted and appointed for roles when compared to white staff.

We will continue to deliver change in conjunction with our staff to ensure that views from our staff and leadership is accurately represented and is prominent in shaping the way we review and assess the impact of systemic racism on our workforce and leadership.

We will ensure that our staff, across all parts of our organisations and from all backgrounds, feel safe and confident to raise concerns within the workplace and are able to speak up against racism when they witness it and call it out without fear of reprisal.

Primarily we need to ensure our organisations are proactive and preventative when seeking to address race discrimination and systemic racism.

Pillar Two: Our anti-racist approach

Becoming an actively anti-racist system requires us to address racism across all our activities and areas within our control and influence. The systemic racist biases that exist throughout health and care is reflected within the policies and approach to the provision of those services.

We need to identity the areas of our working practices which we can amend and that will reduce further inequalities originating from racism and actively look to address areas where we can make an impact.

By embedding anti-racist activities at the heart of our organisation's activities we can ensure that we have a significant impact on the inequalities we are witnessing within our services.

'Tackling systemic racism requires us to identify and address the drivers of this way of thinking, not just deal with the symptoms'[16]

Our anti-racist approach: Pillar Commitment

Review the processes we use to design and procure services, so they proactively support the work against racism, and ensure that our services meet our shared standards of anti-racist practices.

Our anti-racist approach: Pillar Summary

Organisations will maximise leverage against racism through their work, design, and delivery of services. As a system we need to build upon the initiatives already in place to embed anti-racist activities and attitudes across all aspects of our services and ways of working.

Anti-racism activities need to be central to all work across each organisation and north east London as a system. By amending our working practices and how we design and procure services, we will be able to address the inequal effects of our services on the population of north east London.

Our anti-racist approach: Pillar action areas

1. Service design

We want to ensure that anti-racism sentiments and anti-racist processes are embedded into service design, as this is crucial for addressing inequalities and ensuing equitable access for all people of north east London. This involves critically reviewing and examining existing services and processes to identify and eliminate systemic biases that may disadvantage certain people due to the race or ethnicity.

[16] Brap and Kline, Too hot to Handle? Why concerns about racism and not heard...or acted on, 2004

When re-designing service pathways and writing service specifications, commissioners will need to assess which ethnic groups of service users are and are not accessing services with a view of what the cause of this is, only then will we be able to identify the root causes of any inequalities.

By incorporating anti-racist principles throughout the service design lifecycle, from initial planning to implementation and ongoing monitoring and evaluation, we can work towards creating more inclusive and effective healthcare services that meet the needs of all our population.

Service Design for ART Toolkit

ART recognises that there are three key elements that encourage people to access and use our services and that the absence of these elements can create a barrier to uptake. These three elements are:

- Accessible
- Relevant
- Trusted

The aim of ART is to shift agency for accessing and using health promoting service from service users and potential service users to providers, by clarifying the drivers of uptake within their circles of control and influence. ART supports providers to identify issues and make, often small but highly effective changes which improve service uptake, retention and experience.

ART was developed as a result of the learning gained through the NHS Diabetes prevention programme assessment meetings and the community conversations around COVID-19 vaccine uptake that took place during COVID 19 vaccination campaign. It has also been informed by the Sage 2014 vaccine hesitancy framework (‘the 3 Cs’).

The ART framework provides questions to consider when reviewing a service or designing a new service from an inclusion lens in order to encourage people to access and use our services, and to avoid creating a barrier to uptake.

The ART framework has been incorporated with service design to create a comprehensive toolkit for service providers to redesign the uptake and use of services through an inclusion lens.

2. Our services

Our commitment to racial equality should extend beyond internal practices to encompass external relationships, including suppliers, contractors, and business partners. By prioritising collaborations with partners that share these values,

organisations can amplify their impact and contribute to systemic change across industries and sectors.

This approach requires organisations to systematically review and revise their policies, procedures, and practices with a racial inequalities lens, with a focus of this being to use procurement processes to ensure all services we commission support our efforts to address issues causes by racism so that potential providers have anti-racist statements and anti-racist policies.

This mean and continuous embedding of accountability to ensure key policies have race equality built into their core, so that eventually this becomes everyday business.

Case Example – Whipps cross work regarding patient skin colour

3. Ethnicity coding

There will be a focus on improving ethnicity data collection and research, and exploring ethnic identity within communities and the wider system. This includes recording ethnicity at all contacts, to ensure that we are aware of the people that we are providing services for, so that we can best design those service to meet their needs. In addition to ensuring that ethnicity is recorded at every patient contact, we will make sure that make it clear for the reasons for recoding ethnicity is explained to patients.

Providing standardisation on the sixteen ethnicity categories, allow us to more consistently collect and analysis data and have improved health monitoring and identification of inequalities amongst different ethnic groups.

Whilst we appreciate that the diversity of our population does not fit cleanly within sixteen categories and therefore there will still be issues with those who do not easily identify within these groups and whilst this will not allow us to identify inequalities to the granular level that we would ideally like to see, we acknowledge that there are national requirements and commitments for the way in which we record data.

Therefore we will work locally to see how we can supplement this national requirement with our own commitment to localising options for populations whose diversity is not accurately reflected within the national data sets.

However, we feel that setting this current baseline will enable the system to better understand our current services and the populations they serve and act as a point on which to build for future work on better understanding our population, the inequalities within services and how we can work to address them.

Case Example – TH ethnicity coding in primary care (TBC)

Our anti-racist approach: Pillar success

Establishing an actively anti-racist system across our organisations is not only an imperative to addressing some of the systemic issues that are present across our services but is also a crucial step toward making sure that as a system, anti-racist activities are at the forefront of our work.

By embedding anti-racist principles into every facet of our operations, we will position ourselves to drive meaningful change and contribute towards the reduction in inequalities across north east London.

Our commitment to working together to review our process and address any issues highlighted within the way we work will help to amplify our efforts and ensure that our organisations, and by proxy, those we ask to provide services, leads by example to help tackle some of the root causes of racial inequalities within our population.

To support this, we will commit to have anti-racist requirements and approaches to the way we work to ensure the causes of inequalities are actively addressed and reduced by organisations within the system. We will also continue to review and address any future issues as they are identified.

Pillar three: Ethnic inequalities in health

Racism and discrimination are major drivers behind the health inequalities we still see today. It is our role as a health care system to be intentional in tackling those inequalities we see across our communities, but we should also be ensuring discrimination experienced by our staff is not further contributing to the problems.

Tackling inequalities in outcomes, experience and access is a fundamental aim for Integrated Care Systems and will form a key requirement for any strategy. The need to address racial inequalities is core requirement for an ICS as diverse as north east London, with the ambition of reducing ethnic inequalities in health ultimately being beneficial to the system and population as whole.

Ethnic inequalities in health: Pillar Commitment

Prioritise and deliver evidence informed, culturally competent interventions.

Reduce inequalities that people from ethnic minority groups face in access, experiences, and outcomes of our services.

Ethnic inequalities in health: Pillar Summary

Persistent inequalities in health outcomes represent a critical challenge for health and social services. Evidence shows that people of a Black, Asian and minority ethnic background experience higher rates of specific health conditions, poorer access to, and experience of healthcare services, and worse overall health outcomes compared to their white counterparts.

Addressing these racial inequalities is essential to addressing some of the systemic health problems, as tackling health inequalities can lead to better health outcomes not just for current population but for future generations.

Ethnic inequalities in health: Pillar action areas

1. Service inequalities

The known inequalities of access and experience in our services are a key driver in the disparity in outcomes. As part of our work to improve the outcomes in our services we will need to develop and deliver integrated and personalised care.

Current data shows us that there are inequalities in the outcomes of our services, however further work is needed to understand the inequalities in access and use of service by different groups, building on the work of our service design within the previous pillar.

Where we have identified that there are inequalities in access, experience and outcomes in services, we need to ensure that we are jointly developing services which are culturally sensitive. Using methods such as service co-location, case

management, and patient collaboration or personalised care will increase the understanding of our population needs.

We need to be honest with our communities and acknowledge that inequalities exist because of the flaws and systemic issues within our services and the design of those services and not because of the population itself.

Case Example – TH Cultural competent toolkit

2. Annual anti-racism summit

The sharing and spreading of best practice and expertise across our organisations is something which will help to foster the combined approach across the system to addressing systemic racism and the resulting health inequalities.

To support this, we will organise an annual anti-racism summit where the NEL system will be able to share best practice and examples of work which has reduced inequalities and helped to address some of the systemic issues discussed within the strategy.

This will bring all parts of the system together to discuss the steps taken to address some of the system causes of racial inequalities in our workforce and our service outcomes. The summit would also be an opportunity to review and aim to agree the steps that still need to be taken to further address racism in all forms across our organisations and services.

We also believe it is important that as a system, organisations within the ICS help to hold themselves to account for the delivery on the areas and actions outlined within this strategy.

The summit will be a key driver in the continued need to build on the momentum of individual organisational initiatives and help to continue our work towards NEL as an anti-racist system and deliver on our aim of being an anti-racist place to live and work.

3. Community engagement and insights

There is a need to review our services to identify where there is disparity in access and utilisation of services for those communities which would benefit from specific interventions. As a system we need to provide support for groups from ethnic minority communities to engage effectively in procurement and work with them within

the design process of our services to ensure they are inclusive and culturally sensitive.

We will need to ensure that we continue to collect and analyse data on patient outcomes, satisfaction, and engagement. This will help us as a system to identify areas for improvement. Data-led insights will be key to prioritise areas of work to address these insights within community groups.

Ensuring we have consistent and comparable data that we can review as organisations and as a system will help to benchmark our initiatives and support the change as we continue to meet the needs of our Black, Asian and minority ethnic communities.

The 'Big Conversation' in north east London

The 'Big Conversation' is about listening to the people in our communities, hearing their thoughts about health, care and wellbeing in north east London and, most importantly, acting on them. It focuses on what matters to local people and to work with them and our partners, to improve truly quality and outcomes and address inequalities.

The 'Big Conversation' builds on our **interim integrated care strategy** that is turning our ambitions into actions and is an opportunity to focus on what matters to local people.

The feedback we received through the **Big Conversation**, and other feedback from people across the area, showed there are five key pillars to what makes Good Care. Good Care should be:

- Accessible
- Competent
- Person centred
- Trustworthy
- Enable everyone to thrive

From Summer 2024, we have been testing these draft success measures with partners and with local people and communities. Conversations will include looking at how we could reference wider determinants of health, including quality of housing and air pollution.

Ethnic inequalities in health: Pillar success

Health inequalities are defined as 'avoidable differences in health outcomes between groups or populations.'[17] The causes of racial inequalities, are complex and

[17] Health disparities and health inequalities: applying All Our Health - GOV.UK (www.gov.uk)

interdependent, however we need to acknowledge that structural racism plays a key role in these inequalities.

Implementing initiatives which aim to address the systemic causes of these inequalities means that we look to address some of the systemic causes of racial issues within our services and the care that we provide for the people of north east London.

Not only do we need to deliver these changes in how we design and deliver these services together with our communities, but we also need to ensure that as a system we can share and spread examples of good practice across our organisations and use our collective resources to maximise the impact on improving the outcomes for our population.

The work to reduce inequalities will clearly demonstrate the commitment to reduce variations in outcomes based on race or ethnic background. Addressing inequalities can improve trust in health services amongst minority communities and act as a catalyst to further improve engagement and utilisation of services and health outcomes for all our population.

Summary

Addressing the systemic causes and presentations of racism across our system, throughout our workforce, working practices and through the inequalities in outcomes is a strategic imperative and needs clear commitment for organisations across north east London.

These inequalities for staff and people of north east London are a result of complex interdependent factors including socioeconomic conditions, access to care, and systemic biases.

A collective and comprehensive approach towards implementing these targeted initiatives, will hopefully go some away to address some of these issues. However, where organisations have the influence and ability to do so, they should be delivered in conjunction with broader social and economic measures looking to address racial inequalities.

All system and organisational strategies and programmes should look to support the work to become actively anti-racist and ensure that they are written through an anti-racist lens and take into consideration their role in addressing racial inequalities.

This strategy aims to deliver and oversee initiatives which will ensure that, as a system, we are investing in diverse workforce and leadership development, reviewing our approach to all we do and working with and for our communities to create a more equitable health and social care across north east London.

Each pillar will have its own success measures and organisational criteria for assessing the effectiveness to help create an anti-racist system. As a system, our overarching goal is to deliver systemic change on the causes of racism across our services and the impact this has on our population.

Whilst we have chosen the three pillars detailed within this strategy, we acknowledge that we will not deliver real change unless with these actions in isolation. These initiatives need to form part of a wider system approach and commitment to address racism in all forms, wherever we encounter it.

We need to deliver on our mission to ensure that north east London ICS is an anti-racist, equitable and positive place to live and work in, and build the trust of our staff and communities, remove the apathy of our whole population towards driving systemic racial change and, through demonstrable improvements, we need to collectively empower our Black, Asian and minority ethnic communities to help us deliver the change we desire and ultimately hold us to account.

Appendix One: NEL ICS organisational anti-racism strategies and programmes

- Active Anti-Racism: A multi-agency Charter for tackling racism, City and Hackney Safeguarding Children Partnership, 2024
- Anti-racist Principles Guidance: Working to improve fairness, justice, and equality in City and Hackney 2024, City and Hackney Neighbourhoods, 2024
- Hackney's Anti-Racism Framework, London Borough of Hackney, TBC
- Newham - Anti Racist and Equitable system development - presentation for LARCH launch event, London Borough of Newham, TBC
- Newham Health Equity Route Maps, London Borough of Newham, TBC
- Newham Health Equity Route Maps: Organisational Level, London Borough of Newham, TBC
- Newham Health Equity Route Maps: Service / Department / Team Level, London Borough of Newham, TBC
- Tower Hamlets Anti-Racist Pledge, London Borough of Tower Hamlets, TBC

Appendix two: Reference documents

- Toward the Science and Practice of Anti-Racism: Launching a National Campaign Against Racism, Ethnicity and Disease, August 2018

- Ethnicity coding in English health service datasets, NHS Race & Health Observatory, June 2021

- Improving the recording of ethnicity in health datasets: Exploring the views of community respondents and the healthcare workforce, Race Equality Foundation and Office for National Statistics, November 2022

- Race Equality Data Metrics: As part of Anti-racism toolkit, NHSE North West Region, December 2020

- What works? Eight principles for meaningful evaluation of anti-prejudice work, Equality and Human Rights Commission, November 2017

- Annual Health Inequalities Information for NHS North East London, NEL Insights Team, July 2024

- Birmingham and Lewisham African Carribean Health Inequalities Review (BLACHIR), Birmingham City Council and London Borough of Lewisham, March 2022

- Ethnic Inequalities in Healthcare: A Rapid Evidence Review, NHS Race & Health Observatory, February 2022

- Profile of the demography of North East London, NEL Insights Team, February 2023

- Sickle cell and thalassemia prevalence in NEL, NEL Insights Team, -

- A review of how the anti-racism policies produced by London's Integrated Care Systems align with the London Anti-Racism Collaboration for Health's strategic framework: A Fuzzy-Set Qualitative Comparative Analysis and Thematic Synthesis., University College London (UCL) student, 2024

- Developing anti-racist commissioning principles for City and Hackney, Summary of work to date, May - November 2022, Hackney Council for Voluntary Services, November 2022

- Project: MATCH Funding, VCS Enabler led system change: Testing City and Hackney anti-racist commissioning principles to tackle health inequalities, Hackney Council for Voluntary Services, March 2024

- The impact of cost of living increases on Tower Hamlets equalities groups, Tower Hamlets Council for Voluntary Services, May 2024

- The Power of Language: A Consultation Report on The Use Of Collective Terminology At The NHS Race and Health Observatory, NHS Race and Health Observatory, November 2021

- A Strategic Framework to Tackling Ethnic Health Inequalities through an Anti-Racist approach - London Anti-Racism Collaboration for Health, LARCH, July 2023

- London Anti-Racism Collaboration for Health (LARCH) - Launch Event, LARCH, November 2023

- Anti-racist Framework (Manchester framework), NHSE North West Region, TBC

- Making anti-racism a reality: East of England Race Strategy 2021, NHS England and NHS Improvement: East of England Region, 2021

- SEL ICB Staff Anti-Racism Strategy, South East London Integrated Care System, July 2023

- Advancing Mental Health Equalities: Regional programme overview, Transformation Partners in Health and Care, March 2024

- The Association of Directors of Public Health London Network: Supporting Black, Asian and Minority Ethnic communities during and beyond COVID-19, Action Plan 2021-2026, ADPH London, February 2021

- Structural Racism, Ethnicity and Health Inequalities in London, UCL Institute of Health Equity, September 2024

People First
Strategic Vision

Our 2035 Strategic Vision

We are embarking on an ambitious journey to shape the future of Tower Hamlets. By developing a new, long-term strategic vision, we aim to:

- **Align our efforts:** Ensure that the council and partner plans are harmonised to deliver a seamless and effective approach to public services.
- **Empower our communities:** Work collaboratively with residents to address inequalities, enhance public services, and improved the borough's overall well-being.
- **Elevate our ambitions:** Build upon the foundations of the existing Tower Hamlets Partnership Plan (2023 – 2028) to create a more comprehensive and sustainable vision for the borough.

Our goal:

To craft a bold, inspiring and transformative vision for 2035. The vision with leverage our strengths, address challenges, and position Tower Hamlets as a thriving, equitable, and sustainable borough.

A Tower Hamlets for All (2023-2028) – Our Partnership Plan

A new shared vision: Residents and partners working together to improve quality of life, advance equality, opportunity, and empowered communities.

Five cross-cutting calls to action

Tower Hamlets will be a fair, inclusive and anti-racist borough	Everyone in TH should be able to enjoy good mental health and wellbeing	Everyone in Tower Hamlets should feel safe and live in good-quality homes and healthy, inviting neighbourhoods	Everyone in TH should have access to good jobs and skills and an income that meets their basic needs	A child-friendly borough where children and young people from all backgrounds thrive, achieve their best, have opportunities, and are listened to

Workshop (20 minutes)

1. **A lasting legacy:** What kind of Tower Hamlets do we want to see in 2035?

2. **Navigating the future:** What are the biggest obstacles that could hinder our progress towards a 2035 strategic vision and how can we proactively address these challenges?

3. **Building on success:** How can we leverage the strengths and achievements of the current Partnership Plan (2023–2028) to create a more ambitious and impactful 2035 vision?

4. **Bridging the gap:** What are the critical areas where our current Partnership Plan (2023 – 2028) falls short of addressing long-term needs and how can we fill these gaps?

Next Steps

Timeline:

- **Partnership Task and Finish Group (Monthly)**
- **October 2024**: Initiate engagement (residents, equality networks, and council staff).
- **November 2024**: Conduct workshops (equality networks and VCS, businesses, youth, and partnership boards).
- **December 2024**: Partnership Congress and consolidate community feedback.
- **January 2025**: Finalise and review the draft 2035 vision.
- **February 2025**: Official launch of the 2035 Strategic Vision.

People First
Strategic Vision

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Questions

1. **Local pride:** What do you love most about Tower Hamlets?

2. **Priorities:** What are the top three things you would like to see improved in this borough?

3. **Partnership Plan**: Which of these priorities is most important to you and why? **[**list the five Calls to Action from the Partnership Plan**]**

4. **Long-term goals:** What would you like Tower Hamlets to look like in the future?

Next Steps

- **October 2024 – December 2024**: Community Engagement
- **February 2025**: Official launch of the 2035 Strategic Vision.
- **Keep updated**: Sign up to the Tower Hamlets residents' newsletter via the council website.

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