



Health and Wellbeing Forum

Thursday 22nd February 2018

At Tower Hamlets Professional Development Centre,

229 Bethnal Green Road, London E2 6AB

Present: –

Alison Robert	Partnerships Manager	THCVS
Amy Colwill		Inspire
Beth Summers	Green Care Project Coordinator	
Caroline Bennett		Catholic Children's Society
Catherine Dempsey		East End Citizens Advice Bureaux
Cathy Weir		Island House Community Centre
Christine Hopkirk	Dementia Adviser	Alzheimers Society
Claire Dunne		Bromley by Bow Centre
Fathimah Rofe		HealthWatch and Parents careers Tower Hamlets
Jane Wells		London Borough of Tower Hamlets
Joe Ellis		Alzheimer's Society
Kirsty Cornell	CEO	THCVS
Lisa Grogan	Volunteer Coordinator	Inspire Mental Health Consortium
Matt Fazal		FoodCycle
Ms Alex Nelson	Children and Youth Coordinator	VCTH
Ms Jennifer Fear	CEO	Step Forward
Ms Sonia Waterman		
Ms Sue-Jane O'Keefe	Community Partnerships Coordinator	Gateway Housing Association
Myra Garrett		BowHaven
Olawande Ige	Non Profit Professional	OlaOla
Peter Vittles		
Rosemary Slay		St Margarets House
Sabiha Khanam		Gateway Housing
Sher ali Ullah	Planning lawyer	Health Watch
Simon Etter		Toynbee Hall
Steve Worrall		Positive East

Sumita Baines	Deaf + Wellbeing Officer	deafPLUS
Susie Crome		London Borough Tower Hamlets
Taslina Akther	Head of Health and Wellbeing	Leyton Orient Trust
Tony Fulham	TH Healthwatch - Mental Health Task Group Chair	Tower Hamlets Healthwatch
Vanessa Yim		Kings College

Obesity and Nutrition Presenters:

1. *Scene Setting and Borough Strategies* – Abby Gilbert, LBTH
2. *Food Poverty Strategy* – Francis Eatwell- Roberts, Tower Hamlets Food Partnership, LBTH
3. *Fit for Life* – Claire Dunne, Bromley-by-Bow Centr
4. *Health and Wellbeing with Families, Pregnant Mothers and Children* - Julie Morgan, Toyhouse

The presenters gave an overview of the strategic position in the borough and the specifics of their projects. (please see PowerPoint)

Abi Gilbert gave an overview of the borough strategies that impact on Obesity:

Health and Wellbeing Strategy has 5 priority areas

- Communities Driving Change (part of the agenda today)
- **Creating a healthy Place**
- Employment & health – emphasis on workplace but PH has a role to play in employment strategies more broadly
- Children's Weight and Nutrition (item on agenda today)
- Developing Integrated services (item on the agenda today)

Creating a Healthy Place

Public Health has a new Healthy Environments Team.

Fran Eatwell Roberts is describing efforts to improve the food environment in relation to obesity .

Other environment related strategies include

Green Grid Strategy 2010 – 2017 refresh

- Routes connecting green spaced across the Borough in partnership with Planning Parks and Public health and health services
- Pocket Parks -
- Outdoor Gyms (5 coming on stream by July) design of which is influenced by local community groups and patients form local GP surgeries activated by a core group from the community

Open Space Strategy 2017

Emerging Physical Activity Strategy 2018

Maximising health infrastructure - new GP surgeries related to population growth, increased consultations

Local Plan - topic guides in planning guidance re restriction on establishing new fast food outlets. There needs to be 400m between fast food outlets. Work is now being undertaken to reduce this (across London)

Licensing can pull on a variety of guidance to restrict change of use of premises to fast food - mixed success

Mayor for London Sadiq Khan is weaving health into every policy environment employment and there is potentially a lot we can pull on here

Questions:

Strategic overview

Why are we still talking about obesity?

What has not worked?

There needs to be an opportunity for intergenerational work – particularly with care homes

Equalities – this really applying to all our work to do with obesity and environments

Our work will have differential impact on groups of people with different characteristics

We need to think about the cross overs between groups

What about healthy options when we are out and about and differently abled groups – fast food takeaways

All of this is becoming more important with the introduction of charges for social care. There are 19- 21% of the population have a disability - this requires a full approach to health and wellbeing management

More joined up thinking with HIAs and EIAs

Answer: There is not enough data collected on food poverty to see which groups are differently affected and which interventions are effective

A good example of how an area in Amsterdam had reversed its obesity trends – with equitable leadership, water fountains and other measures all happened at the same time. Positive measures linked to reductions in business rates

Fit for Life

Is the BMI gateway for referrals discriminatory for people with disabilities?

This is all reasonable work but are we looking at it in enough detail?

Other issues raised:

- pointed to reduced incomes
- digital inclusion re people being able to shop online and online shopping affecting local business

Childhood Obesity – feeling the plan is weak – concentrating on school governance is not enough.

Group exercise on presentations on obesity.

What could work better?	The issue	What is working well?
Emotional needs not being met Difference between lots of food and healthy food Food preparation is seen as more difficult Difficult to cook for one as items are sold in family packs Chicken shops are substitute for youth clubs Outside gym – spaces taken over by sports people /boot camps intimidating	What is preventing people from prioritising healthier living Suggestions Access to affordable healthy fast food. Healthy eating by stealth More spaces for young people to meet with healthy food Improve outside space – cleaner and more accessible. Great places to go	Walking events to link up communities. Street markets Intergenerational work (ie children making dinner for homeless in Poplar – sister Christine) Sharing meals /lunch clubs

What could work better?	The issue	What is working well?
No places to eat free cheap health food Bad = Tempting The smell /packaging making it look attractive	Barriers /Accessibility	Exciting things around food Not about education only – people do know what's healthy

<p>Healthier eating establishments can be alienating</p> <p>Cheap = crap</p>	<p style="text-align: center;">Suggestions</p> <p>Make it easier to find good food (mapping)</p> <p>Enhancing motivation – not just education</p> <p>Understanding barriers</p> <p>Exercise – making it part of everyday life.</p> <p>Encourage walk to school more often.</p> <p>Fast food shops – charging/limiting/barring/training or shops</p> <p>Not telling people but working alongside people = having empathy</p> <p>Experiential learning = showing</p> <p>Holistic approach – mental/emotional/physical – all impact on food choices.</p> <p>Places to go and eat</p>	<p>Teaching about food language to learning</p> <p>Learning = experience understanding</p> <p>Good food is cool</p>
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What could work better?	The issue	What is working well?
<p>Cost of healthy food</p> <p>Regular exercise</p> <p>Understanding healthy food better</p> <p>How close fast food shops are to schools</p> <p>Understanding how sleep affects weight</p> <p>Religious /community groups understanding what services are</p>	<p style="text-align: center;">Suggestions</p> <p>More cross generational meets</p>	<p>Daily mile for kids</p> <p>Couch to 5k</p> <p>More discussions.</p>

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What could work better?	The issue	What is working well?
<p>Co-production</p> <p>Local resident buy in</p> <p>Better and appropriate information sharing</p> <p>More joined up thinking of implications across the board</p> <p>LBTH cabinet reports should include 'health impact' implication</p> <p>One main point of contact (lead for food poverty /healthy eating (non-judgemental approach)</p> <p>Better signposting to relevant support agencies (finances – maximising income and food poverty)</p>	<p>One thing to focus on – very broad topic</p> <p>Finances and food choice priorities/practicalities</p> <p>BMI driven access to services – not equitable for some disabled people</p> <p>Instant gratification and higher instant expectations 'I want ...'</p> <p>Bangladeshi boys – getting more obese</p> <p>Food and mood reward/social/family 'Want versus need'</p> <p>Chicken shops – taste, price, sociability (informal youth club)</p>	<p>Projects identified</p> <p>Public health engage and wanting to work with community</p> <p>Communities driving change</p> <p>Holistic approach to engagement (i.e. ToyHouse ethos)</p> <p>Willingness of organisations/groups to make a difference and foster/encourage change/improvement</p>
	<p>Suggestions</p> <p>Grow your own access/food process/ journey engagement</p> <p>Gold/Silver/Bronze Incentives – food stalls +outlets</p> <p>Supply side – why is chicken cheaper than healthy food</p> <p>Encouraging more home cooking experiences</p>	

	Echo the Amsterdam model	
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Outcomes focussed commissioning

Michael Keating – THT

Questions asked/statements made:

- Positive move to have outcomes rather than outputs.
- Work is being undertaken to consider appropriate outcome indicators, and consultation with partners will be sought in the near future.
- Better use of social value act
- Each of the 3 boards will need voluntary sector reps.
- At the moment does not feel equal feels dictated by medical model.

Answers:

It is important to work out an equal way of working together. This will take negotiation and take a while to build trust. Clinicians will need to think differently

Vanguard Evaluation

Mirza Lalani

Questions asked/statements made:

Lack of joined up health and social care.

No join up with the IPC programme. The Realising change group have not been used effectively.

Where is the user voice in the analysis?

Commissioning across the sector – what is the impact of arts being in special measures, how much can the vanguard achieve

Answers:

The evaluation has only just started – will share findings which are more pertinent at the next Health and Well being forum.

User voice – acknowledge the gap, a lot more work needs to be done.

Biggest barrier across health and social care- agree that a lot more work needs to be done. Need to identify what the drivers are. This work will be linked to the work of Sonia Bussu from UCL

Please see PowerPoint for headlines in presentations – if you would like to comment or ask any further questions please contact Alison.robert@thcvs.org.uk or peter.vittles@thcvs.org.uk

Next meeting: 24th May 2018 9.30 am registration – 12.30