

TOWER HAMLETS HEALTH AND WELLBEING BOARD



Tuesday, 21 February 2017 at 5.30 p.m. MP702, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London E14 2BG.

This meeting is open to the public to attend.

Members:		Representing
Chair:	Councillor Amy Whitelock Gibbs	Cabinet Member for Health & Adult Services
Vice-Chair:	Dr Sam Everington	Chair, Tower Hamlets Clinical Commissioning Group
	Councillor Rachael Saunders	Cabinet Member for Education & Children's Services
	Councillor David Edgar	Cabinet Member for Resources
	Councillor Sirajul Islam	Statutory Deputy Mayor and Cabinet Member for Housing Management & Performance
	Councillor Danny Hassell	Non - Executive Group Councillor
	Dr Somen Banerjee	Director of Public Health, LBTH
	Dr Amjad Rahi	Healthwatch Tower Hamlets Representative
	Debbie Jones	Corporate Director, Children's Services
	Denise Radley	Director of Health, Adults & Community Services
	Jane Ball	Tower Hamlets Housing Forum
	Aman Dalvi	Corporate Director, Development & Renewal
	Councillor Gulam Robbani	Independent Group - Largest Minority Group on the Council
	Simon Hall	Acting Chief Officer ,NHS Tower Hamlets Clinical Commissioning Group
Co-opted Members		
	Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
	DengYan San	Young Mayor
	Dr Navina Evans	Chief Executive East London NHS Foundation Trust
	Jackie Sullivan	Managing Director of Hospitals, Bart's Health Trust
	Sue Williams	Borough Commander - Chief Superintendent
	John Gillespie	Tower Hamlets Community Voluntary Sector, Health and Wellbeing Representative
<p>The quorum of the Board is a quarter of the membership including at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group.</p>		

Questions

Before the formal business of the Board is considered, up to 15 minutes are available for public questions on any items of business on the agenda. Please send questions to the Officer below by **5pm the day before the meeting.**

Contact for further enquiries:

Democratic Services

1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG

Tel: 02073640842

E:mail: Farhana.Zia@towerhamlets.gov.uk

Web: <http://www.towerhamlets.gov.uk/committee>

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Role of the Tower Hamlets Health and Wellbeing Board.

- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.
- To prepare the Joint Health and Wellbeing Strategy.
- To be involved in the development of any Clinical Commissioning Group (CCG) Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.
- To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local HealthWatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.
- To carry out new functions as requested by the Secretary of State and as advised in guidance issued from time to time.

Public Information

Attendance at meetings.

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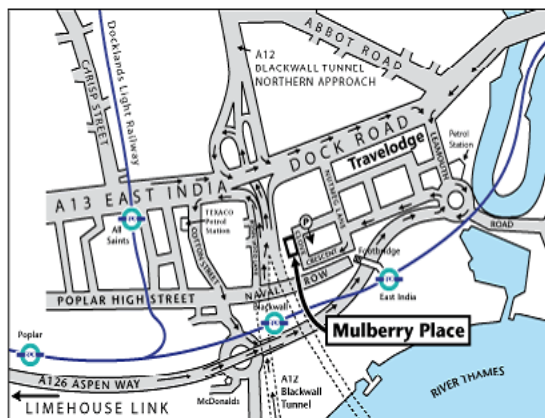
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6. BETTER CARE FUND 2017-18 (TO FOLLOW)

Date of Next Meeting:

Tuesday, 18 April 2017 at 5.30 p.m. in Mulberry Place, 5 Clove Crescent, London E14 2BG

Health and Wellbeing Board Tuesday 21st February 2017	 Tower Hamlets Health and Wellbeing Board
Report of: Tower Hamlets Clinical Commissioning Group/ Tower Hamlets Council	Classification: Unrestricted
Better Care Fund 2017-19	

Contact for information	Louise Inman, Programme Manager- Better Care Fund and Joint Commissioning, Tower Hamlets Clinical Commissioning Group Steve Tennison, Senior Strategy, Policy and Performance Officer – Integration Lead, LB Tower Hamlets
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Executive Summary

Publication of the national Better Care Fund (BCF) planning guidance and policy framework for the period 2017-19 has been delayed, together with details of available resources. However, it is anticipated that the guidance will be different in a number of respects from that covering 2016-17.

A presentation will be made to the meeting on what is currently known and anticipated about next year's BCF; the proposed arrangements for addressing the implications of the delayed guidance and likely changes to the BCF in Tower Hamlets.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. note the delay in the issuance of national guidance governing the BCF for 2017-19, which has delayed the production of the borough's proposed BCF programme and plan;
2. delegate to the Joint Commissioning Executive (JCE) responsibility for signing off and submitting to NHS England the borough's BCF Plan and Programme for 2017-19;
3. Agree that the proposed BCF Plan and Programme should be circulated to members of the HWBB for comment prior to submission;
4. Agree that a further report be presented to the Health and Well-Being Board's April meeting.

1. DETAILS OF REPORT

- 1.1. Further information will be provided in the presentation to the meeting

2. FINANCE COMMENTS

- 2.1 In 2016-17 the BCF in Tower Hamlets amounts to c£21.5m, of which c£9.3m is commissioned by the council and the rest by the Clinical Commissioning Group (CCG). The following table shows the minimum BCF contribution from CCG (Draft for 2017/18 and 2017/19) and the current BCF for 206/17.

It is expected that for 2017/18 and 2018/19 the minimum CCG contribution will be increased by the same amount as in 2016/17. The c£9.3m commissioned by the council will be guaranteed going forward and discussions on any potential increase will be held with CCG.

Years			
	2016/17	2017/18	2018/19
Minimum BCF contribution from CCG £000s (2017-19 Draft)	18,805	19,142	19,506
Actual BCF £000s (*Expected)	21,500	*21,837	22,200
Increased/(*Expected) £000s	2,695	*2,695	*2,695

The information contained in the Local Authority 2017-18 Core Spending Power indicates that the new Improved Better Care Fund (iBCF) allocation will be c£1.6m; this is a new funding stream paid directly to the Council and which was created through a top-slice to the New Homes Bonus. .

Although the BCF Planning Guidance has still to be published, it is anticipated the 2016-17 Tower Hamlets BCF programme will mostly be rolled forward into 2017-18. The main areas of potential change will be around incorporating other services and contracts, with the aim of improving quality and efficiency for service users. The S75 agreement in place addresses the relevant financial (and non) risks and the mitigating actions.

3. LEGAL COMMENTS

- 3.1. The Care Act 2014 places a duty on the Council to exercise its functions by ensuring the integration of care and support provision with health provision, promote the well-being of adults in its area with needs for care and support and contribute to the prevention or delay of the development by adults in its area of needs for care and support. The 2014 Act also amended the National Health Service Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the NHS Mandate to include specific requirements relating to the establishment and use of an integration fund.

- 3.2. The Government provides funding to local authorities under the Better Care Fund to integrate local services. The funding is through a pooled budget which is made available upon the Council entering into an agreement with a relevant NHS body under section 75 of the NHS Act 2006. Such agreements may be entered into where arrangements are proposed which are likely to lead to improvement in the way that prescribed NHS functions and prescribed health-related functions of the Council are exercised.
- 3.3. In order to receive the Better Care funding, the Government requires the Council to set out its plans for the application of those monies. The Government published a policy framework for the 2016/17 Better Care Fund programme in January 2016 which indicated that plans should be agreed by the Council's Health and Wellbeing Board ("**HWB**"), then signed off by the Council and CCG. This is consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and wellbeing strategies and the joint strategic needs assessment. Although the 2017-19 policy framework has yet to be finalised, it can reasonably be anticipated that this will contain similar provisions, and will set out the requirements for the plan to demonstrate how the area will meet certain national conditions.
- 3.4. The Equality Act 2010 requires the council in the exercise of its functions to have due regard to the need to avoid discrimination and other unlawful conduct under the Act, the need to promote equality of opportunity and the need to foster good relations between people who share a protected characteristic (including age, disability, maternity and pregnancy) and those who do not.

Appendices

- None

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